Sheriff's Warrants

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DGHI/5/1/1/27

N.B.—This Form shall remain in the Superintendent of the Asylum until the Sheriff is obtained.

PETITION TO
RECEPTIO

(*) Sheriff or Stewart, Shire or Stewartry.

Unto the Honourable
of Dumfr
The Peti

humbly sheweth that
Medical Certificates, th
your Petitioner's (†)
is at present in a state
Asylum for the Insan
mission of the said
Southern
into the the said Asylum

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

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

DATED this
eight hundred and

If any of the Particulars

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

I certify, that, to the best of my knowl

DATED this Second day
Sheriff Clerk
(To be signed

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

[FORM A]

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

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

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

Unto the Honourable the (2) Sheriff *of the* (3) Shire of Dumfries *and his Substitutes,—*

The Petition of John Duff Closeburn Saw Mill humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that your Petitioner's (5) Son James Duff Woodsman Closeburn is at present in a state of Mental Derangement, and 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 Duff to the Southern Counties Asylum and to sanction his admission into the the said Asylum.

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

John Duff

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

DATED this Second (6) day of January One thousand eight hundred and Twenty Two years

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	James Duff
2. Sex and Age,	Male 22 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Woodsman
5. Religious Persuasion, so far as known,	Free Church
6. Previous Place of Abode,	Closeburn Saw Mills
7. Place where Found and Examined,	Closeburn Saw Mills
8. Length of time Insane,	About 4 hours
9. Whether first Attack,	Yes
10. Age (if known) on first Attack,	About 22 years
11. When and where previously under Examination and Treatment,	Not before
12. Duration of existing Attack,	Consequent
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,	Closeburn
18. Date of becoming Chargeable,	Not Chargeable
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	John Duff Father Closeburn Saw Mills 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 Second day of January One thousand eight hundred and Twenty Two Years

(To be signed by Party applying) John Duff

P. P

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

I, the undersigned, Robert Shaw being a (1) Medical Practitioner & Master in Surgery of the University of Edinburgh and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Closeburn Sawmill - Dumfries in the County of separately from any other Medical Practitioner, visited and personally examined (4) James Duff. Woodman Closeburn and that the said James 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) He is in a state of acute mania: very violent & dangerous to attendants: keeps repeating Psalms & passages of Scripture, singing & vociferating at the height of his voice. & has a delusion about having received a shock from heaven.

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His father has observed him to be absent for a few days before he was acutely urged out in Church on Sunday, when he became very violent. & could with difficulty be restrained

Name and Medical Designation, Robert Shaw M.B. CM.

Place of Abode, Thornhill - Dumfriesshire.

DATED this 31st day of Dec. One thousand eight hundred and seventy one

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MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

I, the undersigned, John Smith being a (1) Licentiate of Edinburgh & Member and Physician & Surgeon and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Sawmill Closeburn Dumfries in the County of separately from any other Medical Practitioner, visited and personally examined (4) James Duff. Woodman Closeburn. and that the said James Duff 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 wild appearance & manner, rambling & incoherent speech, & violent appearance

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

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

Name and Medical Designation, John Smith M.D.

Place of Abode, Dumfries

DATED this 2nd day of January One thousand eight hundred and 72

CERTIFICATE OF EMERGENCY.

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

I, the undersigned, Robert Shaw
being (1) a Physician + Surgeon
hereby certify, on soul and conscience, that I have this day, at (2) Closeburn Sawmill
in the County of Dumfries, seen and personally examined
James 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.

Robert Shaw

DATED this 31st day of Dec. One thousand eight hundred and Seventy one

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

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

I, Samuel Gordon (3) Sheriff Substitute
of the (4) County of Dumfries
having had produced to me, with a Petition at the instance of (5) John Duff,
Closeburn Saw mill
Certificates under the hands of Robert Shaw
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) James Duff, Woodman, Closeburn (Petitioners Son) and that the said
James Duff 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 Duff 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
Duff which accompanied the said Petition.

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

Samuel Gordon

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

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

1/671
James Duff
1st January 1872

296

25 and 26 V

APPLICATION TO THE GENER

TRANSFER OF A PATIENT

I, the undersigned Inspect
being desirous to transfer Will
at present a Patient in the As
a Pauper Lunatic
of which I am Ins
Southern District

the Board to such transfer; and I subjo
Willegan Carruth
respect to his mental and bod

Dated at Inwald
One thousand eight hundred and eig

ST

1. Christian Name and Surname of Patie
length,
2. Sex and Age,
3. Married, Single, or Widowed,
4. Condition of Life, and Previous Occup
(if any),
5. Religious Persuasion, so far as known,
6. Date of Admission into Asylum,
7. Length of time Insane,
8. Whether first Attack,
9. Age (if known) on first Attack,
10. Duration of existing Attack,
11. Supposed Cause,
12. Whether subject to Epilepsy,
13. Whether Suicidal,
14. Whether Dangerous to others,
15. Parish to which the Lunatic (if a Pauper
Chargeable,
16. Christian Name and Surname, and
of Abode of nearest known
(if known), and whether any Mem
Family known to be, or to have
Insane,

I certify that, to the best of my knowl

(To be signed by the Applicant)

Dated this 24th day of
hundred and twenty one

N.B.—The foregoing particulars are
whose care the Patient is to be transferred

[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 Inspector of Poor of Dinwald being desirous to transfer William Carruthers at present a Patient in the Dumfries District Asylum, and (1) a Pauper Lunatic of the Parish of Dinwald of which I am Insp. of Poor from the said Asylum to the Southern Counties Asylum Dumfries hereby request the authority of the Board to such transfer; and I subjoin a Statement of Particulars regarding the said William Carruthers 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.

William Corran
Insp. of Poors

DATED at Dinwald this 29th day of December One thousand eight hundred and Seventy One

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

STATEMENT.

1. Christian Name and Surname of Patient at length,	William Carruthers
2. Sex and Age,	Male 25 Years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and Previous Occupation (if any),	Agricultural Labourer
5. Religious Persuasion, so far as known,	Protestant
6. Date of Admission into Asylum,	15 Sept. 1871
7. Length of time Insane,	Three Months & two weeks
8. Whether first Attack,	First attack
9. Age (if known) on first Attack,	25 Years
10. Duration of existing Attack,	Three Months & two weeks
11. Supposed Cause,	Unknown
12. Whether subject to Epilepsy,	no
13. Whether Suicidal,	no
14. Whether Dangerous to others,	no
15. Parish to which the Lunatic (if a Pauper) is Chargeable,	Dinwald
16. Christian Name and Surname, and Place of Abode of nearest known Relative or [illegible] degree of relationship (if known), and whether any Member of Family known to be, or to have been Insane,	~~James and Dominus Carruthers~~ Black Bank Ecclestree

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

(*To be signed by the Applicant*) William Corran

DATED this 29th day of December One thousand eight hundred and Seventy One

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

MEDICAL CERTIFICATE.

I, the undersigned John Thomas Wightman being (1) a Bachelor of Medicine Master in Surgery of Edinburgh hereby certify that I have this day at (2) the Ayr District Asylum personally examined William Carruthers at present a Patient in said Asylum, and with respect to his Mental State that he suffers from Melancholia with Stupor; and with respect to his Bodily Health and Condition that it is good.

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

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

J. T. Wightman
M.B. Edin

DATED this twenty eighth day of December One thousand eight hundred and seventy one

SANCTION BY THE BOARD OF LUNACY.

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

Application having been made to the Board by (3) Inspects of Poor Dumfries to authorize the transfer of William Carruthers from Ayr District Asylum to Dumfries Asylum, and the Board having considered such application and the accompanying Medical Certificate, do hereby authorize the transfer of the said Wm Carruthers as requested. This order is only valid for 14 days

James Coe Commissioner.

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

1/672
William Carruthers
1st Jan 1872

Date of Sheriff's Order 15 Sept 1871

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

[FORM A]

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

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

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

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

The Petition of Georg Thomas Bunnell 21

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mrs Ann Downing your Petitioner's (3) Mother 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 Mrs Ann Downing to the Durham Royal Lunatic Asylum and to sanction the admission into the the said Asylum.

G T Brunell

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

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

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

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Ann Downing
2. Sex and Age,	female 56
3. Married, Single, or Widowed,	Widow
4. Condition of Life, and previous Occupation (if any),	Scholastic
5. Religious Persuasion, so far as known,	Baptist
6. Previous Place of Abode,	Benshaw Gateshead on Tyne
7. Place where Found and Examined,	Examined & Town Tyne Newcastle
8. Length of time Insane,	Periodically during the last 7 years
9. Whether first Attack,	no
10. Age (if known) on first Attack,	49
11. When and where previously under Examination and Treatment,	4th Jan 7 1st yt Heighington Hall whilst and at her own residence
12. Duration of existing Attack,	from July last 1871
13. Supposed Cause,	Religious excitement
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	query
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 J T Brunell daughter 21 Collingwood Street Newcastle on Tyne
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

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

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

(To be signed by Party applying) G T Brunell

P. p

MEDICAL CERTIFICATE, No. I.

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

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

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

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

(5) Lunatic, or an insane person, 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 &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 Crichton Royal Institution - Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Ann Downing - Gatehouse - Kirkham - Gatehouse and that the said Ann Downing is a (5) person of unsound mind - and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Melancholy gestes - Complains frequently of inability to sleep at night - and has uneasy feelings in her head - Has a want of confidence in herself in managing her affairs -

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
The above confirmed by Dr Malan

Name and Medical Designation, Alex Thomson MD &c.

Place of Abode, Castle St Dumfries

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

MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

(6) *State the facts.*

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

I, the undersigned, Hugh Cunningham
being a (1) Member of the Royal College of Physicians in Edinburgh and of the Faculty of Physicians & Surgeons in Glasgow
and being in actual practice as a (2) Physician & 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) Mrs Ann Downing - Widow and that the said Mrs Ann Downing is a (5) person of unsound mind and a proper person to be detained 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 despairs of her future state, is restless, and would rather be out of existence than under restraint.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Dr Malan Confirms the above

Name and Medical Designation, Hugh Cunningham L.R.C.P.Edin & S.

Place of Abode, 32 Church Crescent. Dumfries

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

CERTIFICATE OF EMERGENCY.

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

I, the undersigned, James Gilchrist
being (1) a Graduate of the University of Edinburgh
hereby certify, on soul and conscience, that I have this day, at (2) Crichton Royal Institution
in the County of Dumfries, seen and personally examined
Ann Downing, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

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

J Gilchrist MD

Dated this Twelfth day of January One thousand eight hundred and Seventy two —

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

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

I, Lauderdale Maitland (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) George Thomas Brunell, 21 Collingwood Road, New-castle on Tyne
Certificates under the hands of Alexander Thomson
and Hugh Cunningham, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Mrs Ann Downing Benham, Gateshead on Tyne, and that the said Mrs Ann Downing, is a (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 Downing as a Patient into the (6) Public Asylum of Crichton Royal Institution and I authorize Her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mrs Ann Downing which accompanied the said Petition.

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

L Maitland

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

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

1232.

Ann Downing

Jan. 12/12.

N.B.—This Form shall be transmitted
Board or Lunacy after it is filled-up, a
tificate, Statement, Medical Certificates,
copied into it from Form A.

20 &

Notice of Admiss

I HEREBY GIVE NOTICE, That (*)

Patient on the

and I hereby transmit a Copy o

which was received.

Subjoined is a Report with

named Patient.

(SIGNED)

DATED at

One tho

To the Secretary of the
General Board of Lu

I HAVE this day (*) seen and pe

and hereby report and certify, w

and with respect to bodil

(SIGNED)

(*)

DATED this

hundred and

(*) Name and Designation.
(†) Private or Pauper.
(‡) Some day within fourteen days
Order be granted by the Sher
(§) Some day not less than two clear
clear days after admission.
(*) Insert Particulars.
(†) Insert Particulars.
(‡) Add Designation.

N.B.—This Form shall be transmitted to the General Board of Lunacy after it is filled up, and after the Petition, Statement, Medical Certificates, and Order, are copied into it from Form A.

[Form A 1]

20 & 21 *Vict., Cap.* 71, *Sect.* 37.

Notice of Admission of a Patient into an ASYLUM.

I hereby give notice, That (1)

was received into this House as a (2)

Patient on the (3) day of

and I hereby transmit a Copy of the Order and Medical Certificates and Statement on which was received.

Subjoined is a Report with respect to the mental and bodily condition of the above-named Patient.

(Signed)_____ *Superintendent.*

Dated at this (4) day of

One thousand eight hundred and

To the Secretary of the
General Board of Lunacy.

REPORT.

I have this day (5) seen and personally examined

the Patient named in the above Notice,

and hereby report and certify, with respect to mental state, that (6)

and with respect to bodily health and condition, that (6)

(Signed)_____

(7) _____

Dated this day of One thousand eight

hundrod and

---

(1) Name and Designation.
(2) Private or Pauper.
(3) Some day within fourteen days after the date of the Order of the Sheriff; or within twenty-one days, if the Order be granted by the Sheriff of Orkney and Shetland.
(4) Some day not less than two clear days after the admission of the Patient, and before the expiration of fourteen clear days after admission.
(5) Insert Particulars.
(6) Insert Particulars.
(7) Add Designation.

P. p.

(~~Copies.~~)

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

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

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

The Petition of John Johnston, Inspector of Poor of Kirkcudbright,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Hugh Kerr, Rag gatherer Newton-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 Hugh Kerr, ~~—~~ to the Southern Counties Asylum and to sanction his admission into the said Asylum.

Pauper

(~~Signature~~) John Johnston
Inspector of Poor for Penninghame

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

DATED this Thirteenth (3) day of January One thousand eight hundred and Seventy two years.

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Hugh Kerr
2. Sex and Age,	male. 30.
3. Married, Single, or Widowed,	single
4. Condition of Life, and previous Occupation (if any),	Rabbit skin & rag gatherer & labourer
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Albert Street Newton-stewart
7. Place where Found and Examined,	Do.
8. Length of time Insane,	Weak minded since birth, worse for 4 months
9. Whether first attack,	Yes
10. Age (if known) on first Attack,	30
11. When and where previously under Examination and Treatment,	—
12. Duration of existing Attack,	4 months
13. Supposed Cause,	hard treatment in family
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	not unless he resistance provoke
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Penninghame, Wigtownshire
18. Date of becoming Chargeable,	13 January 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 his Family known to be or to have been Insane,	Mother Sarah Cochrane Kerr with whom the said Hugh Kerr resides. Imbecility more or less hereditary. Had a cousin some time in the Lunatic asylum
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

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

(~~Signature~~)* Name, John Johnston
Inspector of poor for Penninghame

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

* Or Inspector, or Parish Officer applying.

~~Copies~~

MEDICAL CERTIFICATE, No. I.

I, the undersigned, Fergus M'Kenna
being a (1) Licentiate of the Faculty of Physicians & Surgeons Glasgow
and being in actual practice as a (2) Surgeon
hereby certify, on ~~soul and conscience~~, that I have this day, at (3) Albert Place
in the County of Newtownstewart separately from any other Medical Practitioner,
visited and personally examined (4) Hugh Kerr
and that the said Hugh Kerr is a (5) person
of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

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

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

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

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

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

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

(6) *State the facts.*

Believes himself to be the most celebrated Physician in the world, has Cured diseases pronounced incurable, & has now made a fortune by his practice

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

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

Believes his mother retains the fortune made by his practice, & has assaulted her several times in consequence

~~Signature~~ Name and Medical Designation, Fergus M'Kenna Surgeon

Place of Abode, Newtownstewart

DATED this Twelfth day of January One thousand eight hundred and Seventy Two years.

MEDICAL CERTIFICATE, No. II.

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) Newton Stewart
in the County of Wigtownshire separately from any other Medical Practitioner,
visited and personally examined (4) Hugh Kerr, Ray Gottner
Newton Stewart, Pauper and that
the said Hugh Kerr 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) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

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

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

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

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

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

(6) *State the facts.*

He thinks his food is being poisoned by his mother, believes he is able to cure all diseases, says blood vessels have been driven into his legs to cure him

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

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

Mother { He is sleepless & sometimes violently excited at night. He has thrashed his mother frequently

~~Signature~~ Name and Medical Designation, James Clark, Surgeon

Place of Abode, Newton Stewart

DATED this Twelfth day of January One thousand eight hundred and Seventy Two years.

(~~Copies~~)

CERTIFICATE OF EMERGENCY.

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

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that . . . . . hereby further certify that the Case is a (1) . . . . . is One of Emergency, and I recommend the immediate removal of the said . . . . . 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, Macduff Rhind Esqre Advocate 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 of Penninghame Certificates under the hands of Fergus McKenna, Surgeon 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) Hugh Kerr, a pauper and that the said Hugh Kerr is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Hugh Kerr as a Patient into the (6) Southern Counties Asylum of Dumfries and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Hugh Kerr which accompanied the said Petition.

(~~Signed~~) M. Rhind

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

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

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

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

[Form A]

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

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

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

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

The Petition of John Bell Inspector of Poor. Moffat humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Thomas Tweedie Long Causey. Moffat 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 Tweedie to the Southern Counties Asylum and to sanction his admission into the the said Asylum.

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

John Bell Inspector

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

Dated this 19th (4) day of Jan^{y} One thousand eight hundred and seventy two

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STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Thomas Tweedie
2. Sex and Age,	Male - about 50 years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Laborer
5. Religious Persuasion, so far as known,	Established Church
6. Previous Place of Abode,	Causey - Moffat
7. Place where Found and Examined,	Causey Moffat
8. Length of time Insane,	Three weeks
9. Whether first Attack,	Yes
10. Age (if known) on first Attack,	
11. When and where previously under Examination and Treatment,	
12. Duration of existing Attack,	Three weeks
13. Supposed Cause,	Not Known
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	
16. Whether Dangerous to others,	Has once or twice said to have threatened his wife
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Moffat
18. Date of becoming Chargeable,	17th Jan^{y} 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 the Family known to be or to have been Insane,	Lawrence Tweedie Father Chapel Kirkpatrick Inst^{n} Dumfries Brother & Sister both said to have been in Asylum
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

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

Dated this 19th day of Jan^{y} One thousand eight hundred and seventy two

(*To be signed by Party applying*) John Bell Inspector

P. P

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

(6) *State the facts.*

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

I, the undersigned, James Munro being a (1) Member of the Royal College of Physicians in Edin. & 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) Ross Causey Moffat in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Thomas Tweedie Lunatic Pauper 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)

Restless, excited Manner. running about at night. Desirous to Convert people. Knocking at windows at night at places where he has been working &c

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

The above facts - and threatening violence to his wife - breaking the windows &c

Name and Medical Designation, James Munro. M.D. L.R.C.S.

Place of Abode, Moffat

DATED this 18th day of Jan.y One thousand eight hundred and seventy two

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MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

(6) *State the facts.*

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

I, the undersigned, Thomas Anderson being a (1) Bachelor in Medicine & Master in Surgery of the University of Edinburgh and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) the Southern Counties Asylum in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Thomas Tweedie Lunatic Moffat. a Pauper 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) That he is incoherent & suffers from delusions & hallucinations, e.g. imagines he sees devils & that things are turning round &

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

The Inspector of poor informs me that he is sometimes very violent - requiring to be put to bed - he is destroying things & that he is desirous to commit all sorts of mischief

Name and Medical Designation, Thomas Anderson M.

Place of Abode, Southern Counties Asy

DATED this 19th day of January One thousand eight hundred and three years

CERTIFICATE OF EMERGENCY.

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

I, the undersigned, James Munro
being (1) a Physician Surgeon Long Causey. Moffat
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of Dumfries, seen and personally examined
Thomas Tweedie, and that the said
person is of unsound mind, and 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 18th day of Jan^y One thousand eight hundred and seventy two

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

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

I, David Boyle Hope (1) Sheriff Substitute
of the (2) County of Dumfries,
having had produced to me, with a Petition at the instance of (3) John Bell,
Inspector of Poor, Moffat,
Certificates under the hands of James Munro
and Thomas Anderson, ., being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
Thomas Tweedie, Long Causey, Moffat, (a Pauper) and that the said
Thomas Tweedie, is a (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 Tweedie 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 Tweedie which accompanied the said Petition.

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

David Boyle Hope

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

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

1/
674
Thomas Tweedie
19th January
1872

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

[FORM A]

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

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 Hugh B. Lowrie, Inspector of Poor, Lochmaben humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary King of Hebe Moss. Lochmaben 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 King 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 Insane.

Twenty Second Hugh B. Lowrie, Insp. of Poor, Lochmaben.

DATED this ~~Nineteenth~~ (4) day of January One thousand eight hundred and Seventy two.

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

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Mary King
2. Sex and Age,	Female 28
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Field worker
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Hebe Moss
7. Place where Found and Examined,	do
8. Length of time Insane,	Last 6 months
9. Whether first Attack,	Yes
10. Age (if known) on first Attack,	28
11. When and where previously under Examination and Treatment,	
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,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Lochmaben
18. Date of becoming Chargeable,	January 18th 1871
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	George King. Father. Hebe Moss Not to be 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 ~~19th~~ 22d day of January One thousand eight hundred and seventy two

(*To be signed by Party applying*) Hugh B. Lowrie, 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, Hugh Cunningham being a (1) Member of the Royal College of Physicians in Edinb and of the Faculty of Physicians and Surgeons in Glasgo and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Southern Counties asylum Dumfries in the County of separately from any other Medical Practitioner, visited and personally examined (4) Mary King - Kitae Moss Lochmaben - Pauper and that the said Mary King is a (5) person of unsound mind, and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Rejection of spir listlessness, disposition to Lonousness an a peculiar appearance of countenance

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

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

Place of Abode, 32 Church Crescent Dumfries

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

MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

(6) *State the facts.*

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

I, the undersigned, Thomas Anderson being a (1) Bachelor of medicine & Mast in Surgery of the University of Edinbu and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) the Sout Counties asylum Dumfries in the County o separately from any other Medical Practitioner visited and personally examined (4) Mary King Farm ser Kitae Moss a pauper and the the said Mary King is a (5) person of unsound mind and a proper person to be detaine under Care and Treatment, and that I have formed this opinion upon the followin grounds, viz.:—

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

She is very depressed & State that at times she gets very confus & irritable & has impulses to destruct

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

The Inspector informs me that s has several times attempted to commit Suicid once by drinking a poisonous liquid

Name and Medical Designation, Thomas Anderson M

Place of Abode, Southern Counties Asylu

DATED this 22nd day of January One thousand eigh hundred and seventy two years

CERTIFICATE OF EMERGENCY.

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

I, the undersigned, Thomas Anderson being (1) M Bachelor in Medicine & Master in Surgery of the Edinburgh University hereby certify, on soul and conscience, that I have this day, at (2) Southern Counties Asylum in the County of Dumfries, seen and personally examined Mary King, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

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

Thomas Anderson M. Bae

DATED this Twenty second day of January, One thousand eight hundred and Seventy two. Seventy Two years.

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

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

I, David Boyle Hope — (1) Sheriff Substitute of the (2) County of Dumfries, — having had produced to me, with a Petition at the instance of (3) Hugh B. Currie, Inspector of Poor, Lochmaben, — Certificates under the hands of Hugh Cunningham — and — duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Mary King, Highfield Moss, Lochmaben (a Pauper) and that the said Mary King, — is a (5) person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Mary King — as a Patient into the (6) Public Asylum of Southern Counties and I authorize you for Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mary King — which accompanied the said Petition.

DATED this Twenty second day of January One thousand eight hundred and Seventy two.

David Boyle Hope

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

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

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

PETITION TO T
RECEPTIO

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

Unto the Honourable th
of Wigtown &c

The Petit

humbly sheweth that
Medical Certificates, tha
your Petitioner's (*)
is at present in a state o
Asylum for the Insane,
mission of the said
Southern Counties
into the the said Asylum

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

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

DATED this
eight hundred and

If any of the Particulars

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

I certify that, to the best of my know

DATED this
Two.

(To be sign

675
Mary Ming
22 January
1872

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

[FORM A]

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

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

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

Unto the Honourable the (1) Sheriff of the (2) Counties of Wigtown & Kirkcudbright and his Substitutes,—

The Petition of William Henry, Inspector of Poor, Minnigaff humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Margaret Lamont 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 Lamont 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.

William Henry

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

DATED this Twenty fourth (4) day of January One thousand eight hundred and Seventy two years.

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Margaret Lamont, maiden name Blain
2. Sex and Age,	Female; 58 Years.
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	formerly Field worker
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Damcroft, Minnigaff
7. Place where Found and Examined,	Damcroft.
8. Length of time Insane,	3 Weeks
9. Whether first Attack,	not first attack
10. Age (if known) on first Attack,	about 40
11. When and where previously under Examination and Treatment,	1863 Southern Co. Asylum
12. Duration of existing Attack,	3 weeks
13. Supposed Cause,	none
14. Whether subject to Epilepsy,	no.
15. Whether Suicidal,	no.
16. Whether Dangerous to others,	yes.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Minnigaff
18. Date of becoming Chargeable,	19th Jan. 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 her Family known to be or to have been Insane,	William Lamont, Husband, Damcroft Minnigaff. Not known that any relative 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 Twenty fourth day of January One thousand eight hundred and Seventy Two.

(*To be signed by Party applying*) William Henry

P. P.

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

(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 of Glasgow.
and being in actual practice as a (2) Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Dam croft,
Parish of Minnigaff in the County of
Kirkcudbright separately from any other Medical Practitioner,
visited and personally examined (4) Margaret Lamont
and that
the said Margaret Lamont is a (5) Insane
Person and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)
She has little or no control over her thoughts feelings & actions — Talks incoherently; uses obscene language; laughs, cries, & whistles, & is outrageous — She tears off her bed clothes & tears her clothes
2. Other facts (if any) indicating Insanity communicated to me by others: (7)
She is of dirty habits —
Daughter

Name and Medical Designation, James Clark, Surgeon

Place of Abode, Newton Stewart

Dated this 21st day of January One thousand eight hundred and Seventy Two years —

MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

(6) *State the facts.*

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

I, the undersigned, Fugus McKenna
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) Dam croft
Parish of Minnigaff in the County of
Kirkcudbright separately from any other Medical Practitioner,
visited and personally examined (4) Margaret Lamont
and that
the said Margaret Lamont is a (5) Person
of unsound mind and a proper person to be detained
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, being at times the most obscene Language. Imagines she sees the devil rising out of the Grave and that she has the Crown of the last trumpet.
2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Very violent at times, cast hot of the bedroom coal & throws it through the window.
Her Daughter

Name and Medical Designation, Fugus McKenna

Place of Abode, Newton Stewart

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

CERTIFICATE OF EMERGENCY.

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

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

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

DATED this day of One thousand eight hundred and

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

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

I, William Hyacinth Drumbar (1) Ks Steward Substitute
of the (2) Stewartry of Kirkcudbright
having had produced to me, with a Petition at the instance of (3) William Henry
Certificates under the hands of James Clark
and Fergus McKenna , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
Margaret Lamont, a Pauper and that the said
Margaret Lamont is a (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 Lamont as a Patient into the (6) Southern Counties Asylum of Dumfries and I authorize the Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Margaret Lamont which accompanied the said Petition.

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

W H Drumbar

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

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

1/676
Mary Blair Lamont
27th January
1872

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

PETITION TO T
RECEPTIO

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

Unto the Honourable
of Dumf
The H

Medical Certificates, th

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

your Petitioner's (b)
is at present in a state
Asylum for the Insane,
mission of the said
Southern Co
into the the said Asylu

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

DATED this
eight hundred and

If any of the Particular

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

I certify, that, to the best of my knowl

DATED this Seventh day o
five years (To be signed

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

[FORM A]

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

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

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

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

The Petition of William Mann Inspector of poor of the parish of Ruthwell humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Elisabeth Kelop or Maxwell — 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 Elisabeth Kelop or Maxwell 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.

William Mann 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 February One thousand eight hundred and Seventy Two - years

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Elisabet Kelop or Maxwell
2. Sex and Age,	Female - age 62 years -
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	labourers Wife Domestic Servt -
5. Religious Persuasion, so far as known,	Presbeterian
6. Previous Place of Abode,	Moniaive auchencairn Ruthwell and Dumfries
7. Place where Found and Examined,	Do
8. Length of time Insane,	- one Month -
9. Whether first Attack,	2d attack
10. Age (if known) on first Attack,	
11. When and where previously under Examination and Treatment,	Southern Counties asylum Dumfries
12. Duration of existing Attack,	one Month
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,	Ruthwell Kirkcudbright -
18. Date of becoming Chargeable	4th to February 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,	John Maxwell Husband - Nor
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

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

DATED this Seventh day of February One thousand eight hundred and Seventy Two years (*To be signed by Party applying*) William Mann Inspector of poor

P. 4

MEDICAL CERTIFICATE, No. I.

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

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

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

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

(5) *Lunatic, or an insane person, 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, Physician & Surgeon and being in actual practice as a (2) hereby certify, on soul and conscience, that I have this day, at (3) Queen Street in the County of Dumfries, separately from any other Medical Practitioner, visited and personally examined (4) Elisabeth Kelso or Maxwell, Auchencairn, Parish Dumfries, and that the said Elisabeth Kelso or Maxwell is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her husband informs me that during the last two months she required to be watched constantly, having at times delusions & refusing occasionally to take food. He tells me that she has spoken more during the last two days,

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

Place of Abode 29 Castle St Dumfries

Dated this seventh day of February One thousand eight hundred and seventy two years,

---

MEDICAL CERTIFICATE, No. II.

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

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

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

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

(5) *Lunatic, or an insane person, 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 B Weir being a (1) Bachelor of Medicine of the University of Glasgow & Licentiate of the Royal College of Surgeons Edinburgh and being in actual practice as a (2) Medical Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Moffat in the County of Auchencairn, Kirkcudbright, Berwick separately from any other Medical Practitioner, visited and personally examined (4) Elizabeth Kelso or Maxwell, Auchencairn, Parish Dumfries and that the said Elizabeth Maxwell is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

Kelso or

1. Facts indicating Insanity observed by myself: (6) I have seen her frequently, manner excitable & quiet - rolling & suspicious - talk disconnected &c -

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Mr Mann tells me that today she escaped out & had to be followed, the daughter tried to prevent her from leaving the house, she violently attacked her -

Name and Medical Designation, James B Weir M.B. L.R.C.S.E. -

Place of Abode. Auchencairn Berwick

Dated this Sixth day of February One thousand eight hundred and seventy two years +

CERTIFICATE OF EMERGENCY.

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

I, the undersigned, John Smith
being (1) Graduate of Edinburgh University
hereby certify, on soul and conscience, that I have this day, at (2) Town Council Buildings Dumfries
in the County of Dumfries, seen and personally examined Elizabeth Kelop or 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. M.B. &c.

DATED this ~~Eighth~~ Ninth day of February One thousand eight hundred and seventy-two years.

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

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

I, David Boyle Stope ——— (1) Sheriff Substitute
of the (2) County of Dumfries, ———
having had produced to me, with a Petition at the instance of (3) William Mann Inspector of Poor Kyriok ———,
Certificates under the hands of John Smith, ———
and James B. Weir, ———, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Kelop or Maxwell, Mossside, Renwick, a Married and that the said Elizabeth Kelop or 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 Elizabeth Kelop or Maxwell as a Patient into the (6) Public Asylum of Southern Counties — 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 Elizabeth Kelop or Maxwell which accompanied the said Petition.

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

David Boyle Stope

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

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

677
Elizabeth Kelly or Mallowdale
Feb 4th 1872

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

PETITION TO THE
RECEPTION

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

Unto the *Honourable the* (*)
of Dumfr

The Petition

Gentleman Esquire

assembly sheweth that it
Medical Certificates, that

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

your Petitioner's (*)
is at present in a state of M
Asylum for the Insane.
mission of the said
Southern Co
into the the said Asylum.

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

DATED this
eight hundred and

If any of the Particulars

1. Christian Name and Surname of Patient at length, ...
2. Sex and Age, ...
3. *Married, Single, or Widowed,* . . .
4. Condition of Life, and previous Occupation (if any), ...
5. Religious Persuasion, so far as known, .
6. Previous Place of Abode, . . .
7. Place where Found and Examined, . .
8. Length of time Insane, . . .
9. Whether first Attack, . . .
10. Age (if known) on first Attack, . . .
11. When and where previously under 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 knowled

DATED this *Ninth*
day of

(To be signed b

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

[Form A]

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

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

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

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

The Petition of Mrs Margaret Milligan or Mc Dowall

Gilldykes Terrace Dumfries

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mrs Margaret 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 Mrs Margaret Milligan to the Southern Counties Asylum and to sanction her admission into the the said Asylum.

Mrs Margaret Mc Dowall

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

Dated this ninth (4) day of February One thousand eight hundred and seventy two.

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

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Margaret Young or Milligan
2. Sex and Age,	Female. 83 years
3. Married, Single, or Widowed,	Widow
4. Condition of Life, and previous Occupation (if any),	Gentlewoman
5. Religious Persuasion, so far as known,	Member of Independant Church
6. Previous Place of Abode,	Dumfries
7. Place where Found and Examined,	Gilldykes Terrace
8. Length of time Insane,	Four years
9. Whether first Attack,	~~first attack~~ No
10. Age (if known) on first Attack,	79
11. When and where previously under Examination and Treatment,	—
12. Duration of existing Attack,	Four years
13. Supposed Cause,	no cause
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	yes
16. Whether Dangerous to others,	yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dumfries
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Margaret Milligan Mc Dowall daughter 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 ninth day of February One thousand eight hundred and seventy two

(*To be signed by Party applying*) Mrs Mc Dowall.

P. P

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

(6) *State the facts.*

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

I, the undersigned, James M: McCulloch M: D: &c.
being a (1) Graduate of the University of Edinburgh
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Gillpot Terrace
in the County of Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Margaret Milligan
and that the said Margaret 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) Incoherent rambling from one delusion to another. States that there were great people "quality" outside & that they were busy cutting the bars &c.

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Cannot sleep unless chloral is given. Talks incoherently, rambling from one delusion to another. Attempts to get out of the room & into cellars & strikes, scratches & bites &c &c.

Name and Medical Designation, James M: McCulloch M: D:

Place of Abode, 16 Castle Street, Dumfries.

DATED this 8th day of February One thousand eight hundred and seventy two years.

MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

(6) *State the facts.*

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

I, the undersigned, Hugh Cunningham
being a (1) Member of the Royal College of Physicians and Surgeons of Edinburgh & 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) Gilefield Terrace
in the County of Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Margaret Young or Milligan,
and that the said Margaret Young 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) There is restlessness, incoherent discourse and the fancies that she is surrounded by people.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her daughter informs me that she raves about whenever she can make her escape that the nurses a pillow believing it to be

Name and Medical Designation, Hugh Cunningham L.R.C.P.Edin.

Place of Abode, 32 Church Crescent Dumfries

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

CERTIFICATE OF EMERGENCY.

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

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

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

DATED this day of One thousand eight hundred and

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

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

I, David Boyle Hope —— (1) Sheriff Substitute of the (2) County of Dumfries, ——
having had produced to me, with a Petition at the instance of (3) Mrs Margaret Milligan or McDougall, Gilfield Terrace, Dumfries, 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) Mrs Margaret Young or Milligan (Petitioners mother) and that the said Mrs Margaret Young or 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 Mrs Margaret Young or Milligan as a Patient into the (6) Public - Asylum of Southern County —— and I authorize per Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mrs Margaret Young or Milligan which accompanied the said Petition.

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

David Boyle Hope

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.

N.B.—This Form shall remain in the possession of the Superintendent of the Asylum, until the Sheriff is obtained.

PETITION TO THE
RECEPTION

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

Unto the Honourable the
of

The Petition

humbly sheweth that it

Medical Certificates, that

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

your Petitioner's (*)

is at present in a state of

Asylum for the Insane.

mission of the said

to the the said Asylum.

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

DATED this

eight hundred and

If any of the Particulars

1. Christian Name and Surname of Patient at length, ...
2. Sex and Age, ...
3. *Married, Single,* or *Widowed,* . . .
4. Condition of Life, and previous Occupation (if any), ...
5. Religious Persuasion, so far as known, .
6. Previous Place of Abode, ...
7. Place where Found and Examined, . .
8. Length of time Insane, ...
9. Whether first Attack, ...
10. Age (if known) on first Attack, . . .
11. When and where previously under 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 In- sane, ...
20. Special circumstances (if any) preventing the insertion of any of the above particulars,

I certify, that, to the best of my knowle

DATED this

day o

(To be signed

678
Murray Spring or Rutherglen
10/2/72

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

[FORM A]

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

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 Mrick Vproud Eudgeato Pedretto

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

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

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

Mrick Vproud

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

DATED this Twenty Sixth (4) day of February One thousand eight hundred and Seventy two

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STATEMENT.

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

1. Christian Name and Surname of Patient at length,	William Vproud
2. Sex and Age,	Male 49
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Ironmonger
5. Religious Persuasion, so far as known,	Wesleyan
6. Previous Place of Abode,	Penicuik
7. Place where Found and Examined,	Penicuik
8. Length of time Insane,	10 days
9. Whether first Attack,	No. 2nd attack
10. Age (if known) on first Attack,	25
11. When and where previously under Examination and Treatment,	1847. at Crichton Institution
12. Duration of existing Attack,	8 days
13. Supposed Cause,	Excitement from Total Abstinence Movement
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,	X
18. Date of becoming Chargeable,	X
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Mrick Vproud Elder Brother 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 13th day of February One thousand eight hundred and Seventy two

(*To be signed by Party applying*) Mrick Vproud

P. P

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

I, the undersigned, Michael W. Taylor being a (1) Doctor of Medicine University Edinburgh and being in actual practice as a (2) Physician, hereby certify, on soul and conscience, that I have this day, at (3) Great Dockray Penrith in the County of Cumberland separately from any other Medical Practitioner, visited and personally examined (4) William Vipond Iron moulder Penrith and that the said William Vipond 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) Violence of demeanour, incoherence and excitement talking, dancing & singing, threatening to attack others.

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Throwing things about, violence, want of sleep, by his Wife Mrs Mary Vipond

Name and Medical Designation, Michael W. Taylor M.

Place of Abode, Penrith

DATED this 12th day of February One thousand eight hundred and twenty two

MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

I, the undersigned, James R Robertson formerly being a (1) Doctor of Medicine of Edin. and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Great Dockr Penrith in the County of Cumberland separately from any other Medical Practitioner, visited and personally examined (4) William Vipond Ironmonger Penrith and that the said William Vipond is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Extreme excitement, says he will dash my brains out —

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Mr Hanson informs me that he say he believes he will never die

Name and Medical Designation, James R Robertson formerly of Edin

Place of Abode, Penrith Great St.

DATED this 12th day of February One thousand eight hundred and twenty two

CERTIFICATE OF EMERGENCY.

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

I, the undersigned, James Gilchrist being (1) a graduate of the University of Edinburgh hereby certify, on soul and conscience, that I have this day, at (2) Crichton Royal Institution in the County of Dumfries, seen and personally examined William Dipond, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

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

J. Gilchrist M.D.

DATED this Thirteenth day of February One thousand eight hundred and Seventy two

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

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

I, David Boyle Hope —— (1) Sheriff Substitute, of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) Ulrick Dipond, Landgate, Nurith, Certificates under the hands of Richard M. Taylor, and James R. 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) William Dipond, Nurith, (Petitioners Brother) and that the said William Dipond, —— is a (5) insane person, and a person of unsound mind —— and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said William Dipond —— 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 Dipond, —— which accompanied the said Petition.

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

David Boyle Hope

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

---

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

1233.

v. William Vipond

Feb. 13/22.

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

[FORM A]

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

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

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

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

The Petition of Joseph McKelvie Inspector of Poor Ingweer humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Margaret Gardiner Well Street, Maxwelltown, your Petitioner's (3) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Margaret Gardiner to the Southern Counties Asylum and to sanction her admission into the the said Asylum.

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

Joseph McKelvie Inspector of Poor Ingweer

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

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

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Margaret Gardiner
2. Sex and Age,	Female aged 42 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Nothing, Nearly Blind and Deaf
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	11a Well Street Maxwelltown
7. Place where Found and Examined,	Do
8. Length of time Insane,	Occasionly for Years
9. Whether first Attack,	Yes
10. Age (if known) on first Attack,	Unknown
11. When and where previously under Examination and Treatment,	Maxwelltown
12. Duration of existing Attack,	Several days
13. Supposed Cause,	monthly Periods
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No Monthly Periods
16. Whether Dangerous to others,	
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Cryfordale
18. Date of becoming Chargeable,	a gid many years
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Jean Gardiner Sister 11a Well Street Maxwelltown
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

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

DATED this Fourteenth day of February One thousand eight hundred and 72 years

(To be signed by Party applying) Joseph McKelvie Inspector of Poor Ingweer

P. 5

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

(6) *State the facts.*

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

I, the undersigned, Patrick Murray
being a (1) Graduate of the University of Edinburgh
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) 7 Well St
Maxwelltown in the County of
Kirkcudbright separately from any other Medical Practitioner,
visited and personally examined (4) Margaret Jardine, Pauper
and that
the said Margaret Jardine is a (5) person of
unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Is very excitable, imagines some thing coming from America to kill her

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Mr Weir informs me that she thinks the attacks in the house at the latter

Name and Medical Designation, P. Murray M.B.

Place of Abode, 49 Buccleuch St

Dated this 14th day of February One thousand eight hundred and 72

MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

(6) *State the facts.*

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

I, the undersigned, Hugh Cunningham
being a (1) Member of the Royal College of Physicians in Edinburgh and of the Faculty of Physicians and Surgeons in Glasgow
and being in actual practice as a (2) Physician and Surgeon.
hereby certify, on soul and conscience, that I have this day, at (3) 7 Well St
Maxwelltown in the County of
Kirkcudbright separately from any other Medical Practitioner,
visited and personally examined (4) Margaret Jardine, Pauper
and that
the said Margaret Jardine is a (5) person of
unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) There is incoherent talking, and great restlessness.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her sister informs me that she attacks her with anything she can lay her hands on, that she wanders about the house at night, and utters obscene discourse. The above is confirmed by her next door neighbour

Name and Medical Designation, Hugh Cunningham L.R.C.P.E.

Place of Abode, 32 Church Crescent. Dalkeith

Dated this Fourteenth day of February One thousand eight hundred and seventy two years.

CERTIFICATE OF EMERGENCY.

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

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

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

DATED this day of One thousand eight hundred and

(1) State medical qualification. (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 Welsh
Inspector of Poor, Irongray, Patrick Murray, M.D. Dumfries
Certificates under the hands of and Hugh Cunningham, Physician Dumfries, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Margaret Sardine Mill Street Maxwelltown (a pauper) and that the said Margaret Sardine is a (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 Sardine 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 Caroline which accompanied the said Petition.

DATED this Fourteenth day of February One thousand eight hundred and Seventy two years.

David Boyle Hope

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

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

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

PETITION TO TH
RECEPTION

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

Unto the Honourable the
of Wigtown, (†)

The Petitio

humbly sheweth that it
Medical Certificates, that
your Petitioner's (*) *Sc*
is at present in a state of
Asylum for the Insane.
mission of the said *A*

into the the said Asylum.

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

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

DATED this *Nine*
eight hundred and *Seve*

If any of the Particulars

1. Christian Name and Surname of Patient at length, ...
2. Sex and Age, ...
3. Married, Single, or Widowed, .
4. Condition of Life, and previous Occupation (if any), ...
5. Religious Persuasion, so far as known, .
6. Previous Place of Abode, . . .
7. Place where Found and Examined, .
8. Length of time Insane, . . .
9. Whether first Attack, . . .
10. Age (if known) on first Attack, . .
11. When and where previously under 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 knowledg

DATED this *Nineteenth* day of

(To be signed

1/679
Margaret Sandine
14 February
1872
"

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

[Form A]

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

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

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

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

The Petition of Alexander Brown, Clerk, Greenvale street, Stranraer humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Agnes Adair residing in Stranraer 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 Agnes Adair to the and to sanction her admission into the the said Asylum.

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

Alex. Brown

(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 February One thousand eight hundred and seventy two

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Agnes Adair
2. Sex and Age,	female – age 51 years
3. Married, Single, or Widowed,	single.
4. Condition of Life, and previous Occupation (if any),	Innkeeper.
5. Religious Persuasion, so far as known,	United Presbyterian
6. Previous Place of Abode,	Stranraer
7. Place where Found and Examined,	Stranraer
8. Length of time Insane,	since July 1871
9. Whether first Attack,	yes
10. Age (if known) on first Attack,	50
11. When and where previously under Examination and Treatment,	Stranraer occasionally since July 1871
12. Duration of existing Attack,	7 months
13. Supposed Cause,	money difficulties
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Yes
16. Whether Dangerous to others,	Yes probably
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	not a pauper meanwhile
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known 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, Greenvale street Stranraer the patients brother in law – no member of the family hitherto 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 Nineteenth day of February One thousand eight hundred and seventy two

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

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, Wm Orgill Surgeon Stromness 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) Station Street Stromness in the County of Western separately from any other Medical Practitioner, visited and personally examined (4) Agnes Adair residing there and that the said Agnes Adair is a (5) person of unsound Mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She believes that she is to be executed for some Crime or other, the Sooner it is done the better, Found her walking up and down the room in a most frequent, and is unwilling to enter into conversation. Thinks that her sins will be washed away by the Blood of Christ, and says she can not leave the house but she be taken out to be shot.

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Mrs Bryce with whom she lodges states that she does nothing but pace up & down the room from morning till night and will not go out in daylight but she be taken and executed. When a stranger comes in she will sit in a corner & repeat the same sentence over & over again in a very excited state and employed her not to leave her and be executed & do her no harm & she could help it, but that the Devil has possession of her, She feels that her food is poisoned. Mrs McWilliam, London Road, gives similar evidence

Name and Medical Designation, Wm Orgill Surgeon Stromness

Place of Abode, Stromness

DATED this 17th day of Feby One thousand eight hundred and seventy two

---

MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

I, the undersigned, William McNeil M.D. L.R.C.S.E. Stromness being a (1) Graduate of the University of Edinburgh and Licentiate of the Royal College of Surgeons Edinburgh and being in actual practice as a (2) General practitioner hereby certify, on soul and conscience, that I have this day, at (3) Station Street Stromness in the County of Mainland separately from any other Medical Practitioner, visited and personally examined (4) Agnes Adair residing there Agnes Adair and that the said Agnes Adair is a (5) Person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Unlike what she was she has become moody & silent & occasionally wild & excited. Says she has been taken possession of by Satan & that he takes her out of bed at night and makes her kill people for which crime she says she ought to be executed. And she in fact almost plainly states to me to day that if we did not promise her to let Prince of Wales visit people she must kill herself. Asks me if it was possible for her to kill herself.

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Mrs Bryce her Landlady says that since coming to her 2 Months ago she has never attempted - nor could she be persuaded - to do any work she sits in a corner of her room silent & sad, sometimes passes up & down in an excited manner & asks why they do not take her away & punish her, Mistakes to commit suicide & asks her the cause of the deaths of all the people who die in Stromness has other delusions &

Name and Medical Designation, William McNeil M.D.

Place of Abode, Stromness

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

CERTIFICATE OF EMERGENCY.

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

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

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

DATED this day of One thousand eight hundred and

(1) 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 Sheriff (1) Substitute (of Wigtownshire)
of the (2) County of Wigtown
having had produced to me, with a Petition at the instance of (3) Alexander Brown, Clerk, Greenvale Shut, Shawsea
Certificates under the hands of John Orgill Surgeon, Shawsea
and William Heriot, M. D. Do 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)
Agnes Adair residing in Shawsea and that the said
Agnes Adair is a (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 Adair as a Patient into the (6) Public Asylum of the Crichton Royal Institution and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Agnes Adair which accompanied the said Petition.

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

P. MacLean Sheriff Substitute

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

1/680
Agnes Adair
20th February
1872

219

25 and 26 Vict.

APPLICATION TO THE GENERAL

TRANSFER OF A PATIENT F

I, the undersigned Jamisha
being desirous to transfer Henry
at present a Patient in Burgh
as pauper Lunatic upo
and Inspector of Poor
Crichton Asylum De
the Board to such transfer; and I subjoin a
Henry Paterson
respect to his mental and bodily

DATED at Paisley this
One thousand eight hundred and seve

STA

1. Christian Name and Surname of Patient
length,
2. Sex and Age,
3. Married, Single, or Widowed,
4. Condition of Life, and Previous Occupati
(if any),
5. Religious Persuasion, so far as known,
6. Date of Admission into Asylum,
7. Length of time Insane,
8. Whether first Attack,
9. Age (if known) on first Attack,
10. Duration of existing Attack,
11. Supposed Cause,
12. Whether subject to Epilepsy,
13. Whether Suicidal,
14. Whether Dangerous to others,
15. Parish to which the Lunatic (if a Pauper)
Chargeable,
16. Christian Name and Surname, and P
of Abode of nearest known Relative
the Patient, and degree of relationsh
(if known), and whether any Member
Family known to be, or to have b
Insane,

I certify that, to the best of my knowl

(To be signed by the Applicant)

DATED this 21st day of F
hundred and Seventy two

N.B.—The foregoing particulars are re
whose care the Patient is to be transferred

219

[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 Shaw Brown Inspector of Poor, Paisley, being desirous to transfer Henry Paterson at present a Patient in Burgh Parochial Asylum Paisley and (1) a Pauper Lunatic of the Parish of which I am Inspector of Poor from the said Asylum to the Crichton Asylum Dumfries hereby request the authority of the Board to such transfer; and I subjoin a Statement of Particulars regarding the said Henry Paterson 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 Shaw Brown
Inspector

DATED at Paisley this 21st day of February One thousand eight hundred and seventy two years.

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

STATEMENT.

1. Christian Name and Surname of Patient at length,	Henry Paterson
2. Sex and Age,	Male - 33 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and Previous Occupation (if any),	Lithographer
5. Religious Persuasion, so far as known,	Protestant
6. Date of Admission into Asylum,	4th Feby 1872
7. Length of time Insane,	About 3 weeks
8. Whether first Attack,	First attack
9. Age (if known) on first Attack,	33 years
10. Duration of existing Attack,	About 3 weeks
11. Supposed Cause,	Supposed shock on Nervous System
12. Whether subject to Epilepsy,	No.
13. Whether Suicidal,	No.
14. Whether Dangerous to others,	No.
15. Parish to which the Lunatic (if a Pauper) is Chargeable,	
16. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of relationship (if known), and whether any Member of Family known to be, or to have been Insane,	Mary Gilmour Paterson 13 Caledonia Street Paisley. his mother

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

(To be signed by the Applicant) James Shaw Brown

DATED this 21st day of February One thousand eight hundred and seventy two years.

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

MEDICAL CERTIFICATE.

I, the undersigned, Robert Falconer

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

being (1) Licentiate of Roy Coll Surgs Edin
hereby certify that I have this day at (2) Paisley Parochial Asyl
personally examined Henry Paterson at present a
Patient in said Asylum, and with respect to his Mental State that

He is of unsound mind
Several delusions regarding
inventions, one of which is to
Stop a Railway train at full Speed instantly
; and with respect to his

Bodily Health and Condition that In 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

Robert Falconer
Surgeon

Dated this Twenty first day of Feby One thousand eight hundred and Seventy two 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.

Application having been made to the Board by (1) Inspector of Poor Paisley to authorize the transfer of Henry Paterson from Burgh Parochial Asylum to Dumfries Royal Asylum, and the Board having considered such application and the accompanying Medical Certificate, do hereby authorize the transfer of the said Henry Paterson as requested.

Commissioner.

Dated at Edinburgh, this 22 day of February One thousand eight hundred and Seventy two

This Order cannot be acted on after 14 days from date

Date of Sheriff's Order } 5 February 1872.

1234
Henry Paterson
Feb. 23/72

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

[Form A]

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

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

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

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

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

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

John Dinwoodie

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

Dated this Twentysixth (4) day of February One thousand eight hundred and Sebenty two.

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Mary Gordon
2. Sex and Age,	female age 22 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	do Domestic Servant
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Friar's Vennel. Dumfries
7. Place where Found and Examined,	do do do
8. Length of time Insane,	a week past—
9. Whether first Attack,	yes
10. Age (if known) on first Attack,	22 years
11. When and where previously under Examination and Treatment,	never under treatment before
12. Duration of existing Attack,	a week past
13. Supposed Cause,	fever
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	yes
16. Whether Dangerous to others,	yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dumfries
18. Date of becoming Chargeable,	24 Feb 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,	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 Twentyfourth day of February One thousand eight hundred and Seventytwo

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

P. 9

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

(6) *State the facts.*

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

I, the undersigned, Hugh Cunningham being a (1) Member of the Royal College of Physicians in Edinburgh and of the Faculty of Physicians and Surgeons in Glasg. and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Blue Bell Close Friars Vennel Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Mary Gordon, Pauper and that the said Mary Gordon "Pauper" is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) There is great restless clapping of hands, incoherent mutterings, and fits of loud laughter - Puerperal Mania

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her father informs me that she sings, alone time, and rages at another, is continually talking nonsense and that she madam attempted to strike her mother with a knife.

Name and Medical Designation, Hugh Cunningham L.R.C.P.E. & Edin.

Place of Abode, 32 Church Crescent. Dumfries.

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

MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

(6) *State the facts.*

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

I, the undersigned, Archibald Marshall being a (1) Member of the Faculty of Physicians and Surgeons of Glasgow and Licentiate of the Royal College of Physicians and and being in actual practice as a (2) hereby certify, on soul and conscience, that I have this day, at (3) Asylum Dumfries Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Mary Gordon (a Pauper) and that the said Mary Gordon is a (5) Lunatic and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Talks incoherently wanders from the Subject of Conversation imagines she has had three Children aged about 4 - 3 and 1 &c &c

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

Her Nurse describes her as sometimes becoming furious and attempting to strike her.

Name and Medical Designation, Archd Marshall M.D. &c

Place of Abode, Dumfries

DATED this 26th day of Feby One thousand eight hundred and Seventy two years

CERTIFICATE OF EMERGENCY.

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

I, the undersigned, Hugh Cunningham being (1) Member of the Royal College of Physicians in Edinburgh & Fellow Fac. Phys. & Surg. Glasg. hereby certify, on soul and conscience, that I have this day, at (2) Blue Bell Close, Friars Vennel Dumfries in the County of Dumfries, seen and personally examined Mary Gordon "Pauper", and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

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

Hugh Cunningham L.R.C.P.Edin. L.F.P.S.G.

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

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

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

I, David Boyle Hope — (1) Sheriff Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) John Dinwoodie, Inspector of Poor Dumfries, Certificates under the hands of Hugh Cunningham 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 Gordon Friars Vennel, Dumfries (a Pauper), and that the said Mary Gordon 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 Gordon 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 Mary Gordon which accompanied the said Petition.

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

David Boyle Hope

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

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

1/681
Mary Gordon
24th February
1872

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

[Form A]

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

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 Charlotte Reid residing in Liverpool

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John W-han

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

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

Charlotte Reid

(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 two

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STATEMENT.

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

1. Christian Name and Surname of Patient at length,	John Whan
2. Sex and Age,	Male 59
3. Married, Single, or Widowed,	Widowed
4. Condition of Life, and previous Occupation (if any),	Coachman
5. Religious Persuasion, so far as known,	Scotch
6. Previous Place of Abode,	Newcastle Lodge
7. Place where Found and Examined,	Newcastle Lodge
8. Length of time Insane,	8 Days
9. Whether first Attack,	Yes
10. Age (if known) on first Attack,	
11. When and where previously under Examination and Treatment,	
12. Duration of existing Attack,	
13. Supposed Cause,	
14. Whether subject to Epilepsy,	no.
15. Whether Suicidal,	no.
16. Whether Dangerous to others,	
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	not a pauper.
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Mary Finlay Daughters Edinburgh Charlotte Reid Daughters Liverpool Janet Mercer Daughters Aberdeen Annie Whan Daughter Newcastle
20. Special circumstances (if any) preventing the 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 72

(*To be signed by Party applying*) Charlotte Reid

P. p.

MEDICAL CERTIFICATE, No. I.

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

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

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

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

(5) Lunatic, *or* an insane person, 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 B Wise being a (1) Bachelor of Medicine of Glasgow University & Licentiate of the Royal College of Surgeons, Edinburgh and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Archardton Lodge, Revick in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) John Whan, Archardton and that the said Lodge John Whan 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.:—

1. Facts indicating Insanity observed by myself: (6)
I have attended him for 18 days or so, & his whole conduct, manner & talk betray unsoundness of mind — He is suffering from Diabetes. He shows great aversion to particular friends.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Two of the daughters tell me of his great annoyance at particular persons & even at his youngest daughter.

Name and Medical Designation, James B Wise M.B. L.R.C.S.E.

Place of Abode, Auchencairn

DATED this Twenty second day of February One thousand eight hundred and seventy two —

MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

(6) *State the facts.*

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

I, the undersigned, James M'. M'Culloch M.D. being a (1) a Graduate of the University of Edinburgh & M and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Orchardton Lo Kirkcudbright in the County of separately from any other Medical Practitioner, visited and personally examined (4) John Whan, Orchardton Lo and that the said John Whan 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) Constantly talk in an incoherent, rambling & very excited manner, flushed & with vague expression, ve positive, self-willed & irritable &c.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Betrays spite against his daughters & regard seldom sleeps, tendency to wander, restless, m irritable & violent &c.

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

Place of Abode 6 Castle Street, Dumfries

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

CERTIFICATE OF EMERGENCY.

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

I, the undersigned, James B Weir
being (1) Bachelor of Medicine
hereby certify, on soul and conscience, that I have this day, at (2) Orchardton Lodge
in the County of Kirkcudbright, seen and personally examined
John Whan, and that the said
person is of unsound mind, and 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 B Weir

Dated this Twenty third day of February One thousand eight hundred and Seventy two.

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

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

I, Lauderdale Maitland (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Charlotte Reid
residing in Liverpool
Certificates under the hands of James B. Weir
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 Whan, Orchardton Lodge, Kirkcudbrightshire and that the said
John Whan 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 John Whan as a Patient into the (6) Public Asylum of Crichton 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 John Whan which accompanied the said Petition.

Dated this Twenty fourth day of February One thousand eight hundred and Sixty two.

Lauderdale Maitland

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.

1235

John Wham

Feb. 24/72

CERTIFIC

(This Certificate authorizes the detenti
three days, v

I, the undersigned, Thom
being (1) a Gradu
hereby certify, on oral and conscient
in the County of Orkney
person is of unsound mind, and a pr

And I further certify that the c

Dated this 25
hundred and seventy

(1) State medical qualification.

ORDER TO BE GRANTED
SION AND REC

I,
of the (1)
having had produced to me, with a

Certificates under the hands of
and
duly qualified in terms of an Act, in
Treatment of Lunatics, and for the
Asylums in Scotland," setting forth

and a proper Person to be detained
receive the said
(1) Asylum of
Transmission to the said
the said Medical Certificates, and a
which acc

Dated this
hundred and

To the Superintendent of the (1)
Asylum of

(1) State whether Sheriff, Sh
(1) State whether a County o
(1) Insert Name and Designa
(1) Describe him, and if a Pa
(1) Lunatic, or an insane per
(1) Public, District, Parochial
(1) Public, District, Parochial

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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 Anderson
being (1) a Graduate of Edinburgh University
hereby certify, on soul and conscience, that I have this day, at (2) the Southern Counties Asylum in the County of Dumfries, seen and personally examined Rebecca Bryden 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.

Thomas Anderson. M. B. &c

DATED this 25th day of February One thousand eight hundred and seventy two years.

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

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

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

Certificates under the hands of
and , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) and that the said
is a (5)

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

DATED this day of One thousand eight hundred and

To the Superintendent of the (7)
Asylum of

---

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

332

25 and 26 Vict. Cap

APPLICATION TO THE GENERAL B

TRANSFER OF A PATIENT FRO

I, the undersigned William Cochr
being desirous to transfer Jane Lam
at present a Patient in Hollacres, P
a Pauper Lunatic of the Pa
Southern Counties Asylum

the Board to such transfer; and I subjoin a St
Jane Lamoon M'Wall
respect to her mental and bodily con

Wille

Dated at Liberton this
One thousand eight hundred and Seventy

STAT

1. Christian Name and Surname of Patient at l
length,
2. Sex and Age,
3. Married, Single, or Widowed,
4. Condition of Life, and Previous Occupation
(if any),
5. Religious Persuasion, so far as known,
6. Date of Admission into Asylum,
7. Length of time Insane,
8. Whether first Attack,
9. Age (if known) on first Attack,
10. Duration of existing Attack,
11. Supposed Cause,
12. Whether subject to Epilepsy,
13. Whether Suicidal,
14. Whether Dangerous to others,
15. Parish to which the Lunatic (if a Pauper) 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,

I certify that, to the best of my knowledg

(To be signed by the Applicant) Will

Dated this Twenty Eighthday of Fe
hundred and Seventy Two.

N.B.—The foregoing particulars are requ
whose care the Patient is to be transferred.

1
582
Rebecca Bridgeor Wallace
25 Feb. 1872

392

[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 William Cochrane Inspector of Poor being desirous to transfer Jane Lamon M'Millan at present a Patient in Hallcraig House Asylum, and (¹) a Pauper Lunatic of the Parish Southern Counties Asylum Dumfries from the said Asylum to the hereby request the authority of the Board to such transfer; and I subjoin a Statement of Particulars regarding the said Jane Lamon M'Millan 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.

William Cochrane
Inspector of Poor Liberton

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

DATED at Liberton this 28th day of February One thousand eight hundred and Seventy Two

STATEMENT.

1. Christian Name and Surname of Patient at length,	Jane Lamon M'Millan
2. Sex and Age,	Female 70 years
3. Married, Single, or Widowed,	Widow
4. Condition of Life, and Previous Occupation (if any),	Hawker
5. Religious Persuasion, so far as known,	Protestant
6. Date of Admission into Asylum,	2nd Dec 1871
7. Length of time Insane,	Upwards of three Months
8. Whether first Attack,	As far as known
9. Age (if known) on first Attack,	about 70 years
10. Duration of existing Attack,	See Note
11. Supposed Cause,	Not known
12. Whether subject to Epilepsy,	No
13. Whether Suicidal,	No
14. Whether Dangerous to others,	Some Times
15. Parish to which the Lunatic (if a Pauper) is Chargeable,	February 1870
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,	Has a Son George Henderson Bricklayer in Dundee Cannot tell whether any of the Family were Insane

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

(*To be signed by the Applicant*) William Cochrane

DATED this Twenty Eighth day of February One thousand eight hundred and Seventy Two.

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

MEDICAL CERTIFICATE.

I, the undersigned Thos R Sloth

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

being (1) M.D. Edinburgh
hereby certify that I have this day at (2) Hallcross Asylum
personally examined Jane Lamon M'Millan at present a
Patient in said Asylum, and with respect to her Mental State that She
labours under Dementia & Delusions

; and with respect to her
Bodily Health and Condition that - Is tolerably good

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

Thos R Sloth, M.D.

DATED this 27th day of July One thousand eight hundred and 72 years.

1
6883
Jane Lamon or McMillan
1st March 1872

SANCTION BY THE BOARD OF LUNACY.

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

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

Application having been made to the Board by (1) Inspector of Poor Liberton
to authorize the transfer of Jane L. McMillan
from Hallcross Asylum to Dumfries Asylum, and the Board having considered such application and the accompanying Medical Certificate, do hereby authorize the transfer of the said Jane L. McMillan as requested. This order is only valid for 14 days

James Coxe *Commissioner.*

DATED at Edinburgh, this 27 day of February One thousand eight hundred and seventy two

Date of Sheriff's Order 4 December 1871-

N.B.—This Form shall remain in the Superintendent of the Asylum, to which the Sheriff is obliged.

PETITION TO THE
RECEPTION

(1) Sheriff or Steward, or Bailie or Stewartry.

Unto the Honourable the (1)
of Dumfries

The Petition
for the Parish of
humbly sheweth that it

Medical Certificates, that

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

your Petitioner's (2) Pa
is at present in a state of M
Asylum for the Insane. M
mission of the said Ele
Southern County
into the the said Asylum.

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

DATED this Seco
eight hundred and Seve

If any of the Particulars in

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

I certify, that, to the best of my knowledge

DATED this Fourth day of

(To be signed by

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

[Form A]

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

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

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

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

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

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

John Dinwoodie

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

Dated this Seventh (*) day of March One thousand eight hundred and Seventytwo.

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Elizabeth Dickson or Wilson
2. Sex and Age,	female – age 57. years
3. Married, Single, or Widowed,	married
4. Condition of Life, and previous Occupation (if any),	do Housewife
5. Religious Persuasion, so far as known,	Protestant –
6. Previous Place of Abode,	Dumfries
7. Place where Found and Examined,	do
8. Length of time Insane,	not known correctly
9. Whether first Attack,	Third attack
10. Age (if known) on first Attack,	55 years –
11. When and where previously under Examination and Treatment,	Dumfries & S.C. Asylum
12. Duration of existing Attack,	not known correctly
13. Supposed Cause,	not known –
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	some reason to apprehend danger
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dumfries
18. Date of becoming Chargeable,	4th March 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,	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 March One thousand eight hundred and Seventytwo

(*To be signed by Party applying*) John Dinwoodie Insp.

P. P

MEDICAL CERTIFICATE, No. I.

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

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

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

(4) *Insert Designation and Residence, 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 Fellow of the Royal and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Queensberry in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Elizabeth Nelson a pauper and that the said Elizabeth Nelson 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 she is troubled persecuted by bad people rambles into Welsh and behaves very badly talks on meaningless etc

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

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

Her neighbours describe her as outrageous and violent use of foul and bad language

Name and Medical Designation, Wm Marshall M.D. &c

Place of Abode, Dumfries

DATED this 6th day of March One thousand eight hundred and seventy two years

MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

I, the undersigned, Hugh Cunningham being a (1) Member of the Royal College of Physicians in Edinburgh and of the Faculty of Physicians and Surgeons in Glasgow and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 4 & 5 North Queensberry Street, 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) There is great restlessness, a wild expression of Countenance and she is continually uttering obscene words.

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

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

Mr Galloway her next door neighbour, and her n inform me that she is constantly cursing a miscalling all who are dear and near to her

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

Place of Abode, 32 Church Ascent Dumfries

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

CERTIFICATE OF EMERGENCY.

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

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

William Marshall M.D.

DATED this 7th day of March One thousand eight hundred and Seventy two Years

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

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

I, David Boyle Hope — (1) Sheriff Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) John Dunwoodie, 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) Elizabeth Dickson or Wilson, Drumsleet, Dumfries, aforesaid, and that the said Elizabeth Dickson or Wilson, is a (5) Lunatic, 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 Elizabeth Dickson or Wilson as a Patient into the (6) Public — Asylum of Southern Counties — and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Elizabeth Dickson or Wilson which accompanied the said Petition.

P.S.

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

David Boyle Hope

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

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

1684

v. Elizabeth Dickson or Wilson

Pet: 4th March

1872

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

23

PETITION TO THE
RECEPTION O

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

Unto the Honourable the (*)
of Dumfries

The Petition

humbly sheweth that it a
Medical Certificates, that
your Petitioner's (‡) bel
is at present in a state of Me
Asylum for the Insane. M
mission of the said Eli
Southern Counties
into the the said Asylum.

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

DATED this
eight hundred and seve

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

If any of the Particulars is

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

I certify, that, to the best of my knowledge

DATED this
day of

(To be signed by

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

[Form A]

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

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

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

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

The Petition of John Hannah Inspector of Poor Kirkcudbright humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Helen Burns a Pauper Lunatic belonging to this Parish is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Helen Burns to the Southern Counties asylum and to sanction her admission into the the said Asylum.

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

Dated this Eighth (*) day of March One thousand eight hundred and Seventy two

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

John Hannah Insp

STATEMENT.

If any 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 Burns
2. Sex and Age,	Female 33
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,	Kirkcudbright
7. Place where Found and Examined,	Crichton Royal Institution
8. Length of time Insane,	two or three ~~months~~ days
9. Whether first Attack,	no
10. Age (if known) on first Attack,	20
11. When and where previously under Examination and Treatment,	Southern Counties asylum
12. Duration of existing Attack,	
13. Supposed Cause,	not Known
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	no
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Kirkcudbright
18. Date of becoming Chargeable,	12 Oct 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,	James Burns a Sailor abode not known 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 Eighth day of March One thousand eight hundred and Seventy two

(*To be signed by Party applying*) John Hannah 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, James Gilchrist being a (1) graduate of the University of Edinburgh and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Crichton Royal Institution in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Helen Burns. Pauper residing at Crichton Royal Institution and that the said Helen Burns is a (5) person of unsound and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

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

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Cannot settle down to work in kitchen

Name and Medical Designation, J. Gilchrist M.D.

Place of Abode, Crichton House

DATED this Ninth day of March One thousand eight hundred and seventy two

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MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

I, the undersigned, Hugh Cunningham being a (1) Member of the Royal College of Physicians and of the Faculty of Physicians and Surgeons in 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) the Crichton Roy Institution in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Helen Burns Pauper and that the said Helen Burns is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) There is incoherent discourse, great timidity, and a wan appearance of the Countenance.

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

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

Name and Medical Designation, Hugh Cunningham L.R.C.P. Edin.

Place of Abode, 32 Church Crescent Dumfries

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

CERTIFICATE OF EMERGENCY.

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

I, the undersigned, James Gilchrist, being (1) a graduate of the University of Edinburgh hereby certify, on soul and conscience, that I have this day, at (2) Crichton Royal Institution in the County of Dumfries, seen and personally examined Helen Burns, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

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

James Gilchrist M.D.

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

(1) State medical qualifications. (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 Hannah Inspector of Poor, Kirkcudbright, Certificates under the hands of James Gilchrist, and Hugh Cunningham, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Helen Burns Kirkcudbright (a pauper) and that the said Helen Burns, is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Helen Burns 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 Burns which accompanied the said Petition.

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

David Boyle Hope

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

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

1/
685
Helen Burns
9th March 1872

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

PETITION TO THE
RECEPTION O

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

Unto the Honourable the (*)
of Dumfrie

The Petitioner

humbly sheweth that it is
Medical Certificates, that
your Petitioner's (†)

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

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

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

DATED this 15
eight hundred and Seventy

If any of the Particulars is

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

I certify, that, to the best of my knowledge

DATED this 15

day of

(To be signed by

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

[FORM A]

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

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 Substitute.*—

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

John Hope. Inspector.

(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 15th (4) day of April One thousand eight hundred and Seventy two.

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	John Thomson.
2. Sex and Age,	Male - 35 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,	Laird holm. Sundergarth.
7. Place where Found and Examined,	Southern Counties Asylum
8. Length of time Insane,	Since 30 March last
9. Whether first Attack,	Yes
10. Age (if known) on first Attack,	35 years
11. When and where previously under Examination and Treatment,	Never under treatment before
12. Duration of existing Attack,	Abt a fortnight
13. Supposed Cause,	Not Known
14. Whether subject to Epilepsy,	Not known
15. Whether Suicidal,	Not known
16. Whether Dangerous to others,	No.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Sundergarth.
18. Date of becoming Chargeable,	30 March last
19. Christian Name and Surname, and Place of Abode of nearest known 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 Thomson, sister and Waller Thomson, Brother.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

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

DATED this 15th day of April One thousand eight hundred and Seventy two.

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

P. 7

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

(6) *State the facts.*

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

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

1. Facts indicating Insanity observed by myself: (6)
Is very depressed + melancholic. Has delusion of thinking that he once often sees a white body flying about the room.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
His medical attendant says he has been treating him for mental depression and his wandering about at all hours of the night

Name and Medical Designation, William S Kerr MB

Place of Abode, Dumfries

DATED this 4th day of April One thousand eight hundred and Seventy Two Years.

MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

(6) *State the facts.*

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

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

1. Facts indicating Insanity observed by myself: (6) Great depression Melancholia, Lunaguis he has white bodies flitting about

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
The Police had to take charge him for wandering about at night

Name and Medical Designation, P Imray MB

Place of Abode, Buccleuch St Dumfries

DATED this 4th day of April One thousand eight hundred and 72

CERTIFICATE OF EMERGENCY.

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

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

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

DATED this day of One thousand eight hundred and

(1) States medical qualification. (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 Hope Inspector of Poor, Tundergarth, Certificates under the hands of William Smith, Kirtle and Patrick Murray, , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) John Thomson Laidholm Tundergarth (a Pauper) and that the said John Thomson, (5) person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said John Thomson, as a Patient into the (6) Public Asylum of Southern Counties and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said John Thomson which accompanied the said Petition.

DATED this Fifteenth day of April One thousand eight hundred and Seventy two.

David Boyle Hope

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

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

1/686
John Thomson
30th March
1872

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

PETITION TO TH
RECEPTION

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

Unto the Honourable the
of Dumfr
The Petition

humbly sheweth that it
Medical Certificates, that
your Petitioner's (†)
is at present in a state of
Asylum for the Insane.
mission of the said
Lo: Lo: Asylum
into the the said Asylum.

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

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

DATED this Eighth
eight hundred and Seventy

If any of the Particulars in

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

I certify, that, to the best of my knowledg

DATED this Eighth
Two years day of

(To be signed

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

[Form A]

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

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

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

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

The Petition of D. Clappertone Insp: of Poor

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

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

D. Clappertone.

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

Dated this Eighth (*) day of April One thousand eight hundred and Seventy Two

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Jane Corrie or Thomson
2. Sex and Age,	Female 44 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,	Bowgillburn. Annan.
7. Place where Found and Examined,	Ds
8. Length of time Insane,	about 10 Weeks.
9. Whether first Attack,	First attack.
10. Age (if known) on first Attack,	44 years.
11. When and where previously under Examination and Treatment,	Not previously insane.
12. Duration of existing Attack,	about 10 Weeks.
13. Supposed Cause,	Not Known.
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	~~Not~~ reported so.
16. Whether Dangerous to others,	No.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Annan.
18. Date of becoming Chargeable,	4 April, 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,	John Corrie Bowgillburn. Near Annan. Father of Patient. None of her relatives known to have been insane
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

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

Dated this Eighth day of April One thousand eight hundred and Seventy Two years

(*To be signed by Party applying*) D. Clappertone.
Insp: of Poor P. P
Annan.

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

(6) *State the facts.*

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

I, the undersigned, Willm Ewart being a (1) Licentiate of the Royal College of Surgeons in Edinburgh and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Kirngise Burn, Parish of Dunscore in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Jane Corrie or Thompson a Pauper and that the said Jane Corrie or Thompson is a (5) Person of unsound Mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Her General appearance, and delusions she has of people going to murder her self and children

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Was informed by husband and others that she had attempted suicide by hanging

Name and Medical Designation, Willm Ewart. Surgeon

Place of Abode, Edinburgh Street. Thornhill

DATED this 4th day of April One thousand eight hundred and seventy two.

MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

(6) *State the facts.*

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

I, the undersigned, James Little a Licentiate of the Roy being a (1) Doctor of Medicine & Licentiate of the Royal College of Surgeons, Edinburgh and being in actual practice as a (2) General Medical Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Kirngise Burn Parish of Dunscore in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Jane Corrie or Thompson a pauper and that the said Jane Corrie or Thompson is a (5) person of unsound Mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Her depressed & Melancholy expression. her delusions & her general appearance

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Was informed by her neighbours, that she cries & says that her children are all dying & killed & that she has several times attempted hanging herself. She has

Name and Medical Designation, James Little Med Surgeon

Place of Abode, Thornhill

DATED this eighth day of April One thousand eight hundred and Seventy two.

CERTIFICATE OF EMERGENCY.

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

I, the undersigned, Wm Ebrent being (1) a Licentiate of the Royal College of Surgeons in Edinburgh hereby certify, on soul and conscience, that I have this day, at (2) Honeyside Burn Annan in the County of Dumfries, seen and personally examined , and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

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

Wm Ebrent, Surgeon

Dated this 4th day of April One thousand eight hundred and twenty two.

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

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

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

Dated this Ninth day of April One thousand eight hundred and twenty two.

David Boyle Hope

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

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

1
688
Jane Corrie or Thomson
9th April. 1872

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

[Form A]

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

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

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

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

The Petition of John Dinwoodie Inspector of the Poor for the Parish of Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Isabella K. Laurie. English Stent 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 Isabella K. Laurie 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.

Twelfth 72 John Dinwoodie

Dated this Eleventh (4) day of April One thousand eight hundred and Seventytwo.

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

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Isabella K. Laurie
2. Sex and Age,	female 40 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	do Dressmaker
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Dumfries
7. Place where Found and Examined,	do
8. Length of time Insane,	about a fortnight
9. Whether first Attack,	no
10. Age (if known) on first Attack,	39 years
11. When and where previously under Examination and Treatment,	Dumfries
12. Duration of existing Attack,	about a fortnight
13. Supposed Cause,	Death of her father & brother
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	rather
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dumfries
18. Date of becoming Chargeable,	10 April 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,	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 ~~Twelfth~~ Twelfth day of April One thousand eight hundred and Seventytwo

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

P. p

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

(*) *State the facts.*

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

I, the undersigned, being a (*) Graduate of Edinburgh Univ. Physician & Surgeon and being in actual practice as a (*) hereby certify, on soul and conscience, that I have this day, at (*) 13 English Street Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (*) Isabella Kirkpatrick Laurie Dressmaker, Dumfries and that the said Isabella Kirkpatrick Laurie is a (*) person of Unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (*) Her excited manner & appearance. Delusions. Imagines that her brother (who resides in Liverpool) is dead & he had it in Consultation with him. & that she is the only one who can hear his voice.

2. Other facts (if any) indicating Insanity communicated to me by others: (*) Her sister informs me that since Sunday last she has been quite restless & unmanageable, having many delusions

Name and Medical Designation, John Smith M.B.

Place of Abode, Dumfries

DATED this 10th day of April One thousand eight hundred and 72.

MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

(*) *State the facts.*

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

I, the undersigned, being a (*) Graduate of the Faculty of Physicians and Surgeons Glasgow & Licentiate of the College of Physicians Edinburgh and being in actual practice as a (*) hereby certify, on soul and conscience, that I have this day, at (*) 13 English Street Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (*) Isabella K Laurie (a Lunatic) and that the said Isabella K Laurie is a (*) Lunatic and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (*) Her delusions as to the death of her own brother being one in Dumfries and frequently her going into the Graveyard to talk with the Police

2. Other Facts (if any) indicating Insanity communicated to me by others: (*) Her sister states that the brother has not been in Dumfries since last October and that her sister is violent at times

Name and Medical Designation, Thomas Wallace M.B. Edr

Place of Abode, Dumfries

DATED this 12th day of April One thousand eight hundred and Seventy two Years

CERTIFICATE OF EMERGENCY.

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

I, the undersigned, John Smith being (1) Surgeon of Edinburgh Hon. Physician Dumfries hereby certify, on soul and conscience, that I have this day, at (2) 13 English Street Dumfries in the County of Dumfries, seen and personally examined Isabella Kirkpatrick Laurie, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

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

John Smith M.B. &c.

DATED this 10th day of April One thousand eight hundred and 72,

(1) State medical qualification. (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) Isabella K. Laurie, English Street, Dumfries (a Spinster) and that the said Isabella K. Laurie, — is a (5) Person of unsound mind, and a Lunatic, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Isabella K. Laurie, — 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 K. Laurie — which accompanied the said Petition.

DATED this Twelfth day of April One thousand eight hundred and Seventy two.

David Boyle Hope

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

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

1/689
Isabella M Laurie
10th April
1872

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

[FORM A]

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

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

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

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

The Petition of Mrs Jane Little of Dubcroath Kirkcliston, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Hannah Little, aged 29, woman servant 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 Hannah Little to the Crichton Institution, Dumfries and to sanction her admission into the the said Asylum.

Jane Little *

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

* DATED this tenth (4) day of April One thousand eight hundred and Seventy two.

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

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Hannah Little,
2. Sex and Age,	woman, 29 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Home work on the farm, in fields & house
5. Religious Persuasion, so far as known,	Kirkcliston Church & neighbouring Chapel.
6. Previous Place of Abode,	Home Dubcroath, Kirkcliston, Cumberland.
7. Place where Found and Examined,	Dubcroath, Kirkcliston, Cumberland.
8. Length of time Insane,	Four months
9. Whether first Attack,	Yes the first
10. Age (if known) on first Attack,	28 yrs – (birth 1st yrs in March
11. When and where previously under Examination and Treatment,	Nowhere
12. Duration of existing Attack,	in a poor state of
13. Supposed Cause,	Ill health for 3 years. Nervousness, & excitedness
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No murderous is determined attempt – sister
16. Whether Dangerous to others,	of both 2 years, but both have been subject to
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Kirkcliston; had she been a pauper
18. Date of becoming Chargeable,	not yet known to
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been insane,	Her mother Jane Little Dubcroath, Kirkcliston Query a female cousin Dumfries?
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

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

* DATED this tenth day of April One thousand eight hundred and Seventy two.

(*To be signed by Party applying*) Jane Little Dubcroath

P. P

MEDICAL CERTIFICATE, No. I.

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

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

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

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

(5) *Lunatic, or an insane person, 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 Elliot of Carlisle being a (1) Graduate in Medicine of the University of [illegible] and a Member of the College of Physicians of London and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Dubwath near Kirkbinton in the County of Cumberland separately from any other Medical Practitioner, visited and personally examined (4) Hannah Little of Dubwath and that the said Hannah Little 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) I am informed by complete silence, and unwillingness to look at you; no conversation with others; refuses to eat; could elicit a remark or cause a movement; was closely observed at the time.

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her occasional violence — of temper; one of her slight frame — her illness [illegible] — her [illegible] at times; violence to [illegible] threatening to [illegible] other cases by elder [illegible] indifference to [illegible] by our perfect knowledge of this information does not explain to me by the Mother and the Aunt and the two Sisters of the Patient in the presence [illegible] other cases.

Name and Medical Designation, Robert Elliot M.D.

Place of Abode, Carlisle

DATED this ninth day of April One thousand eight hundred and Seventy two

MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

(6) *State the facts.*

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

I, the undersigned, Nelson Graham being a (1) Member of the Royal College of Surgeons England and being in actual practice as a (2) Surgeon 1830 hereby certify, on soul and conscience, that I have this day, at (3) Dubwath in the County of Cumberland separately from any other Medical Practitioner, visited and personally examined (4) Hannah Little of Dubwath and that the said Hannah Little is a (5) Lunatic and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) She pretended I walks wildly & incoherently — and has made an attempt to bite me most impudent.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her mother states that she is very violent destroys her clothes — and is indecent. She is [illegible]

Name and Medical Designation, M Graham

Place of Abode, Rothwaite Kirkbinton

DATED this tenth day of April One thousand eight hundred and seventy two

* See Jane Little's Signature & Notes. Rothwaite is his residence with the words Steadfast in Kirkbinton parish, in the county Cumberland. Rothwaite & Allerwater the Postal Address.

* N.B. This is not but after enquiry I hear Mr. Graham

CERTIFICATE OF EMERGENCY.

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

I, the undersigned, James Gilchrist being (1) a graduate of the University of Edinburgh hereby certify, on soul and conscience, that I have this day, at (2) Crichton Royal Institution in the County of Dumfries, seen and personally examined Hannah 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.

James Gilchrist M.B.

DATED this Fifteenth day of April One thousand eight hundred and Seventy two

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

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

I, David Boyle Hope (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Mrs Jane Little of Dalwarth Terraglinton Certificates under the hands of Robert Elliot and William Graham, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Hannah Little, Petitioners daughter and that the said Hannah Little is a (5) person of unsound mind and a Lunatic and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Hannah Little as a Patient into the (6) Public Asylum of Crichton 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 Hannah Little which accompanied the said Petition.

DATED this Seventeenth day of April One thousand eight hundred and Seventy two years

David Boyle Hope *

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

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

* N.B. This is not a very satisfactory application but after enquiry the S.S. has reason to believe that Mr. Graham has the necessary qualifications. D.B.H.

N.B.—This Form shall remain in t
Superintendent of the Asylum, u
the Sheriff is obtained.

25

PETITION TO THE
RECEPTION O

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

Unto the *Honourable the* (*)
of *Dumfries*

for the Parish of
humbly sheweth that it
Medical Certificates, that
your Petitioner's (*)
is at present in a state of Me
Asylum for the Insane. Ma
mission of the said
Southern Counties
into the the said Asylum.

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

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

DATED this Fifteen
eight hundred and

S

If any of the Particulars in t

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

I certify, that, to the best of my knowledge,

DATED this Fifteenth day of

(To be signed by P

1241
Hamish Little
April 15/72

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

[FORM A]

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

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

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

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

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

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

John Dinwoodie

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

DATED this Fifteenth (4) day of April One thousand ~~Seventy two~~ eight hundred and Seventy two.

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Esther Mc Call
2. Sex and Age,	female 73 years
3. Married, Single, or Widowed,	Widow
4. Condition of Life, and previous Occupation (if any),	Widow Lady Shopkeeper
5. Religious Persuasion, so far as known,	Protestant.
6. Previous Place of Abode,	Kingholm Quay
7. Place where Found and Examined,	do — do —
8. Length of time Insane,	not correctly known
9. Whether first Attack,	yes
10. Age (if known) on first Attack,	not correctly known
11. When and where previously under Examination and Treatment,	Was never under treatment before
12. Duration of existing Attack,	not correctly known
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
18. Date of becoming Chargeable,	13th April 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,	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 Fifteenth day of April One thousand eight hundred and Seventy two

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

P. 7

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

I, the undersigned, 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) hereby certify, on soul and conscience, that I have this day, at (3) New Grey Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Esther McCall (a pauper) and that the said Esther McCall 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) Talky incoherent, does not the slightest consciousness of the nature of any question put to her or her fear for her soul

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) The best given by her friends is much the same as above

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

Place of Abode, Dumfries.

DATED this 13th day of April 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, Hugh Cunningham being a (1) Member of the Royal College of Physicians in Edinburgh & 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) Kinghorn Quay Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Esther McCall, Pauper, and that the said Esther McCall is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) There is incoherent discourse, and a vacant appearance of countena

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her sister-in-law informs me that she ran at one time, and sobs at another.

Name and Medical Designation, } Hugh Cunningham L.R.C.P.Edin. L.R.

Place of Abode, 32 Church Crescent. Dumfries

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

CERTIFICATE OF EMERGENCY.

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

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

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

DATED this day of One thousand eight hundred and

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

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

I, David Boyle Hope, (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) John Dinwoodie,
Inspector of Poor Dumfries,
Certificates under the hands of William Marshall
and Hugh Cunningham, i, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 McCall, Kingholm Quay, Dumfries & Galloway and that the said
Esther McCall 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 Esther McCall 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 Esther McCall which accompanied the said Petition.

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

David Boyle Hope

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

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

1/690
Esther McCall
15th April
1872
"

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

25

PETITION TO THE
RECEPTION O

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

Unto the Honourable the (1)
of Edinburg

The Petition of
Portobello
humbly sheweth that it ap

Medical Certificates, that
your Petitioner's (3) husb
is at present in a state of Me
Asylum for the Insane. M
mission of the said Jellico
Crichton Institu
into the 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 15
eight hundred and seve

If any of the Particulars in

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

I certify that, to the best of my knowledge

DATED this 15th
day of

(To be signed by

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

[FORM A]

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

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 Edinburgh and his Substitutes,—

The Petition of Mrs Sarah Menzies Wife of William Menzies of Larbert House Portobello humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that the said William Menzies 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 Menzies to the Crichton Institution Dumfries and to sanction his admission into the the said Asylum.

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

Sarah Menzies

DATED this 15th (4) day of April One thousand eight hundred and seventy two

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

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	William Menzies
2. Sex and Age,	Male - Fifty five
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Retired Gentleman: Never had any occupation
5. Religious Persuasion, so far as known,	Established Church of Scotland
6. Previous Place of Abode,	Larbert House Portobello
7. Place where Found and Examined,	Do Do
8. Length of time Insane,	Six years on 2nd August 1872 since he was first put into an asylum
9. Whether first Attack,	Yes
10. Age (if known) on first Attack,	Forty nine
11. When and where previously under Examination and Treatment,	Craigleith Asylum
12. Duration of existing Attack,	Has been coming on for a while
13. Supposed Cause,	Unknown
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Threatens to be so
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 Menzies Jr. Peterborough Canada West - a son the patients mother was
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

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

DATED this 15th day of April One thousand eight hundred and seventy two

(*To be signed by Party applying*) Sarah Menzies

P. P.

MEDICAL CERTIFICATE, No. I.

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

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

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

(4) *Insert Designation and Residence, 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 Dunsmure
being a (1) Physician
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Sea Beach H. Portobello in the County of Edinburgh
separately from any other Medical Practitioner,
visited and personally examined (4) William Menzies Esqr
and that
the said William Menzies is a (5) Person
of unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
Great excitement of manner leading to the supposition that he
going to use violence - himself a following mine statements a groun
Parties, one of whom has threatened to prosecute, as evident by a l
whom met - using threatening language -

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Dislike to Mrs Menzies - the servants afraid to
- main in the house from his violence - His former
he having been formerly in an asylum - His mana
get possession of lethal weapons.

Name and Medical Designation, James Dunsmure M. D. F.R.C.S.Ed.
Place of Abode, 53. Queen Street, Edinburgh
Dated this 9th day of April 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, Andrew. McL. Y. Raltray.
being a (1) Physician.
and being in actual practice as a (2) Physician Sea beach Ho
hereby certify, on soul and conscience, that I have this day, at (3) Portobello, in the County of Edinburgh
separately from any other Medical Practitioner,
visited and personally examined (4) William Menzies Esqr
and that
the said William Menzies Esqr is a (5) Person
of unsound mind. and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
He labours under delusions. He is in constant dread of s
persons purposing to injure him, & for a protection he has b
In treating for a dangerous weapon a man killer. His excite
appearance & manner, proves that he is dangerous to himself and
His language is most unconnected and wandering often obscene.

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Mrs Menzies says that for months he would not speak
her & when he did his conversation was most inconsequential. He
wishes all evil to attend her. He has threatened to the
himself into the sea - with intent to commit suicide
The domestics are in perpetual dread of him

Name and Medical Designation, Andrew. McL. Raltray Physician & M.D.
Place of Abode, 8 Bristow Place. Portobel
Dated this 10th day of April One thousand eight hundred and Seventy two years

CERTIFICATE OF EMERGENCY.

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

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

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

DATED this day of One thousand eight hundred and

(1) 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 Campbell (1) Sheriff Substitute
of the (2) Shire of Edinburgh having had produced to me, with a Petition at the instance of (3) Mrs Sarah Menzies
Southcroft House Portobello
Certificates under the hands of James Dunsmure
and A M J Rattray , being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Menzies Husband and that the said
William Menzies is a (5) person of unsound
mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said William Menzies 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 William Menzies which accompanied the said Petition.

DATED this fifteenth day of April One thousand eight hundred and seventy two -

James Campbell

To the Superintendent of the (7) 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.

1242

William Menzies

April 16/72.

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

25 & 2

PETITION TO THE SH
RECEPTION OF A

Sheriff or Steward.
Shire or Stewartry.

Unto the *Honourable the* (1) S
of Dumfries

The Petition of
Poor for the Parish
humbly sheweth that it appears
Medical Certificates, that Will
your Petitioner's (2) Pumfri
is at present in a state of Mental
Asylum for the Insane. May it
mission of the said William
Southern Counties
into the the said Asylum.

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

Dated this Twentieth
eight hundred and Seventy

(2) The date of the Certificates must be within fourteen clear days preceding the date of the Medical Certificates.

STA

If any of the Particulars in this St

Christian Name and Surname of Patient at length, ... Wi
Sex and Age, ... M
Married, Single, or Widowed, ... a
Condition of Life, and previous Occupation (if any), ... n
Religious Persuasion, so far as known, ... P
Previous Place of Abode, ...
Place where Found and Examined, ...
Length of time Insane, ...
Whether first Attack, ...
Age (if known) on first Attack, ...
When and where previously under Examination and Treatment, ... u
Duration of existing Attack, ... a
Supposed Cause, ... n
Whether subject to Epilepsy, ... y
Whether Suicidal, ... 2
Whether Dangerous to others, ... 1
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, ... ha
Special circumstances (if any) preventing the insertion of any of the above particulars, ... wh

I certify, that, to the best of my knowledge, the a

Dated this Nineteenth day of

(To be signed by Party

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

[Form A]

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

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

Sheriff or Steward. Shire or Stewartry.

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

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

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

John Dinwoodie

Dated this Twentieth (4) day of April One thousand eight hundred and Seventytwo.

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

STATEMENT.

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

Christian Name and Surname of Patient at length,	William Mc Garr
Sex and Age,	Male 76 years
Married, Single, or Widowed,	~~do late Draper~~ single
Condition of Life, and previous Occupation (if any),	single late Draper
Religious Persuasion, so far as known,	Protestant
Previous Place of Abode,	Heathhall
Place where Found and Examined,	do
Length of time Insane,	not Known
Whether first Attack,	has had different attacks
Age (if known) on first Attack,	not known
When and where previously under Examination and Treatment,	was never under treatment before
Duration of existing Attack,	about a fortnight
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,	Dumfries
Date of becoming Chargeable,	18 April 1872
Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	had a Cousin Jonathan Shaw who was also 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 Nineteenth day of April One thousand eight hundred and Seventytwo

(*To be signed by Party applying*) John Dinwoodie 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.

(6) *State the facts.*

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

1. Facts indicating Insanity observed by myself: (6) He is of a morose
manner, is unwilling to speak at present, (either from
which is very different from what I have previously observed.

(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 brother-in-law that
during the last three years he has been very changeable in manner
at the time being morose & taciturn refusing to speak to people
at other times is at present showing much excitement & threatening
violence. He gives me many other
indications of insanity.—

Name and Medical Designation, John Smith M.B.

Place of Abode, Dumfries

Dated this 19th day of April One thousand eight
hundred and 72.

MEDICAL CERTIFICATE, No. II.

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

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

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

(4) *Insert Designation and Residence, and 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 Rose Lee
being a (1) Licentiate of the Faculty of Physicians
and Surgeons Glasgow and Licentiate of the Royal
and being in actual practice as a (2)
hereby certify, on soul and conscience, that I have this day, at (3) Dunfries
Dumfries in the County of
separately from any other Medical Practitioner
visited and personally examined (4) William McGarr (a pauper)
and that
the said William McGarr is a (5) person of
Unsound mind and a proper person to be detained
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 do fear from
his fits of subject to Depression & Melancholy
which he has suffered to interfere with his
habits

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
the Inspector (Mr Dingwall) tells that
he is likely to lose about Whitsunday a House to
which he is much attached from
more distasteful

Name and Medical Designation, Marshall Wild

Place of Abode. Dumfries

Dated this 19th day of April One thousand eight
hundred and seventy two

CERTIFICATE OF EMERGENCY.

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

I, the undersigned, John Smith
being (1) Surgeon Edinburgh Universities Member of the R. C. Surgeons
hereby certify, on soul and conscience, that I have this day, at (2) Southhall Dumfries
in the County of Dumfries, seen and personally examined
William M'Garr, and that the said
person is of unsound mind, and 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.R.C.S.

DATED this 18th day of April One thousand eight hundred and 72 years.

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

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

I, David Boyle Hope (3) Sheriff Substitute
of the (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 John Smith M.R.C.S. Dumfries
and William Marshall M.D. being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
William M'Garr Southhall, Dumfries (a pauper) and that the said
William M'Garr is a (5) person of unsound mind

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said William M'Garr 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 M'Garr which accompanied the said Petition.

DATED this Twenty fifth day of April One thousand eight hundred and Seventy two years.

David Boyle Hope

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

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

1
691
William McLair
18th April
1872
"

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

25

PETITION TO THE
RECEPTION O

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

Unto the *Honourable the* (*)
of Ayr
The Petition
humbly sheweth that it
Medical Certificates, that
your Petitioner's (‡)
is at present in a state of Me
Asylum for the Insane. M
mission of the said
Brichton
into the the said Asylum.

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

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

DATED this
eight hundred and

If any of the Particulars in

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

I certify, that, to the best of my knowledge

DATED this

day of

(To be signed by

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

[FORM A]

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

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 Janet Barclay

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

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

Janet Barclay

DATED this 17th (4) day of April One thousand eight hundred and Seventy Two years.

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

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Margaret Barclay
2. Sex and Age,	Female. 60 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Lady of Private means
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Catrine
7. Place where Found and Examined,	Do
8. Length of time Insane,	Two Months
9. Whether first Attack,	Yes
10. Age (if known) on first Attack,	—
11. When and where previously under Examination and Treatment,	—
12. Duration of existing Attack,	Two months
13. Supposed Cause,	Loss of Money
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 Barclay, Catrine. Ayrshire Sister — Her Mother and a Brother 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 17th day of April One thousand eight hundred and 72

(*To be signed by Party applying*) Janet Barclay

P

MEDICAL CERTIFICATE, No. I.

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

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

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

(4) *Insert Designation and Residence, 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 Blackwood
being a (1) L.F.P.S.
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Catrine
in the County of Ayr separately from any other Medical Practitioner,
visited and personally examined (4) Margaret Barclay and that
the said Margaret Barclay 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) the unconsistency of her conversation and her decided insane appearance and expression

(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 Blackwood Surg.

Place of Abode, Catrine

DATED this 17th day of April One thousand eight hundred and Seventy two

---

MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

I, the undersigned, David Sloan M.D.
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) Catrine
in the County of Ayr separately from any other Medical Practitioner,
visited and personally examined (4) Margaret Barclay and that
the said Catrine Ayrshire Margaret Barclay 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) A departure altogether from her usual line of C[onduct] Imagines she is reduced to a state of Ruin and other delusions of a similar character

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Strips off her Clothes at unusual times. Is irritable to Servants can't follow her usual pursuits. Forgets what happens in a few minutes, and general state

Derived from her Sister and the Servant

Name and Medical Designation, David Sloan M.D.

Place of Abode, Catrine

DATED this 14th day of April One thousand eight hundred and 72

CERTIFICATE OF EMERGENCY.

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

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

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

DATED this day of One thousand eight hundred and

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

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

I, [illegible] (1) Sheriff Substitute
of the (2) County of Ayr
having had produced to me, with a Petition at the instance of (3) Janet Barclay
residing in Catrine Ayrshire
Certificates under the hands of John Blackwood Surgeon Catrine
and David Sloan M.D. Catrine ; , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Barclay residing in Catrine and that the said
Margaret Barclay is ~~not~~ (5) insane person
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Margaret Barclay as a Patient into the (6) Public Asylum of Crichton Institution Dumfries and I authorize her Transmission to the said Asylum accordingly ; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Margaret Barclay which accompanied the said Petition.

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

[signature]

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.

1243.

Margaret Barclay

April 19/72

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

25 &

PETITION TO THE S
RECEPTION OF

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

Unto the Honourable the (*)
ana of Kirkcudbri

The Petition of

Sorrow humbly sheweth that it appe
Medical Certificates, that

your Petitioner's (‡)

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

is at present in a state of Mental
Asylum for the Insane. May
mission of the said
Southwick Lauriston
into the the said Asylum.

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

DATED this August
eight hundred and Seven

STA

If any of the Particulars in this

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

I certify, that, to the best of my knowledge,

DATED this Kirkcudbright day of

(To be signed by P

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

[Form A]

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

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

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

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

The Petition of William Mann Inspector of poor for the parish of Kirriemuir humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Janet Douglas ——— 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 Douglas ——— to the Southern Counties asylum at Dumfries and to sanction Her admission into the the said Asylum.

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

William Mann

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

Dated this Twentieth (4) day of April One thousand eight hundred and Seventy Four

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Janet Douglas
2. Sex and Age,	Female
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Domestic
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	
7. Place where Found and Examined,	Found at Chapelhill Examined at Kirkcudbright
8. Length of time Insane,	Three Days
9. Whether first Attack,	No
10. Age (if known) on first Attack,	Not known
11. When and where previously under Examination and Treatment,	Southern Counties asylum Dumfries
12. Duration of existing Attack,	
13. Supposed Cause,	Not known
14. Whether subject to Epilepsy,	Not known
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Kirriemuir
18. Date of becoming Chargeable,	18th April
19. Christian Name and Surname, and Place of Abode of nearest known 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 Douglas. Gatehouse of Fleet Father Not known
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

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

Dated this Twentieth day of April One thousand eight hundred and Seventy two

(*To be signed by Party applying*) William Mann

P. P.

MEDICAL CERTIFICATE, No. I.

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

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

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

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

(5) Lunatic, or an insane person, 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 Bland M.B. & L.C.P.E. being a (1) Doctor of Medecine 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 Prison in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) Janet Douglas, and that the said Janet Douglas Pauper is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

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

Hydrastheria - Walks about the room Singing & gesticulating - Has illusions of the senses

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

Name and Medical Designation, John Bland M.D. F.R.C.P.E.

Place of Abode, Kirkcudbright

DATED this 19th day of April One thousand eight hundred and Seventy two years.

MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

(6) *State the facts.*

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

I, the undersigned, William John Kennedy M.B. C.M. being a (1) Bachelor of Medecine & Master of Surgery of Edinburgh University and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) the Prison in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) Janet Douglas and that the said Janet Douglas Pauper is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Inter alia:- Talks in an excitable manner & works herself into a fury while doing so without suppose assigned - Walked about the room several times, declaring that she was flying - Says she can fly to Heaven - Whilst speaking, suddenly breaks into Snatches of singing & looks wild rescinded -

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

(Procurator Fiscal) That she has been placed in Confinement to previously & declared in the morning that she was all sore, having fought all night. (Governor of Prison) That she sang nearly the whole of last night

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

Place of Abode, Kirkcudbright

DATED this Nineteenth day of April One thousand eight hundred and Seventy two years.

CERTIFICATE OF EMERGENCY.

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

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

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

DATED this day of One thousand eight hundred and

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

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

I, ~~William~~ Hyacinth Dumbar (1) Esquire, Steward Substitute of the (2) Stewartry of Kirkcudbright having had produced to me, with a Petition at the instance of (3) William Mann, Inspector of Poor, Kirriemuir Certificates under the hands of John Shaw and William John 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) Janet Douglas, a Pauper, and that the said Janet Douglas is a (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 Douglas as a Patient into the (6) Montrose District Asylum of Brechin 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 Douglas which accompanied the said Petition.

DATED this Twentieth day of April One thousand eight hundred and Seventy two

H H Dumbar

To the Superintendent of the (7) Public
Asylum of Montrose District
Brechin

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

1/692
Janet Douglas
20th April
1872
"

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

25

PETITION TO THE S
RECEPTION OF

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

Unto the Honourable the (*)
of Dumfr

The Petition of

humbly sheweth that it app
Medical Certificates, that A
your Petitioner's (†) Ha
is at present in a state of Ment
Asylum for the Insane. May
mission of the said Agnes
Johnston Royal
into the the said Asylum.

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

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

DATED this 20th
eight hundred and Seven

S

If any of the Particulars in thi

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

I certify, that, to the best of my knowledge,

DATED this twentieth day of A

(To be signed by P

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

[Form A]

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

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

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

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

The Petition of Jane Bogie, Druid's Park, Annan

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Agnew Black Bogie 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 Agnew Black Bogie to the Carlaverock Royal Institution and to sanction his admission into the the said Asylum.

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

Jane Bogie

(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 two.

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Agnew Black Bogie
2. Sex and Age,	Male. 54 years.
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Physician
5. Religious Persuasion, so far as known,	Established Church
6. Previous Place of Abode,	Druid's Park, Annan
7. Place where Found and Examined,	[illegible]
8. Length of time Insane,	About four weeks
9. Whether first Attack,	Yes
10. Age (if known) on first Attack,	As above
11. When and where previously under Examination and Treatment,	Nowhere
12. Duration of existing Attack,	Four weeks over
13. Supposed Cause,	Alcoholism
14. Whether subject to Epilepsy,	No. Yes.
15. Whether Suicidal,	Yes Probably
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,	Jane Bogie Druids Park Annan 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 twentieth day of April One thousand eight hundred and seventy two.

(*To be signed by Party applying*) Jane Bogie

F. 9

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

(6) *State the facts.*

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

1. Facts indicating Insanity observed by myself: (6) Excited, delusions regarding his wife & affairs &c.

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Sleeplessness, attempt to jump out of the window threatened suicide, violent &c.

Name and Medical Designation, James Mc. McCulloch

Place of Abode, 16 Castle Street, Dumfries

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

MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

(6) *State the facts.*

I, the undersigned, Robert Baillie Maclean M.B. C being a (1) graduate of Edinburgh and being in actual practice as a (2) Physician in ~~Ann~~ Annan hereby certify, on soul and conscience, that I have this day, at (3) Fruids Park, Annan Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Agnew Black Bogie and that the said Agnew Black Bogie is a (5) person of unsound mind and a proper person to be detained 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 fear & dread of those about him wishing to shoot & poison him — wishes to kill himself — Great sleeplessness excitement

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Delusions regarding his wife —

Name and Medical Designation, R Baillie Maclean M.B. C

Place of Abode, Annan

DATED this twentieth day of April One thousand eight hundred and 72.

CERTIFICATE OF EMERGENCY.

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

I, the undersigned, James M'. M'Culloch being (1) a Graduate of the University of Edinburgh hereby certify, on soul and conscience, that I have this day, at (2) Fruid's Park, Annan, in the County of Dumfries, seen and personally examined Agnew Black Bogie, and that the said person is of unsound mind, and 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'. M'Culloch

DATED this twentieth day of April One thousand eight hundred and seventy two

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

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

I, Lauderdale Maitland (1) Sheriff Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) Jane Bogie, Fruid's Park, Annan Certificates under the hands of James M. M'Culloch and Robert Baillie Maskean, , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Agnew Black Bogie, (Petitioner's Husband) and that the said Agnew Black Bogie, is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Agnew Black Bogie, 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 Agnew Black Bogie which accompanied the said Petition.

DATED this twenty second day of April One thousand eight hundred and seventy two.

A.M.K. Lauderdale Maitland

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

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

1244.

Agnew Black Boggie

April 20th 72

N.B.—This Form shall remain in t
Superintendent of the Asylum, u
the Sheriff is obtained.

25

PETITION TO THE
RECEPTION O

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

Unto the Honourable the (*)
and Kirkcud

The Petition o

humbly sheweth that it ap
Medical Certificates, that
your Petitioner's (†) Pa
is at present in a state of Me
Asylum for the Insane. M
mission of the said Peter
Southern Count
into the the said Asylum.

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

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

DATED this twenty
eight hundred and Seve

If any of the Particulars in t

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

I certify that, to the best of my knowledge,

DATED this twenty Seventh day of
Seventy two

(To be signed by

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

[FORM A]

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

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

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

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

The Petition of William Henry, Inspector of Poor, Minnigaff humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Peter Smith your Petitioner's (3) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Peter Smith 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.

William Henry

(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 April One thousand eight hundred and seventy two Years

STATEMENT.

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

1. Christian Name and Surname of Patient at length.	Peter Smith
2. Sex and Age,	Male. 48 years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Agricultural Labourer
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Blackcraig, Minnigaff
7. Place where Found and Examined,	The Jail, Kirkcudbright
8. Length of time Insane,	one week
9. Whether first Attack,	Fiist
10. Age (if known) on first Attack,	—
11. When and where previously under Examination and Treatment,	—
12. Duration of existing Attack,	one week.
13. Supposed Cause,	Not subject to Epilepsy
14. Whether subject to Epilepsy,	no.
15. Whether Suicidal,	Yes.
16. Whether Dangerous to others,	Minnigaff
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,	Mary Clark or Smith Wife Blackcraig, Minnigaff. 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 seventh day of April One thousand eight hundred and Seventy two

(*To be signed by Party applying*) Wm Henry.

P. P.

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

(6) *State the facts.*

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

I, the undersigned, Wm Johnstone
being a (1) M.D. of Edinr
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) Peter Smith a pauper
and that
the said Peter Smith is a (5) person
of unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) From the delusions he is subject to - suspicions &c &c

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

Name and Medical Designation, Wm Johnstone M.D.

Place of Abode, Kirkcudbright

Dated this 26th day of April One thousand eight hundred and 22.

MEDICAL CERTIFICATE, No. II.

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

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

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

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

(5) Lunatic, or an insane person, 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 Wm Shands
being a (1) General Practitioner & Fellow of the Royal College of Physicians 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 Prison in Kirkcudbright
in the County of Kirkcudbright
separately from any other Medical Practitioner,
visited and personally examined (4) Peter Smith a pauper
and that
the said Peter Smith is a (5) person
of unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)
That he believes an imbecility of mind & an alienation of the Persons by whom that weakness is supposed to be exercised or to be practised

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
That he is wakeful, impulsive & subject as stated to me by others, & by the Inspector of Prisons that he is believed by the Prisoners to labour under a delusion regarding the fidelity of his wife

Name and Medical Designation, J Wm Shands M.D

Place of Abode, Kirkcudbright

Dated this 26th day of April One thousand eight hundred and Seventy-two.

CERTIFICATE OF EMERGENCY.

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

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

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

DATED this day of One thousand eight hundred and

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

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

I, William Hyslop Dunbar Esq (1) Sheriff Substitute
of the (2) Stewartry of Kirkcudbright
having had produced to me, with a Petition at the instance of (3) William Henry
Certificates under the hands of William Johnston
and John Shand, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Smith, a Pauper and that the said
Peter Smith is a (5) person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Peter Smith as a Patient into the (6) Dumfries Asylum, 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 Peter Smith which accompanied the said Petition.

DATED this twenty Seventh day of April One thousand eight hundred and Seventy two

W H Dunbar

To the Superintendent of the (7) Dumfries Combe.
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.

20 &

PETITION TO THE S
RECEPTION OF

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

Unto the Honourable the (1)
and of Kirkcudbr

The Petition of

humbly sheweth that it appe
Medical Certificates, that
is at present in a state of Ment
Asylum for the Insane. May i
mission of the said Ber
Southern Coun
into the said Asylum.

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

DATED this Sipth
eight hundred and Seven

If any of the Particulars

1. Christian Name and Surname of Patient at length, ...
2. Sex and Age, ...
3. Married, Single, or Widowed, . .
4. Condition of Life, and previous Occupation (if any), ...
5. Religious Persuasion, so far as known, . .
6. Previous Place of Abode, . .
7. Place where Found and Examined, .
8. Length of time Insane, ...
9. Whether first Attack, ...
10. Age (if known) on first Attack, . .
11. When and where previously under 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. Christian Name 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, ...
19. Special circumstances (if any) preventing the insertion of any of the above particulars,

I certify, that, to the best of my knowledge,

DATED this Sipth day of

[4]

1
693
Peter Smith
27th April
1872

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) ~~Steward~~ Sheriff of the (2) ~~Stewartry~~ Wigton and of Kirkcudbright *and his Substitutes,*

The Petition of John Watson

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

(SIGNED) John Watson

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

DATED this Fifth (*) day of May one thousand eight hundred and Seventy Two

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Barbara Welsh
2. Sex and Age,	Female — 49 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	General Servant
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Old Mill, Tongholm
7. Place where Found and Examined,	Old Mill
8. Length of time Insane,	3 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,	3 days
13. Supposed Cause,	—
14. Whether subject to Epilepsy,	when a child but not since
15. Whether Suicidal,	No.
16. Whether Dangerous to others,	Violent by times.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Tongholm Parish
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Mary Gilbone. M. A. Welsh Sister, residing at Old Mill. No insanity in family.
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 John Watson

DATED this Fifth day of May one thousand eight hundred and Seventy Two.

* To be Signed by the Party applying.

[4]

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, or *otherwise, as the case may be.*
(3) *Insert the street and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper state so.*
(5) Lunatic, or an insane person, 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 C. Kirkpatrick.
being a (1) Bachelor 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) Old Mill
in the Parish of Twynholm in the County of
Kirkcudbright separately from any other Medical Practitioner,
visited and personally examined (4) Barbara Welsh - Pauper and that
the said Barbara Welsh is a (5) person
of unsound mind and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

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

Great incoherency in her talk - Labours under
extraordinary delusions - Is very excitable at
times very foul and obscene Language & must
be watched - loses, to clean the bed clothes &
when cleaned

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

any one who interferes with her -
from Suite. Has never been very clean
in the habit - Was subject to epileptic fits
when a child - used to smell foul - also robust girl

(SIGNED) *Name and Medical Designation,* Wm Kirkpatrick M.D.

Place of Abode, Kirkcudbright -

DATED this fifth day of May One thousand eight hundred and twenty two

MEDICAL CERTIFICATE, No. II.

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

I, the undersigned, W. M. Shand
being a (1) Fellow of College of Physicians - Edinburgh
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Old Mill
in Parish of Twynholm in the County of
Kirkcudbright separately from any other Medical Practitioner,
visited and personally examined (4) Barbara Welsh - Pauper and that
the said Barbara Welsh is a (5) person of
unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

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

Incoherency of speech - foul & filthy Language
unaccustomed to her - incapability of Comprehending
the most ordinary conversation

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

Corroboration of the above, and that they are
not aware of any cause for the attack - save
the use of Alcoholic liquors - or medicines
and that her disposition naturally is quiet &
(SIGNED) *Name and Medical Designation,* W. M. Shand M.D. F.R.C.P.E.

Place of Abode Kirkcudbright

DATED this fifth day of May one thousand eight hundred and seventy two.

CERTIFICATE OF EMERGENCY.

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

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

Name, _____

Place of Abode, _____

DATED this day of one thousand eight hundred and

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

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

I, William Hyslop Dunbar Jr.(1) Steward Substitute
of the (2) Stewartry of Kirkcudbright
having had produced to me, with a Petition at the instance of (3) John Watson
Certificates under the hands of William H. Kirkpatrick
and John Shand, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Welsh, Pauper and that the said
Barbara Welsh is a (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 Welsh 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 Barbara
Welsh which accompanied the said Petition.

(SIGNED) W W Dunbar

DATED this Sixth day of May one thousand eight hundred and Seventy two

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.

694
Barbara Nelson
7th May
1872

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

25 &

PETITION TO THE S
RECEPTION OF

(1) Sheriff or Steward, Provost or Stewartry.

Unto the Honourable the (1)
of Lanark

The Petition of

humbly sheweth that it appe

Medical Certificates, that

your Petitioner's (2)

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

is at present in a state of Mental
Asylum for the Insane. May
mission of the said
Christina Boyd
into the the said Asylum.

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

Dated this day of
eight hundred and

ST

If any of the Particulars in this

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

I certify, that, to the best of my knowledge,

Dated this day of

day of

(To be signed by P

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

[Form A]

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

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

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

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

The Petition of Eliza S. Chisholm, Croft Head, Galashiels

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

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

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 Walter Chisholm to the Crichton Royal Institution Dumfries and to sanction his admission into the the said Asylum.

Eliza Sanderson Chisholm

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

Dated this Sixth (3) day of May One thousand eight hundred and Seventy two

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STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Walter Chisholm
2. Sex and Age,	Male Fifty years old
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Mill worker, formerly Farmer
5. Religious Persuasion, so far as known,	Presbyterian
6. Previous Place of Abode,	122 Croft Head Galashiels
7. Place where Found and Examined,	122 Croft Head Galashiels
8. Length of time Insane,	~~Nine years~~ Three years
9. Whether first Attack,	Yes
10. Age (if known) on first Attack,	47 years.
11. When and where previously under Examination and Treatment,	Never
12. Duration of existing Attack,	Three years
13. Supposed Cause,	Reverse of fortune
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,	Eliza Sanderson Chisholm Croft Head, Galashiels His wife Not Known whether insanity has been in the family
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

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

Dated this Sixth day of May One thousand eight hundred and Seventy two

(*To be signed by Party applying*) Eliza S Chisholm

P. p

MEDICAL CERTIFICATE, No. I.

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

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

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

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

(5) Lunatic, or an insane person, 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 Somerville being a (1) Doctor of Medicine of University of Edinburgh or and being in actual practice as a (2) General practitioner hereby certify, on soul and conscience, that I have this day, at (3) Croft Street Galashiels in the County of Selkirk separately from any other Medical Practitioner, visited and personally examined (4) Walter Chisholm, Millworker, residing there and that the said Walter Chisholm is a (5) person of unsound mind and a proper person to be detained 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 been under my observation for 4 or 5 years, and his nervous disorder has been gradually increased during that time. Believes that people are conspiring against him, seeking to ridicule & mock him. Refuses to work, is excitable & violent & requires in the proposal taken him to an asylum

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
His wife and other relatives testify to his irritability and violent temper

Name and Medical Designation, Robert Somerville M.D.

Place of Abode, Galashiels

DATED this 2nd day of May One thousand eight hundred and seventy two

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MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

(6) *State the facts.*

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

I, the undersigned, John Lyman M'Dougall being a (1) Doctor of Medicine 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) Croft Street Galashiels in the County of Selkirk separately from any other Medical Practitioner, visited and personally examined (4) Walter Chisholm, residing in Croft Street Galashiels and that the said Walter Chisholm is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) - Manner his fellow workmen conspire against him and bear him malice - Manner of his acquaintances & among them and formed that it is the object of his acquaintances to annoy him and torment him & is a fit of hypochondriacy he attempted suicide by cutting his throat

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) - His wife states that he constantly complains of people and that on this account he refuses going to his work that he imagines people are persecuting him & that he became irritable & passionate and very unreasonable &c &c

Name and Medical Designation, John Lyman M'Dougall

Place of Abode, Galashiels

DATED this 2nd day of May One thousand eight hundred and seventy two years

CERTIFICATE OF EMERGENCY.

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

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

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

DATED this day of One thousand eight hundred and

(1) 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 Smith Milne Esq (1) Advocate Sheriff Substitute of the (2) County of Selkirk hereby having had produced to me, with a Petition at the instance of (3) Elspa Sanderson Cheiholm, Croft Clerk, Galashiels, Spouse of the said Walter Cheiholm. Certificates under the hands of Robert Somerville M.D. Galashiels and Johnstone Dougall M.D. Tweedbank, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) the said Walter Cheiholm and that the said Walter Cheiholm is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Walter Cheiholm as a Patient into the (6) 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 Walter Cheiholm which accompanied the said Petition.

Cheiholm Royal Lunatic Asylum

DATED this Seventh day of May One thousand eight hundred and Seventy two.

Jas. S. Milne

To the Superintendent of the (7) 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.

1/695
Walter Chisholm
8th May
1872

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

[FORM A]

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

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

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

Unto the Honourable the (1) Shriff of ~~the~~ (2) Wigton cumb of Kirkcudbright and his Substitutes—

The Petition of John Hunter

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

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

John Hunter

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

DATED this tenth (4) day of May One thousand eight hundred and seventy two yeaks.—

STATEMENT.

If any 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 Hannah.
2. Sex and Age,	Male - 26 years 0 11 months.
3. Married, Single, or Widowed,	Single.
4. Condition of Life, and previous Occupation (if any),	Ploughman.
5. Religious Persuasion, so far as known,	Protestant.
6. Previous Place of Abode,	Nabony - Kirriedr
7. Place where Found and Examined,	Bordand Cotthouse - Girthon.
8. Length of time Insane,	Since about February last.
9. Whether first Attack,	First attack.
10. Age (if known) on first Attack,	as above -
11. When and where previously under Examination and Treatment,	
12. Duration of existing Attack,	about 3 months.
13. Supposed Cause,	Statements made to him by a woman who tried to frighten him into an acknowledgment of the paternity of her illegitimate child —
14. Whether subject to Epilepsy,	Non.
15. Whether Suicidal,	Non.
16. Whether Dangerous to others,	to his friends -
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Borgue - Kirkcudbrightshire
18. Date of becoming Chargeable,	May 10th 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,	Samuel Hannah - Cottonhouse Bordand - Girthon - Father A sister committed Suicide in upil of temporary Insanity after giving birth to an illegitimate child —
20. Special circumstances (if any) preventing the 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 two yeaks

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

Inspector P.S.

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

(6) *State the facts.*

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

I, the undersigned, James Moffat M.B., C.M.—
being a (1) Graduate of the University Glasgow
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Cothouse-
Borland - Carlton in the County of
Kirkcudbright, separately from any other Medical Practitioner,
visited and personally examined (4) Peter Hannah Ploughman
(Pauper) and that
the said Peter Hannah — is a (5) person
of unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) His general appearance - At times I have found & conversed with him like a quite composed and seemingly perfectly rational. at other times I have seen him very much excited. his eye rolling about - his manner restless his conversation rambling - In such a state he could not rest five minutes in one position - would rise up and sit down, go out and come in

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
And thus keeps himself in constant motion - 2. He labours under a variety of delusions. 2.3. He believes that he is bewitched by a variety of revelations which he has received from his Master Christ does, would look, and both at him in certain places that he was not to open to Catholics - that they would kill him - that he was not to converse his sins to man - and that he was not to work & pray night & day - that his brother & brother intended his father & mother with personal violence & had to be tied hand & foot.

(Name and Medical Designation,) James Moffat M.B.C.

Place of Abode, Laurel Bank - Gatehouse

DATED this tenth day of May One thousand eight
hundred and seventy-two.

MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, James Nichol Cox
being a (1) Licentiate of the Royal College of Surgeons of
Edinburgh
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Borland
in the County of
Cothouse Kirkcudbright separately from any other Medical Practitioner,
visited and personally examined (4) Peter Hannah, Ploughman
Pauper and that
the said Peter Hannah is a (5) person of
unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) He answered all my questions in a rational way but seemed very much excited & I formed him hard to appeared very restless

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Labour under a variety of delusions. Has been very violent, Had to be watched Was last night threatened to strike his Brother Wandered from home & is very restless. Informations derived from Father & Mother Had a Sister who committed Suicide in a fit of insanity

(Name and Medical Designation,) Nichol Cox

Place of Abode, Gatehouse - A Kirk

DATED this Tenth day of May One thousand eight
hundred and Seventy two

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William Hyacinth Dunbar (1) Ch. Steward Substitute
of the (2) Stewartry of Kirkcudbright
having had produced to me, with a Petition at the instance of (3) John Hunter

Certificates under the hands of James Moffat —
and James Nicol &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)
Peter Hannah. Pauper and that the said
Peter Hannah is a (5) person of unsound mind

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Peter Hannah as a Patient into the (6) Dumfries 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 Peter Hannah which accompanied the said Petition.

DATED this Eleventh day of May One thousand eight hundred and Seventy two

W H Dunbar S.S.

To the Superintendent of the (7) Southern Counties
Asylum of Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1
696
Peter Hannah
13th May
1872

20 & 21 V

NOTICE

I HEREBY GIVE NOTICE, That (1)

Patient on the

and I hereby transmit a Copy of the

which he was received.

Subjoined is a Report with respe

named Patient.

DATED at

One thousand

To the Secretary of the
General Board of Lunacy.

I HAVE this day (2) seen and personall

and hereby report and certify, with re

and with respect to bodily healt

(1)

DATED this

hundred and

(1) Name and Designation.
(2) Private or Pauper.
(3) Some day within fourteen days after the
Order be granted by the Sheriff of O
(4) Some day not less than two clear days aft
clear days after admission.
(5) Insert Particulars.
(6) Insert Particulars.
(7) Add Designation.

[FORM A[3]]

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.)

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 ~~George Graham~~ Robert Howatson, Son Roadside of Tundergarth, Dumfriesshire humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary Howatson, Petitioner's mother your Petitioner's (3)

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Mary Howatson to the Southern Counties Asylum and to sanction her admission into the said Asylum.

(Sgd) Robert Howatson

(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 May One thousand eight hundred and Seventy two.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Mary Howatson
2. Sex and Age,	Female - 50
3. Married, Single, or Widowed,	Widow
4. Condition of Life, and previous Occupation (if any),	Housekeeper
5. Religious Persuasion, so far as known,	Presbyterian
6. Previous Place of Abode,	Wylie Hope, Parish of Tundergarth
7. Place where Found and Examined,	Roadside
8. Length of time Insane,	About a week
9. Whether First Attack,	No
10. Age (if known) on First Attack,	42
11. When and where previously under Examination and Treatment,	Southern Counties Asylum, Dumfries
12. Duration of Existing Attack,	About a week
13. Supposed Cause,	Mrs climacteric period of life
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Robert Howatson, eldest son - 25 Side None known to be insane
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 13th day of May One thousand eight hundred and seventy

(*To be signed by the Party applying*) Robert Howatson.

(Copies.)

MEDICAL CERTIFICATE, No. I.

I, the undersigned, William Macgidoe being a (1) Doctor of Medicine (Glas. Univ.)

and being in actual practice as a (2) Physician

hereby certify, on soul and conscience, that I have this day, at (3) Boyside Brush of Sundergarth in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Mary Howatson and that

the said Mary Howatson is a (5) person of unsound mind and a proper Person to be detained 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 sleepless and sometimes is attacked with violent paroxysms of excitement. Refuses food in a sparing case her clothes. Manifests a special dislike to her friends

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

Name and Medical Designation, William Macgidoe M D.

Place of Abode, Lockerbie

DATED this 13th day of May One thousand eight hundred and seventy two.

MEDICAL CERTIFICATE, No. II.

I, the undersigned, William Marshall, being a (1) Graduate of 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) Mygrove house Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Mary Howatson and that

the said Mary Howatson is a (5) Lunatic and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) Talks incoherently seems dead to the sense of any question put to her &c &c.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Dr Macgidoe states that she becomes violent and tears her own clothes

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

Name and Medical Designation, W. Marshall M.D.

Place of Abode Dumfries

DATED this 13th day of May One thousand eight hundred and seventy two years

(*Copies.*)

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, William Macindoe M.D being (1) Graduate of Faculty of Physicians and Surgeons hereby certify, on soul and conscience, that I have this day, at (2) Bogside, Parish of Sunde in the County of Dumfries, seen and personally examined Mary Hvratson, and that the said person is of unsound mind, and 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 Macindoe M.D Sscherb

DATED this 13th day of May One thousand eight hundred and Seventy two.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Robert Hvratson Jones, Bogside, Parish of Sundergarth, Dumfriesshire Certificates under the hands of William Macindoe 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 Hvratson, Petitioners mother and that the said Mary Hvratson 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 Hvratson 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 Hvratson which accompanied the said Petition.

DATED this Thirteenth day of May One thousand eight hundred and Seventy two

David Boyle Hope

To the Superintendent of the (7) Public *Asylum of* Southern Counties Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

20 & 21 *Vict., Cap.* 71. *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(*) Sheriff or Steward.
(*) Shire or Stewartry.

Unto the Honourable the (*) Sheriff *of the* (*) County of Dumfries *and his Substitutes,—*

The Petition of ~~James Fortune~~ Robert Howatson Joiner Bogside of Tundergarth Dumfriesshire humbly sheweth: that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary Howatson, Petitioners 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 Howatson to the Southern Counties Asylum and to sanction her admission into the said Asylum.

(SIGNED) Robert Howatson

(*) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 13th (*) day of May one thousand eight hundred and Seventy two

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Mary Howatson
2. Sex and Age,	Female - 50
3. Married, Single, or Widowed,	Widow
4. Condition of Life, and previous Occupation (if any),	Housekeeper
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Wylie Hole, Parish of Tundergarth
7. Place where Found and Examined,	Bogside, - -
8. Length of time Insane,	About a week
9. Whether first Attack,	Yes
10. Age (if known) on first Attack,	42
11. When and where previously under Examination and Treatment,	Southern Counties Asylum, Dumfries
12. Duration of existing Attack,	About a week
13. Supposed Cause,	The climacteric period of Life
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Christian Name 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 Howatson, eldest son - Bogside - Some Women to the Insane -
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(SIGNED)* Name, Robert Howatson

DATED this 13th day of May one thousand eight hundred and Seventy two

* To be Signed by the Party applying.

Lunacy Board,—Dec.—67.—1866

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, William Macindoe
being a (1) Doctor of Medicine (Glas. Univ.)
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Boreside,
Parish of Dunscore in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Mary Howatson
and that
the said Mary Howatson is a (5) person
of unsound mind and a proper Person to be detained
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
sleepless, and sometimes is attacked with violent
paroxysms of excitement - Refuses food, in a mean
dress her clothes - Manifests a special dislike
to her friends -

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

(Signed) *Name and Medical Designation,* William Macindoe M.D.

Place of Abode, Lochrbie

Dated this 13th day of May One thousand eight
hundred and Seventy two

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Wellesley Marshall
being a (1) Graduate of Joint Colleges of Physicians and
Surgeons Glasgow and Member of the College of Physicians London
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Mapleton House
Dryefesse
Dumfries in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) Mary Howatson
and that
the said Mary Howatson is a (5) Lunatic
and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) Talks incoherent
terms and to the sense of any
question put to her vere

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Dr Macindoe states that she
becomes violent and tears her own

(Signed) *Name and Medical Designation,* W Marshall M.D.

Place of Abode Dumfries

Dated this 13th day of May one thousand eight
hundred and Seventy two

CERTIFICATE OF EMERGENCY.

(This Certificate shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a Second Medical Certificate.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that Mary Howatson is a (1) person of unsound mind, hereby further certify that the Case of the said Mary Howatson is One of Emergency, and I recommend the immediate removal of the said Mary Howatson to an Asylum accordingly.

Name, William Macindoe M.D.

Place of Abode, Lochrubie

DATED this 13th day of May one thousand eight hundred and seventy two

(1) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Robert Howatson Joiner Bogside of Tundergarth Dumfriesshire Certificates under the hands of William Macindoe 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 Howatson, Petitioner's mother — and that the said Mary Howatson — 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 Howatson — 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 Howatson which accompanied the said Petition.

(SIGNED) David Boyle Hope

DATED this Thirteenth day of May one thousand eight hundred and Seventy two

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries

---

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, or Private.
(7) Public, District or Private.

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697
Mary Houston
13th May
1872
"

N.B.—This Form shall remain in the
Superintendent of the Asylum, after
the Patient is obtained.

25 &

PETITION TO THE S
RECEPTION OF

(*) Sheriff or Steward.
(*) Bailie or Stewartry.

Unto the Honourable the (*)

Dumfries

Kirkpatrick Irong

The Petition of

humbly sheweth that it appe

Medical Certificates, that

(*) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (*)

Pa

is at present in a state of Menta

Asylum for the Insane. May

mission of the said

Southern Comm

into the the said Asylum.

(*) The date of the Petition must be within fourteen clear days following the date of the Medical Certificates.

Dated this

13th

eight hundred and

ST

If any of the Particulars in this

1. Christian Name and Surname of Patient at length,
2. Sex and Age,
3. Married, Single, or Widowed,
4. Condition of Life, and previous Occupation (if any),
5. Religious Persuasion, so far as known,
6. Previous Place of Abode,
7. Place where Found and Examined,
8. Length of time Insane,
9. Whether first Attack,
10. Age (if known) on first Attack,
11. When and where previously under Examination and Treatment,
12. Duration of existing Attack,
13. Supposed Cause,
14. Whether subject to Epilepsy,
15. Whether Suicidal,
16. Whether Dangerous to others,
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,
18. Date of becoming Chargeable,
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,
20. Special circumstances (if any) preventing the insertion of any of the above particulars,

I certify, that, to the best of my knowledge, the

Dated this 13th

day of

(To be signed by Par

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) County of Dumfries and his Substitutes,—

The Petition of Richard Brown Inspector of Poor, Kirkpatrick Fleming, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John 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 John Shannon 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.

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 13th (4) day of May One thousand eight hundred and seventy two years

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	John Shannon
2. Sex and Age,	Male 14 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Groom
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Gros Brow Lodge.
7. Place where Found and Examined,	do
8. Length of time Insane,	8 days
9. Whether first Attack,	2nd Attack
10. Age (if known) on first Attack,	16 years
11. When and where previously under Examination and Treatment,	Southern Counties Asylum
12. Duration of existing Attack,	8 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,	Kirkpatrick Fleming
18. Date of becoming Chargeable,	13th May 1872
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Henry Shannon Father Not any 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 13th day of May One thousand eight hundred and seventy two

(*To be signed by Party applying*) Richard Brown

P. 7

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an Idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, James Carruthers being a (1) Licentiate of the Royal College of Surgeons of Edinburgh and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Mosskrow Lodge in the Parish of Kirkpatrick Fleming in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) John Shannon, pauper, Mosskrow Lodge, Kirkpatrick Fleming and that the said John Shannon is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Altered manner & taciturnity; vacant look when asked any ques refusals to take medicines; restlessness

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

His mother says he has wilfully allowed his wines to run down his trousers and that he goes about without ever speaking a wo

Name and Medical Designation, James Carruthers; L.R.C.S.E. Surgeon

Place of Abode, Kirkpatrick Fleming

DATED this Twelfth day of May One thousand eight hundred and Seventy Two

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MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an Idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, William Carruthers being a (1) Lic: of Royal Col: of Physicians Edinr and of the Fac 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) Mosskrow Lodge in the Parish of Kirkpatrick Fleming in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) John Shannon, pauper of Kirkpatrick Fleming and that the said John Shannon 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) Altered expression of countenance; declines to speak when spoken to; is restless; and wanders about the house

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

His parents say he has become unclean in his habits

Name and Medical Designation, William Carruthers; Physician

Place of Abode, Kirkpatrick Fleming

DATED this thirteenth day of May One thousand eight hundred and seventy two

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, William Carruthers being (1) a Lic: of the Royal Col: of Physicians Edin: and L.F.P.S.G. hereby certify, on soul and conscience, that I have this day, at (2) Dumfries in the County of Dumfries, seen and personally examined John Shannon, and that the said person is of unsound mind, and 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 fourteenth day of May One thousand eight hundred and twenty two

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, ~~Lauderdale Maitland~~ (1) Sheriff Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) Richard Brown, Inspector of Poor Kirkpatrick Fleming, Certificates under the hands of James Carruthers and William Carruthers Surgeon 92, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) John Shannon Messknowe Lodge Kirk Fleming and that the said John Shannon is a (5) person of unsound mind and an insane person and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said John Shannon 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 herewith the said Medical Certificates, and a Statement regarding the said John Shannon, which accompanied the said Petition.

DATED this Sixteenth day of May One thousand eight hundred and Twenty two years. Thirty words delete.

W Maitland

To the Superintendent of the (7) Public *Asylum of* Southern Counties Dumfries

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

N.B.—This Form shall remain in the Superintendent of the Asylum, after the Sheriff is obtained.

25 &

PETITION TO THE S
RECEPTION OF

† Sheriff or Steward.
‡ Shire or Stewartry.

Unto the Honourable the (†)
of Dumfries

The Petition of

humbly sheweth that it ap
Medical Certificates, that
your Petitioner's (*)
is at present in a state of Ment
Asylum for the Insane. May
mission of the said
Crichton Institut
into the the said Asylum.

* State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

* The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 14th
eight hundred and Sev

ST

If any of the Particulars in this

1. Christian Name and Surname of Patient at length,
2. Sex and Age,
3. Married, Single, or Widowed,
4. Condition of Life, and previous Occupation (if any),
5. Religious Persuasion, so far as known,
6. Previous Place of Abode,
7. Place where Found and Examined,
8. Length of time Insane,
9. Whether first Attack,
10. Age (if known) on first Attack, about
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,

DATED this 14th
day of

(To be signed by P

698
Asm Mannan
14th May
1872

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* [illegible]

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) Shire of Dumfries, of Dumfries *and his Substitutes,*—

The Petition of John McInnes, Writer in Paisley

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mrs Catharine Wylie or McInnes 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 Catharine Wylie or McInnes to the Crichton Institution, Dumfries and to sanction her admission into the the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

John McInnes

(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 Seventy two.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Catharine Wylie or McInnes.
2. Sex and Age,	Female aged 47.
3. Married, Single, or Widowed,	Married.
4. Condition of Life, and previous Occupation (if any),	Wife of a professional man.
5. Religious Persuasion, so far as known,	Protestant.
6. Previous Place of Abode,	1 Garthland Place, Paisley.
7. Place where Found and Examined,	1 Garthland Place, Paisley.
8. Length of time Insane,	Three or four weeks.
9. Whether first Attack,	No
10. Age (if known) on first Attack,	about 38.
11. When and where previously under Examination and Treatment,	Crichton Institution, Dumfries, and Saughton Hall, Edinburgh. at the first 9 years ago, at the Second
12. Duration of existing Attack,	Last year three or four weeks.
13. Supposed Cause,	
14. Whether subject to Epilepsy,	Fainting fits, not believed to be epileptic.
15. Whether Suicidal,	Not in present illness.
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	———
18. Date of becoming Chargeable,	———
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Her Husband is nearest ~~known~~ relative. Brother and 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 14th day of May One thousand eight hundred and Seventy two

(*To be signed by Party applying*) John McInnes

P. p

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or *otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an Idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, William Rylie being a (1) Graduate of the University of Edinburgh and a Licen of the Royal College of Surgeons, Edinburgh and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) No 1 Carthland Place, Paisley in the County of Renfrew separately from any other Medical Practitioner, visited and personally examined (4) Mrs Catharine Rylie or McInnes, of No 1 Carthland Place Paisley and that the said Mrs Catharine Rylie or McInnes is a (5) person of unsound mind and a proper person to be detained 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 conduct, Loud speaking, Constant talking, and strings of selfish subjects and events which have no connection; Stating facts things which have no foundation as far as can be known such as a story of a recent miscarriage. She shows great enmity and much resentment to those whom she formerly loved.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
From her Husband, that she has disposed of some of the house furn and has been making arrangements to send away more. That she fers with certain business matters such as the control of her brother with which she ought not to meddle: That without any just cause dismissed her companion. That she threatens to insert Groups &c. advertisements in the public papers from her family that she has been violent at times.

Name and Medical Designation, William Rylie MB. C.M. and L.R.C.S.E.

Place of Abode, Moselle Villa, Largs

DATED this 16th day of May One thousand eight hundred and Seventy two

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MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or *otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Peter R Murray being a (1) Graduate of the University of Edinb Physician and being in actual practice as a (2) hereby certify, on soul and conscience, that I have this day, at (3) Crichton Royal Institution Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Mrs Catharine Rylie or McInnes Gartland Place Paisley and that the said Mrs Catharine Rylie or McInnes is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Incoherent all her bones are broken, Se of suicide and talks incoherently

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Not been in the Asylum before

Name and Medical Designation, P Murray M.D.

Place of Abode, Dumfries

DATED this 17th day of May One thousand eight hundred and Seventy two

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, David Taylor being (1) a Graduate in Medicine of Glasgow hereby certify, on soul and conscience, that I have this day, at (2) Northland Place Paisley in the County of Renfrew, seen and personally examined Mrs Cath. Wylie or M'Innes, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

David Taylor M.D.

DATED this 17th day of May One thousand eight hundred and Seventy two

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope — (1) Sheriff Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) John M'Innes Writer in Paisley, Certificates under the hands of William Wylie, and Patrick Murray, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Mrs Catharine Wylie or M'Innes (Petitioner's wife) and that the said Mrs Catharine Wylie or M'Innes is a (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 Catharine Wylie or M'Innes as a Patient into the (6) Public Asylum of Crichton 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 Mrs Catharine Wylie or M'Innes, which accompanied the said Petition.

DATED this Eighteenth day of May One thousand eight hundred and seventy two years.

David Boyle Hope

To the Superintendent of the (7) Public Asylum of Crichton Royal Institution Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1246.

Catharine Wylie or Mc Innes.

May 12/12

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward, Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Shire of Dumfries *and his Substitutes,—*

The Petition of Joseph Welsh Inspector of Poor Dogueen humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Mc Drew Labourer 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 Mc Drew to the Southern Counties Asylum Dumfries and to sanction his admission into the the said Asylum.

(3) State degree of relationship to other party in which Petitioner stands to Lunatic.

Joseph Welsh Inspector

(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 May One thousand eight hundred and Seventy two year

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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 Mc Drew
Sex and Age,	male age 17 years
Married, Single, or Widowed,	Single
Condition of Life, and previous Occupation (if any),	Kept by his Mother No Occupation
Religious Persuasion, so far as known,	Church of England
Previous Place of Abode,	6 High Street Maxwelltown Dogueen
Place where Found and Examined,	Do
Length of time Insane,	about 3 years Ago
Whether first Attack,	Do
Age (if known) on first Attack,	14 years of Age
When and where previously under Examination and Treatment,	6 High Street Maxwelltown Dogueen
Duration of existing Attack,	about 3 years
Supposed Cause,	unknown Come gradually upon him
Whether subject to Epilepsy,	yes. Comes often upon him
Whether Suicidal,	No
Whether Dangerous to others,	No
Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Parish of Dogueen
Date of becoming Chargeable,	At the present time
Christian Name and Surname, and Place of Abode of nearest known 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 Mc Drew 6 High Street Maxwelltown Dogueen Sister of the Family was ever known to have been insane
Special circumstances (if any) preventing the insertion of any of the above particulars,	Has attempted at times to destroy Clothing and takes all advantages to run away

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this Twenty first day of May One thousand eight hundred and 72 year

(*To be signed by Party applying*) Joseph Welsh Inspector of Poor Dogueen

P. y.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate: e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, 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. Murray
being a (1) Graduate of the University of Edinb
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) 6 College
Muirhouse Kirkcudbright in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) John Mc. Kew Pau
and that
the said John Mc. Kew 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) Vacant
expression of countenance, confusion
of ideas, indistinct articulation
& raving incoherent conversation

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Wife Mother informed me that
he was under going from home as
supposed to be undertaker at night

Name and Medical Designation, P. M. Murray M.
Place of Abode, Dumfries

DATED this 21 day of May One thousand eight
hundred and 72

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate: e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, 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) 6 High Str
Muirmillbrow Kirkcudbright in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) John M'Kew a pauper
and that
the said John M'Kew 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) Has a vacant,
almost idiotic expression, has difficulty in
answering the simplest question, has all the
symptoms of mental deficiency.—

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
He is otherwise says he requires his constant care.
day & night as he is sleepless apt to wander about an
is subject to fits.

Name and Medical Designation, William S. Kerr M
Place of Abode, Dumfries

DATED this 21st day of May One thousand eight
hundred and Seventy two years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Dated this day of One thousand eight hundred and .

(1) State medical qualification. (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 Welsh
Inspector of Poor Iroquer
Certificates under the hands of Patrick Murray
and William Smith Kerr —, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) John McKew, Labourer, Maxwelltown a Pauper and that the said John McKew — is a (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 McKew as a Patient into the (6) Public Asylum of Southern Counties Dumfries and I authorize you Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said John McKew which accompanied the said Petition.

Dated this Twenty third day of May One thousand eight hundred and Seventy two years

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1/
699
John McKew
23rd May
1872

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Shire of Dumfries *and his Substitutes,—*

The Petition of John Dinwoodie Inspector of Poor for the parish of Dumfries, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Anne Briggs residing at Ewe & Lamb Close Dumfries your Petitioner's (3) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Anne Briggs to the Southern Counties Asylum and to sanction her admission into the the said Asylum.

(3) State degree of Lordship or other County in which Petitioner stands to Lunacy.

John Dinwoodie

DATED this Thirtyfirst (4) day of May One thousand eight hundred and Seventy two 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,	Anne Briggs
2. Sex and Age,	Female, age 30 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Domestic Servant
5. Religious Persuasion, so far as known,	Roman Catholic
6. Previous Place of Abode,	South Shields
7. Place where Found and Examined,	Dumfries
8. Length of time Insane,	Not Known
9. Whether first Attack,	yes first Attack
10. Age (if known) on first Attack,	—
11. When and where previously under Examination and Treatment,	Was never under treatment before
12. Duration of existing Attack,	not Known
13. Supposed Cause,	do.
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Not yet so far as seen
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,	23 May 1872
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Roseann Hallon. Mother, had another daughter who was Insane, and died several 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 Thirtyfirst day of May One thousand eight hundred and Seventy two years

(To be signed by Party applying) John Dinwoodie Inspector

P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, W. Mason Superintendent
being a (1) Graduate of the Faculty of Physicians
and Surgeons Glasgow and Member of the
and being in actual practice as a (2)
hereby certify, on soul and conscience, that I have this day, at (3) Lane & Farm
Close Dumfries in the County
Dumfries separately from any other Medical Practitioner
visited and personally examined (4) Annie Briggs (a pauper)
and
the said Annie Briggs is a (5) Lunatic
and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Talks incoherently
suppose that her child is in danger &c
Facts unaccounted for in the Evening
Has been wandering about the Fields

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Her mother states that she keeps
repeating when at home and
went out & took a fit in the Garden

Name and Medical Designation, W. Mason M.B. 1882

Place of Abode, Dumfries

DATED this 30th day of May One thousand
hundred and seventy two years

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Hugh Cunningham
being a (1) Member of the Royal College of Physicians
and of the Faculty of Physicians and Surgeons of
and being in actual practice as a (2) Physician and Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Lane and
Close, Dumfries in the County
Dumfries separately from any other Medical Practitioner
visited and personally examined (4) Annie ~~Briggs~~ Briggs, Pauper
Briggs and
the said Annie ~~Briggs~~ is a (5) person
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.:—

1. Facts indicating Insanity observed by myself: (6) There is Confusion
Listlessness and a vacant appearance
of the countenance.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Her mother informs me that she sits
moping in the corner constantly, must be
fed, and cries occasionally.

Name and Medical Designation, Hugh Cunningham L.R.C.P.E.

Place of Abode, 37 Church Crescent, Dumfries

DATED this Thirty first day of May One thousand
hundred and seventy two years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (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 Simpson,
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)
Anne Briggs residing in Cove Lamb Cove Dumfries parish and that the said
Anne Briggs, 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 Anne Briggs 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 Anne Briggs which accompanied the said Petition.

DATED this Thirty first day of May One thousand eight hundred and Seventy two.

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane person, or an Idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1
700
Anne Briggs
53
31st May
1872
11

N. B.—This Form shall remain in the
Superintendent of the Asylum, after
the Sheriff is obtained.

25 &

PETITION TO THE S
RECEPTION OF

1 Sheriff or Steward, 2 Shire or Stewartry.

Unto the Honourable the (1) *
of

Rose Glover The Petition of
humbly sheweth that it appe
Medical Certificates, that
your Petitioner's (2) Hal
is at present in a state of Menta
Asylum for the Insane. May
mission of the said Mary
Idiotism or Imbecility
into the 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 10th
eight hundred and Seve

ST

If any of the Particulars in this

1. Christian Name and Surname of Patient at length, ...
2. Sex and Age, ...
3. Married, Single, or Widowed, . . .
4. Condition of Life, and previous Occupation (if any), ...
5. Religious Persuasion, so far as known, .
6. Previous Place of Abode, ...
7. Place where Found and Examined, .
8. Length of time Insane, ...
9. Whether first Attack, ...
10. Age (if known) on first Attack, . .
11. When and where previously under Examination and Treatment, ...
12. Duration of existing Attack, . . .
13. Supposed Cause, ...
14. Whether subject to Epilepsy, . . .
15. Whether Suicidal, ...
16. Whether Dangerous to others, . . .
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, . . .
18. Date of becoming Chargeable, . . .
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, ...
20. Special circumstances (if any) preventing the insertion of any of the above particulars,

I certify, that, to the best of my knowledge, t

DATED this 10th
day of

(To be signed by Pe

6 Albert Drive

N. B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of ~~the~~ (2) Renfrew and Bute Dunbartonshire and his Substitutes,—

The Petition of George Kennedy Merchant 6 Albert Drive Glasgow humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary Kennedy your Petitioner's (3) Half 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 Kennedy to the Institution or Dumfries & Galloway Royal Asylum and to sanction her admission into the the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

George Kennedy

DATED this 10th (4) day of June One thousand eight hundred and Seventy Two

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Mary Kennedy
2. Sex and Age,	Female 44 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Spinster no occupation
5. Religious Persuasion, so far as known,	Presbyterian
6. Previous Place of Abode,	Paisley Road Renfrew
7. Place where Found and Examined,	Paisley Road Renfrew
8. Length of time Insane,	Two Weeks
9. Whether first Attack,	No several previous attacks
10. Age (if known) on first Attack,	Not known
11. When and where previously under Examination and Treatment,	Paisley Road Renfrew
12. Duration of existing Attack,	Two Weeks
13. Supposed Cause,	Drinking 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,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Neil Kennedy Park Gardens Terrace Kelvin Side Glasgow Half Brother. Father and Mother has similar Mania for Drink.
20. Special circumstances (if any) preventing the 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 June One thousand eight hundred and 72.

(*To be signed by Party applying*) George Kennedy

6 Albert Drive, Glasgow

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, Daniel McRimond 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) Fernery Cottage Paisley Road Renfrew in the County of Renfrew separately from any other Medical Practitioner, visited and personally examined (4) Mary Kennedy Same Cottage Renfrew Paisley Road Renfrew and that the said Mary 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)
Taking Spirits to an extent which threaten to destroy Life. A disposition to dissipate her means and property.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
an ill feeling towards any one who would oppose her indulgence in Spirits Shon the Mary Kennedy

Name and Medical Designation, Daniel Richmond

Place of Abode, 32 Newton Street Paisley

DATED this Tenth day of June One thousand eight hundred and Seventy Two years

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MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

I, the undersigned, Edward McMillan
being a (1) Licentiate of the Royal College of Surgeons Edinburgh
and being in actual practice as a (2) Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Fernery Cottage Paisley Road Renfrew in the County of Renfrew separately from any other Medical Practitioner, visited and personally examined (4) Mary Kennedy and that the said Mary 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)
From her appearance I apprehend an attack of convulsions Incoherent language constantly exposing her person tossing about the bed and talking badly

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Agnes Kittle servant says she almost constantly screams and attempts to injure herself by throwing her body over the bed She also that she had a constant craving for spirits

Name and Medical Designation, Edwd McMillan Surgn

Place of Abode, 4 Maxwelton Place Paisley Rd

DATED this tenth day of June One thousand eight hundred and Seventy two

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) 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 Abercrombie Esquire (1) Sheriff Substitute
of the (2) Renfrew and Bute
having had produced to me, with a Petition at the instance of (3) George Kennedy,
Merchant, 6 Albert Drive Glasgow
Certificates under the hands of Daniel Richmond M.D. Paisley
and Edward McMillan M.D. Paisley Med. Glasgow being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
Mary Kennedy
Mary Kennedy and that the said
is a (5) person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Mary Kennedy as a Patient into the (6) Crichton Institution ~~Asylum of~~ Dumfries 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 Kennedy which accompanied the said Petition.

DATED this Eleventh day of June One thousand eight hundred and seventy two years

Wm Abercrombie

To the Superintendent of the (7) Crichton Institution
Asylum of

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

Mr Mc Arthur
13 Princes St

1247.
Mary Kennedy
June 11/12

N.B.—This Form shall remain in the h
Superintendent of the Asylum, after
the Sheriff is obtained.

25 &

PETITION TO THE SH
RECEPTION OF

[1] Sheriff or Steward.
[2] Shire or Stewartry.

Unto the Honourable the (1)
of Dumfries
The Petition of
The Manse Kirkbean
humbly sheweth that it appe
Medical Certificates, that
your Petitioner's (2)
is at present in a state of Mental
Asylum for the Insane. May i
mission of the said
Crichton Royal Institution
into the 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 14th
eight hundred and twelve

ST

If any of the Particulars in this

1. Christian Name and Surname of Patient at length,
2. Sex and Age,
3. Married, Single, or Widowed,
4. Condition of Life, and previous Occupation (if any),
5. Religious Persuasion, so far as known,
6. Previous Place of Abode,
7. Place where Found and Examined,
8. Length of time Insane,
9. Whether first Attack,
10. Age (if known) on first Attack,
11. When and where previously under Examination and Treatment,
12. Duration of existing Attack,
13. Supposed Cause,
14. Whether subject to Epilepsy,
15. Whether Suicidal,
16. Whether Dangerous to others,
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,
18. Date of becoming Chargeable,
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,
20. Special circumstances (if any) preventing the insertion of any of the above particulars,

I certify, that, to the best of my knowledge, th

DATED this 14th day of

(To be signed by Pa

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 Hannah H. Dickson, residing at The Manse Kirkbean,

humbly sheweth that it appears, from the subjoined Statement and accompanying Medical Certificates, that John Tasker Dickson, your Petitioner's (3) Husband

(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 Husband of the Petitioner, to the Dumfries Royal Infirmary and to sanction his admission into the the said Asylum.

H. H. Dickson

(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 June One thousand eight hundred and Seventy two

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STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	John Tasker Dickson
2. Sex and Age,	Male, 58 years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Minister of the Established Church of Scotland
5. Religious Persuasion, so far as known,	As above
6. Previous Place of Abode,	Manse of Kirkbean
7. Place where Found and Examined,	Same place
8. Length of time Insane,	About three months
9. Whether first Attack,	First attack
10. Age (if known) on first Attack,	As above
11. When and where previously under Examination and Treatment,	Nowhere
12. Duration of existing Attack,	Melancholia about three months, Mania, D.a week.
13. Supposed Cause,	1st Acute Rheumatism, 2, diseased heart, Apoplexy, Insanity
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	Yes.
16. Whether Dangerous to others,	Yes.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	2
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known 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 Dickson - Callender, Brother, ditto.
20. Special circumstances (if any) preventing the 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 June One thousand eight hundred and Seventy two

(*To be signed by Party applying*) H. H. Dickson

P. p

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, James M. McCulloch M.D. &c.
being a (1) Graduate of the University Edinburgh
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Kirkbean
Parish of Kirkbean in the County of
Kirkcudbright
separately from any other Medical Practitioner,
visited and personally examined (4) John Inches Dickson
and that
the said John Inches 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 & excited; he has committed hundreds of murders, that he wants to break; that he will kill his wife, himself &c. that the Devil has got holds of him, &c. &c. &c.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Breaks the furniture; attempts to throw himself out of a high window, down stairs &c. says he has murdered hundreds; that the Devil is in the Bible & has got holds of him; that a cancer is eating off his arm, cheat &c.

Name and Medical Designation, James M. McCulloch M.D.

Place of Abode, 16 Castle Street, Dumfries

DATED this 14th day of June One thousand eight hundred and seventy two years.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Charles Ford M.D. &
being a (1) Graduate of the Univ. Edin. 1862,
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Kirkconnel
Kirkcudbright in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) John Inches Dickson
Kirkbean Manse
and that
the said John Inches Dickson (Minister) 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) Marked mental excitement, Propensity to self destruction, despondency as regards his circumstances in paroxysms of fury, followed by calms—

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Threatened his wife on several occasions—

Name and Medical Designation, Charles Ford M.D.

Place of Abode, Mains Riddell, Kirkcudbright county

DATED this 11th day of June One thousand eight hundred and seventy two years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, James Gilchrist
being (1) a graduate of the University of Edinburgh
hereby certify, on soul and conscience, that I have this day, at (2) Crichton Royal Institution
in the County of Dumfries, seen and personally examined
the Rev John Luckes Dickson Kirkbean Manse, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

James Gilchrist M.D.

DATED this Fourteenth day of June One thousand eight hundred and Seventy two

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Nannah W. Dickson, residing at Kirkbean Manse
Certificates under the hands of James M. McCulloch,
and Charles Ford, , being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
John Luckes Dickson, Kirkbean Manse Parish Kirkbean, and that the said
John Luckes 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 John Luckes Dickson 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 Luckes Dickson which accompanied the said Petition.

DATED this Seventeenth day of June One thousand eight hundred and Seventy two years.

David Boyle Hope

To the Superintendent of the (7) Public Asylum of Crichton Royal Institution Dumfries

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1248.

v. John Inches Dickson

June 14/12

N.B.—This Form shall remain in the h
Superintendent of the Asylum, after
the Sheriff is obtained.

25 &

PETITION TO THE SH
RECEPTION OF

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1)
of Dumfri
The Petition of
humbly sheweth that it appe
Medical Certificates, that
your Petitioner's (2)
is at present in a state of Menta
Asylum for the Insane, May i
mission of the said
into the 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
eight hundred and

ST

If any of the Particulars in this

1. Christian Name and Surname of Patient at length,
2. Sex and Age,
3. Married, Single, or Widowed,
4. Condition of Life, and previous Occupation (if any),
5. Religious Persuasion, so far as known,
6. Previous Place of Abode,
7. Place where Found and Examined,
8. Length of time Insane,
9. Whether first Attack,
10. Age (if known) on first Attack,
11. When and where previously under Examination and Treatment,
12. Duration of existing Attack,
13. Supposed Cause,
14. Whether subject to Epilepsy,
15. Whether Suicidal,
16. Whether Dangerous to others,
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,
18. Date of becoming Chargeable,
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,
20. Special circumstance (if any) preventing the insertion of any of the above particulars,

I certify, that to the best of my knowledge,

DATED this day of

(To be signed by Pe

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Shire of Dumfries *and his Substitutes,*—

The Petition of John Hamilton, Inspector of Poor humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Janet Armstrong or Allan your Petitioner's (3) pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Janet Armstrong or Allan to the Southern Counties Asylum and to sanction her admission into the the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

John Hamilton, Inspector

(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 June One thousand eight hundred and Seventy two Years

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STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Janet Armstrong or Allan
2. Sex and Age,	Female 46 years
3. Married, Single, or Widowed,	Married deserted
4. Condition of Life, and previous Occupation (if any),	No occupation
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Rockhill
7. Place where Found and Examined,	Rockhill
8. Length of time Insane,	3 days or so
9. Whether first Attack,	Fourth attack.
10. Age (if known) on first Attack,	34 years
11. When and where previously under Examination and Treatment,	Southern Counties Asylum
12. Duration of existing Attack,	3 days
13. Supposed Cause,	unknown
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	no
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Torthorwald
18. Date of becoming Chargeable,	25th April 1854
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Robert Allan Son Rockhill 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 Seventeenth day of June One thousand eight hundred and Seventy two

(*To be signed by Party applying*) John Hamilton, Inspector of Poor

P. T

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, William Grierson
being a (1) Graduate of the Faculty 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) Locks Village
in the Parish of Dumfries in the County of Dumfries
separately from any other Medical Practitioner,
visited and personally examined (4) Janet Armstrong or Allan
and that
the said Janet Armstrong or Allan is a (5) Lunatic
and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Talks incoherently
does not converse & has no memory of
any previous events

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
The persons with whom she lives state
that at times she becomes violent, breaks
dishes & throws her food about the room

Name and Medical Designation, Wm Grierson M.D.

Place of Abode, Dumfries

DATED this 19th day of June One thousand eight
hundred and Seventy two years

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Hugh Cunningham
being a (1) Member of the Royal College of Physicians in Edin.
and of the Faculty of Physicians and Surgeons in Glas.
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) The Kings Arms
Yard, Dumfries
Dumfries in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) Janet Armstrong or Allan
Sharpe and that
the said Janet Armstrong or Allan is a (5) person of
unsound mind, and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) She will not
speak, and appears not to understand
the meaning of any question put to her.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
The person with whom she boards informs
me that she refuses her food, is occasionally
very violent, and was in the Asylum previously

Name and Medical Designation, Hugh Cunningham, L.R.C.P.Ed.

Place of Abode, 25 Castle Street, Dumfries, Cate 32 Church Close

DATED this Seventeenth day of June One thousand eight
hundred and Seventy two years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, Hugh Cunningham being (1) a Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (2) Kings Arms Yard Dumfries in the County of Dumfries, seen and personally examined Janet Armstrong or Allan, Pauper, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Hugh Cunningham L.R.C.P.Edin. L.F.P.S.G.

DATED this Seventeenth day of June One thousand eight hundred and Seventy two years.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope — (3) Sheriff Substitute of the (4) County of Dumfries, having had produced to me, with a Petition at the instance of (5) John Hamilton, Inspector of Poor, Dalbeattie 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 (6) Janet Armstrong or Allan Rocks Dalbeattie (a Pauper) and that the said Janet Armstrong or Allan 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 Janet Armstrong or Allan 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 Janet Armstrong or Allan which accompanied the said Petition.

DATED this Eighteenth day of June — One thousand eight hundred and seventy two years.

David Boyle Hope

To the Superintendent of the (9) Public *Asylum of* Southern Counties Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

701
Armstrong or Allan
14th June
1872

N.B.—This Form shall remain in
Superintendent of the Asylum, alo
Sheriff is obtained.

20

PETITION TO THE S
RECEPTION O

† Sheriff or Steward.
‡ Shire or Stewartry.

Unto the *Honourable the* (†)
of Dumfries
The Petition of
humbly sheweth that it ap
Medical Certificates, that Ja
is at present in a state of Me
Asylum for the Insane. May
mission of the said Jam
Southern Counties
into the said Asylum.

§ The date of the Petition must be within fourteen clear days following the date of the Medical Certificates.

DATED this Seventee
eight hundred and Seven

If any of the Particulars in

1. Christian Name and Surname of Patient at
length,
2. Sex and Age,
3. Married, Single, or Widowed,
4. Condition of Life, and previous Occupation
(if any),
5. Religious Persuasion, so far as known,
6. Previous Place of Abode,
7. Place where Found and Examined,
8. Length of time Insane,
9. Whether first attack,
10. Age (if known) on first Attack,
11. When and where previously under Examination and Treatment, if known,
12. Duration of existing Attack,
13. Supposed Cause,
14. Whether subject to Epilepsy,
15. Whether Suicidal,
16. Whether Dangerous to others,
17. Parish or Place to which the Lunatic (if a Pauper) is Chargeable,
Date of becoming Chargeable,
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,
19. Special circumstances (if any) preventing the insertion of any of the above particulars,

I certify, that, to the best of my knowled

DATED this Seventeenth day of
two Thou

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

20 & 21 *Vict., Cap.* 71., *Sect,* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) County of Dumfries and his Substitutes,—

The Petition of Alexander Ferguson, Inspector of Poor, Lockerbie humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Johnstone, your Petitioner's Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said James Johnstone to the Southern Counties Asylum and to sanction his admission into the said Asylum.

(SIGNED) Alex Ferguson, Inspector

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Seventeenth (3) day of June One thousand eight hundred and Seventy two

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	James Johnstone
2. Sex and Age,	Male - aged 48 years
3. Married, Single, or Widowed,	married
4. Condition of Life, and previous Occupation (if any),	Tailor
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Nottingham formerly - Lately in Derby
7. Place where Found and Examined,	Lockerbie and Dumfries
8. Length of time Insane,	
9. Whether first attack,	
10. Age (if known) on first Attack,	
11. When and where previously under Examination and Treatment,	
12. Duration of existing Attack,	
13. Supposed Cause,	
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,	Ir Hyndale
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	The Patient was found in Turnmire Plantation near Lockerbie - He is a Stranger, and I am unable to give more particulars.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(SIGNED)* Name, Alex Ferguson, Inspector

DATED this Seventeenth day of June One thousand eight hundred and Seventy two 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.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, William Macnicol being a (1) Doctor of Medicine (Glasgow University) and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) High St Lockerbie in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) James ~~Johnstone~~ Johnstone a Tailor (a pauper) and that the said James Johnstone is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)

Talks incoherently; tears his clothes, and is very violent

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

The Inspector of Police says that he was going about the street naked

(SIGNED) *Name and Medical Designation,* William Macnicol M.

Place of Abode, Lockerbie

DATED this 16th day of June One thousand eight hundred and twenty two years. Two words delete

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, 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 Mc. McCulloch M.D. &c. being a (1) Graduate of the University of Edinburgh &c. and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) the Sheriff Clerks in the County of Dumfries Dumfries separately from any other Medical Practitioner, visited and personally examined (4) James Johnstone, Tailor & Pauper and that the said James Johnstone is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) He is expelled, incoherent, tears his trousers all the time he is speaking; states impossibilities as to where & whence he came, especially last night &c.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Was found on the streets of Lockerbie stript naked & furious; and on the previous day there pulled up the vegetables in various gardens as he came along

(SIGNED) *Name and Medical Designation,* James Mc. McCulloch M.D.

Place of Abode, 16 Castle Street, Dumfries.

DATED this seventeenth day of June One thousand eight hundred and twenty two years.

CERTIFICATE OF EMERGENCY.

(This Certificate shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a Second Medical Certificate.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that James [illegible] Johnstone is a (1) person of unsound mind hereby further certify that the Case of the said Johnstone is One of Emergency, and I recommend the immediate removal of the said Johnstone to an Asylum accordingly.

Name, William Macindoe M. D.

Place of Abode, Lockerbie

DATED this 16 day of June One thousand eight hundred and Seventy two years

(1) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) ~~James~~ Fergusson Inspector of Poor Lockerbie. Certificates under the hands of William Macindoe 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) James Johnstone, a tailor, pauper Nottingham a pauper 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 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 Johnstone which accompanied the said Petition. one word delete

(SIGNED) David Boyle Hope

DATED this Seventeenth day of June One thousand eight hundred and Seventy two years

To the Superintendent of the (7) Public *Asylum of* Southern Counties Dumfries

---

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, or Private.
(7) Public, District, or Private.

N.B.—This Form shall remain in the h
Superintendent of the Asylum, after
the Sheriff is obtained.

25 &

PETITION TO THE SH
RECEPTION OF

(*) Sheriff or Steward.
(†) Shire or Stewartry.

Unto the Honourable the (*)
of Dumfries

The Petition of

humbly sheweth that it appe
Medical Certificates, that
your Petitioner's (?) brother
is at present in a state of Menta
Asylum for the Insane. May i
mission of the said
Crichton Royal
into the the said Asylum.

(?) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(*) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this
eight hundred and

ST

If any of the Particulars in this

1. Christian Name and Surname of Patient at length,
2. Sex and Age,
3. Married, Single, or Widowed,
4. Condition of Life, and previous Occupation (if any),
5. Religious Persuasion, so far as known,
6. Previous Place of Abode,
7. Place where Found and Examined,
8. Length of time Insane,
9. Whether first Attack,
10. Age (if known) on first Attack,
11. When and where previously under Examination and Treatment,
12. Duration of existing Attack,
13. Supposed Cause,
14. Whether subject to Epilepsy,
15. Whether Suicidal,
16. Whether Dangerous to others,
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,
18. Date of becoming Chargeable,
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,
20. Special circumstances (if any) preventing the insertion of any of the above particulars,

I certify, that, to the best of my knowledge, t

DATED this day of

(To be signed by Pe

1
702
James Johnstone
June 17th
1872

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap. 54, Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 Substituter,*—

The Petition of Charles Stewart, residing at Gillenbie humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Thomas Stewart, Gillenbie, gentleman your Petitioner's (3) brother Thomas 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 Thomas Stewart to the Crichton Royal Institution and to sanction his admission into the the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

C Stewart

DATED this twenty second (4) day of June 3 One thousand eight hundred and seventy two –

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Thomas Stewart
2. Sex and Age,	Male – fifty three years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Proprietor of land and farmer
5. Religious Persuasion, so far as known,	Presbyterian
6. Previous Place of Abode,	Gillenbie by Lochmabie
7. Place where Found and Examined,	Gillenbie
8. Length of time Insane,	Recent
9. Whether first Attack,	Second
10. Age (if known) on first Attack,	Fifty
11. When and where previously under Examination and Treatment,	Crichton Royal Institution
12. Duration of existing Attack,	
13. Supposed Cause,	
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	Yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	
20. Special circumstances (if any) preventing the 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 June One thousand eight hundred and seventy two

(*To be signed by Party applying*) C Stewart

3

P. 9

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, William Macindoe
being a (1) Doctor of Medicine / Glasgow University
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Gillesbie,
Parish of Dryfesdale
Dumfries
in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) Thomas Stewart, Farmer
at Gillesbie
and that
the said Thomas Stewart
is a (5) person of
unsound mind
and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)
Excited; restless; incoherent. Evidently
been using stimulants to excess.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
His servants inform me that he has been ob...
the females also about the house with
criminal intent

Name and Medical Designation, William Macindoe M...

Place of Abode, Lockerbie

DATED this 21st day of June One thousand eight hundred and seventy two

---

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, James Thomson Wilson
being a (1) Licentiate of the Royal College of Surgeons
and being in actual practice as a (2) Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Gillesbie
Dumfries
in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) Thomas Stewart, Farmer, Gillesbie
and that
the said Thomas Stewart
is a (5) person of
unsound mind
and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Religious delusions
alleging that he is the Lord God

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, Jas. T. Wilson Surgeon

Place of Abode, Lockerbie

DATED this 21st day of June One thousand eight hundred and Seventy two

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) 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) Charles Stewart,
residing at Gillenbie Dryfesdale,
Certificates under the hands of William Macombe,
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)
Thomas Stewart, farmer, Gillenbie Dryfesdale (Alex Brotherston)
and that the said
Thomas 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 Thomas 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 to you herewith the said Medical Certificates, and a Statement regarding the said Thomas Stewart which accompanied the said Petition.

DATED this twenty second day of June One thousand eight hundred and seventy two.

L. Maitland

To the Superintendent of the (7) Public
Asylum of Crichton Royal Institution
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1249.

Thomas Stewart

June 22/42.

20 & 21 *Vict., Cap.* 71. *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(*) Sheriff or Steward.
(*) Shire or Stewartry.

Unto the Honourable the (*) Sheriff *of the* (*) Shire of Dumfries and his Substitutes,—

The Petition of James Nish Inspector Parochial

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Thomas Gordon is at present in a state of Mental Derangement, and 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.

(Signed) James Nish

(*) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 24th (*) day of June one thousand eight hundred and Seventy two years.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Thomas Gordon
2. Sex and Age,	Male, 63 years of age,
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Labourer.
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Penpuce
7. Place where Found and Examined,	— do —
8. Length of time Insane,	Six months
9. Whether first Attack,	Yes
10. Age (if known) on first Attack,	63 years
11. When and where previously under Examination and Treatment,	At no other time or place
12. Duration of existing Attack,	One month,
13. Supposed Cause,	Low living & strong Emotions
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Once shewed symptoms
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Oldmelrose,
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,	Alexander Gordon 99 Piccadilly London Brother Charles Imbecile, died James Died this year insane
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(Signed)* Name, James Nish

DATED this 24th day of June one thousand eight hundred and Seventy two

* To be Signed by the Party applying.

Lunacy Board.—Dec.—87.—1200.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Pepo Connell Surgeon Glenluce being a (1) Licentiate of the Royal Col of Surgeons Ed and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Glenluce parish of Old Luce in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) Thomas Gordon Labourer now pauper and that the said Thomas 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. :—

1. Facts indicating Insanity observed by myself: (6) Some months ago Stated that he had sold himself to the Dev[il] and he Governed under a disease that would pollute Whole World, and other obscene and oppressive words was [illegible] papers, and attempted to tear away, in [illegible] delusions took the place of these and for the last six weeks he has not

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Thomas Hutchinson who lives in one End of the Same House states, that he is entirely changed what he was pays no attention to Rules of the Friends of his friends, and Yesterday [illegible] it was set down,

(SIGNED) Name and Medical Designation, Pepo Connell Surgeon

Place of Abode, Glenluce

DATED this 24 day of June One thousand eight hundred and Seventy two Years

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or *otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

Jas. & Williams living in the adjoining house corroborate Janet Ramsay's statement

I, the undersigned, John Orgill Surgeon Stranraer being a (1) Licentiate of Faculty of Physicians & Surgeons Gla and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Glenluce parish of Glenluce, or Old Luce in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) Thomas Gordon Coloured a Prisoner and that the said Thos 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. :—

1. Facts indicating Insanity observed by myself: (6) He appears to be a disturbed State and is very taciturn not answering questions put to him & pretends upon them, that he the exception of Colonels Dessert & Wine at least, he appears to be otherwise in good health

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Janet Ramsay who has charge of him says that he threatens through the Window after meals he said he could easily, and is doing nothing, and appears to set no value upon a little Childish Manners, though talking [illegible] offend them,

(SIGNED) Name and Medical Designation, John Orgill Surgeon

Place of Abode Stranraer

DATED this 24 day of June one thousand eight hundred and Seventy two

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, Thomas Anderson being (1) Graduate of the University of Edinburgh hereby certify, on soul and conscience, that I have this day, at (2) Southern Counties Asylum in the County of Dumfries, seen and personally examined 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.

Thomas Anderson. M.B. & C.M.

DATED this 24th day of June One thousand eight hundred and seventy two years.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) James Fish, Inspector of Poor, Certificates under the hands of W. M'Cormack and John Orgill, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Gordon, Labourer, Glenluce (a Pauper) and that the said Thomas 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 Thomas 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 Gordon, which accompanied the said Petition.

(SIGNED) David Boyle Hope

DATED this twenty sixth day of June one thousand eight hundred and seventy two.

To the Superintendent of the (7) Public *Asylum of* Southern Counties Dumfries.

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, or Private.
(7) Public, District or Private.

1/703
Thomas Gordon
24th June
1872

N.B.—This Form shall remain in the Superintendent of the Asylum, a the Sheriff is obtained.

25

PETITION TO THE
RECEPTION O

(*) Sheriff or Steward. Shire or Stewartry.

Unto the Honourable the (*)
of Aye.

The Petition of

humbly sheweth that it ap
Medical Certificates, that
your Petitioner's (†)
is at present in a state of Men
Asylum for the Insane. May
mission of the said John
Southern Counties Asylum
into the the said Asylum.

(†) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(‡) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this twenty fi
eight hundred and seventy

S

If any of the Particulars in th

1. Christian Name and Surname of Patient at length, ...
2. Sex and Age, ...
3. Married, Single, or Widowed, . . .
4. Condition of Life, and previous Occupation (if any), ...
5. Religious Persuasion, so far as known, . .
6. Previous Place of Abode, ...
7. Place where Found and Examined, . . .
8. Length of time Insane, ...
9. Whether first Attack, ...
10. Age (if known) on first Attack, . . .
11. When and where previously under Examination and Treatment, ...
12. Duration of existing Attack, ...
13. Supposed Cause, ...
14. Whether subject to Epilepsy, ...
15. Whether Suicidal, ...
16. Whether Dangerous to others, ...
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, ...
18. Date of becoming Chargeable, ...
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or so 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,

DATED this twenty-fifth day of

(To be signed by

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 John Anderson, Inspector of Poor, Maybole humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Clanmachan 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 Clanmachan to the Southern Counties Asylum, Dumfries and to sanction his admission into the the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

John Anderson

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this twenty fifth (4) day of June One thousand eight hundred and seventy two

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STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	1	John Clanmachan
2. Sex and Age,	2	Male, 28
3. Married, Single, or Widowed,	3	Single
4. Condition of Life, and previous Occupation (if any),	4	Unknown
5. Religious Persuasion, so far as known,	5	Protestant
6. Previous Place of Abode,	6	Kirkcowan, Wigtownshire
7. Place where Found and Examined,	7	Maybole
8. Length of time Insane,	8	Unknown
9. Whether first Attack,	9	Unknown
10. Age (if known) on first Attack,	10	Unknown
11. When and where previously under Examination and Treatment,	11	Has not previously been under Asylum treatment
12. Duration of existing Attack,	12	Unknown
13. Supposed Cause,	13	Unknown
14. Whether subject to Epilepsy,	14	Unknown
15. Whether Suicidal,	15	No
16. Whether Dangerous to others,	16	Unknown
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	17	Kirkcowan, Wigtonshire
18. Date of becoming Chargeable,	18	20th June 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,	19	Clanmachan, Tailor, Kirkcowan in his father, unknown whether any member of the family has been insane
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	20	He was taken up here in a nude state by the police, and the only knowledge I have of him is from himself, and the Inspector of Poor, Kirkcowan

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this twenty fifth day of June One thousand eight hundred and seventy two

(*To be signed by Party applying*) John Anderson

P. P

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Gowans being a Licentiate of the being a (1) 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) Poorhouse, Mayb in the County of

separately from any other Medical Practitioner,

visited and personally examined (4) John Clanachan, Maybole, and that

the said A pauper John Clanachan is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, 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 in Langu He said to me that he amused himself breaking them

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Mr. Anderson, Inspector told me that John Clanachan said to him that he had struck the warder of the Prison with a Stool. He was taken up before the Police

Name and Medical Designation, } Robert Gowans, Surgeon

Place of Abode, Maybole

DATED this 25th day of June One thousand eight hundred and Seventy two

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, John Campbell being a (1) Member of Royal College of Surgeon Surgeon and being in actual practice as a (2) hereby certify, on soul and conscience, that I have this day, at (3) Poor House Maybole Ayr in the County of

separately from any other Medical Practitioner,

visited and personally examined (4) John Clanachan and that

the said A pauper John Clanachan is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, 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 working in the factory that his head turns ro with the machinery. he takes turns of running ab not knowing where he goes or what is doing

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

A Gentleman Here told me he had den himself of his whole clothes on the Pub Street and behaved in a Very indecent manne

Name and Medical Designation, } John Campbell Surg

Place of Abode, Maybole

DATED this 25th day of June One thousand eight hundred and Seventy Two Years

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) 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 Muir Muir Esquire Sheriff-Substitute of the (3) County of Ayr having had produced to me, with a Petition at the instance of (4) John Anderson Inspector of Poor Maybole Certificates under the hands of Robert Sivan and John Cameron, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (5) John Clanachan pauper, parish of Maybole and that the said John McClanachan is a (6) Person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said John Clanachan as a Patient into the (7) District Asylum of Southern Counties, Dumfries, and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said John Clanachan which accompanied the said Petition.

DATED this 26th day of June One thousand eight hundred and seventy two

Thos. Muir

To the Superintendent of the (7) District Asylum of Southern Counties Asylum Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an Idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1
704
John Clanachan
26th June
1872

N.B.—This Form shall remain in the keeping
Superintendent of the Asylum, after the
the Sheriff is obtained.

25 & 26

PETITION TO THE SHER
RECEPTION OF A P

Sheriff or Steward,
Town or Stewartry.

Unto the Honourable the (1)

of

The Petition of

humbly sheweth that it appears
Medical Certificates, that

State degree of
Lunacy or other
Cause which Peti-
tioner wishes to Lunatic.

your Petitioner's (2)

is at present in a state of Mental De
Asylum for the Insane. May it the
mission of the said

into the the said Asylum.

The date of the
cannot be with-
three clear days
ing the dates of
Medical Certifi-

Dated this

eight hundred and

STAT

If any of the Particulars in this State

Christian Name and Surname of Patient at
length,

Sex and Age,

Married, Single, or Widowed,

Condition of Life, and previous Occupation
(if any),

Religious Persuasion, so far as known,

Previous Place of Abode,

Place where Found and Examined,

Length of time Insane,

Whether first Attack,

Age (if known) on first Attack,

When and where previously under Examina-
tion and Treatment,

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,

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 In-
sane,

Special circumstances (if any) preventing the
insertion of any of the above particulars,

I certify, that, to the best of my knowledge, the abo

Given this

day of

(To be signed by Party 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.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) *of the* (2)

of *and his Substitutes,—*

The Petition of

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that

(3) State degree of Lordship or other County in which Petitioner stands to Lunatic.

your Petitioner's (3)

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said to the and to sanction admission into the the said Asylum.

(4) The date of the Order must be within seven clear days including the dates of the Medical Certificates.

Dated this (4) day of One thousand eight hundred and

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,
2. Sex and Age,
3. Married, Single, or Widowed,
4. Condition of Life, and previous Occupation (if any),
5. Religious Persuasion, so far as known,
6. Previous Place of Abode,
7. Place where Found and Examined,
8. Length of time Insane,
9. Whether first Attack,
10. Age (if known) on first Attack,
11. When and where previously under Examination and Treatment,
12. Duration of existing Attack,
13. Supposed Cause,
14. Whether subject to Epilepsy,
15. Whether Suicidal,
16. Whether Dangerous to others,
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,
18. Date of becoming Chargeable,
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,
20. Special circumstances (if any) preventing the insertion of any of the above particulars,

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this day of One thousand eight hundred and

(To be signed by Party applying)

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Hugh Cunningham being a (1) Member of the Royal College of Physicians & Dint and of the Faculty of Physicians & Surgeons Glasg and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 25 High Dumbries in the Cou Dumpries separately from any other Medical Practiti visited and personally examined (4) Caroline McGowan or Mc Paupers and the said Caroline McGowan or McRae is a (5) person o unsound mind and a proper person to be det under Care and Treatment, and that I have formed this opinion upon the follo grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) She has a w appearance of Countenance, is continual moving and says that an angel is waiti to take her away.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, Hugh Cunningham

Place of Abode, 25 Castle Steil, late 32 Church

DATED this Twenty seventh day of June One thousand hundred and Seventy two years.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned,

being a (1)

and being in actual practice as a (2)

hereby certify, on soul and conscience, that I have this day, at (3)

in the Cou

separately from any other Medical Practit

visited and personally examined (4)

an

the said

is a (5)

and a proper person to be det

under Care and Treatment, and that I have formed this opinion upon the foll grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)

2. Other Facts (if any) indicating Insanity communicated to me by others: (7

Name and Medical Designation,

Place of Abode,

DATED this day of One thousand hundred and

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, Hugh Cunningham
being (1) A Member of the Royal College of Physicians in Edinburgh &c
hereby certify, on soul and conscience, that I have this day, at (2) 25 High Street, Dumfries
in the County of Dumfries, seen and personally examined
Caroline McGowan or Wilson Pauper, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Hugh Cunningham L.R.C.P.Edinbc

DATED this Twenty seventh day of June One thousand eight hundred and Seventy two years.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, (1)
of the (2)
having had produced to me, with a Petition at the instance of (3)

Certificates under the hands of
and , being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
and that the said
is a (5)

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said as a Patient into the (6) Asylum of and I authorize Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said which accompanied the said Petition.

DATED this day of One thousand eight hundred and

To the Superintendent of the (7)
Asylum of

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

705
Caroline Nicholson or Noble
28th June
1872

N.B.—This Form shall remain in the h
Superintendent of the Asylum, after
the Sheriff is obtained.

25 &

PETITION TO THE Sh
RECEPTION OF

* Sheriff or Steward.
† Shire or Stewartry.

Unto the Honourable the (*)
of Dumfries

The Petition of
humbly sheweth that it appea

Medical Certificates, that

‡ State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (‡)
is at present in a state of Mental
Asylum for the Insane. May it
mission of the said
Criehton Institution
into the the said Asylum.

§ The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this
eight hundred and

ST

If any of the Particulars in this S

1. Christian Name and Surname of Patient at length,
2. Sex and Age,
3. Married, Single, or Widowed,
4. Condition of Life, and previous Occupation (if any),
5. Religious Persuasion, so far as known,
6. Previous Place of Abode,
7. Place where Found and Examined,
8. Length of time Insane,
9. Whether first Attack,
10. Age (if known) on first Attack,
11. When and where previously under Examination and Treatment,
12. Duration of existing Attack,
13. Supposed Cause,
14. Whether subject to Epilepsy,
15. Whether Suicidal,
16. Whether Dangerous to others,
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,
18. Date of becoming Chargeable,
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,
20. Special circumstances (if any) preventing the insertion of any of the above particulars,

I certify, that, to the best of my knowledge, the

DATED this
day of

(To be signed by Part

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) County of Dumfries *and his Substitutes.*—

The Petition of * Margaret Willmott. 14 Stanley Terrace Douglas Isle of Man humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that your Petitioner's (3) * Harry Willmott 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 Harry Willmott to the Crichton Institution and to sanction his admission into the the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

* Margaret Willmott.

(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 July One thousand eight hundred and 72

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Harry Willmott
2. Sex and Age,	Male - aet 33 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Gentleman
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Lunatic Hospital Liverpool
7. Place where Found and Examined,	
8. Length of time Insane,	More than eight years
9. Whether first Attack,	Yes
10. Age (if known) on first Attack,	about 25 years
11. When and where previously under Examination and Treatment,	Lunatic Hospital Liverpool
12. Duration of existing Attack,	More than eight years
13. Supposed Cause,	Unknown.
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	Sometimes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Private Patient
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Margaret Willmott. 14 Stanley Terrace Douglas. Isle of Man. Sister * 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 First Second day of July One thousand eight hundred and Seventy two.

(*To be signed by Party applying*) * Margaret Willmott.

P. P

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or *otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, 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 Murray being a (1) Graduate of the University of Edinb.
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) 49 Buccleuch Street in the County of Dumfries, separately from any other Medical Practitioner, visited and personally examined (4) Harry Willmott, and that the said Harry Willmott is a (5) Person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Because of his constant practise that I can reply to any Question without his giving it to me and repeating what I've

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Mr Saunders informs me that he has been in the habit at times of violence

Name and Medical Designation, P M Murray M.D.

Place of Abode, Dumfries

DATED this 12 day of July One thousand eight hundred and 72

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or *otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, William Marshall being a (1) Graduate of the Faculty of Physicians & Surgeons Glasgow & 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) Buccleuch Street in the County of Dumfries, separately from any other Medical Practitioner, visited and personally examined (4) Harry Willmotte Asylum and that the said Harry Willmotte 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) Talk incoherently Does not Comprehend the meaning of any question put to him when asked where he comes from he answers Anywhere &c &c

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Mr Saunders informs me that he has become violent and dangerous to others

Name and Medical Designation, Wm Marshall M.D.

Place of Abode, Dumfries

DATED this 22 day of July One thousand eight hundred and Seventy two years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, James Gilchrist
being (1) a graduate of the University of Edinburgh
hereby certify, on soul and conscience, that I have this day, at (2) Crichton Royal Institution
in the County of Dumfries, seen and personally examined
Harry Willmott, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

James Gilchrist M.D.

Dated this Second day of July One thousand eight hundred and Seventy two

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Margaret Willmott
11 Stanley Terrace Douglas Isle of Man
Certificates under the hands of Patrick M. Murray
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) Harry Willmott Lunatic Hospital Liverpool and that the said Harry Willmott 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 Harry Willmott 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 Harry Willmott which accompanied the said Petition.

Dated this third day of July One thousand eight hundred and seventy two

David Boyle Hope.

To the Superintendent of the (7) Public Asylum of the 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.

12550.
Henry Willmott
July 2/72

N.B.—This Form shall remain in t
Superintendent of the Asylum, u
the Sheriff is obtained.

25

PETITION TO THE
RECEPTION O

(*) Sheriff or Steward.
(†) Shire or Stewartry.

Unto the Honourable the (*)
Kirkcudbrig

The Petition o

humbly sheweth that it ap

Medical Certificates, that

your Petitioner's (‡) *Bro*

(‡) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

is at present in a state of Me

Asylum for the Insane. Ma

mission of the said *Ma*

Southern Counties

into the the said Asylum.

(§) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this *Third*

eight hundred and *Seve*

S

If any of the Particulars in t

1. Christian Name and Surname of Patient at length, ...
2. Sex and Age, ...
3. Married, Single, or Widowed, . . .
4. Condition of Life, and previous Occupation (if any), ...
5. Religious Persuasion, so far as known, .
6. Previous Place of Abode, ...
7. Place where Found and Examined, .
8. Length of time Insane, ...
9. Whether first Attack, ...
10. Age (if known) on first Attack, . .
11. When and where previously under Examination and Treatment, ...
12. Duration of existing Attack, . . .
13. Supposed Cause, ...
14. Whether subject to Epilepsy, . . .
15. Whether Suicidal, ...
16. Whether Dangerous to others, . . .
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, ...
18. Date of becoming Chargeable, . . .
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, ...
20. Special circumstances (if any) preventing the insertion of any of the above particulars,

I certify, that, to the best of my knowledge,

DATED this *3rd* day of

Seventy two years

(To be signed by

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) Wigton and Kirkcudbright *and his Substitutes,—*

The Petition of John Hunter

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Nancy Carney 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 Nancy Carney 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 Hunter

(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 July One thousand eight hundred and Seventy two years.—

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Nancy Carney
2. Sex and Age,	43½ years
3. Married, Single, or Widowed,	Widow
4. Condition of Life, and previous Occupation (if any),	Steam loom weaver
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Burnsion Cabbage
7. Place where Found and Examined,	do do
8. Length of time Insane,	over two years
9. Whether first Attack,	
10. Age (if known) on first Attack,	40 years
11. When and where previously under Examination and Treatment,	~~under Medical 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,	Girthon
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	
20. Special circumstances (if any) preventing the 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 July One thousand eight hundred and Seventy two years.

(To be signed by Party applying) John Hunter
Inspector

P. g.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, James Nichol Cory
being a (1) Licentiate of the Royal College of Surgeons of Edinburgh
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Burnside Cottage Gatehouse of Fleet in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) Nancy Carney (Pauper)
and that the said Nancy Carney is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Find her very much excited & very violent in her Speech & Manner also very rambling & incoherent. Swears dreadfully. Labours under delusions. e.g. that her Parents wish to kill her. Had to be last night to prevent her doing bodily harm to herself & others.

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Parents state she is very restless. Sleeps very little, wanders the room, about home during the night chokes herself & stamps her feet. Nothing can be seen to annoy her. Sister states. Threatened to take her life twice or three times

Name and Medical Designation, J. Nichol Cory L.R.C.S.E.

Place of Abode, Gatehouse of Fleet

DATED this Third day of July One thousand eight hundred and Seventy-two years

---

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, James Moffat M.B. C.M.
being a (1) Graduate of the University of Glasgow
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Burnside Cottage, Gatehouse, in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) Nancy Carney (Pauper)
and that the said Nancy Carney is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) When I entered the house today she, immediately, and without provocation, burst out in a violent passion - demanded to know who had sent me and what business I had there. Her language was most profane - oaths, imprecations, threats of bodily harm to others & questions of a similar kind were freely used - Wandered up and down the house, Carney, she flushed & shrieked with passion, and from whom derived. - now snapping, now drinking tea - Now violent in the forenoon, that she had threatened to take her life several times, that her father & mother were afraid of her & that they had to get a man to stay in the house with them last night - Mr Glover told me he both saw & heard her last night swearing & ejaculating in the wildest manner considered her insane -

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Sister stated to me privately she had been unwell recently

Name and Medical Designation, James Moffat M.B., C.M.

Place of Abode, Laurel Bank - Gatehouse.

DATED this third day of July One thousand eight hundred and seventy two.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William Hyndman Dunbar Esq (1) Steward Substitute of the (2) Stewartry of Kirkcudbright having had produced to me, with a Petition at the instance of (3) John Hunter Certificates under the hands of James Nichol Cox and James Moffat, being two Medical Persons duly qualified in terms of the Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Nancy Carney, Pauper and that the said Nancy Carney is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Nancy Carney 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 Nancy Carney which accompanied the said Petition.

DATED this Fourth day of July One thousand eight hundred and Seventy five

W H Dunbar

To the Superintendent of the (7) Southern Counties Asylum of Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1
706
Nancy Carney
5th July
1872

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Shire of Dumfries *and his Substitutes,—*

The Petition of David Smith Assistant Inspector for the Parish of Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Agnes Howit or Dawson 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 Howit or Dawson 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.

David Smith assistant Inspector of Poor

DATED this Eleventh (4) day of July One thousand eight hundred and seventy two years

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Agnes Howit or Dawson
2. Sex and Age,	Female 65 years
3. Married, Single, or Widowed,	Widowed
4. Condition of Life, and previous Occupation (if any),	Clerks Wife
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Dicksons Close
7. Place where Found and Examined,	Dicksons Close
8. Length of time Insane,	14 years
9. Whether first Attack,	first attack
10. Age (if known) on first Attack,	63 years
11. When and where previously under Examination and Treatment,	— — — —
12. Duration of existing Attack,	one year & half
13. Supposed Cause,	Supposed loss of a son
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,	11 July 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,	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. ~~David Smith~~

DATED this Eleventh day of July One thousand eight hundred and seventy two years

(*To be signed by Party applying*) David Smith Assist. 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 Mynrs Hall being a (1) Graduate of the Faculty of Physicians Surgeons Glasgow and College of Medicine and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Dickson Close Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Agnes Howat or Dawson Pauper and that the said Agnes Howat or Dawson is a (5) Lunatic and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Talks incoherently seems not to know where she is cannot remember questions put to her says she does not know any thing about herself etc

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her attendant states that she tears all her clothes and that she has a horror dread of sleeping alone and cries out if so

Name and Medical Designation, } Wm Mynrs Hall Med &c

Place of Abode, Dumfries

DATED this 11th day of July One thousand eight hundred and seventy two years

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.* Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Hugh Cunningham being a (1) Member of the Royal College of Physicians in Edinburgh and of the Faculty of Physicians and Surgeons in Glasgow and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Dickson Close Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Agnes Howit or Dawson, Pauper and that the said Agnes Howit or Dawson, Pauper is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) She is restless, and cannot remember her own name, even when it is mentioned.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Same as above.

Name and Medical Designation, } Hugh Cunningham L.R.C.P.Ed.

Place of Abode, 25 Castle Hill, Dumfries, late 32 Charlotte Street

DATED this Eleventh day of July One thousand eight hundred and seventy five years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualifications. (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 for the County 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)
Agnes Hood or Dawson Dicksons Close Dumfries and that the said
Agnes Hood or Dawson 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 Hood or Dawson 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 Agnes Hood or Dawson which accompanied the said Petition.

DATED this Eleventh day of July One thousand eight hundred and Seventy two years.

David Boyle Hope

R.S.

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1
707
Agnes Howard Dawson
11th July
1872
11

N. B.—This Form shall remain in the Superintendent of the Asylum, a the Sheriff is obtained.

25

PETITION TO THE
RECEPTION O

(*) Sheriff or Steward. (†) Clerk or Secretary.

Unto the Honourable the (*)
of Stewarts

The Petition o

humbly sheweth that it ap
Medical Certificates, that
your Petitioner's (†)
is at present in a state of Men
Asylum for the Insane. Ma
mission of the said
Orchilson Royal
into the the said Asylum.

(†) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(‡) The date of the Petition must be within a fortnight clear days following the dates of the Medical Certificates

DATED this
eight hundred and

S

If any of the Particulars in thi

1. Christian Name and Surname of Patient at length,
2. Sex and Age,
3. Married, Single, or Widowed,
4. Condition of Life, and previous Occupation (if any),
5. Religious Persuasion, so far as known,
6. Previous Place of Abode,
7. Place where Found and Examined,
8. Length of time Insane,
9. Whether first Attack,
10. Age (if known) on first Attack,
11. When and where previously under Examination and Treatment,
12. Duration of existing Attack,
13. Supposed Cause,
14. Whether subject to Epilepsy,
15. Whether Suicidal,
16. Whether Dangerous to others,
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,
18. Date of becoming Chargeable,
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known); and whether any Member of Family known to be or to have been Insane,
20. Special circumstances (if any) preventing the insertion of any of the above particulars,

I certify, that, to the best of my knowledge,

DATED this

day of

(To be signed by P

N. B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(*) Sheriff or Steward.
(†) Shire or Stewartry.

Unto the Honourable the (*) Sheriff *of the* (†) Shire of Dumfries *and his Substitutes,—*

The Petition of Margaret Pairman, Nither

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Robert Pairman

(*) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (*) Husband

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Robert Pairman to the Crichton Royal Institution and to sanction his admission into the the said Asylum.

Margaret Pairman

(†) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 11th (†) day of July One thousand eight hundred and seventy two

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Dr Robert Pairman
2. Sex and Age,	Male 54 years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Surgeon.
5. Religious Persuasion, so far as known,	R. Presbyterian
6. Previous Place of Abode,	Moffat Beggar
7. Place where Found and Examined,	a Jail day
8. Length of time Insane,	yrs.
9. Whether first Attack,	54
10. Age (if known) on first Attack,	
11. When and where previously under Examination and Treatment,	see above
12. Duration of existing Attack,	over week
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,	No 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 Pairman wife No 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 11th day of July One thousand eight hundred and 72

(*To be signed by Party applying*) Margaret Pairman

P. p

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or *otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, being a (1) [illegible] Surgeon L.R.C.S. Edinburgh

and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Dept. St. Mary's Isle in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) Robert Parman Surgeon Biggar and that the said Robert Parman 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.:—

1. Facts indicating Insanity observed by myself: (6) States he is a Bachelor is an Ex Prop. of Public House Salesman Telegraphy Messenger Porter Labourer Railway Messenger Porter.

2. Other facts (if any) indicating Insanity communicated to me by others: (7). Upon reading Letters addressed by him to his Father and Mother appearing to be

Name and Medical Designation, D. McKie Surgeon Dept St Mary's Isle

Place of Abode, [illegible]

DATED this 10th day of July One thousand eight hundred and 72

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or *otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, being a (1) John Smith Edinburgh Univers Graduate of Edinburgh University Physician & Surgeon and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Crichton Royal Institution Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Robert Parman and that the said Robert Parman is a (5) Lunatic and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) His manner unconnected & absurd ideas & conversation. Tells me that by his treatment man may never depart from this life.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, John Smith

Place of Abode, Dumfries

DATED this 11 day of July One thousand eight hundred and 72.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, ~~John Bean Johnston~~ D M'Kellar Murchison Surgeon being (1) ~~Physician~~ Physician R.C.S. Edin hereby certify, on soul and conscience, that I have this day, at (2) Argyle St Moffat in the County of Dumfries, seen and personally examined ~~Robert Parman Surgeon~~, and that the said person is of unsound mind, and 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'Kellar Murchison Surgeon

DATED this 10th day of July One thousand eight hundred and 72.

(1) State medical qualification. Surgeon (2) State place of examination. Argyle St Moffat

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Margaret Parman, Biggar Certificates under the hands of Daniel Kerr and John Smith, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Dr Robert Parman, Biggar (Petitioner's Husband) and that the said Dr Robert Parman is a (5) Person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Dr Robert Parman 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 Dr Robert Parman which accompanied the said Petition.

DATED this twelfth day of July One thousand eight hundred and seventy two years

David Boyle Hope

To the Superintendent of the (7) Public Asylum of Crichton Royal Institution Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1252
Robert Fairman
July 11/12.

N.B.—This Form shall remain
Superintendent of the Asylum
the Sheriff is obtained.

PETITION TO THE
RECEPTION

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the
of Dumfries

The Petitio

humbly sheweth that it
Medical Certificates, that
your Petitioner's (3)
is at present in a state of
Asylum for the Insane.
mission of the said
Southam
into the 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
eight hundred and

If any of the Particulars

1. Christian Name and Surname of Patient at length,
2. Sex and Age,
3. Married, Single, or Widowed,
4. Condition of Life, and previous Occupation (if any),
5. Religious Persuasion, so far as known,
6. Previous Place of Abode,
7. Place where Found and Examined,
8. Length of time Insane,
9. Whether first Attack,
10. Age (if known) on first Attack,
11. When and where previously under 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 knowled

DATED this
Lunacy Law

day o

(To be signed

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) County of Dumfries *and his Substitutes,*

The Petition of James Austin Inspector of poor

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Agnes Irving your Petitioner's (3) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Agnes Irving to the Southern Counties Asylum and to sanction her admission into the the said Asylum.

James Austin Inspector of poor

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

Dated this Twelfth (4) day of July One thousand eight hundred and Seventy two

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Agnes Irving
2. Sex and Age,	Female Aged 40
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	General Servant
5. Religious Persuasion, so far as known,	Established Church
6. Previous Place of Abode,	Canaple Closeburn
7. Place where Found and Examined,	Mouth Berwick
8. Length of time Insane,	Four Months
9. Whether first Attack,	No
10. Age (if known) on first Attack,	About 34 and 37
11. When and where previously under Examination and Treatment,	Southern Counties Asylum For four Months
12. Duration of existing Attack,	Not Known
13. Supposed Cause,	Not Known
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Closeburn
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known 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 Sharpe Irving Sister 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 Twelfth day of July One thousand eight hundred and Seventy two

(To be signed by Party applying) James Austin Inspector

P. 9

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, John L. Gamble M.D.
being a (1) General Practitioner Doctor of Medi
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) North Berw
in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) Agnes Irvine No. 13
and that
the said Agnes Irvine 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) Talking incoh
and incoherently- has several delusions an
constantly wanting to take Wher clothes

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Been twice before in an asylum an
subject to fits of violence.

Name and Medical Designation, John L. Gamble
Place of Abode, No. Berwick

DATED this seventh day of July One thousand eight hundred and seventy two

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, Thomas Anderson
being a (1) Bachelor in medicine & Master in Surg
of the University of Edinburgh
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) the Southern
Counties Asylum
Dumfries
in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) Agnes Irving North B
a pauper
and that
the said Agnes Irving is a (5) person
of unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)
She is excitement & very much excited
& keeps tearing herself into various shapes
Referred to the absurdity of her conduct.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
The attendant informs me that she
Confined in above state for some

Name and Medical Designation, Thomas Anderson
Place of Abode, Crichton Institution Du

DATED this 12th day of July One thousand eight hundred and seventy two years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, John L. Crombie being (1) ~~a~~ Senior Practitioner hereby certify, on soul and conscience, that I have this day, at (2) No. Berwick in the County of Haddington, seen and personally examined Agnes 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.

John L. Crombie M.D.

DATED this eleventh day of July One thousand eight hundred and seventy two

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, J. Maidland (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 John L. Crombie, and Thomas Anderson, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Agnes Irving, North Berwick, (a Pauper) and that the said Agnes Irving is an (5) insane person, and a person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE YOU to receive the said Agnes Irving as a Patient into the (6) Public Asylum of Southern Counties and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Agnes Irving which accompanied the said Petition.

DATED this Thirteenth day of July One thousand eight hundred and seventy two.

J. Maidland

To the Superintendent of the (7) Public Asylum of Southern Counties Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or 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
Superintendent of the Asylum, afte
the Sheriff is obtained.

25 d

PETITION TO THE S
RECEPTION OF

(*) Sheriff or Steward.
(†) Clerk of Session.

Unto the Honourable the (*)
of Dumfries

47 Castle Street

The Petition of
humbly sheweth that it appe
Medical Certificates, that
your Petitioner's (†)
is at present in a state of Ment
Asylum for the Insane. May
mission of the said
Southern Count
into the the said Asylum.

(‡) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(§) The date of the Petition must be within seven clear days following the dates of the Medical Certificates.

DATED this Nineteen
eight hundred and Sixt

ST

If any of the Particulars in this

1. Christian Name and Surname of Patient at length,
2. Sex and Age,
3. Married, Single, or Widowed,
4. Condition of Life, and previous Occupation (if any),
5. Religious Persuasion, so far as known,
6. Previous Place of Abode,
7. Place where Found and Examined,
8. Length of time Insane,
9. Whether first Attack,
10. Age (if known) on first Attack,
11. When and where previously under Examination and Treatment,
12. Duration of existing Attack,
13. Supposed Cause,
14. Whether subject to Epilepsy,
15. Whether Suicidal,
16. Whether Dangerous to others,
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,
18. Risk of becoming Chargeable,
19. Christian Name and Surname, and Place of Abode of nearest known 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,

DATED this Nineteenth day of
two years

(To be signed by P

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705
Agnes Irving
12th July
1872

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap. 54, Sect. 14.*

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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,—*

47 Castle Street Dumfries The Petition of Margaret Carter or Maxwell humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Gilbert Maxwell 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 Gilbert Maxwell 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.

Margaret Carter or Maxwell

(4) The date of the petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Nineteenth (4) day of July One thousand eight hundred and Seventy two years.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Gilbert Maxwell
2. Sex and Age,	Male 75 years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Wood-merchant.
5. Religious Persuasion, so far as known,	Presbyterian
6. Previous Place of Abode,	Glenaldon Ramsey, Isle of Man
7. Place where Found and Examined,	Southern Counties Asylum
8. Length of time Insane,	3 years
9. Whether first Attack,	yes.
10. Age (if known) on first Attack,	72 years
11. When and where previously under Examination and Treatment,	
12. Duration of existing Attack,	3 years
13. Supposed Cause,	Unknown
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	no
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Private.
18. Date of becoming Chargeable,	14th July 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,	Margaret Carter or Maxwell Wife. 47. Castle Street. Mother demented Dumfries upon death.
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 July One thousand eight hundred and Seventy two years

(*To be signed by Party applying*) Margaret Carter or 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.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Alexander Thomson of Glasgow 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 Dumfries in the County of Dumfries. separately from any other Medical Practitioner, visited and personally examined (4) Gilbert Maxwell Woodpreston Glenolgan Isle of Man and that the said Gilbert Maxwell is a (5) Person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)
Rambling - incoherent conversation -

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
~~the above~~

Name and Medical Designation, Alex Thomson M.D.

Place of Abode, Dumfries

DATED this Seventeenth day of July One thousand eight hundred and Seventy two years.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Hugh Cunningham being a (1) Member of the Royal College of Physicians and of the Faculty of Physicians and Surgeons in Gla and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Southern Co Asylum Dumfries in the County of separately from any other Medical Practitioner, visited and personally examined (4) Gilbert Maxwell, Woodma Glenolgan, Ramsay, Isle of Man, and that the said Gilbert Maxwell is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) He is incohere and appears not to understand the me of any question that is asked.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, Hugh Cunningham L.R.C.P.&S.

Place of Abode, 25 Castle Street, Dumfries, late 32 Queen

DATED this Nineteenth day of July One thousand eight hundred and Seventy two years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned Alexr Thomson being (1) Doctor of Medicine of the University of Glasgow hereby certify, on soul and conscience, that I have this day, at (2) the Southern Counties Asylum in the County of Dumfries, seen and personally examined Gilbert 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.

Alex. Thomson M.D.

DATED this Twenty-sixth day of July — One thousand eight hundred and Seventy two years —

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope —— (1) Sheriff Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) Margaret Carter or Maxwell 47 Castle Street Dumfries, Certificates under the hands of Alexander Thomson and Hugh Cunningham, ——, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Gilbert Maxwell, Greenhill Ramsay, Isle of Man (Peels Husband) and that the said Gilbert 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 Gilbert Maxwell —— as a Patient into the (6) Public Asylum of Southern Counties Dfs and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Gilbert Maxwell which accompanied the said Petition.

DATED this Seventieth day of July — One thousand eight hundred and seventy two years.

David Boyle Hope

To the Superintendent of the (7) Public Asylum of Southern Counties Dumfries

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

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709
Gilbert-Maxwell
17th July
1872
11

N.B.—This Form shall remain in t
Superintendent of the Asylum, u
the Sheriff is obtained.

25

PETITION TO THE
RECEPTION O

(1) Sheriff or Steward,
or Steward's Clerk.

Unto the Honourable the (1)
of Dumfri

Cheetham Hill Road
Manchester

The Petition o
humbly sheweth that it ap
Medical Certificates, that

(2) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (2) sist
is at present in a state of Me
Asylum for the Insane. Ma
mission of the said
Crichton Royal
into the the said Asylum.

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 22
eight hundred and

S

If any of the Particulars in t

1. Christian Name and Surname of Patient at length, ...
2. Sex and Age, ...
3. Married, Single, or Widowed, . . .
4. Condition of Life, and previous Occupation (if any), ...
5. Religious Persuasion, so far as kno
6. Previous Place of Abode, . . .
7. Place where Found and Examined, .
8. Length of time Insane, ...
9. Whether first Attack, ...
10. Age (if known) on first Attack, . .
11. When and where previously under 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

DATED this 22

day of

(To be signed by

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) Shire of Dumfries and his Substitutes,—

The Petition of Mrs Margaret Caird - 29 Dale St Cheetham Hill Road Manchester humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Grace Fraser 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 Fraser to the Crichton Royal Institution and to sanction the admission into the the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

Margaret Caird

DATED this 22d day of July One thousand eight hundred and seventy two.

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Grace Fraser
2. Sex and Age,	female - 24
3. Married, Single, or Widowed,	single
4. Condition of Life, and previous Occupation (if any),	housekeeper at home
5. Religious Persuasion, so far as known,	united presbyterian
6. Previous Place of Abode,	Little Dale Farm near Whitson
7. Place where Found and Examined,	Crichton Institution
8. Length of time Insane,	a fortnight
9. Whether first Attack,	2d attack
10. Age (if known) on first Attack,	62 -
11. When and where previously under Examination and Treatment,	Manchester & Crichton Institution
12. Duration of existing Attack,	a fortnight
13. Supposed Cause,	unknown
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	doubtful
16. Whether Dangerous to others,	sometimes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
18. Date of becoming Chargeable,	—
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Mr Gordon Fraser, brother Meikleswood Ruisford Castle Douglas & Mrs Margaret Caird sister, as above —
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 22d day of July One thousand eight hundred and seventy two.

(*To be signed by Party applying*) Margaret Caird

P. p

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Mackenzie being (1) Doctor of Medicine & Fellow of the Royal College of Physicians Edinburgh and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) The Crichton Royal Institution - Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Grace Fraser Housekeeper - Little Jolly Farm - Whitfield and that the said Grace Fraser is a (5) Person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
Mental Imbecility - Confusion of Ideas. Restlessness. -

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Informed by Dr Wallace that she has been twice in an Asylum previously

Name and Medical Designation, Alex Thomson Mackenzie MD

Place of Abode, Dumfries

DATED this Twenty second day of July One thousand eight hundred and Seventy two years.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

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) Grace Fraser, Little Jolly Farm Whitfield and that the said Grace Fraser is a (5) Person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
She is weak bodily & mentally, all the symptoms of senile dementia.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
She has been twice a patient in Asylum

Name and Medical Designation, William S Kerr MD

Place of Abode, Dumfries

DATED this 22nd day of July. One thousand eight hundred and Seventy Two Years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, James Gilchrist being (1) a graduate of the University of Edinburgh hereby certify, on soul and conscience, that I have this day, at (2) Crichton Royal Institution in the County of Dumfries, seen and personally examined Grace Fraser, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

James Gilchrist M.D.

DATED this Twenty-second day of July One thousand eight hundred and Seventy-two

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope — (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Mrs Margaret Caird 27 Dale Street Cheetham Hill Manchester 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) Grace Fraser, Housekeeper, Little Isle Farm, and that the said Grace Fraser — is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Grace Fraser — as a Patient into the (6) Public Asylum of Crichton 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 Grace Fraser — which accompanied the said Petition.

DATED this Twenty third day of July — One thousand eight hundred and Seventy two years

David Boyle Hope

To the Superintendent of the (7) Public *Asylum of* Crichton Institution Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1254

✓ Grace Fraser

July 22/22.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM 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 Renfrew *and his Substitutes,*—

The Petition of Joseph McKelvie Inspector of Poor Inquest humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Euphemia Stringer 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 Stringer — — to the Southern Counties Asylum and to sanction her admission into the the said Asylum.

Joseph McKelvie Inspector of Poor Inquest

DATED this 26th (4) day of July One thousand eight hundred and seventy two years

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STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

me and Surname of Patient at	Euphemia Stringer
	Female 19 years of age
gle, or Widowed,	Single
Life, and previous Occupation	Power Loom Weaver
ession, so far as known,	Protestant
ce of Abode,	Maxwelltown Inquest
Found and Examined,	46 Glasgow Street Maxwelltown Inquest
e Insane,	three weeks ago
Attack,	First attack
n) on first Attack,	19 years
here previously under Examination or Treatment,	46 Maxwelltown Glasgow St
existing Attack,	three weeks
ure,	From bringing a dead born Child
ject to Epilepsy,	No
idal,	No
gerous to others,	No yes and destroying any thing that come her way
ion to which the Lunatic (if a Chargeable,	Inquest
ning Chargeable,	26th July 1872
ne and Surname, and Place of nearest known Relative of the nd degree of Relationship (if id whether any Member of own to be or to have been In-	John Stringer Son Father 46 Glasgow Street Maxwelltown Inquest, None of the Family ever known to have been insane
nstances (if any) preventing the f any of the above particulars,	

at, to the best of my knowledge, the above particulars are correctly stated.

Twenty Sixth day of July One thousand eight hundred and Seventy two

(*To be signed by Party applying*) Joseph McKelvie Inspector of Poor Inquest

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, 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) 46 College
Maxwelltown.
Kirkcudbright in the County
separately from any other Medical Practitioner
visited and personally examined (4) Euphemia Stringer.
a pauper.
and that
the said Euphemia Stringer 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 in a very excited state, throwing things about. Restless & sleepless. Suspect in a state of Puerperal Mania.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Her Father, Mother & others say she is quite changed since she had a baby 5 Weeks ago, and that she is becoming more & more violent.

Name and Medical Designation, William S. Kerr

Place of Abode, Dumfries

DATED this 26th day of July One thousand eight
hundred and Seventy two years.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Alexander Thomson
being a (1) Doctor of Medicine of the University of
Glasgow — &c —
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) 46 Glen
Street Maxwelltown in the County
Kirkcudbright separately from any other Medical Practitioner
visited and personally examined (4) Euphemia Stringer
a pauper — and that
the said Euphemia Stringer is a (5) person
of unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)

Puerperal Mania — with considerable excitement was observed in her conversation —

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Her Father & Mother tell me, She is gradually getting more Excited and unmanageable —

Name and Medical Designation, Alex. Thomson

Place of Abode, Dumfries —

DATED this Twenty eighth day of July One thousand eight
hundred and Seventy two years —

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, Alexander Thomson M.D. Glasgow Edinburgh being (1) a Doctor of Medicine hereby certify, on soul and conscience, that I have this day, at (2) 46 Glasgow St in the County of Kirkcudbright, seen and personally examined Euphemia Stringer, and that the said person is of unsound mind, and 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 twenty sixth day of July — One thousand eight hundred and Seventy two years.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (3) Sheriff Substitute of the (4) County of Dumfries having had produced to me, with a Petition at the instance of (5) Joseph Welsh Inspector of Poor Drogueer Certificates under the hands of William Smith Ferr and Alexander Thomson, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (6) Euphemia Stringer 46 Glasgow Street Maxwelltown and that the said Euphemia Stringer 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 Euphemia Stringer 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 Euphemia Stringer which accompanied the said Petition.

DATED this twenty seventh day of July — One thousand eight hundred and Seventy two years.

David Boyle Hope

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.

1/711
Enfield Asylum
26th July
1872

N.B.—This Form shall remain in Superintendent of the Asylum, the Sheriff is obtained.

PETITION TO THE
RECEPTION O

(*) Sheriff or Steward, or Shire or Stewartry.

Unto the Honourable the (*)

of Dumfries

The Petitio

humbly sheweth that it a

Medical Certificates, that

your Petitioner's (†)

is at present in a state of Ma

Asylum for the Insane, Ma

mission of the said

Southern Counties Asylu

into the the said Asylum.

(†) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(‡) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this

eight hundred and

If any of the Particulars in t

1. Christian Name and Surname of Patient at length,
2. Sex and Age,
3. Married, Single, or Widowed,
4. Condition of Life, and previous Occupation (if any),
5. Religious Persuasion, so far as known,
6. Previous Place of Abode,
7. Place where Found and Examined,
8. Length of time Insane,
9. Whether first Attack,
10. Age (if known) on first Attack,
11. When and where previously under Examination and Treatment,
12. Duration of existing Attack,
13. Supposed Cause,
14. Whether subject to Epilepsy,
15. Whether Suicidal,
16. Whether Dangerous to others,
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,
18. Date of becoming Chargeable,
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,
20. Special circumstances (if any) preventing the insertion of any of the above particulars,

I certify, that, to the best of my knowledge

DATED this day of

(To be signed by

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 Henry Montgomery Surgeon Dumfries for the Parish of Moorhouse humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Elizabeth Mc Teir 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 Teir to the Southern Counties Asylum Dumfries and to sanction her admission into the the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

H Montgomery Surgn. of Parr Moorhouse

(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 July One thousand eight hundred and Seventy two years

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STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Elizabeth Mc Teir
2. Sex and Age,	Female - 35 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	A Farm Servant
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Parish of Kirkmaiden
7. Place where Found and Examined,	Port William, Parish of Mochrum
8. Length of time Insane,	about 2 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,	—
13. Supposed Cause,	—
14. Whether subject to Epilepsy,	—
15. Whether Suicidal,	Has threatened Suicide more than once
16. Whether Dangerous to others,	Yes. She attempted to strike her sister today with a smoothing iron
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Parish of Kirkmaiden
18. Date of becoming Chargeable,	15th July 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,	John Mc Teir Father of Patient Resident in Port William Parish of Mochrum a labourer about 70 yrs of age
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	—

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Twenty Fifth day of July One thousand eight hundred and Seventy two

(*To be signed by Party applying*) H Montgomery Surgn of Parr Moorhouse P.P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, *or* an idiot, *or* a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, being a (1) Doctor of Medicine & Surgeon University of 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) Port William Wigtown in the County of separately from any other Medical Practitioner, visited and personally examined (4) Elizabeth McTear - Port William Pauper - and that the said Elizabeth McTear is a (5) person of unsound mind - and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Highly excitable at times - Thinks her soul will be lost - Thinks the devil sent her to assault the Doctor - says she will drown herself - Accosts every stranger she sees passing in the street -

2. Other facts (if any) indicating Insanity communicated to me by others: (7) James McTear her Father says she threatens to strangle herself - To day attempted to abuse her sister with a smoothing iron - does not sleep at night but keeps all the inmates awake -

Name and Medical Designation, John C. Douglas. M.D. L.R.C.S.

Place of Abode, Port William

DATED this Twenty sixth day of July One thousand eight hundred and Seventy two years -

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, *or* an Idiot, *or* a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Thomas Anderson being a (1) Bachelor in medicine & Master in Surgery - of the University of Edinburgh and being in actual practice as a (2) Physicians & Surgeons hereby certify, on soul and conscience, that I have this day, at (3) the Dumfries Asylum in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Elizabeth McTear Port William Pauper - and that the said Elizabeth McTear is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)

Melancholic depression & the statement that she has suicidal impulses occasionally

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Mr Black informs me that she is & has attempted to assault her sister with a hatchet.

Name and Medical Designation, Thomas Anderson

Place of Abode, Crichton Royal Institution

DATED this 29th day of July One thousand eight hundred and Seventy two years

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, John Charles Douglas
being (1) a Doctor of Medicine of Glasgow University &c
hereby certify, on soul and conscience, that I have this day, at (2) Port William
in the County of Wigtown, seen and personally examined
Elizabeth McClair, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

John C. Douglas M.D.

DATED this Twenty sixth day of July One thousand eight hundred and seventy two years.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Henry Monteith Somerville, Inspector of Poor Mochrum
Certificates under the hands of John Charles Douglas,
and Thomas Anderson, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Elizabeth McClair Portwilliam, Wigtownshire and that the said Elizabeth McClair, is a (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 McClair, 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 McClair, which accompanied the said Petition.

DATED this Twenty seventh day of July One thousand eight hundred and seventy two.

David Boyle Hope

To the Superintendent of the (7) Public Asylum of Southern Counties Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1/712
Elizabeth Mc Weir
27th July
1872

N.B.—This Form shall remain in the
Superintendent of the Asylum, after
the Sheriff is obtained.

25 &

PETITION TO THE S
RECEPTION OF

Sheriff or Steward, Stewartry.

Unto the Honourable the (*)
of Dumfries

The Petition of
for the Parish of
humbly sheweth that (†) appe

Medical Certificates, that Hel

(*) 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
Asylum for the Insane. May
mission of the said Helen
Southern Counties
into the the said Asylum.

(†) The date of the petition must be within fourteen clear days preceding the date of the Medical Certificates.

DATED this First
eight hundred and Seventy

ST

If any of the Particulars in this

1. Christian Name and Surname of Patient at length,
2. Sex and Age,
3. *Married, Single, or Widowed,*
4. Condition of Life, and previous Occupation (if any),
5. Religious Persuasion, so far as known,
6. Previous Place of Abode,
7. Place where Found and Examined,
8. Length of time Insane,
9. Whether first Attack,
10. Age (if known) on first Attack,
11. When and where previously under Examination and Treatment,
12. Duration of existing Attack,
13. Supposed Cause,
14. Whether subject to Epilepsy,
15. Whether Suicidal,
16. Whether Dangerous to others,
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,
18. Date of becoming Chargeable,
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,
20. Special circumstances (if any) preventing the insertion of any of the above particulars,

I certify, that, to the best of my knowledge, t

DATED this First
day of

(To be signed by Pe

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Sheriff or Steward. Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (1) County of Dumfries *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 Helen Murdoch or Carrie 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 Helen Murdoch or Carrie 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.

John Dinwoodie

DATED this First (3) day of August One thousand eight hundred and Seventy two.

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

Christian Name and Surname of Patient at length,	Helen Murdoch or Carrie
Sex and Age,	female age 55 years
Married, Single, or Widowed,	widow
Condition of Life, and previous Occupation (if any),	do Seamstress
Religious Persuasion, so far as known,	Protestant —
Previous Place of Abode,	S. C. Asylum
Place where Found and Examined,	Dumfries
Length of time Insane,	not known
Whether first Attack,	no
Age (if known) on first Attack,	about 46 years
When and where previously under Examination and Treatment,	S. C. Asylum
Duration of existing Attack,	~~since 12th Dec. 1871.~~
Supposed Cause,	not known
Whether subject to Epilepsy,	no
Whether Suicidal,	no
Whether Dangerous to others,	She is in a state of considerable excitement and likely soon to become so
Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dumfries
Date of becoming Chargeable,	31 July 1872
Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	not known
Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this First day of August One thousand eight hundred and Seventy two

(*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, Wallace Marshall
being a (1) Graduate of the College 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) Grangers Close Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Isabella Gordon Helen Murdoch or Corrie residing in Grangers Close Dumfries a pauper and that the said Helen Corrie is a (5) Lunatic and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Talks incoherently Imagines that he is a person of no Colour upon Declares that he will be with a paper crown which I believe to be contrary to her usual manner

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her Son in law states that she has of late been trying her clothes in the fire, has become dangerous

Name and Medical Designation, Wallace Marshall M.D.

Place of Abode, Dumfries

DATED this 31st day of July One thousand eight hundred and seventy two years

Two words 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, Hugh Cunningham
being a (1) Member of the Royal College of Physicians in Edinburgh and of the Faculty of Physicians and Surgeons in Glasgow
and being in actual practice as a (2) Physician and Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Grangers Close Highstreet, Dumfries, in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Helen Murdoch or Corrie, a pauper and that the said Helen Murdoch or Corrie is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, 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 discourse is obscene.

(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, Hugh Cunningham L.R.C.P. Edin.

Place of Abode, 25 Castle Street Dumfries, Late 32 Charlotte

DATED this Thirty first day of July One thousand eight hundred and seventy two years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Esqr — (1) Sheriff Substitute, of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) John Dinwoodie Inspector of Poor Dumfries Certificates under the hands of William Marshall and Hugh Cunningham —, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Helen Murdoch or Corrie Grainger Close Dumfries Pauper and that the said Helen Murdoch or Corrie is a (5) Lunatic, and a person of unsound mind and a proper Person to be detained and taken care of DO HEREBY AUTHORIZE you to receive the said Helen Murdoch or Corrie as a Patient into the (6) Public Asylum of Southern Counties, and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Helen Murdoch or Corrie which accompanied the said Petition.

DATED this First day of August One thousand eight hundred and Seventy two.

David Boyle Sheriff

To the Superintendent of the (7) Public Asylum of Southern Counties Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or 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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Helen Murdoch or Corrie

1st August

1872

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(*) Sheriff or Steward.
(*) Shire or Stewartry.

Unto the Honourable the (*) Sheriff of the (*) County of Dumfries and his Substitutes,—

The Petition of John Dinwoodie Inspector of Poor for the Parish of Dumfries.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Elizabeth Ingles or Hunter. Lunisbury Square your Petitioner's (*) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Elizabeth Ingles or Hunter to the Southern Counties Asylum and to sanction her admission into the the said Asylum.

(*) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

John Dinwoodie

DATED this Ninth (*) day of August One thousand eight hundred and Seventy two.

(*) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Eliza Ingles or Hunter
2. Sex and Age,	female 33 years
3. Married, Single, or Widowed,	married
4. Condition of Life, and previous Occupation (if any),	do Housewife
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Dumfries
7. Place where Found and Examined,	— do —
8. Length of time Insane,	not correctly known
9. Whether first Attack,	no
10. Age (if known) on first Attack,	28 years
11. When and where previously under Examination and Treatment,	Southern Counties Asylum
12. Duration of existing Attack,	not known correctly
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,	Dumfries
18. Date of becoming Chargeable,	9 Augt 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,	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 Ninth day of August One thousand eight hundred and Seventy two

(*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 Thomas Ralb
being a (1) Graduate of the Faculty of Physic and Surgery Glasgow and Fellow of the Faculty
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Dark Lodging
Dumfries in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Elizabeth Inglis or Hunter
(a Pauper)
and that
the said Elizabeth Inglis or Hunter 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 she is the high Queen of Sheba but that her Husband has forgotten his Christian name

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her Mother in Law states that she believes to be the daughter of a Monarch That she is a most Religious Woman

Name and Medical Designation, } W. Randall Wm. Thomas Ralb M.D.

Place of Abode, Dumfries

DATED this 9th day of August 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, Patrick M. Inman
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) Dark Lodging
Dumfries in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Elizabeth Inglis or Hunter
(Pauper)
and that
the said Elizabeth Inglis or Hunter 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 she is Queen of Sheba; that her Mother in Law a Man, dressed in female clothes

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Had heard all the above stated to him by the Mother in Law who was also Landlady of

Name and Medical Designation, } P. M. Inman M.D.

Place of Abode, Dumfries

DATED this 9th day of August One thousand eight hundred and 72

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (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 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) Elizabeth Inglis or Hunter, Dalcanaberry Street Dumfries Spinster and that the said Elizabeth Inglis or Hunter is a (5) Lunatic

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Elizabeth Inglis or Hunter as a Patient into the (6) Public Asylum of Southern Counties Dumfries and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Elizabeth Inglis or Hunter which accompanied the said Petition.

DATED this Ninth day of August One thousand eight hundred and Seventy two years.

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1/715

E. Inglis or Hunter

9th August

1872

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) Shire of Dumfries *and his Substitutes,*—

The Petition of John Crombie Buchanan Princes Square Glasgow humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Elizabeth Buchanan 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 Buchanan 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^no^ C. Buchanan

(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 August One thousand eight hundred and Seventy two

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STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Elizabeth Buchanan
2. Sex and Age,	Female Thirty Five
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Gentlewoman
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Glasgow
7. Place where Found and Examined,	Holmhead
8. Length of time Insane,	Six days at present
9. Whether first Attack,	Four years ago repeated attacks
10. Age (if known) on first Attack,	Thirty years of age
11. When and where previously under Examination and Treatment,	Laughton Hall & Crichton Royal Institution as above
12. Duration of existing Attack,	
13. Supposed Cause,	Stimulant
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	threatens
16. Whether Dangerous to others,	when under the influence of Spirits
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 Arthur Barshaw Paisley Brother — 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 August One thousand eight hundred and Seventy two

(To be signed by Party applying) J^no^ C. Buchanan

P. P

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, 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. Fordyce Mefser being a (1) Doctor of medicine Edin.

and being in actual practice as a (2) General Practitioner of M

hereby certify, on soul and conscience, that I have this day, at (3) Hermitage Cotta Helensburgh in the County of Dumbarton separately from any other Medical Practitioner, visited and personally examined (4) Mrs Elizabeth Buchanan and that the said Mrs Elizabeth Buchanan is a (5) person of unsou mind at time of attack. and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)

State of great excitement and uncontrolable tempe when under the influence of stimulants which will not want and is in imminent danger of killing he through the use of stimulants.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Just as above. From her husband and fro Dr Chene her former medical attendant.

Name and Medical Designation, J. J. Fordyce Mefser

Place of Abode, Helensburgh

DATED this ninth day of August One thousand eight hundred and Seventy two.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Francis Henderson being a (1) Doctor of Medicine (Glasgow University)

and being in actual practice as a (2) Medical Practitioner

hereby certify, on soul and conscience, that I have this day, at (3) Hermitage Cotta Helensburgh in the County of Dumbarton separately from any other Medical Practitioner, visited and personally examined (4) Mrs Elizabeth Buchanan and that the said Mrs Elizabeth Buchanan is a (5) person of unsound mind (temporarily) and a proper person to be detained 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 Elizabeth Buchanan is in a state of restless excitement persistently demanding alcoholic stimulants to an amount dangerous to life

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Her husband states that she insists upon having Spirits, reckless of all consequences & that it is im impossible to prevent her obtaining stimulants while constant

Name and Medical Designation, Francis Henderson M.D. L

Place of Abode, Helensburgh

DATED this ninth day of August One thousand eight hundred and Seventy two —

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, John Smith being (1) Graduate of Edinburgh Univ. 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 Buchanan, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

John Smith MB &c

DATED this Twelfth day of August One thousand eight hundred and Seventy two Years.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, 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 Crombie Buchanan 10 Princes Square Glasgow Certificates under the hands of Thomas John Fordyce Messer and Francis Henderson, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Buchanan (Petitioner's wife) and that the said Elizabeth Buchanan is a (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 Buchanan as a Patient into the (6) Public Asylum of Crichton Institution Dumfries and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Elizabeth Buchanan which accompanied the said Petition.

DATED this Fourteenth day of August One thousand eight hundred and Seventy two

L Maitland

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.

1255.

Elizabeth Buchanan

Aug. 12/72

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(*) Sheriff or Steward.
(*) Shire or Stewartry.

Unto the Honourable the (*) Sheriff of the (*) County of Dumfries *and his Substitutes,—*

The Petition of Duncan Clapperton Insp: of Poor Annan humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Christina Rule 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 Christina Rule to the Southern Counties Asylum and to sanction her admission into the the said Asylum.

(*) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

D. Clapperton

(*) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this Seventeenth (*) day of August One thousand eight hundred and Seventy Two years

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Christina Rule.
2. Sex and Age,	Female. 65 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,	Murray Land. Annan.
7. Place where Found and Examined,	Do. Do.
8. Length of time Insane,	Imbecile all her life.
9. Whether first Attack,	Yes.
10. Age (if known) on first Attack,	Imbecile from infancy.
11. When and where previously under Examination and Treatment,	Has not previously been under examination and treatment for insanity.
12. Duration of existing Attack,	all her life.
13. Supposed Cause,	Not Known.
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Parish of Annan.
18. Date of becoming Chargeable,	13th April, 1859.
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Henry Rule, Butt Street, Annan. Second Cousin to Patient. None of her Relations 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 Seventeenth day of August One thousand eight hundred and Seventy Two years

(*To be signed by Party applying*) D. Clapperton.

P. P

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or an insane person, 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 Ewart
being a (1) Licentiate of the Royal College of Surgeons in Edinburgh
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Murray Street Annan Dumfries in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) Christina Rule, a Pauper
and that
the said Christina Rule is a (5) person
of Unsound Mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Her General appearance, incoherent talk, and odd Appearance.

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Neighbours say that she is incontinent and annoying people

Name and Medical Designation, Wm Ewart Surgeon

Place of Abode, Solway Street Annan

DATED this Eighteenth day of August One thousand eight hundred and twenty two

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, James Little MD
being a (1) Doctor of Medicine & Licentiate of the Royal College of Surgeons of Edinburgh
and being in actual practice as a (2) General Medical Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Murray Street Annan Dumfries in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) Christina Rule a pauper
and that
the said Christina Rule is a (5) person
of Unsound Mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)
Her incoherent talk and general appearance and her unseemly habits.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Told by her neighbours that she is very abusive and annoying to people and her unseemly habits

Name and Medical Designation, James Little MD Physician

Place of Abode, Murray Street Annan

DATED this Seventeenth day of August One thousand eight hundred and Seventy two

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, Willm Ewart being (1) a Licentiate of the Royal College of Surgeon Edin^r hereby certify, on soul and conscience, that I have this day, at (2) Annan in the County of Dumfries, seen and personally examined Christina Rule, a Pauper, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Willm Ewart Surgeon

DATED this Sixteenth day of August One thousand eight hundred and seventy two.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, James Gordon Esqre (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Duncan Clapperton Inspector of Poor Annan Certificates under the hands of William Ewart and _____ and James Little _____, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Christina Rule, Murray Street Annan a Pauper and that the said Christina Rule — is a (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 Rule — 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 Christina Rule — which accompanied the said Petition.

DATED this Seventeenth day of August One thousand eight hundred and Seventy two years. one word delete —

James Gordon

To the Superintendent of the (7) Public *Asylum of* Southern Counties Dumfries

---

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

Christina Rule
14th August 1876

N.B.—This Form shall remain in the Superintendent of the Asylum, the Sheriff is obtained.

PETITION TO THE
RECEPTION

(*) Sheriff or Steward. (†) Shire or Stewartry.

Unto the Honourable the (*)
of Dumfries

The Petition

humbly sheweth that it
Medical Certificates, that
your Petitioner's (†) Pau
is at present in a state of M
Asylum for the Insane, M
mission of the said Cara
Southern Counties
into the the said Asylum.

(‡) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(‡) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Seventee
eight hundred and Seve

If any of the Particulars in

1. Christian Name and Surname of Patient at length,
2. Sex and Age,
3. Married, Single, or Widowed,
4. Condition of Life, and previous Occupation (if any),
5. Religious Persuasion, so far as known,
6. Previous Place of Abode,
7. Place where Found and Examined,
8. Length of time Insane,
9. Whether first Attack,
10. Age (if known) on first Attack,
11. When and where previously under Examination and Treatment,
12. Duration of existing Attack,
13. Supposed Cause,
14. Whether subject to Epilepsy,
15. Whether Suicidal,
16. Whether Dangerous to others,
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,
18. Date of becoming Chargeable,
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,
20. Special circumstances (if any) preventing the insertion of any of the above particulars,

I certify, that, to the best of my knowledge

DATED this Seventeenth day of
Last year.

(To be signed by

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) County of Dumfries *and his Substitutes.*—

The Petition of Duncan Clapperton Insp: of Poor Annan humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Sarah Douglas or Stewart your Petitioner's (3) Pauper. is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Sarah Douglas or Stewart 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.

D. Clapperton

DATED this Seventeenth (4) day of August One thousand eight hundred and Seventy Two Years.

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Sarah Douglas or Stewart
2. Sex and Age,	Female. 79 years.
3. Married, Single, or Widowed,	Widow.
4. Condition of Life, and previous Occupation (if any),	Labourer.
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Butt Street, Annan.
7. Place where Found and Examined,	Murray Street. Annan.
8. Length of time Insane,	about 4 weeks.
9. Whether first Attack,	First attack.
10. Age (if known) on first Attack,	79 years.
11. When and where previously under Examination and Treatment,	Not previously under treatment
12. Duration of existing Attack,	about 4 weeks.
13. Supposed Cause,	Not Known.
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	No.
16. Whether Dangerous to others,	No.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Parish of Annan.
18. Date of becoming Chargeable,	4 Augt. 1868 as a pauper. & 14 Augt. 1872 as a Lunatic pauper.
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Robert Stewart, Murray Street. Annan. Son of Patient None of her relations 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 Seventeenth day of August One thousand eight hundred and Seventy Two years.

(To be signed by Party applying) D. Clapperton

P. p

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Willm Ernest
being a (1) Licentiate of the Royal College of Surgeons in Edinburgh
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Mearns Street Annan in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Sarah Douglas or Stewart, Pauper and that the said Sarah Douglas or Stewart is a (5) person of Unsound Mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Her General appearance, rambling Conversations, and delusions as different subjects.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Informed by Neighbours of her rambling about at night, and imagining people coming to take her life

Name and Medical Designation, Willm Ernest, Surgeon

Place of Abode, Edenmount Street Annan

DATED this fifteenth day of August One thousand eight hundred and twenty two

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MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, James Little Med Surgeon
being a (1) Doctor of Medicine & Licentiate of the Royal College of Surgeons Edinburgh
and being in actual practice as a (2) Licensed Medical practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Mearns Street Annan in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Sarah Douglas or Stewart and that a pauper the said Sarah Douglas or Stewart is a (5) person of Unsound Mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)
Her rambling & continuous talking & incoherent delusions & general appearance

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Told by her neighbours that she is continually talking and shouting. They say that she is in the habits of wandering about the houses all night and puts us all up

Name and Medical Designation, James Little Med Surgeon

Place of Abode, Mearnsfield Annan

DATED this Seventeenth day of August One thousand eight hundred and Seventy two

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, Willm Ewart being (1) Licentiate of the Royal College of Surgeons in Edin.
hereby certify, on soul and conscience, that I have this day, at (2) Murray Street Annan
in the County of Dumfries, seen and personally examined
Sarah Douglas or Stewart, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Willm Ewart Surgeon

Dated this Seventeenth day of August One thousand eight hundred and seventy two

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, James Gordon Esqr (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Duncan
Clapperton Inspector of Poor Annan
Certificates under the hands of William Ewart
and James Little, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Sarah Douglas or Stewart Murray Street Annan a Pauper and that the said
Sarah Douglas or 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 Sarah Douglas or Stewart 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 Sarah Douglas or Stewart which accompanied the said Petition.

Dated this Seventeenth day of August One thousand eight hundred and Seventy two

James Gordon

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

Dead Chapel at Stewart

17th August 1876

N. B.—This Form shall remain in
Superintendent of the Asylum,
the Sheriff is obtained.

PETITION TO THE
RECEPTION

(*) Sheriff or Steward,
or Stewartry.

Unto the Honourable the (*)
of Dumfries

The Petition

humbly sheweth that it
Medical Certificates, that

(*) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (*)
is at present in a state of Me
Asylum for the Insane. M
mission of the said
Crichton Roy
into the the said Asylum.

(*) The date of the Petition must be within fourteen clear days following the date of the Medical Certificates.

DATED this nineteen
eight hundred and seven

If any of the Particulars in t

1. Christian Name and Surname of Patient at length,
2. Sex and Age,
3. Married, Single, or Widowed,
4. Condition of Life, and previous Occupation (if any),
5. Religious Persuasion, so far as known,
6. Previous Place of Abode,
7. Place where Found and Examined,
8. Length of time Insane,
9. Whether first Attack,
10. Age (if known) on first Attack,
11. When and where previously under Examination and Treatment,
12. Duration of existing Attack,
13. Supposed Cause,
14. Whether subject to Epilepsy,
15. Whether Suicidal,
16. Whether Dangerous to others,
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,
18. Date of becoming Chargeable,
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,
20. Special circumstances (if any) preventing the insertion of any of the above particulars,

I certify, that, to the best of my knowledge

DATED this nineteenth day of

(To be signed by

N. B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 Reid, Gowanlea, Holywood, Dumfriesshire

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that 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 Reid to the Crichton Royal Institution and to sanction his admission into the the said Asylum.

James Reid

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

DATED this nineteenth (4) day of August One thousand eight hundred and seventy two.

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	William Reid
2. Sex and Age,	male - 62.
3. Married, Single, or Widowed,	single
4. Condition of Life, and previous Occupation (if any),	retired silk mercer
5. Religious Persuasion, so far as known,	presbyterian
6. Previous Place of Abode,	Edinburgh
7. Place where Found and Examined,	Gowanlea Holywood
8. Length of time Insane,	four or five years
9. Whether first Attack,	third bad attack
10. Age (if known) on first Attack,	about 58 -
11. When and where previously under Examination and Treatment,	Crichton Royal Institution
12. Duration of existing Attack,	about three months
13. Supposed Cause,	fell over a stone stair when a boy - want of sleep
14. Whether subject to Epilepsy,	chloral having to be administered every night
15. Whether Suicidal,	no.
16. Whether Dangerous to others,	no.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	no. threatens - 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 Reid, brother Gowanlea as above
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	none

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this nineteenth day of August One thousand eight hundred and seventy two

(*To be signed by Party applying*) James Reid

P. P

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, 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 have an and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Gentleton in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) William Reid. Silk Mercer and that the said William 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.:—

1. Facts indicating Insanity observed by myself: (6) His peculiar suspicious manner & appearance & refusal to enter into Conversation on any subject.

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His brother informs me that during the last three or four weeks he has been very restless, now & then & sometimes unmanageable & refusing to take food or medicine & often walking about in front of the house.

Name and Medical Designation, } John Smith M.B.

Place of Abode, Dumfries

DATED this Eighteenth day of August One thousand eight hundred and Seventy two years.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an Idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Alexander Thomson of Maryfield Doctor of Medicine & Master of Surgery and Licentiate of the Royal College of Physicians & Surgeons Edinburgh being a (2) Physician & Surgeon and being in actual practice as a (2) Gentleman hereby certify, on soul and conscience, that I have this day, at (3) Roberwood Dumfries in the County of separately from any other Medical Practitioner, visited and personally examined (4) William Reid. Silk-Mercer and that the said William 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.:—

1. Facts indicating Insanity observed by myself: (6) Derangement of the nervous system with physical & mental debility — inability to manage his own affairs — Was in the Crichton Institution

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Told by his brother that lately he has been restless, unmanageable — an attendant has got to wait on him. Told by Attendant that he walked in his sleep on the road when out yesterday & required a Stamp. Spoke to him about his affairs

Name and Medical Designation, } Alex. Thomson M.D.

Place of Abode, 27 Castle St Dumfries

DATED this Eighteenth day of August One thousand eight hundred and Seventy two years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, John Smith
being (1) Graduate of Edinburgh hereby certify, on soul and conscience, that I have this day, at (2) Gowanlea in the County of Dumfries, seen and personally examined William 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.B.C.

DATED this eighteenth day of August One thousand eight hundred and seventy two years

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, James Gordon Esqre (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) James Reid Gowanlea Holywood Dumfriesshire
Certificates under the hands of John Smith M.B. &c
and Alexander Robinson M.B. &c, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) William Reid Gowanlea Holywood Dumfriesshire and Robinson brothers and that the said William 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 William Reid 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 Reid which accompanied the said Petition.

DATED this Nineteenth day of August One thousand eight hundred and seventy two years

James Gordon

To the Superintendent of the (7) Public Asylum of Crichton Royal Institution

Dumfries

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1256.

William Reid

Aug. 19/92.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Shire *of* Dumfries *and his Substitutes,—*

The Petition of John Mallpeace, St Bees. Cumberland humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Melicent Agnes Mallpeace your Petitioner's (3) Wife is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Melicent Agnes Mallpeace 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.

Dated this thirteenth (4) day of August One thousand eight hundred and seventy two

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

John Mallpeace

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Melicent Agnes Mallpeace
2. Sex and Age,	Female. 39.
3. Married, Single, or Widowed,	Married.
4. Condition of Life, and previous Occupation (if any),	Clergyman's Wife
5. Religious Persuasion, so far as known,	Church of England
6. Previous Place of Abode,	St Bees, Cumberland.
7. Place where Found and Examined,	Niton, Isle of Wight.
8. Length of time Insane,	Two years and nearly two months.
9. Whether first Attack,	Yes.
10. Age (if known) on first Attack,	37
11. When and where previously under Examination and Treatment,	Laverstock House, near Salisbury, & The Brook Villa, near Guildford
12. Duration of existing Attack,	Two years & nearly two months.
13. Supposed Cause,	Suppressed of menses, & family troubles. Menstruation ceased after 12 months.
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Yes.
16. Whether Dangerous to others,	Yes.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	John Mallpeace, St Bees, Cumberland husband. No member of her family known to have been or to be insane. A great amount of insanity was discovered, though not under supervision. But this cannot affect her.
20. Special circumstances (if any) preventing the 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 August One thousand eight hundred and seventy two

(*To be signed by Party applying*) J. Mallpeace.

P. 2

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Henry Pitchard being a (1) Member of the College of Surgeons, Eng
and being in actual practice as a (2) Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) The Knoll
West Derby in the County of
Lancashire separately from any other Medical Practitioner,
visited and personally examined (4) Melicent Agnes Smallp
and that
the said Melicent Agnes Smallpox is a (5) person of
unsound mind and a proper person to be detained
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 extreme
loquacious, and rambles from one su
to another in the most unconnected way, an
laughs the whole time she speaks, her manner
2. Other facts (if any) indicating Insanity communicated to me by others: (7)
also very flippant & flighty.

Name and Medical Designation, Henry Pitchard. M.
Place of Abode, Fairfield. Liverpool
DATED this 12th day of August One thousand eight
hundred and seventy two.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Harold Owen
being a (1) L. R. C. P. Lon. & M. R. C. Eng.
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) The Knoll
West Derby in the County of
Lancaster separately from any other Medical Practitioner,
visited and personally examined (4) Melicent Agnes
Smallpox and that
the said Melicent Agnes Smallpox is a (5) person of
unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Chronic
Convulsion, rambling from one subject to an
in an unusually discursive manner, mutterings
days and hours, at times wild, violent, and violent
threatening, shouting one minute singing, the next
2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
determined opposition.

Name and Medical Designation, Harold Owen
Place of Abode The Knoll Villa, near Liverpool
DATED this 12 day of August One thousand eight
hundred and 72.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Lauderdale Maitland (1) Sheriff Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) John Smallpeice, St Bees Cumberland Certificates under the hands of Henry Ridehalgh and Harold Brown, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Melicent Agnes Smallpeice, (Petitioner's wife) and that the said Melicent Agnes Smallpeice is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Melicent Agnes Smallpeice as a Patient into the (6) Public Asylum of Crichton Royal Institution and I authorize you Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Melicent Agnes Smallpeice which accompanied the said Petition.

DATED this Fourteenth day of August One thousand eight hundred and seventy two.

L Maitland

To the Superintendent of the (7) Public Asylum of Crichton Royal Institution Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1252

Melicent Agnes Smallpeice

Aug. 19/22

N. B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM 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 Lanark and his Substitutes,—

The Petition of 7 Hamilton Drive, David McEwan, Minister

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Margaret Atkinson Black McEwan residing at 7 Hamilton Drive aforesaid

(*) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (*) Wife is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Margaret Atkinson Black McEwan to the Crichton Royal Institution Dumfries and to sanction her admission into the the said Asylum.

David McEwan

(*) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 19th (*) day of August One thousand eight hundred and seventy two.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Margaret Atkinson Black McEwan
2. Sex and Age,	Female. Thirty six
3. Married, Single, or Widowed,	married
4. Condition of Life, and previous Occupation (if any),	Clergyman's Wife,
5. Religious Persuasion, so far as known,	United Presbyterian Church
6. Previous Place of Abode,	7 Hamilton Drive, Glasgow
7. Place where Found and Examined,	7 Hamilton Drive Glasgow
8. Length of time Insane,	Gradually progressing for a number of years
9. Whether first Attack,	no -
10. Age (if known) on first Attack,	Observed first about 12 years ago progressing 1865
11. When and where previously under Examination and Treatment,	Examined & treated privately at home in Edinburgh & under medical advice at Comrie where she was boarded for 6 months, about 4 years ago -
12. Duration of existing Attack,	
13. Supposed Cause,	— Constitutional
14. Whether subject to Epilepsy,	— no
15. Whether Suicidal,	— no
16. Whether Dangerous to others,	— no - so far as observed
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,	Her mother is Mrs Black residing at Hamilton for a time. Her Grandfather by mother's side was resident & as a patient in an Asylum (Hartwood Hill Glasgow) & died there.
20. Special circumstances (if any) preventing the 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 August One thousand eight hundred and seventy two

(*To be signed by Party applying*) David McEwan

P. P

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 George Wilson. —
being a (1) Fellow of the Royal College of Surgeons of Edinburgh & Licentiate of the Royal College of Physicians of Edinburgh & Licentiate of the Royal College of 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) 7 Hamilton Drive, Hillhead, Glasgow — in the County of Lanark. separately from any other Medical Practitioner, visited and personally examined (4) Mrs David McEwan — of 7 Hamilton Drive — and that the said Mrs McEwan — is a (5) person of unsound mind — and a proper person to be detained under Care and Treatment, 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 liable to ... State of Mind — Tension or feeling. Has appeared in her morbid desire is unfavourable alteration in state of health, prohibited: Examination ... repeats the same statement over and over again, & very tiresome ... insists upon being heard; She frequently contradicts herself, & at times ... "must" or "should" be employed in conversation: She will at times, when ... suddenly turn away and look confused in the room —

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her husband not only corroborates the above statements, but also informs me that ... persons quite capable of conducting her domestic duties; one ... feeling being that she seldom wishes to be with her children, although living in ... same house as herself; with respect to them: wants them to be ... Her expenditure of the same: Refuses to allow any of the servants ... her directions; & frequently ... continues requests, for hours at a time and she compels him & others ... him from carrying on his ... duties &c &c

Name and Medical Designation, J. G. Wilson M.D. F.R.C.S. Ed. F.F.P. & S. Glas.

Place of Abode, 9 Woodside Crescent, Glasgow

DATED this Fourteenth day of August One thousand eight hundred and seventy two years.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Æneas Munro
being a (1) Doctor of Medicine of the University of Edinburgh
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) 7 Hamilton Drive, Hillhead, Glasgow in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) Mrs David McEwan of 7 Hamilton Drive and that the said Mrs McEwan 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 will not speak to ... children nor the servants & she writes her orders, prayers, &c. ... As opportunity occurs she will contradict ... "should" or "must" be used in conversation & at all familiarity with you. ... parting from her she will stop you or persistently follow you without any regard ... her self-control to ask one trifling question which always takes a time to ... her particulars for which before she speaks her statement to the door must be shut & you ...

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Not only does her husband corroborate the statements mentioned above ... add that he does not get a days peace from them & the most trifling casual ... may begin it - Contradicting & repeating questions have continued for hours, of the ... night even although she knows he has most pressing urgent engagements ... done to suppress it. He has even stated that she has threatened him to ... ago she fancied that Kennedy was dead & that she was afraid to ... so must he not dress & she change her night dress & she ... ask Mr. Kennedy in to ... mental incapacity ... her household affairs & ... Complete control of ...

Name and Medical Designation, Æneas Munro M.D. C.M.

Place of Abode, 18 Blythswood Square Glasgow.

DATED this 8th day of August One thousand eight hundred and seventy two Years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Archd Campbell Kennedy (3) Sheriff Substitute of the (4) County of Lanark having had produced to me with a Petition at the instance of (5) David McEwen Minister of Hamilton Dixe Hillhead Glasgow Husband of the Patient Agnes George Wilson and Aeneas Munro, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (6) Margaret Atkinson Blackor McEwen and that the said David McEwen, Hamilton Dixe Hillhead Glasgow Husband of the Petitioner Margaret Margaret Atkinson Blackor McEwen is a (7) Person of unsound Mind or an Insane Person and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Margaret Atkinson Blackor McEwen as a Patient into the ~~Asylum of~~ Crichton Royal Institution Dumfries and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Margaret Atkinson Blackor McEwen which accompanied the said Petition.

DATED this Twentieth day of August One thousand eight hundred and Seventy two.

To the Superintendent of the (8) ~~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.

1258.

v. Margaret Atkinson Black

or

Mc Ewan

Aug. 22/52

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Shire of Dumfries *and his Substitutes*—

The Petition of Peter Gordon Inspector of Poor Kirkcowan

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Flynn your Petitioner's (3) Prefer is at present in a state of Mental Derangement, and 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 Flynn 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.

Peter Gordon

Dated this 2nd (4) day of September One thousand eight hundred and Seventy two

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	1 — James Flynn
2. Sex and Age,	2 — Male, Aged 30
3. Married, Single, or Widowed,	3 — Single
4. Condition of Life, and previous Occupation (if any),	4 — Poor. a Labourer or farm Servant
5. Religious Persuasion, so far as known,	5 — Protestant
6. Previous Place of Abode,	6 — Kirkcowan Village
7. Place where Found Distempered,	7 — Kirkcowan do
8. Length of time Insane,	8 — Symptoms observed by Father & friends for past fortnight
9. Whether first Attack,	9 — no Record
10. Age (if known) on first Attack,	10 — about 30 years of age Asylum Dumfries 10 yrs ago
11. When and where previously under Examination and Treatment,	11 — Southern Counties Asylum about a fortnight
12. Duration of existing Attack,	12 — supposed to about a fortnight
13. Supposed Cause,	13 — May have arisen by Drinking Love Affair &c
14. Whether subject to Epilepsy,	14 — no
15. Whether Suicidal,	15 — no
16. Whether Dangerous to others,	16 — Threatening Violence
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	17 — Kirkcowan
18. Date of becoming Chargeable,	18 — 31st August 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,	19 — Mrs Helen Flynn Kirkcowan Village Pauper Mother, None of the family ever insane but himself
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	none

I certify, that, to the best of my knowledge, the above particulars are correctly stated

Dated this 2nd day of September One thousand eight hundred and

(To be signed by Party applying) Peter Gordon Inspector of Poor

P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an Idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Robert B. Selby being a (1) Doctor of Medicine & Licentiate of the Royal Coll. of Surgeons Edinburgh and being in actual practice as a (2) Medical practitioner hereby certify, on soul and conscience, that I have this day, at (3) Kirkcowan in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) James Flyn and that the said James Flyn is a (5) person 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)
Causeless fear of something about to hurt him
Great Irritability of Temper
Threatening violence on the Village Street

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Sleeplessness for the last week or so — by his mother
Threatening violence with a knife — by the parker
Threatening violence with stones — by Mr. Clark

Name and Medical Designation, R B. Selby M.B. & L.R.C.S.

Place of Abode, Kirkcowan

DATED this Second day of September 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.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Thomas Anderson being a (1) Graduate of the University of Edinburgh and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) the South Dumfries Asylum in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) James Flyn, Labourer Kircowan Village a pauper and that the said James Flyn is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)
His morbid irritability, & disinclination to answer any question put to him

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Peter Gordon Inspector of Poor Kirkcowan
One, that he is violent, & must be controlled by Attendants

Name and Medical Designation, Thomas Anderson M.B.

Place of Abode, Crichton Royal Institution

DATED this Second day of September One thousand eight hundred and Seventy two years,

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, Robert B. Selby being (1) M.D. & L.R.C.S. Edinburgh hereby certify, on soul and conscience, that I have this day, at (2) Kirkcowan in the County of Wigtown, seen and personally examined James Flyn, and that the said person is of unsound mind, and 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 Second day of September One thousand eight hundred and Seventy two years.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, James Gordon (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Peter Gordon Inspector of Poor Kirkcowan Certificates under the hands of Robert B Selby and Thomas Cameron, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Kirkcowan Village (a pauper) and that the said James Flyn is a (5) a person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said James Flyn as a Patient into the (6) Public Asylum of Southern Counties Dumfries and I authorize you Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said James Flyn which accompanied the said Petition.

P.S.

DATED this Second day of September One thousand eight hundred and Seventy two years

James Gordon

To the Superintendent of the (7) Public Asylum of Southern Counties

Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

Mary Ryan
2nd Petition
15/12

N.B.—This Form shall
Superintendent of the
the Sheriff is obtained.

PETITION TO
RECEPT

(a) Sheriff or Steward.
(b) Shire or Stewartry.

Unto the Honourable
of Wigtow

The P

humbly sheweth th

Medical Certificates,

your Petitioner's (c)

(c) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

is at present in a sta

Asylum for the Insa

mission of the said

Southern C

into the the said As

(d) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this

eight hundred and

If any of the Partic

1. Christian Name and Surname of Pati
length,
2. Sex and Age,
3. Married, Single, or Widowed,
4. Condition of Life, and previous Occ
(if any),
5. Religious Persuasion, so far as known,
6. Previous Place of Abode,
7. Place where Found and Examined,
8. Length of time Insane,
9. Whether first Attack,
10. Age (if known) on first Attack,
11. When and where previously under Exa
tion and Treatment,
12. Duration of existing Attack,
13. Supposed Cause,
14. Whether subject to Epilepsy,
15. Whether Suicidal,
16. Whether Dangerous to others,
17. Parish or Union to which the Lunati
Pauper) is Chargeable,
18. Date of becoming Chargeable,
19. Christian Name and Surname, and P
Abode of nearest known Relative
Patient, and degree of Relationsh
known), and whether any Member
Family known to be or to have be
sane,
20. Special circumstances (if any) prevent
insertion of any of the above partic

I certify, that, to the best of my k

DATED this Twentyeight

(To be s

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) County of Wigtown and his Substitutes,

The Petition of James Allan Inspector of Poor humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Ann Kinlay ~~is of unsound mind~~ your Petitioner's (3) James Allan Inspector of Poor Portpatrick is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Ann Kinlay to the Southern Counties Asylum and to sanction her admission into the the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

James Allan Insp^r

DATED this Twentyeight (4) day of August One thousand eight hundred and Seventy two

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Ann Kinlay
2. Sex and Age,	female about 40 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Domestic servant
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Govan & Glasgow
7. Place where Found and Examined,	Portpatrick
8. Length of time Insane,	since young
9. Whether first Attack,	first so far as known to us
10. Age (if known) on first Attack,	— — —
11. When and where previously under Examination and Treatment,	unknown
12. Duration of existing Attack,	a few days
13. Supposed Cause,	no cause known
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	yes threatens sometimes
16. Whether Dangerous to others,	
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Portpatrick
18. Date of becoming Chargeable,	four weeks since
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Sarah Kinlay or Dougan Govan Glasgow not know whether any of her relations 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 Twentyeight day of August One thousand eight hundred and Seventy two

(To be signed by Party applying) James Allan Inspector of Poor Portpatrick P.P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, 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 Stewart M.D. Ed
being a (1) Lic Roy Col: Phys & Surg Ed
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Main Street
Port Patrick in the County of
Wigtown separately from any other Medical Practitioner,
visited and personally examined (4) Ann Kinley pauper and that
the said Ann Kinley is a (5) person of
unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Subject to several hallucinations, wishes to wander ~~from home at during night~~

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
wishes to wander from home during night; attempts at suicide, Sleeplessness, communicated from those in charge

Name and Medical Designation, Robert Stewart Lic Roy Col Phys

Place of Abode, Port Patrick

DATED this 26th day of August One thousand eight hundred and Seventy two

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MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, William Mc Neil M.D
being a (1) Graduate of the University of Edinburgh and
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) Main Street
Portpatrick in the County of
Wigtown separately from any other Medical Practitioner,
visited and personally examined (4) Anne Kinley pauper
residing at Main St Portpatrick and that
the said Anne Kinley is a (5) person
of unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) She is restless and inclined to be silent moves furtively towards the door of her room as if she wished to get out, when inclined to speak, says her Nephews is at the bottom of the dock at Portpatrick Harbour One of her Nephews wishes to go to him. Says it is night that she should drown herself tried to do so yesterday. Wishes for another opportunity to do so

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Mr Shanks a neighbour says she has been restless reading for months. walks through her house all night holding a little table Knife keeps muttering to herself. Attends the rest of all the families Lane refuses has threatened violence to Mr Mallman tries to obtain the door locked against her. Says some one has poisoned one of her nephews & he

Mr Mallman Corroborates Mr Shanks statements

Name and Medical Designation, William Mc Neil M.D Surgeon

Place of Abode, Stranraer

DATED this 28th day of August One thousand eight hundred and Seventy two

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Dated this day of One thousand eight hundred and

(1) 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) to Sheriff pro tempore of the (2) County of Wigtown
having had produced to me, with a Petition at the instance of (3) James Allan Inspector of Poor, Portpatrick
Certificates under the hands of Robert Stewart Surgeon, Portpatrick and William McPeel 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) Ann Kinlay Pauper and that the said Ann Kinlay is a (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 Kinlay as a Patient into the (6) Southern Counties Asylum at Dumfries and I authorize the Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Ann Kinlay which accompanied the said Petition.

Dated this Thirtieth day of August One thousand eight hundred and seventy two

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.

Thursday
2nd September
1892

N.B.—This Form shall remain in
Superintendent of the Asylum,
the Sheriff is obtained.

PETITION TO THE
RECEPTION

Sheriff or Steward,
Gaol or Stewartry.

Unto the Honourable the (
of Dumfries

The Petition

humbly sheweth that it a
Medical Certificates, that

State degree of
sanity or other
order in which Pet-
is made to Lunac-

your Petitioner's (*)
is at present in a state of M
Asylum for the Insane. M
mission of the said
Southern Counties
into the the said Asylum.

The date of the
to must be with-
seven clear days
ing the date of
Medical Certi-

DATED this
eight hundred and

If any of the Particulars in

Christian Name and Surname of Patient at
length,

Sex and Age,

Married, Single, or Widowed,

Condition of Life, and previous Occupation
(if any),

Religious Persuasion, so far as known,

Previous Place of Abode,

Place where Found and Examined,

Length of time Insane,

Whether first Attack,

Age (if known) on first Attack,

When and where previously under Examina-
tion and Treatment,

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,

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 In-
sane,

Special circumstances (if any) prevailing the
duration of any of the above particulars,

I certify, that, to the best of my knowledg

DATED this

day of

(To be signed by

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Sheriff or Steward, Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Shire of Dumfries and his Substitutes

The Petition of John Hamilton Inspector of Poor Torthorwald

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Janet Glover, Dressmaker, Colvin presently in Dumfries Poor House 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 Glover to the Southern Counties Asylum Dumfries and to sanction the admission into the the said Asylum.

John Hamilton

(3) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

Dated this Fourth (4) day of September One thousand eight hundred and Eighty two years.

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

Christian Name and Surname of Patient at length,	Janet Glover
Sex and Age,	Female 70
Married, Single, or Widowed,	Single
Condition of Life, and previous Occupation (if any),	Dressmaker
Religious Persuasion, so far as known,	Protestant
Previous Place of Abode,	Torthorwald
Place where Found and Examined,	Dumfries Poor House
Length of time Insane,	not known
Whether first Attack,	first 70
Age (if known) on first Attack,	
When and where previously under Examination and Treatment,	Not exactly known
Duration of existing Attack,	Now that I am aware of
Supposed Cause,	No
Whether subject to Epilepsy,	No
Whether Suicidal,	No
Whether Dangerous to others,	Torthorwald
Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	3rd Sept 1879
Date of becoming Chargeable,	John Glover, Torthorwald, her Brother
Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	None
Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this Fourth day of September One thousand eight hundred and Eighty two

(*To be signed by Party applying*) John Hamilton

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, or an Idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, [illegible] being a (1) [illegible] and being in actual practice as a (2) [illegible] hereby certify, on soul and conscience, that I have this day, at (3) [illegible] in the County of [illegible] separately from any other Medical Practitioner visited and personally examined (4) [illegible] and the said [illegible] is a (5) [illegible] and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) [illegible]

2. Other facts (if any) indicating Insanity communicated to me by others: (7) [illegible]

Name and Medical Designation, [illegible]

Place of Abode, [illegible]

DATED this [illegible] day of [illegible] One thousand [illegible] hundred and [illegible]

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an Idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, [illegible] being a (1) [illegible] and being in actual practice as a (2) [illegible] hereby certify, on soul and conscience, that I have this day, at (3) [illegible] in the County [illegible] separately from any other Medical Practitioner visited and personally examined (4) [illegible] and the said [illegible] is a (5) [illegible] and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) [illegible]

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) [illegible]

Name and Medical Designation, [illegible]

Place of Abode, [illegible]

DATED this [illegible] day of [illegible] One thousand [illegible] hundred and [illegible]

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, Patrick Murray being (1) a Graduate of the University of Edinburgh hereby certify, on soul and conscience, that I have this day, at (2) Poor House in the County of Dumfries, seen and personally examined Janet Glover Dent, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

P. Murray M.D.

DATED this 3rd day of Sept. One thousand eight hundred and 72

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, James Gordon Esquire (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) John Hamilton Inspector of Poor Torthorwald Certificates under the hands of William Marshall and Patrick Murray, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Janet Glover Dispmaker Collin, presently in Dumfries Poorhouse and that the said Janet Glover is a (5) Lunatic and a person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Janet Glover as a Patient into the (6) Public Asylum of Southern Counties Dumfries and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Janet Glover which accompanied the said Petition.

DATED this Fourth day of September One thousand eight hundred and Seventy two years

James Gordon

To the Superintendent of the (7) Public Asylum of Southern Counties Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

Case
1/10/72

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 Hugh Shore Snepp of Buittle humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Elizabeth Smith your Petitioner's (3) Pauper on the Parish of Buittle is at present in a state of Mental Derangement, and 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 Smith 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.

Hugh Shore

(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 September One thousand eight hundred and Seventy-two

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STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Elizabeth Smith
2. Sex and Age,	Female 25
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,	Gelston Castle, Kelton
7. Place where Found and Examined,	Doach Mill Buittle
8. Length of time Insane,	Two months
9. Whether first Attack,	First
10. Age (if known) on first Attack,	25 years
11. When and where previously under Examination and Treatment,	
12. Duration of existing Attack,	Two months
13. Supposed Cause,	unknown illegitimate child
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	Threatens others
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Buittle
18. Date of becoming Chargeable,	Now
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	William Smith, Doach mill, 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 Sixth day of September One thousand eight hundred and Seventy two

(*To be signed by Party applying*) Hugh Shore

P. 7

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Walter Lorraine being a (1) M.D. Edin & L.R.C.S. Edin.

and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Roach Hi in the County o

Hurstwood Bright separately from any other Medical Practitioner visited and personally examined (4) Elizabeth Smith and tha

the said Elizabeth Smith is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) She labours un delusions respecting her most intimate friends & that they are plotting to do her injury in her character & to do her bodily harm - She gets at times violent & her language abu

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her mother says she is restless, sleepless irritable - Has taken dis to those with whom she was formerly on very good terms & expresses he She uses violent & abusive language to them without Cause whatever

Name and Medical Designation, Walter Lorraine M.B

Place of Abode, Castle Douglas

DATED this sixth day of September One thousand eigh hundred and Seventy two

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MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, John Nivison being a (1) M. B. C. M. Edin

and being in actual practice as a (2) Gineral Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Roach Hall in the County of

Hurstwood separately from any other Medical Practitioner, visited and personally examined (4) Elizabeth Smith and that

the said Elizabeth Smith is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) She has a wild excited manner at times. Says her former pa and ready to do her harm. Bought pistols to s and others of the family & kill her. Says she and to-night she shall be murdered. Has

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her parents agree in saying that she is irritable & when speaking of her friends. She gets and uses violent language about them. Says she a things continue in this

Name and Medical Designation, John Nivison M.B.C.

Place of Abode, Castle Douglas

DATED this 6th day of September One thousand eight hundred and Seventy two.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William Hyacinth Dunbar Steward Substitute
of the (3) Stewartry of Kirkcudbright
having had produced to me, with a Petition at the instance of (4) Hugh Bruce Inspector
of Poor for the Parish of Buittle
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 (5)
Elizabeth Smith a Pauper and that the said
Elizabeth Smith 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 Elizabeth Smith as a Patient into the
Dumfries Lunatic Asylum of Dumfries and I authorize
Her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Elizabeth
Smith which accompanied the said Petition.

DATED this Sixth day of September One thousand eight hundred and seventy two years

W H Dunbar L.S.

To the Superintendent of the (7)
Dumfries Lunatic Asylum of Dumfries

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

N.B.—This Form shall
Superintendent of the
the Sheriff is obtained.

PETITION TO
RECEPT

Sheriff or Steward.
Shire or Stewartry.

Unto the Honourable
of

The P

humbly sheweth th
Medical Certificates,
your Petitioner's (†)
is at present in a sta
Asylum for the Insa
mission of the said
Crichton R
into the the said Asy

† State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

‡ The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this
eight hundred and

If any of the Particu

1. Christian Name and Surname of Patie
length, ...
2. Sex and Age, ...
3. Married, Single, or Widowed, .
4. Condition of Life, and previous Occu
(if any), ...
5. Religious Persuasion, so far as known,
6. Previous Place of Abode, . .
7. Place where Found and Examined,
8. Length of time Insane, . .
9. Whether first Attack, . .
10. Age (if known) on first Attack, .
11. When and where previously under Exa
tion and Treatment, . .
12. Duration of existing Attack, .
13. Supposed Cause, . . .
14. Whether subject to Epilepsy, .
15. Whether Suicidal, . . .
16. Whether Dangerous to others, .
17. Parish or Union to which the Lunatic
Pauper) is Chargeable, . .
18. Date of becoming Chargeable, .
19. Christian Name and Surname, and P
Abode of nearest known Relative
Patient, and degree of Relationsh
known), and whether any Member
Family known to be or to have be
sane, ...
20. Special circumstances (if any) prevent
insertion of any of the above partic

I certify, that, to the best of my k

DATED this eight

(To be s

Eight
4/9/12

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) Shire of Dumfries and his Substitutes,—

The Petition of Charles M. Fisher, 137 Cowper Street Glasgow Cambridge

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James McElwraith brother in-law 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 McElwraith to the Crichton Royal Institution and to sanction his admission into the the said Asylum.

Charles M Fisher

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this eighth (4) day of September One thousand eight hundred and seventy two.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	James McElwraith
2. Sex and Age,	Male Forty One
3. Married, Single, or Widowed,	married
4. Condition of Life, and previous Occupation (if any),	Hand mental work having had charge for many years of a large Ironmongery establishment
5. Religious Persuasion, so far as known,	Presbyterian
6. Previous Place of Abode,	Sea View Cheltenham
7. Place where Found and Examined,	
8. Length of time Insane,	Six Months
9. Whether first Attack,	Yes
10. Age (if known) on first Attack,	Forty-one
11. When and where previously under Examination and Treatment,	no where
12. Duration of existing Attack,	five weeks
13. Supposed Cause,	overwork
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	no
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known 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 Broadfoot Sea View Whitehaven, Wife no Member of the family was ever known to have been insane
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this eighth day of September One thousand eight hundred and seventy two.

(*To be signed by Party applying*) Charles M Fisher

Mary Ann McElwraith P.p

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, 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 Francis Hanton M. D.
being a (1) Licentiate of the Royal College of Physicians London
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Sea View, Whitehaven, Cumberland in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) James McSkeith, ironmonger
Sea View, Whitehaven and that
the said James McSkeith is a (5) person of
unsound mind and a proper person to be detained
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 being unable to give me dates of recent occurrences which he has been engaged; or to give me the names of familiar persons, & objects.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
his being subject to frequent fits of weeping. occasional incoherence. inability to arrange his clothing properly &c &c. On report of his Wife

Name and Medical Designation, T. F. Hanton M. D.

Place of Abode, White haven

DATED this 8th day of September One thousand eight hundred and seventy two.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Edward Ablett
being a (1) Doctor of Medicine of the University of St Andrews Scotland and a Member of the Royal College of Surgeons of London
and being in actual practice as a (2) Physician and Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Sea View Whitehaven, Cumberland in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) James McSkeith, ironmonger
Sea View Whitehaven and that
the said James McSkeith is a (5) person of
unsound mind and a proper person to be detained
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 inability to answer the simplest questions put to him, such as the names of his children. his being unable to tell the names of his familiar friends present. looking to his wife to answer for him.— his inability to tell the time. &c. before him,

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
his wife tells me, He neglects to attend to the natural functions. he sometimes forgets to obey himself after a call. he eats what is put before him if his attention is called to it. he forgets it is there, seems indifferent to food, eats to much, objects to go out of doors. wishes to avoid places he is usually frequents

Name and Medical Designation, Edwd Ablett M.D. M.R.C.S.

Place of Abode, Whitehaven

DATED this 8th day of September One thousand eight hundred and Seventy two.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, Thomas Francis Hanson M. D.
being (1) a Licentiate of the Royal Coll. Physicians London
hereby certify, on soul and conscience, that I have this day, at (2) Sea Side Whitehaven
in the County of Cumberland, seen and personally examined
James McSmith, and that the said
person is of unsound mind, and 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. F. Hanson M.D.

DATED this eighth day of September One thousand eight hundred and seventy two

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Lauderdale Maitland, (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Charles M. Fisher
139 Cambridge Street Glasgow
Certificates under the hands of Thomas Francis Hanson
and Edward Abbott, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
Whitehaven James McSmith Sea View Cumberland and that the said
James McSmith is a (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 McSmith 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 McSmith which accompanied the said Petition.

DATED this Tenth day of September One thousand eight hundred and seventy two years.

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.

1259.

James Mc Elwraith

Sept. 9/32

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap. 54, Sect. 14.*

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 Peter Wightman Chairman of the Parochial Board of Mathmichael humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Peter Broach your Petitioner's (3) pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Peter Broach 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.

Jas P Wightman

Dated this Ninth (4) day of September One thousand eight hundred and Seventy two

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Peter Broach
2. Sex and Age,	52. Male
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	No occupation - Living as boarded Lunatic
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Nethermill
7. Place where Found and Examined,	Nethermill
8. Length of time Insane,	Has been imbecile all his life
9. Whether first Attack,	Has had attack of acute mania frequently
10. Age (if known) on first Attack,	Not Known
11. When and where previously under Examination and Treatment,	Always treated at home in previous attacks
12. Duration of existing Attack,	8 days
13. Supposed Cause,	Not known
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Kirkmichael
18. Date of becoming Chargeable,	1844
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Nethermill - Isabella Broach Mother 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 Ninth day of September One thousand eight hundred and Seventy two

(*To be signed by Party applying*) Jas P Wightman

By

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate: e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, 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 Spence
being a (1) Bachelor of Medicine
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Bettermill Dumfries in the County
separately from any other Medical Practitioner visited and personally examined (4) Peter Broach pauper and the said Peter Broach is a (5) lunatic and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)
Talks constantly and incoherently cannot answer the simplest question rationally

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
His attendants state that he is violent at times talks nonsense

Name and Medical Designation, Robert Spence M.B.
Place of Abode, Lochmaben

DATED this seventh day of September One thousand eight hundred and seventy two

---

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate: e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Adam Stott
being a (1) Licentiate of the Faculty of Physicians & Surgeons
and being in actual practice as a (2) Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Nethermill in the County
Dumfries separately from any other Medical Practitioner visited and personally examined (4) Peter Broach - Pauper - and the said Peter Broach 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 been going about the street in a naked state accompanied by me, and roars in a most outrageous manner, and cant speak rationally to me

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
The people attending have several times during the past night to use force to keep him from going naked outside

Name and Medical Designation, Adam Stott - L.F.P.S.
Place of Abode, Lochmaben

DATED this eleventh day of September One thousand eight hundred and seventy two

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) 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 Seaton
Wightman, Chairman of the Parochial Board of Kirkmichael
Certificates under the hands of Robert Spence,
and Adam Stell, , being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Broach, Rothermill, Kirkmichael, a pauper, and that the said
Peter Broach 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 Peter Broach 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 Broach which accompanied the said Petition.

DATED this 20th day of September One thousand eight hundred and seventy two 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.

Peter Evans
Petition &c

N.B.—This Form shall remain in
Superintendent of the Asylum,
the Sheriff is obtained.

PETITION TO THE
RECEPTION

Unto the Honourable the
of Lunac

The Petition

humbly sheweth that it
Medical Certificates, that
your Petitioner's (*)
is at present in a state of M
Asylum for the Insane.
mission of the said
Buchan Royal
into the the said Asylum.

Dated this 13th
eight hundred and Seve

If any of the Particulars

Christian Name and Surname of Patient at
length,
and Age,
ried, Single, or Widowed,
dition of Life, and previous Occupation
(if any),
Religious Persuasion, so far as known,
vious Place of Abode,
ne where Found and Examined,
gth of time Insane,
ther first Attack,
ge (if known) on first Attack,
ere and where previously under Examina-
tion and Treatment,
uration of existing Attack,
pposed Cause,
ther subject to Epilepsy,
ther Suicidal,
ther Dangerous to others,
ish or Union to which the Lunatic (if a
Pauper) is Chargeable,
se 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 In-
sane,
ecial circumstances (if any) preventing the
insertion of any of the above particulars,

certify, that, to the best of my knowled

ore this 13th
day of

(To be signed by

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM 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 the (*) County of Dumfries and his Substitutes—

The Petition of Mrs Janet Morton, Airds - Trogues

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Janet Morton your Petitioner's (*) Daughter is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Janet Morton to the Crichton Royal Institution and to sanction her admission into the the said Asylum.

(*) State degree of relationship or other cause in which Petitioner stands to Lunatic.

Jane Morton

DATED this 13th (*) day of September One thousand eight hundred and Seventy two years

(*) The date of the Petition must be within seven clear days after the date of Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

Christian Name and Surname of Patient at length,	Janet Morton
Sex and Age,	Female, 35 years
Married, Single, or Widowed,	Single
Condition of Life, and previous Occupation (if any),	Farmers Daughter
Religious Persuasion, so far as known,	Presbyterian Church of Scotland
Previous Place of Abode,	Airds, Trogues
Place where Found and Examined,	Airds Trogues
Length of time Insane,	4 days
Whether first Attack,	No second attack
Age (if known) on first Attack,	30 years
When and where previously under Examination and Treatment,	Crichton Royal Institution. Dumfries
Duration of existing Attack,	4 days
Supposed Cause,	None
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 Morton, Airds, Trogues, Mother None of the family 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 13th day of September One thousand eight hundred and seventy two years

(*To be signed by Party applying*) Jane Morton

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and 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, Alex 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) Airds in the County of Kirkcudbright separately from any other Medical Practitioner visited and personally examined (4) Janet Morton Farmer Airds and the said Janet Morton is a (5) Person of Unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Her melancholy manner & appearance, incoherent & disconnected Conversation &c.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her Mother informs me that during last night she got quite excited wild & unmanageable since daylight she has been the opposite Was an inmate of the Crichton Institution 5 years ago,

Name and Medical Designation, Alex Smith M.D.

Place of Abode, Dumfries

Dated this 13th day of September One thousand hundred and 72 years.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) *Lunatic, or an insane person, or an Idiot, or a person of unsound mind.*

(6) *State the facts.*

I, the undersigned, Alexander Thomson being a (1) Doctor of Medicine of the University of Glasgow - & 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) The Crichton Royal Institution in the County of Dumfries - separately from any other Medical Practitioner visited and personally examined (4) Janet Morton Farmers daughter - Airds - and the said Janet Morton is a (5) Person of Unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)

Depressed melancholic appearance.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Told by Dr Mealon that she was in this Institution on a previous occasion

Name and Medical Designation, Alex Thomson M.D.

Place of Abode, Dumfries

Dated this Thirteenth day of September One thousand hundred and Seventy two years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned John Smith being (1) Surgeon of Edinburgh, hereby certify, on soul and conscience, that I have this day, at (2) Lands, Troqueer in the County of Kirkcudbright, seen and personally examined Janet Morton, and that the said person is of unsound mind, and 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.R.C.S.

DATED this 13th day of September One thousand eight hundred and 72 years

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Mrs Jane Morton Lands Troqueer 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) Janet Morton Lands Troqueer Petitioners daughter and that the said Janet Morton is a (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 Morton 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 Janet Morton which accompanied the said Petition.

DATED this Fourteenth day of September One thousand eight hundred and seventy two years

David Boyle Hope

To the Superintendent of the (7) Public Asylum of Crichton Royal Institution

Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1260

Janet Morton

Sept. 13/72.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) County of Dumfries *and his Substitutes,—*

The Petition of D. Clapperton. Insp: of Poors.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Jardine.

(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 Jardine. to the Southern Counties Asylum and to sanction his admission into the the said Asylum.

D. Clapperton.

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this fourteenth (4) day of September One thousand eight hundred and Seventy Two years.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	John Jardine.
2. Sex and Age,	Male. 78 years.
3. Married, Single, or Widowed,	Single.
4. Condition of Life, and previous Occupation (if any),	Shepherd.
5. Religious Persuasion, so far as known,	Protestant.
6. Previous Place of Abode,	Coven. Near Annan.
7. Place where Found and Examined,	Lady Stair. Annan.
8. Length of time Insane,	Not Known.
9. Whether first Attack,	Supposed to be first-attack.
10. Age (if known) on first Attack,	78 years.
11. When and where previously under Examination and Treatment,	Not previously under treatment so far as Known.
12. Duration of existing Attack,	Not Known.
13. Supposed Cause,	Not Known
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No.
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Annan.
18. Date of becoming Chargeable,	14 September 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,	Thomas Jardine, Brownmuir. Annan. Nephew of Patient. None of his relations 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 fourteenth day of September One thousand eight hundred and Seventy two Two years.

(*To be signed by Party applying*) D. Clapperton.

P. 9

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Wm Edward
being a (1) Licentiate of the Royal College of Surgeons
in Edinburgh and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Lady Street
Aymouth in the County of
Berwick separately from any other Medical Practitioner,
visited and personally examined (4) John Sardine a pauper and that
the said John Sardine is a (5) person
of unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) His general
appearance, handling cautious
and hesitancy.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
have been informed that he tears
and destroys his bed clothes, and does
at times walked

Name and Medical Designation, Wm Edward L.R.C.S. Surgeon

Place of Abode, Edinburgh Street, Aymouth

DATED this fourteenth day of September One thousand eight
hundred and seventy two

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, James Little
being a (1) Doctor of Medicine & Licentiate of the
Royal College of Surgeons of Edinburgh
and being in actual practice as a (2) General Medical practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Lady Street
Aymouth in the County of
Berwick separately from any other Medical Practitioner,
visited and personally examined (4) John Sardine a pauper and that
the said John Sardine is a (5) person of
unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)
His general appearance. stupid, vacant
look and his restlessness—

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Told by Mr Clapperton that he takes restless
excited fits, becomes violent tears the clothes
and much sound-cracked

Name and Medical Designation, James Little Med Surgeon

Place of Abode. Maryfield Aymouth

DATED this fourteenth day of September One thousand eight
hundred and seventy two—

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, Wm Ewart
being (1) Surgeon
hereby certify, on soul and conscience, that I have this day, at (2) Annan
in the County of Dumfries, seen and personally examined John Gardine
Wheatsheaf, and that the said John Gardine
person is of unsound mind, and 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 Ewart Surgeon

DATED this Sixteenth day of September One thousand eight hundred and twenty two

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) D Clapperton
Inspector of Poor, Annan
Certificates under the hands of William Ewart
and James Little, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
John Jardine Lady Street Annan (Pauper) and that the said
John Jardine is a (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 Jardine as a Patient into the (6) Public Asylum of Southern Counties 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 John Jardine which accompanied the said Petition.

DATED this Sixteenth day of September One thousand eight hundred and twenty two years.

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an Idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

N.B.—This Form shall
Superintendent of the
the Sheriff is obtained.

PETITION TO
RECEPT

(a) Sheriff or Steward. Unto the Honourable
Bailie or Stewartry. of Dumf
The P

humbly sheweth th
Medical Certificates,

(b) State degree of Relationship or other capacity in which Petitioner stands to Lunatic. your Petitioner's (b)
is at present in a sta
Asylum for the Insa
mission of the said
Southern Co
into the the said Asy

(c) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates. DATED this
eight hundred and

If any of the Partic

1. Christian Name and Surname of Patie
length, ...
2. Sex and Age, ...
3. Married, Single, or Widowed, .
4. Condition of Life, and previous Occu
(if any), ...
5. Religious Persuasion, so far as known,
6. Previous Place of Abode, . .
7. Place where Seized and Examined,
8. Length of time Insane, . .
9. Whether first Attack, . .
10. Age (if known) on first Attack, .
11. When and where previously under Exa
tion and Treatment, . .
12. Duration of existing Attack, .
13. Supposed Cause, . . .
14. Whether subject to Epilepsy, .
15. Whether Suicidal, . . .
16. Whether Dangerous to others, .
17. Parish or Union to which the Lunatic
Pauper) is Chargeable, . .
18. Date of becoming Chargeable, .
19. Christian Name and Surname, and P
Abode of nearest known Relative
Patient, and degree of Relationsh
known), and whether any Member
Family known to be or to have be
sane, ...
20. Special circumstances (if any) preventi
insertion of any of the above particu

I certify, that, to the best of my k

DATED this Twentieth
Cyrus

(To be s

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724
Within Sardine
14th September
1872

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) County of Dumfries *and his Substitutes,*—

The Petition of James Currie Chapelknowe Canonbie.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Janet Currie, Chapelknowe, Canonbie 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 Janet Currie ~~wife~~ to the Southern Counties Asylum Dumfries and to sanction her admission into the the said Asylum.

James Currie

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

DATED this Twentieth (4) day of September One thousand ~~eight hundred and seventy five~~ eight hundred and Seventy two years

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Janet Currie maiden name Johnston
2. Sex and Age,	Female 63 years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Housewife
5. Religious Persuasion, so far as known,	Married Presbyterian Church
6. Previous Place of Abode,	Chapelknowe parish of Holywood
7. Place where ~~Found~~ and Examined,	Chapelknowe
8. Length of time Insane,	Sixteen months since symptoms began to show
9. Whether first Attack,	First attack
10. Age (if known) on first Attack,	62 years
11. When and where previously under Examination and Treatment,	Not previously under treatment
12. Duration of existing Attack,	Sixteen months
13. Supposed Cause,	Grief at the Death of a Daughter
14. Whether subject to Epilepsy,	No —
15. Whether Suicidal,	No
16. Whether Dangerous to others,	Not as yet
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Nearest relation James Currie her Husband Residing at Chapelknowe No Member of her Family known to have been insane
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Twentieth day of September One thousand eight hundred and Seventy two Years

(*To be signed by Party applying*) James Currie

P. p

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *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) Lic: Roy: Coll: Phys: Edin: & Lic: Fac: Phys: & Surg: 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) Chapelknowe in the Parish of Halfmorton in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Janet Carrie-Chapelknowe and that the said Janet Carrie is a (5) person of unsound mind and a proper person to be detained 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 refuses to be seen, cannot converse, talks and mutters incessantly when anyone visiting her, speech incoherent and muttering—

2. Other facts (if any) indicating Insanity communicated to me by others: (7) She is always anxious to get outside without any knowledge of where she is going, refuses to speak at times—

Name and Medical Designation, William Carruthers L.R.C.P.&L.P.S.

Place of Abode, Kirkpatrick Fleming

DATED this seventh day of September One thousand eight hundred and Seventy two

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MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Hewan Macmurtry being a (1) Member of the College of Surgeons, Edinburgh and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Chapelknowe in the Parish of Halfmorton in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Janet Currie a Lunatic and that the said Janet Currie is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) She is constantly talking to herself, but refuses to answer any questions put to her. does not think any one in the world but herself—

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) She wishes to get outside without saying to any one - has been constantly secreting 7. Feels her husband

Name and Medical Designation, Hewan Macmurtry Ex. Fro. Mem. of Surgeons of Edinburgh

Place of Abode, Kirkpatrick

DATED this 18th day of September One thousand eight hundred and Seventy two

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, J. Maitland (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) James Currie
chapel known Canonbie
Certificates under the hands of William Carruthers
and Ames Mocaway, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
James Currie Chapelknow Canonbie (Poor mfr) and that the said
James Currie 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 James Currie as a Patient into the (6) Public Asylum of Southern Counties 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 James Currie which accompanied the said Petition. Two words delete

DATED this twentieth day of September One thousand eight hundred and Seventy two years

J Maitland

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

N.B.—This Form shall re
Superintendent of the A
the Sheriff is obtained.

PETITION TO
RECEPTI

(a) Sheriff or Steward.
(b) Shire or Stewartry.

Unto the Honourable
(a)

The Pe

humbly sheweth that

Medical Certificates, t

(c) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

is at present in a state

Asylum for the Insane

mission of the said

into the the said Asylu

(d) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this

eight hundred and

If any of the Particula

1. Christian Name and Surname of Patient
length,
2. Sex and Age,
3. Married, Single, or Widowed,
4. Condition of Life, and previous Occupa
(if any),
5. Religious Persuasion, so far as known,
6. Previous Place of Abode,
7. Place where Found and Examined,
8. Length of time Insane,
9. Whether first Attack,
10. Age (if known) on first Attack,
11. When and where previously under Exami
tion and Treatment,
12. Duration of existing Attack,
13. Supposed Cause,
14. Whether subject to Epilepsy,
15. Whether Suicidal,
16. Whether Dangerous to others,
17. Parish or Union to which the Lunatic (
Pauper) is Chargeable,
18. Date of becoming Chargeable,
19. Christian Name and Surname, and Place
Abode of nearest known Relative of
Patient, and degree of Relationship
known), and whether any Member of
Family known to be or to have been
sane,
20. Special circumstances (if any) preventing
insertion of any of the above particular

I certify, that, to the best of my knowl

DATED this twentieth day
two years

(To be signe

1
725
Samuel Johnstone Moore of Currie
(23 September
1872

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(*) Sheriff or Steward.
(*) Shire or Stewartry.

Unto the Honourable the (*) Sheriff of the (*) Wigton and Kirkcudbright and his Substitutes—

The Petition of James Bally, Inspector of Poor, Parish of Inch

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary Jane Rae or Hamilton, Wife of James Hamilton, Labourer, Culhorn Parks in ~~your Petitioner~~ (*) the Parish of Inch is at present in a state of Mental Derangement, and 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 Jane Rae or Hamilton —— to the Southern Counties Asylum at Dumfries and to sanction her admission into the the said Asylum.

(*) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

James Bally

(*) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this twentieth (*) day of September One thousand eight hundred and seventy two.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Mary Jane Rae or Hamilton
2. Sex and Age,	Female – 26
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,	Culhorn Parks – Inch Parish
7. Place where Found and Examined,	Do Do
8. Length of time Insane,	about four or five weeks
9. Whether first Attack,	No
10. Age (if known) on first Attack,	23
11. When and where previously under Examination and Treatment,	Never before under treatment
12. Duration of existing Attack,	four or five weeks
13. Supposed Cause,	from Epilepsy
14. Whether subject to Epilepsy,	Yes
15. Whether Suicidal,	Yes
16. Whether Dangerous to others,	Yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Inch
18. Date of becoming Chargeable,	20th September 1872
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	James Hamilton, Husband Farm Labourer, Culhorn Parks Inch by 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 twentieth day of September One thousand eight hundred and seventy two years.

(*To be signed by Party applying*) James Bally

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, John Argyle Surgeon Stranraer being a (1) Licentiate of the Faculty of Physicians & Surgeons Gla and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Culhorn Po Parish of Inch Wigtown in the County of separately from any other Medical Practitioner, visited and personally examined (4) Mary Jane Rae or Hamilton and that residing there the said Mary Jane Rae or Hamilton is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) She speaks in a rambl incoherent manner, and requires bodily restrain which I was in the house she jumped out of the kitchen window, and was brought into the house by force She frequently says "Let be near me, and deliver me, for her's her Queen" &c &c

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Jas Hamilton, her husband says that besides the incoherent manner in which she speaks she often beco violent & destroys everything about her & only 3 months ago would injure herself & others, she had a fit of Epilepsy, lasting the case two years

Mrs Caroline Cuthbert Parish Minister corroborates the above statement of Mrs Hamilton as to her conduct

Name and Medical Designation, John Argyle Surgeon.

Place of Abode, Stranraer

Dated this 20th day of September One thousand eight hundred and seventy two

---

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, William Mc Neil being a (1) Doctor of Medicine of the University of Edinbu and Licentiate of the Royal College of Surgeons Edinb and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Culhorn Parish Parish of Inch Wigtown in the County of separately from any other Medical Practitioner, visited and personally examined (4) Mary Jane Rae or Hamilton wife of Labourer Jas Hamilton residing there and that the said Mary Jane Rae or Hamilton is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) She is restless & excited. tossing about in all kinds of positions in bed Constantly whispering & talking to herself Cannot answer a question put to her Coherently. have seen her in almost syncope after an Epileptic attack but never saw no convulsions

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her husband says She has had Epileptic attacks for some five years. that of late she has been thought to be gaining ab attack. Threatened to kill them & her child. that she cut his throat yesterday & tries to choke him. Has also threaten to Grumph herself

Mrs Caroline Cuthbert Parish Minister corroborates the above statement by her husband

Name and Medical Designation, William Mc Neil M.D.

Place of Abode, Stranraer

Dated this 20th day of September One thousand eight hundred and Seventy-two

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) 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 Dalby
Inspector of Poor, Parish of Inch
Certificates under the hands of John Orgill, Surgeon Stranraer
and William McNeil 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)
Mary Jane Rae or Hamilton, before designed and that the said
Mary Jane Rae or Hamilton is a (5) person of unsound mind

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Mary Jane Rae or Hamilton as a Patient into the (6) Public Asylum of the Southern Counties Dumfries and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mary Jane Rae or Hamilton which accompanied the said Petition.

DATED this twenty first day of September One thousand eight hundred and seventy two

P. Maclean S.S.

To the Superintendent of the (7) Public
Asylum of Southern Counties Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

Stranraer 21st September 1872

The within named Mary Jane Rae or Hamilton may be removed to Southern Counties Asylum Dumfries on Monday first the 23d. Sept. without injury to her health.

William McNeil. M.D.

726

Mary Jane Rae or Hamilton

23 September

1872

N.B.—This Form shall [illegible] Superintendent of the [illegible] the Sheriff is obtained.

PETITION TO [illegible]

RECEPT[illegible]

Sheriff or Steward. Shire or Stewartry.

Unto the Honourable [illegible] of Dumf[illegible]

The P[illegible]

Mochrum

humbly sheweth th[illegible] Medical Certificates, [illegible] your Petitioner's (†) [illegible] is at present in a stat[illegible] Asylum for the Insa[illegible] mission of the said [illegible] Southern Counti[illegible] into the the said Asy[illegible]

† State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

DATED this [illegible] eight hundred and [illegible]

‡ The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

If any of the Particu[illegible]

1. Christian Name and Surname of Patie[illegible] length, ...
2. Sex and Age, ...
3. Married, Single, or Widowed, . .
4. Condition of Life, and previous Occu[illegible] (if any), ...
5. Religious Persuasion, so far as known, .
6. Previous Place of Abode, . . .
7. Place where Found and Examined, .
8. Length of time Insane, . . .
9. Whether first Attack, . . .
10. Age (if known) on first Attack, . .
11. When and where previously under Exa[illegible] tion and Treatment, . . .
12. Duration of existing Attack, . . .
13. Supposed Cause, ...
14. Whether subject to Epilepsy, . . .
15. Whether Suicidal, ...
16. Whether Dangerous to others, . . .
17. Parish or Union to which the Lunatic [illegible] Pauper) is Chargeable, . . .
18. Date of becoming Chargeable, . . .
19. Christian Name and Surname, and Pla[illegible] Abode of nearest known Relative [illegible] Patient, and degree of Relationship [illegible] known), and whether any Member o[illegible] Family known to be or to have bee[illegible] same, ...
20. Special circumstances (if any) preventin[illegible] insertion of any of the above particul[illegible]

I certify, that, to the best of my kn[illegible]

DATED this 2[illegible]

(To be sig[illegible]

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) County of Dumfries and his Substitutes, or any of them

The Petition of Henry Montgomery Inspector of Poors

Mochrum humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mayaret Sinclair or 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 Mayaret Sinclair or Craig to the Southern Counties Asylum Dumfries and to sanction the admission into the the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

Henry Montgomery Inspector

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this 26th (4) day of September One thousand eight hundred and 72 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,	Mayaret Sinclair or Craig
2. Sex and Age,	Female 60 yrs
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,	Barchan - Mochrum
7. Place where Found and Examined,	Portwilliam
8. Length of time Insane,	Two days
9. Whether first Attack,	Third attack
10. Age (if known) on first Attack,	about 53
11. When and where previously under Examination and Treatment,	Southern Co's Asylum Dumfries
12. Duration of existing Attack,	Two days
13. Supposed Cause,	Cannot say
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	Yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Parish of Mochrum
18. Date of becoming Chargeable,	6th April 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,	Has no friends in this Parish. has a Sister living some where in Glasgow
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 26th day of September One thousand eight hundred and 72 yrs

(*To be signed by Party applying*) Henry Montgomery Inspector of Poors Mochrum P.P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.* Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, John Charles Douglas.
being a (1) Graduate of Glasgow University and Licentiate of the Royal College of Surgeons in Edinburgh
and being in actual practice as a (2) General practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Fort William Parish of Inverlochy Westerlow in the County of separately from any other Medical Practitioner, visited and personally examined (4) Margaret Sinclair or Craig - and that the said Margaret Sinclair or Craig is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Great excitement talks continually & her speech incoherent - Says she was in America yesterday - That her throat is full of worms - Keeps her own bolted & will not allow any one to enter -

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Mrs Catherine Robinson says she appears dreadfully much excited, and when she put her into the room today barred the door & shook her violently -

Name and Medical Designation, John C. Douglas M.D. L.R.C.S.

Place of Abode, Fort William

DATED this Twenty fifth day of September 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.*

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Thomas Anderson
being a (1) Graduate of the University of Edin
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) the Southern Counties Asylum in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Margaret Sinclair or Craig Portwilliam Pauper and that the said Margaret Sinclair or Craig is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)
Unusual excitement and gen incoherence.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Mr Montgomery Supt. informs me She is dangerous & requires to be

Name and Medical Designation, Thomas Anderson M.D.

Place of Abode, Crichton Royal Institution

DATED this twenty fifth day of September One thousand eight hundred and seventy two years

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, John Charles Douglas
being (1) Graduate in Medicine of Glasgow University
hereby certify, on soul and conscience, that I have this day, at (2) Bobbs Williams
in the County of Dumfries, seen and personally examined
Margaret Sinclair or Craig, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

John C. Douglas M.D. Glas.

DATED this Twenty fifth day of September One thousand eight hundred and seventy two years.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, James Gordon (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Henry Montgomery
Inspector of Poor of Dumfries
Certificates under the hands of John Charles Douglas
and Thomas ~~Henderson~~ Anderson, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
Margaret Sinclair or Craig, a pauper and that the said
Margaret Sinclair or Craig is a (5) person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Margaret Sinclair or Craig 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 Sinclair or Craig which accompanied the said Petition.

DATED this Twenty sixth day of September One thousand eight hundred and seventy two

James Gordon

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

N.B.—This Form shall re
Superintendent of the
the Sheriff is obtained.

PETITION TO
RECEPTI

Unto the Honourable
of Dumf

(*) Sheriff or Steward, (*) Sheriff or Steward-Substitute, or Sheriff-Substitute.

The P

humbly sheweth tha

Medical Certificates
your Petitioner's (*)

(*) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

is at present in a state
Asylum for the Insan
mission of the said
Sheriff-Substitute
into the said Asylum.

(*) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this
eight hundred and

If any of the Particu

1. Christian Name and Surname of Patie
length, ...
2. Sex and Age, ...
3. Married, Single, or Widowed, .
4. Condition of Life, and previous Occup
(if any), ...
5. Religious Persuasion, so far as known,
6. Previous Place of Abode, . .
7. Place where Found and Examined,
8. Length of time Insane, . .
9. Whether first attack, . .
10. Age (if known) on first Attack, .
11. When and where previously under Exa
tion and Treatment, . .
12. Duration of existing Attack, .
13. Supposed Cause, . . .
14. Whether subject to Epilepsy, .
15. Whether Suicidal, . . .
16. Whether Dangerous to others, .
17. Parish or Union to which the Lunatic
Pauper) is Chargeable, . .
18. Date of becoming Chargeable, .
19. Christian Name and Surname, and Pl
Abode of nearest known Relative
Patient, and degree of Relationsh
known), and whether any Member o
Family known to be or to have be
sane, ...
20. Special circumstances (if any) preventi
insertion of any of the above particu

I certify, that, to the best of my kn

DATED this

(To be sig

1
721
Mary Sinclair (Craig
26th Sept
1872

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Shire of Dumfries *and his Substitutes,*—

The Petition of Andrew Nish Inspector of Poor of Kirkmahoe

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Alexander Forbes Tanker Kirkdale School House Kirkmahoe

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (3) Tanker is at present in a state of Mental Derangement, and 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 Forbes to the Southern Counties Asylum and to sanction his admission into the said Asylum.

Andrew Nish Inspector

(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 September One thousand eight hundred and seventy-two.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Alexander Forbes
2. Sex and Age,	Male twenty six 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,	Kirkdale School house Kirkmahoe
7. Place where Found and Examined,	Do do do
8. Length of time Insane,	not known
9. Whether first attack,	Yes.
10. Age (if known) on first Attack,	26 years
11. When and where previously under Examination and Treatment,	
12. Duration of existing Attack,	a few days so far as known
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,	Kirkmahoe
18. Date of becoming Chargeable,	26th Sept. 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,	John Forbes Blacksmith Aberdour Fifeshire, Uncle, none so far as known
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this twenty sixth day of September One thousand eight hundred and seventy two.

(*To be signed by Party applying*) Andrew Nish 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 Clark
being a (1) Licentiate of the Faculty of Physicians and Surgeons of Glasgow.
and being in actual practice as a (2) Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Kirkdam Schoolhouse in the ~~County of~~ Stewartry of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) Alexander Forbes, Inmate, Kirkdam Schoolhouse. and that the said Alexander Forbes is a (5) Person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
Delusions. Believes he hears voices. Thinks people are wanting to kill him.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Violently excited. Threatens violence. Struck with a hammer & attempted to bite.
Mr Wm. Templeton.

Name and Medical Designation, James Clark, Surgeon

Place of Abode, Newton Stewart

DATED this 26th day of September One thousand eight hundred and 72

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, *or an insane person, or an idiot, or a person of unsound mind.*

I, the undersigned, Thomas Anderson
being a (1) Bachelor in Medicine & Reporter in Lunacy of the University of Edinburgh
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) the Sub-Asylum ~~Counties Asylum~~ Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Alexander Forbes. Kirkcudbright Schoolhouse. Pauper and that the said Alexander Forbes is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) That he suffers from a morbid apprehension of danger & has delusions e.g. That he is going to Australia to Catechise fish

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, Thomas Anderson. M.B.C.M.

Place of Abode. Crichton Royal Institution

DATED this twenty-fifth day of September One thousand eight hundred and Seventy two years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, James Clark
being (1) L.F.P.S. & Glasgow,
hereby certify, on soul and conscience, that I have this day, at (2) Kirkcudbright Townhouse
in the County of Kirkcudbright, seen and personally examined
Alexander Forbes, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

James Clark

Dated this 26th day of September One thousand eight hundred and 72

(1) State medical qualifications. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, James Gordon (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Andrew Nish
Inspector of Poor Kirkmahoe
Certificates under the hands of James Clark
and Thomas Anderson, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
Alexander Forbes, Teacher Kirkconnel School, Kirkmahoe (a pauper) and that the said
Alexander Forbes is a (5) person of unsound
mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Alexander Forbes as a Patient into the (6) Public Asylum of Southern Counties 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 Alexander Forbes which accompanied the said Petition.

Dated this twenty seventh day of September One thousand eight hundred and Seventy two years

R.S.

James Gordon

To the Superintendent of the (7) Public Asylum of Southern Counties

Dumfries

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1
728
Alexander Forbes
26th September
1872.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) County of Dumfries *and his Substitutes,—*

The Petition of James Sinclair, Inspector of Poor Kirkmahoe.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that George Balmer, Labourer, Quarrelwood Parish Kirkmahoe your Petitioner's (3) Parker is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said George Balmer 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.

James Sinclair

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 14th (4) day of October One thousand eight hundred and 72

STATEMENT.

If any 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 Balmer
2. Sex and Age,	Male – 43
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,	Quarrelwood, Kirkmahoe
7. Place where Found and Examined,	Quarrelwood, Kirkmahoe
8. Length of time Insane,	Three days
9. Whether first Attack,	No
10. Age (if known) on first Attack,	8 or 9 years
11. When and where previously under Examination and Treatment,	Ayr Asylum, & S. C. Asylum, Dumfries
12. Duration of existing Attack,	Three days
13. Supposed Cause,	Hereditary tendency
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	Yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Kirkmahoe
18. Date of becoming Chargeable,	3rd October 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,	Elizabeth Balmer – Wife Wife 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 14th day of October One thousand eight hundred and 72

(*To be signed by Party applying*) James Sinclair

P. P

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 in Glasgow and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Quarrelwood Parish of Kirkmahoe in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) George Balmer, Labourer, Quarrelwood Parish of Kirkmahoe, Dumfries and that the said George Balmer 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)

Hallucination - Suicidal - Complaints against the Sun - Clouds not moving right - Hills located in wrong places &c. He is in the habit of damning his household & did also endeavour to alarm and intimidate myself by outrageous words and violent Conduct.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

His previous confinement in Dumfries & Ayr Asylums - and also his general recent deportment as reported home by his fellow workman, John Quarrelwood, also his wife, family and neighbours.

Name and Medical Designation, James Johnstone Paterson Member of Royal College of Physicians

Place of Abode, Dinglanstyle

DATED this 4th day of October One thousand eight hundred and 72

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Thomas Anderson being a (1) Bachelor in Medicine & Master in Surgery of the University of Edinburgh and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) the Crichton Royal Institution Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) George Balmer Labourer, Quarrelwood. Kirkmahoe and that the said George Balmer 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) Very great excitement, He assaults & kicks all those who approach him.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Mr James Sinclair informs me that during the night he required to be on to hold him.

Name and Medical Designation, Thomas Anderson M.B. C.M.

Place of Abode, Crichton Royal Institution

DATED this Fourth day of October One thousand eight hundred and Seventy two years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, James Johnstone Paterson being (1) a Member of the Royal College of Physicians Glasgow hereby certify, on soul and conscience, that I have this day, at (2) Quarrelwood, Kirkmahoe in the County of Dumfries, seen and personally examined George Baliner, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

James Johnstone Paterson

DATED this 4th day of October One thousand eight hundred and 72.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope, (1) Sheriff Substitute, of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) James Sinclair, Inspector of Poor, Kirkmahoe Certificates under the hands of James Johnstone Paterson, and Thomas Anderson, , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) George Baliner Labourer Quarrelwood Kirkmahoe & Parish and that the said George Baliner, 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 Baliner, as a Patient into the (6) Public Asylum of Southern Counties, Dumfries, and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said George Baliner which accompanied the said Petition.

DATED this Fourth day of October One thousand eight hundred and Seventy two 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.

N.B.—This Form shall
Superintendent of the
the Sheriff is obtained.

PETITION TO
RECEPT

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable
of Dum

The P

humbly sheweth th
Medical Certificates,
your Petitioner's (3)
is at present in a
Asylum for the Insa
mission of the said
into the the said Asy

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this
eight hundred and

If any of the Particu

1. Christian Name and Surname of Patie
length, ...
2. Sex and Age, ...
3. Married, Single, or Widowed, .
4. Condition of Life, and previous Occu
(if any), ...
5. Religious Persuasion, so far as known,
6. Previous Place of Abode, . .
7. Place where Found and Examined,
8. Length of time Insane, . .
9. Whether first Attack, . .
10. Age (if known) on first Attack, .
11. When and where previously under Exa
tion and Treatment, . .
12. Duration of existing Attack, .
13. Supposed Cause, . . .
14. Whether subject to Epilepsy, .
15. Whether Suicidal, . . .
16. Whether Dangerous to others, .
17. Parish or Union to which the Lunatic
Pauper) is Chargeable, . .
18. Date of becoming Chargeable, .
19. Christian Name and Surname, and P
Abode of nearest known Relative
Patient, and degree of Relations
known), and whether any Member
Family known to be or to have be
ness, ...
20. Special circumstances [if any] prevent
insertion of any of the above partic

I certify, that, to the best of my k

DATED this Twenty fifth

(To be s

1
729
George Palmer
14th October
1872

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) County of Dumfries *and his Substitutes;*—

The Petition of James Argyll Sinclair Banker

[illegible] Aberdeen humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Miss Mary Norman Sinclair 20 Bonaccord Terrace Aberdeen

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (3) Sister is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Mary Norman Sinclair to the Crichton Royal Institution Dumfries and to sanction her admission into the the said Asylum.

James Argyll Sinclair

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 25th (4) day of September One thousand eight hundred and Seventy two -

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STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Mary Norman Sinclair
2. Sex and Age,	Female - 54 -
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,	Usually at Durran Lodge, East Sheen Surrey -
7. Place where Found and Examined,	Was first taken ill in North Wales - Is now at Wyke House - Blackheath
8. Length of time Insane,	Since 20th August last, when first attack came on
9. Whether first Attack,	Yes -
10. Age (if known) on first Attack,	54 -
11. When and where previously under Examination and Treatment,	Has been since 24th August last under Medical care at Wyke House Blackheath near London
12. Duration of existing Attack,	Since 20th August last -
13. Supposed Cause,	Time of life -
14. Whether subject to Epilepsy,	No -
15. Whether Suicidal,	No -
16. Whether Dangerous to others,	No -
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of her Family known to be or to have been Insane,	James Argyll Sinclair, Banker, 20 Bonaccord Terrace, Aberdeen, and Charles Home Sinclair Durran Lodge East Sheen Surrey - her two half-brothers - No other Member of her family are 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 September One thousand eight hundred and seventy two

(*To be signed by Party applying*) James Argyll Sinclair

P. p

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or an insane person, 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 Rees Wethecombe, being a (1) Member of the Royal College of Physicians in London and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Wyke House Isleworth in the County of Middlesex separately from any other Medical Practitioner, visited and personally examined (4) Mary Norman Sinclair and that the said Mary Norman Sinclair is a (5) person of unsound mind and a proper person to be detained 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 in direct communication with God, that the Spirit speaks to her and tells her what to do, and that she must obey his commands even though it were to the injury of others & herself.

2. Other facts (if any) indicating Insanity communicated to me by others: (7) She told Dr Dudgeon her brother in Law that she ate no food and could live without, while it is well known she has a very good appetite & partook of whatever came to table

Name and Medical Designation, J R Wethercombe M.D.

Place of Abode, 3 Spring Terrace Richmond

DATED this Twentieth day of September One thousand eight hundred and Seventy two.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Wm Fredk N Burgess being a (1) Bachelor of medicine of London University Physician and being in actual practice as a (2) hereby certify, on soul and conscience, that I have this day, at (3) Wyke House Isleworth in the County of separately from any other Medical Practitioner, visited and personally examined (4) Miss Mary Norman Sinclair and that the said Mary Norman Sinclair is a (5) Lunatic and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Says she is in constant communication with God – That her food has been poisoned – That she has been in a trance – Brandy has been given her to make her mind

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) By Dr Willett Wyke House — She has delusions regarding spirits &c.

Name and Medical Designation, W M Burgess M.B Lon

Place of Abode, Bethlem Royal Hospital

DATED this 21 day of Sept One thousand eight hundred and 72.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, James Gordon (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) James Augustus Sinclair Banker Bonaccord Terrace, Aberdeen
Certificates under the hands of John Rea ~~Motherwell~~ Witherombe
and William D. K. Burgess , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
Mary Norman Sinclair Bonaccord Terrace Aberdeen 8th Sept and that the said
Mary Norman Sinclair 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 Mary Norman Sinclair 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 Norman Sinclair which accompanied the said Petition.

DATED this twenty sixth day of September One thousand eight hundred and Seventy two years. one word delete

James Gordon

To the Superintendent of the (7) Public,
Asylum of Crichton Royal Institution

Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1261

Norman
v Mary # Sinclair

7th " October

1872

"

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) County of Dumfries *and his Substitutes,—*

The Petition of D. Clapperton Insp: of Poor, Annan,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Janet Blaylock or Newton George St. Annan, your Petitioner's (3) Pauper

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Janet Blaylock or Newton to the Southern Counties Asylum and to sanction her admission into the the said Asylum.

Duncan Clapperton

(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 October One thousand eight hundred and Seventy Two,

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STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Janet Blaylock or Newton.
2. Sex and Age,	Female, 46 years.
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	No Occupation
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	George Street. Annan.
7. Place where Found and Examined,	Do Do
8. Length of time Insane,	Not Known.
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 to have been previously under examination and treatment.
12. Duration of existing Attack,	Only Known to me for about 2 weeks.
13. Supposed Cause,	Deserted by her husband and naturally weak minded.
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	No
16. Whether Dangerous to others,	Abuses her children.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Annan.
18. Date of becoming Chargeable,	5 October, 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,	John Blaylock. Bowness Wynd. Annan. Brother of Patient. None 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 Eighth day of October One thousand eight hundred and Seventy Two Years,

(*To be signed by Party applying*) Duncan Clapperton

P. P

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Willm Ewart being a (1) Licentiate of the Royal College of Surgeons in Edinburgh and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Eden in the County of Strathmiglo separately from any other Medical Practitioner, visited and personally examined (4) Janet Blaylock or Newton a pauper and that the said Janet Blaylock or Newton is a (5) Person of unsound Mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Her general appearance, Excited Manner, and rambling talk

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Informed by Neighbours that she abuses her children, and otherways misbehaves herself

Name and Medical Designation, Willm Ewart Surgeon

Place of Abode, Edenmore Strathmiglo, Aberdeen

DATED this eighth day of October One thousand eight hundred and seventy two

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MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, James Little being a (1) Doctor of Medicine & Licentiate of the Royal College of Surgeons of Edinburgh and being in actual practice as a (2) General Medical Practitioner hereby certify, on soul and conscience, that I have this day, at (3) George Street Annan in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Janet Blaylock or Newton pauper and that the said Janet Blaylock or Newton is a (5) person of Unsound Mind and a proper person to be detained 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 rambling talk, excited look, and her general appearance

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Told by her neighbours that she becomes very excited and strong especially at night screams & abuses her children

Name and Medical Designation, James Little M.D. Surgeon

Place of Abode, Mayfield Annan

DATED this eighth day of October. One thousand eight hundred and seventy two

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, Willm Ewart
being (1) Surgeon — Medical Practitioner
hereby certify, on soul and conscience, that I have this day, at (2) George Street, Annan
in the County of Dumfries, seen and personally examined
Janet Blaylock or Newton, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Willm Ewart, Surgeon

Dated this eighth day of October One thousand eight hundred and Seventy two

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope — (1) Sheriff Substitute,
of the (2) County of Dumfries,
having had produced to me, with a Petition at the instance of (3) Duncan Clapperton,
Inspector of Poor, Annan
Certificates under the hands of William Ewart
and James Little, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Janet Blaylock or Newton, George Street, Annan, (a Pauper)
and that the said Janet Blaylock or Newton, is a (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 Blaylock or Newton as a Patient into the (6) Public Asylum of Southern Counties Dumfries and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Janet Blaylock or Newton, which accompanied the said Petition.

Dated this Ninth day of October, One thousand eight hundred and Seventy two.

David Boyle Hope

To the Superintendent of the (7) Public Asylum of Southern Counties Dumfries.

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1/730

Janet Blaylock or Newton

8th October

1872

N.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 Honorable the (1) Sheriff *of the* (2) County of Dumfries and his Substitutes,—

The Petition of Robert Moncreiff Rome Inspector of Poor Langholm

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Jane Cowan (Petitioner's Pauper) is at present in a state of Mental Derangement and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Jane Cowan to the Southern Counties Asylum and to sanction her admission into the said Asylum.

(SIGNATURE) R. M. Rome

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Eighth (3) day of October one thousand eight hundred and Seventy two.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Jane Cowan
2. Sex and Age,	Female 73 Years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Farm Servant
5. Religious Persuasion, so far as known,	Presbyterian
6. Previous Place of Abode,	North Langholm
7. Place where Found and Examined,	Langholm
8. Length of time Insane,	
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	
11. When and where previously under Examination and Treatment,	
12. Duration of Existing Attack,	Appears to have been coming on for years
13. Supposed Cause,	
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	Threatens but not considered dangerous
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Langholm
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Mrs Alexander Bell Rope Maker, Rope Walk, Manchester
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(SIGNATURE)* Name, R. M. Rome

DATED this Eighth day of October one thousand eight hundred and Seventy Two

* To be Signed by the Party applying.

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, William Johnston Carlyle M.D. Ed
being a (1) Licentiate of the Royal College of Surgeons Edinb
and being in actual practice as a (2) Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Casual Sick Ward
Langholm in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Jane Cowan and that
the said Jane 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) Labours under rav
delusions such as, Believing herself pregnant to the
persons of devils, & in constant dread of Jesus of his
Satanic Majesty. Imagines that parking persons hou
wrongs her. Thinks I consider her a mad woman —

(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 been communicated to
by Mr & Mrs Andrew Hogg, Parliament Square
Langholm

(SIGNED) *Name and Medical Designation,* W.J. Carlyle M.D. Surgeon

Place of Abode, Langholm

DATED this 30th day of September One thousand eight hundred and 72

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Munro
being a (1) Member of the Royal College of Physicians E
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Casual Sick
Poor House, Langholm in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Jane Cowan and that
the said Jane 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) Imagines
herself to be possessed of Evil Spirits. —
And spends the greater part of her days an
nights in fighting with and swearing against the

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Spir
The above facts have been communicated
to me by the woman in charge of the Poor House
and by the Poor Inspector. —

(SIGNED) *Name and Medical Designation,* D. Munro L.R.C.P. Ed

Place of Abode Langholm.

DATED this Seventh day of October one thousand eight hundred and Seventy-two.

CERTIFICATE OF EMERGENCY.

(This certificate authorizes the detention of a Patient in an Asylum for a period of twenty-four hours without the Order of the Sheriff, and shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a second Medical Certificate and the Order of the Sheriff.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that
is a (1) hereby further certify that the Case
of the said is one of Emergency, and I recommend the immediate removal of the said
to an Asylum accordingly.

Name,

Place of Abode,

DATED this day of One thousand eight hundred and

(1) Lunatic or an insane person, or an idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope, (1) Sheriff Substitute, of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) Robert Moncrieff Rome, Inspector of Poor, Langholm, Certificates under the hands of William Johnstone Carlyle and Donald Munro, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Jane Cowan, Canal Sick Poorhouse Langholm, a Pauper, and that the said Jane 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 Jane 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 Jane Cowan, which accompanied the said Petition.

(SIGNATURE) David Boyle Hope

DATED this Ninth day of October one thousand eight hundred and Seventy two,

To the Superintendent of the (6) Public
Asylum of Southern Counties
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, or Private.

25 and 26 Vic

APPLICATION TO THE GENER

TRANSFER OF A PATIENT

I, the undersigned James
being desirous to transfer John
at present a Patient in Gartmarr
detained at my instance a
Reich of which I am Inspector
Southern Counties' Asylum,
the Board to such transfer; and I subjoi
John Carruthers
respect to his mental and bodil

Dated at Applegarth
One thousand eight hundred and seve

ST

1. Christian Name and Surname of Patie
length,
2. Sex and Age,
3. Married, Single, or Widowed,
4. Condition of Life, and Previous Occup
(if any),
5. Religious Persuasion, so far as known,
6. Date of Admission into Asylum,
7. Length of time Insane,
8. Whether first Attack,
9. Age (if known) on first Attack,
10. Duration of existing Attack,
11. Supposed Cause,
12. Whether subject to Epilepsy,
13. Whether Suicidal,
14. Whether Dangerous to others,
15. Parish to which the Lunatic (if a Pauper
Chargeable,
16. Christian Name and Surname, and
the Patient, and degree
(if known), and whether any M
Family known to be, or to have
Insane, No

I certify that, to the best of my know

(To be signed by the Applicant)

Dated this Fourteenth day of
hundred and Seventy two.

N.B.—The foregoing particulars are
whose care the Patient is to be transferre

1/
731
Jane Govan
15th October
1872

[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 Fraser.
being desirous to transfer John Carruthers
at present a Patient in Gartnavel Asylum, Glasgow, and (¹) detained at my instance as a Pauper Lunatic of the Parish of which I am Inspector of the Poor from the said Asylum to the Southern Counties' Asylum, Dumfries, hereby request the authority of the Board to such transfer; and I subjoin a Statement of Particulars regarding the said John Carruthers 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 Fraser.
Inspector of Poor, of Applegarth

DATED at Applegarth this Fourteenth day of October One thousand eight hundred and Seventy two.

(²) State degree of Relationship, or other capacity in which Applicant stands to Patient.

STATEMENT.

1. Christian Name and Surname of Patient at length,	John Carruthers
2. Sex and Age,	Male — 56 years —
3. Married, Single, or Widowed,	Single,
4. Condition of Life, and Previous Occupation (if any),	Licensed Preacher
5. Religious Persuasion, so far as known,	Protestant
6. Date of Admission into Asylum,	18th September, 1872.
7. Length of time Insane,	Not Known, has just returned from America where he has resided many years
8. Whether first Attack,	not Known
9. Age (if known) on first Attack,	Not Known
10. Duration of existing Attack,	Not Known
11. Supposed Cause,	Not Known
12. Whether subject to Epilepsy,	Not known
13. Whether Suicidal,	Not known
14. Whether Dangerous to others,	Not known
15. Parish to which the Lunatic (if a Pauper) is Chargeable,	Applegarth Parish
16. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of the Family known to be, or to have been Insane,	Peter Grahame, Local Agent, Blackburn (Cousin) Grahame Wife of the above residing with Rose, Gemock, Glenluce (Cousin)

I certify that, to the best of my knowledge, the above particulars are correctly stated.

(*To be signed by the Applicant*) James Fraser.

DATED this Fourteenth day of October One thousand eight hundred and Seventy two.

N.B.—The foregoing particulars are required for the information of the authorities to whose care the Patient is to be transferred.

MEDICAL CERTIFICATE.

I, the undersigned Alexander Henderson.

(1) State Medical Qualification.
(2) Name Asylum.

being (1) Licentiate of the Coll. of Physicians & Surgeons. Glasgow
hereby certify that I have this day at (2) Gartnavel Asylum. Glasgow.
personally examined John Carruthers. a pauper at present a Patient in said Asylum, and with respect to his Mental State that he is of unsound mind. not dangerous. & incapable of deriving benefit from treatment in an Asylum.

; and with respect to his Bodily ~~Health~~ and Condition that is good.

and I further certify that, in my opinion, there is nothing in the Mental or Bodily Condition of the Patient to contraindicate removal to the Asylum of the Southern Counties Asylum. Dumfries.

Alex. Henderson, Surgeon.

Dated this Sixteenth day of October One thousand eight hundred and Seventy two years.

SANCTION BY THE BOARD OF LUNACY.

(Under this Sanction a Patient may be Transferred without an Order of the Sheriff.)

(1) Insert at whose instance the Lunatic is detained, or the nearest known Relative of the Lunatic, or the Inspector of the Parish by which the expense of the maintenance of the Lunatic is defrayed.

Application having been made to the Board by (1) Inspector of Poor Applegarth
to authorize the transfer of John Carruthers
from Glasgow Royal Asylum to Dumfries Royal Asylum, and the Board having considered such application and the accompanying Medical Certificate, do hereby (2) authorize the transfer of the said John Carruthers as requested.

(2) This order cannot be acted upon after 14 days from date of it

Commissioner.

Dated at Edinburgh, this 22nd day of [illegible] thousand eight hundred and Seventy two [illegible]

Date of Order 21st Sept 1872.

1/733
John Carruthers
28/10/72

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *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, Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (1) County of Dumfries *and his Substitutes,—*

The Petition of William Mann Inspector of poors of Berwick humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Rebecca Thomson Residing at Coffield Parkhouse is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Rebecca Thomson to the Southern Counties Asylum and to sanction the admission into the the said Asylum.

(2) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

William Mann

Dated this twenty sixth (3) day of October One thousand eight hundred and Seventy Two

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Rebecca Thomson
2. Sex and Age,	Female age 16. 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,	Coffield Parkhouse
7. Place where Found and Examined,	25 Castle St Dumfries & S.C. Asylum
8. Length of time Insane,	From Infancy
9. Whether first Attack,	
10. Age (if known) on first Attack,	
11. When and where previously under Examination and Treatment,	not previously under treatment.
12. Duration of existing Attack,	unknown
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,	Berwick Kirkcudbright Shire
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known 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 17th day of October One thousand eight hundred and Seventy Two

(To be signed by Party applying) William Mann

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Hugh Cunningham being a (1) Member of the Royal College of Physicians in Edinburgh, & 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) Rebecca Thomson, Pauper and that the said Rebecca Thomson is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) There is an obliteration of the intellect, and a vacant appearance of the countenance.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, Hugh Cunningham

Place of Abode, 25 Castle Street, Dumfries

DATED this seventeenth day of October One thousand eight hundred and seventy two years.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Thomas Anderson being a (1) Bachelor in Medicine & Master in Surgery of the University of Edinburgh and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 25 Castle Street in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Rebecca Thomson & Forthwith, pauper and that the said Rebecca Thomson is a (5) an idiot and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Her intellectual powers are imbecile developed - & she is unable answer questions with precision

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Mr Thomson the inspector of Poor informed me that she suffers from epileptic tendencies

Name and Medical Designation, Thomas Anderson M.B.

Place of Abode, Crichton Royal Institution

DATED this seventeenth day of October One thousand eight hundred and seventy two years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, Thomas Anderson being (1) Bachelor in Medicine & Master in Surgery of Edinr. hereby certify, on soul and conscience, that I have this day, at (2) Southern Counties Asylum in the County of Dumfries, seen and personally examined Rebecca 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.

Thomas Anderson M.B. & C.M.

DATED this Seventeenth day of October One thousand eight hundred and Seventy two years

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, ~~David Smyth Hyde~~ James Smyth (3) Sheriff Substitute of the (4) County of Dumfries, having had produced to me, with a Petition at the instance of (5) William Mein, Inspector of Poor Parish Certificates under the hands of Hugh Cunningham and Thomas Anderson, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (6) Rebecca Thomson, 25- Castle St Dumfries (a Pauper) and that the said Rebecca Thomson is a (7) person of unsound mind, and an idiot, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Rebecca Thomson 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 Rebecca Thomson, which accompanied the said Petition.

Clerk. DATED this Seventeenth day of October One thousand eight hundred and Seventy two. Three words delete.

James Smyth

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.
(8) Public, District, Parochial, or Private.
(9) Public, District, Parochial, or Private.

1/
732
Rebecca Thomson
17th October
1872
"

N. B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) County of Dumfries *and his Substitutes*—

The Petition of John Dinwoodie Inspector of the Poor for the Parish of Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Kirkpatrick residing at Mills 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 James Kirkpatrick to the Southern Counties Asylum and to sanction his admission into the the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

John Dinwoodie

(4) The date of the petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Twenty ninth (4) day of October One thousand eight hundred and Seventy two

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STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	James Kirkpatrick
2. Sex and Age,	Male 40 years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	do Butcher
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Dumfries
7. Place where Found and Examined,	do
8. Length of time Insane,	about three weeks
9. Whether first Attack,	yes
10. Age (if known) on first Attack,	about 40 years
11. When and where previously under Examination and Treatment,	Was never under treatment before
12. Duration of existing Attack,	about three weeks
13. Supposed Cause,	want of employment alleged
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	yes
16. Whether Dangerous to others,	no
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dumfries
18. Date of becoming Chargeable,	29 Oct 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,	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 October One thousand eight hundred and Seventy two

(*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, John [illegible]
being a (1) Graduate of Edinburgh & Master
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Gills [illegible]
Inquiring, Dumfries in the County of
separately from any other Medical Practitioner
Dumfries James Kirkpatrick
Pauper and that
visited and personally examined (4)
the said James Kirkpatrick 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) Conversation, The case
is dull melancholic appearance & manner
& mark the recent
wound on the anterior part of his neck
which he has a slight recollection of causing on attempting to
commit Suicide

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
His wife informs me that during the last three weeks he mother
has apparent come has been quite changed, very retire
dull in spirits & unable to work as formerly also that he
attempted to cut his throat
on the 21st ult.

Name and Medical Designation, John [illegible] M.D.

Place of Abode, St Castle Dumfries

Dated this 29th day of October One thousand eight
hundred and 72 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 Campbell
being a (1) Graduate of the Faculty of Physicians &
Surgeon 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) Dumfries Asylum house
Dumfries in the County of
separately from any other Medical Practitioner
visited and personally examined (4) James Kirkpatrick (a pau
the said James Kirkpatrick 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 & moroseness
Imagines that he has got to pay damages
to some person & that he will be sent to
to be punished &c &c.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
His wife tells me that he attempted
to commit Suicide about a fortnight ago

Name and Medical Designation, William [illegible] M.B.

Place of Abode, Buccleuch Street Dumfries

Dated this 29th day of October One thousand eigh
hundred and Seventy two years

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, being (1) Graduate of Edinburgh University hereby certify, on soul and conscience, that I have this day, at (2) Mills Cove, Dumfries in the County of Dumfries, seen and personally examined James Kirkpatrick, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

John Smith, M.B.C.M.

DATED this 29th day of October, One thousand eight hundred and 92 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) James Kirkpatrick, Mills Cove, Dumfries, (a Pauper) and that the said James Kirkpatrick, 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 Kirkpatrick, 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 Kirkpatrick, which accompanied the said Petition.

DATED this Twenty ninth day of October One thousand eight hundred and Ninety two

David Boyle Hope

To the Superintendent of the (7) Public Asylum of Southern Counties Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1

734

James Kirkpatrick

29th October

1872

11

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Steward of Kirkcudbright *and his Substitutes,—*

The Petition of Robert Shaw Quintin Richardson Inspector of the Poor of the County of (2) Stewartry humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Marion Findlay residing in King Street Castle Douglas ~~your Petitioner's~~ (3) is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Marion Findlay 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.

R Richardson Inspector

(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 October One thousand eight hundred and Seventy two.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Marion Findlay
2. Sex and Age,	female - Twenty four
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,	Colmonell: Ayrshire
7. Place where Found and Examined,	King Street Castle Douglas
8. Length of time Insane,	two days
9. Whether first Attack,	no.
10. Age (if known) on first Attack,	not known
11. When and where previously under Examination and Treatment,	under care & treatment of her friends
12. Duration of existing Attack,	not known
13. Supposed Cause,	not known
14. Whether subject to Epilepsy,	no.
15. Whether Suicidal,	no attempts
16. Whether Dangerous to others,	
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Colmonell
18. Date of becoming Chargeable,	28 October 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,	Andrew Dennistoun Fraser Academy St Castle Douglas. a near relative
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	—

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Twenty ninth day of October One thousand eight hundred and Seventy two years

(*To be signed by Party applying*) R Richardson 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, Walter Lorraine M.B. & L.R.C.S.Ed.
being a (1) Graduate of Edin. Univer.
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
in the County of
Kirkcudbright
separately from any other Medical Practitioner,
visited and personally examined (4) Marion Findlay
and that
the said Marion Findlay is a (5) Insane Per
and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Sheis silent & mutters with intervals of quietness during wh she has an abstracted rather vacant appearance - She answers no questions but mutters her own name & talks

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Her brother in lunacy, she was formerly insane when sent to him some time ago from Colonsay - She is now violent, shouting & with intervals of quietness

Name and Medical Designation, Walter Lorraine M

Place of Abode, Castle Douglas

DATED this 29 day of October 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.

(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) Knight Castle
in the County of
Kirkcudbright
separately from any other Medical Practitioner,
visited and personally examined (4) Marion Findlay
and that
the said Marion Findlay is a Lunatic Per
and a proper person to be detained
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 will not an questions directly but talks in an incoherent manner & says things that happened upon dom principally on religious matters - violent with intervals of quietness - vacant stare &c her friends

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Her friends say that she gets outrageous occasionally, throwing water about & tearing off her clothes and requiring to be put in a State of restraint

Name and Medical Designation, J. John Nivison M

Place of Abode, Castle Douglas

DATED this 29th day of October One thousand eight hundred and Eighty two years

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William Hyacinth Dunbar (1) Steward Substitute of the (2) Stewartry of Kirkcudbright having had produced to me, with a Petition at the instance of (3) Christopher Rimple Richardson, Inspector of the Poor of the parish of Kelton 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) Marion Findlay a pauper and that the said Marion Findlay is a (5) insane person and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Marion Findlay as a Patient into the Kirkcudbright 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 Marion Findlay which accompanied the said Petition.

DATED this Twenty ninth day of October One thousand eight hundred and Seventy two years

W H Dunbar

To the Superintendent of the (7)
Asylum of Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

N.B.—This Form shall no
Superintendent of the A
the Sheriff is obtained.

PETITION TO
RECEPTI

(§ Sheriff or Steward, Shire or Stewartry.

Unto the Honourable
of Banf

The Pe

humbly sheweth that

Medical Certificates, t

your Petitioner's (†)

is at present in a state

Asylum for the Insane

mission of the said

Southern C

into the the said Asyl

(†) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(‡) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this

eight hundred and

If any of the Particula

1. Christian Name and Surname of Patient length, ...
2. Sex and Age, ...
3. Married, Single, or Widowed, .
4. Condition of Life, and previous Occupa (if any), ...
5. Religious Persuasion, so far as known,
6. Previous Place of Abode, . .
7. Place where Found and Examined,
8. Length of time Insane, . .
9. Whether first Attack, . .
10. Age (if known) on first Attack, .
11. When and where previously under Exami tion and Treatment, . .
12. Duration of existing Attack, .
13. Supposed Cause, . . .
14. Whether subject to Epilepsy, .
15. Whether Suicidal, . . .
16. Whether Dangerous to others, .
17. Parish or Union to which the Lunatic Pauper) is Chargeable, . .
18. Date of becoming Chargeable, .
19. Christian Name and Surname, and Plac Abode of nearest known Relative of Patient, and degree of Relationship known), and whether any Member of Family known to be or to have been same, ...
20. Special circumstances (if any) preventing insertion of any of the above particulars

I certify, that, to the best of my know

DATED this 31st

day

(To be signe

735
Marion Findlay.
29th October
1872

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) County of Dumfries *and his Substitutes.*

The Petition of John Bell Inspector of Poor of ...h of Moffat humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Jean Hunter East gate Moffat 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 Jean Hunter 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 Bell

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 31st (4) day of October One thousand eight hundred and Seventy two.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Jean Hunter
2. Sex and Age,	Female - 21 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,	Established Church
6. Previous Place of Abode,	Eastgate. Moffat
7. Place where Found and Examined,	Eastgate. Moffat
8. Length of time Insane,	a week
9. Whether first Attack,	Yes
10. Age (if known) on first Attack,	21 years
11. When and where previously under Examination and Treatment,	Not under Treatment before
12. Duration of existing Attack,	one week
13. Supposed Cause,	Not Known
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Not Known
16. Whether Dangerous to others,	Not Known
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Kirkpatrick Juxta
18. Date of becoming Chargeable,	28th Oct 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,	Agnes Hunter. Eastgate. Moffat Mother - not known
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 31st day of Oct. One thousand eight hundred and Seventy two

(*To be signed by Party applying*) John Bell Inspector of Poor for the Parish of Moffat
P.P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, James Munro being a (1) Member of the Royal College of Physicians & Licentiate of the Royal College of Surgeons Edin and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Eastgate Moffat in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Jean Hunter. Eastgate Moffat. Pauper and that the said Jean 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)
Knocking her hand on the bed. biting her fingers. kicking against the wall & saying she feels smells & sees people speaking about

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
requiring to be held in bed & before I saw requiring to be tied down - as well as the facts observed by myself

Name and Medical Designation, James Munro MD

Place of Abode, Moffat

DATED this 31st day of Oct. One thousand eight hundred and seventy two

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MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Thomas Anderson being a (1) Bachelor in Medicine & Master in Surgery of the University of Edinburgh and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) the Southern Counties' Asylum in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Jean Hunter, Eastgate Moffat. Pauper and that the said Jean 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)
Maniacal excitement, & general incoherence. She resists all attempts of personal control.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, Thomas Anderson MB.

Place of Abode, Crichton Royal Institution

DATED this 31st day of October One thousand eight hundred and seventy two years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, James Munro being (1) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (2) Eastgate, Moffat in the County of Dumfries, seen and personally examined Jean Hunter. , and that the said person is of unsound mind, and 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 31st day of Oct. One thousand eight hundred and Seventy two

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) John Bell Inspector of Poor Moffat Certificates under the hands of James Munro and Thomas Anderson, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Jean Hunter, Eastgate Moffat a Pauper and that the said Jean Hunter is a (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 Hunter 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 Jean Hunter which accompanied the said Petition.

DATED this Thirty first day of October One thousand eight hundred and Seventy two David Boyle Hope

To the Superintendent of the (7) Public Asylum of Southern Counties Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

N.B.—This Form shall not be used until the Superintendent of the Asylum and the Sheriff is obtained.

PETITION TO T
RECEPTIO

(*) Sheriff or Steward, Mayor or Seneschy.

Unto the Honourable
of Dumfr
The Peti

humbly sheweth that
Medical Certificates, th
your Petitioner's (†)
is at present in a state
Asylum for the Insane,
mission of the said
Crichton Roya
into the the said Asylum

(†) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

Dated this
eight hundred and

(‡) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

If any of the Particular

1. Christian Name and Surname of Patient
length, . . .
2. Sex and Age, . . .
3. Married, Single, or Widowed, .
4. Condition of Life, and previous Occupati
(if any), . . .
5. Religious Persuasion, so far as known,
6. Previous Place of Abode, . .
7. Place where Found and Examined,
8. Length of time Insane, . .
9. Whether first Attack, . .
10. Age (if known) on first Attack, .
11. When and where previously under Examina
tion and Treatment, . .
12. Duration of existing Attack, .
13. Supposed Cause, . . .
14. Whether subject to Epilepsy, .
15. Whether Suicidal, . . .
16. Whether Dangerous to others, .
17. Parish or Union to which the Lunatic (if
Pauper) is Chargeable, . .
18. Date of becoming Chargeable, .
19. Christian Name and Surname, and Place
Abode of nearest known Relative of t
Patient, and degree of Relationship
known), and whether any Member of
Family known to be or to have been I
sane, . . .
20. Special circumstances (if any) preventing th
insertion of any of the above particulars,

I certify, that, to the best of my knowl

Dated this
two years.

(To be signed

1/
736
Allan Hunter
31st October
1872

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) County of Dumfries *and his Substitutes,—*

The Petition of John Armstrong Farmer Brecombede Annan, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Isabella Irving or Armstrong, 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 Irving or Armstrong to the Crichton Royal Institution and to sanction her admission into the the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

John Armstrong

(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 Two.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Isabella Irving or Armstrong
2. Sex and Age,	Female, 52 Years.
3. Married, Single, or Widowed,	Widow.
4. Condition of Life, and previous Occupation (if any),	Farmer.
5. Religious Persuasion, so far as known,	Protestant.
6. Previous Place of Abode,	Brectonbede Near Annan.
7. Place where Found and Examined,	Scotsfield Near Annan
8. Length of time Insane,	about 2 weeks.
9. Whether first Attack,	2nd attack
10. Age (if known) on first Attack,	41 Years.
11. When and where previously under Examination and Treatment,	Crichton Royal Institution
12. Duration of existing Attack,	About 2 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,	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 Armstrong, Brectonbede, Near Annan. Son of Patient. 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 Second day of November One thousand eight hundred and Seventy Two years.

(To be signed by Party applying) John Armstrong

P. p

MEDICAL CERTIFICATE, No. I.

(*) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(†) Physician or Surgeon, *or otherwise, as the case may be.*

(‡) *Insert the street and number of the house (if any), or other like particulars.*

(§) *Insert Designation and Residence, and if a Pauper state so.*

(¶) Lunatic, *or an insane person, or an idiot, or a person of unsound mind.*

(**) *State the facts.*

(††) *State the information, and from whom derived.*

I, the undersigned, James Carruthers being a (*) Licentiate of the Royal College of Surgeons of Edinburgh and being in actual practice as a (†) Surgeon hereby certify, on soul and conscience, that I have this day, at (‡) Scotsfield in the parish of Kirkpatrick Fleming in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (§) Isabella Armstrong, widow, Brecombeds in the parish of Annan and that the said Isabella Armstrong or Irving is a (¶) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (**) Lowness of Spi... She says she will never get better because she ... worse than when in the Asylum before She says ... can get no sleep or peace of mind & wishes to ... the at...

2. Other facts (if any) indicating Insanity communicated to me by others: (††) ... her sister Mrs Ramsay of Scotsfield tol... that the said Isabella Armstrong imagines there ... is nothing - a nonentity & sometimes takes a ... at herself but is frequently sobbing & mourn...

Name and Medical Designation, James Carruthers, Surg...

Place of Abode, Kirkpatrick Fleming

DATED this twenty Eighth day of October One thousand eight hundred and Seventy two

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MEDICAL CERTIFICATE, No. II.

(*) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(†) Physician or Surgeon, *or otherwise, as the case may be.*

(‡) *Insert the street, and number of the house (if any), or other like particulars.*

(§) *Insert Designation and Residence, and if a pauper state so.*

(¶) Lunatic, *or an insane person, or an idiot, or a person of unsound mind.*

(**) *State the facts.*

(††) *State the information, and from whom derived.*

I, the undersigned, William Carruthers being a (*) Lic: Royal Coll: Physicians Edint and a Lic: of the Fac: of Physicians & Surgeons Glasgow and being in actual practice as a (†) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (‡) Scotsfield in the Parish of Kirkpatrick Fleming in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (§) Isabella Irving or Armstrong, widow, Brecombeds, near Annan and that the said Isabella Irving or Armstrong is a (¶) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (**) She is in a despondding state of mind, desires to be alone, objects to be seen by anyone, she sleeps none, and says that something she cannot describe prevents her from sleeping—

2. Other Facts (if any) indicating Insanity communicated to me by others: (††) Mrs Ramsay (sister of the said Isabella Irving or Armstrong says that the said Isabella is unwilling to be visited by friends especially relatives and says she cannot stir about - and has a dread of the future—

Name and Medical Designation, William Carruthers - Phys & Surg

Place of Abode, Kirkpatrick Fleming

DATED this twenty eight day of October One thousand eight hundred and seventy two—

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (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 Armstrong farmer Brekonbeds Nurgan Certificates under the hands of James Carruthers, 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) Isabella Irving or Armstrong, (Petitioners Mother) and that the said Isabella Irving or Armstrong is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Isabella Irving or Armstrong as a Patient into the (6) Public Asylum of Crichton Royal Institution and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Isabella Irving or Armstrong which accompanied the said Petition.

DATED this Fourth day of November One thousand eight hundred and twenty two

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of Crichton Royal Institution
Dumfries

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1
737

Isabella Irving or Armstrong

4th November

1872

11

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Unto the Honourable the (1) Sheriff of the (2) Shire of Lanark and his Substitutes,—

The Petition of Robert Morton Manufacturer Glasgow humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Helen Dunn Morton residing in Hamilton your Petitioner's (3) Daughter is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Helen Dunn Morton to the Crichton Royal Institution Dumfries and to sanction her admission into the the said Asylum.

Robert Morton

Dated this thirty first (4) day of October One thousand eight hundred and Seventy two

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STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

Name and Surname of Patient at	Helen Dunn Morton
Age, ...	Female 26 years
Single, or Widowed, . .	Single
Rank of Life, and previous Occupation	Free Church of Scotland
Persuasion, so far as known, .	Glasgow
Place of Abode, . . .	Hamilton
Where Found and Examined, .	
Time Insane, . . .	4 years
First Attack, . . .	18 years
(If not) on first Attack, . .	7 months in Gartnavel 2 years 6 months in Crichton Royal Institution Dumfries
If elsewhere previously under Examination or Treatment, . . .	Four years
Date of existing Attack, . .	
Supposed Cause, ...	no
Is subject to Epilepsy, . .	no
Is suicidal, ...	no
Is dangerous to others, . .	Robt. Morton father of Patient Taphall Hamilton none
The Union to which the Lunatic (if a Pauper) is Chargeable, . . .	
Becoming Chargeable, . .	
Name and Surname, and Place of Abode of nearest known Relative of the Lunatic, and degree of Relationship (if any), and whether any Member of the Family known to be or to have been Insane, ...	
Circumstances (if any) preventing the Statement of any of the above particulars,	

I certify that, to the best of my knowledge, the above particulars are correctly stated.

This thirty first day of October One thousand eight hundred and Seventy two

(*To be signed by Party applying*) Robert Morton

P. 7

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, William Naismith being a (1) Dr. of Medicine Community of Glasgow & Member Royal College Surgeons England and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Tuphall Hamilton in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) Helen Dunn Morton, daughter of Robert Morton, residing there and that the said Helen Dunn Morton is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)

So known to me as having been in a condition of dementia throughout the time that she has been at home since leaving the Asylum. Refuses to speak

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Her mother informs me that patient is unable to attend to the calls of nature

Name and Medical Designation, Wm Naismith M.D.

Place of Abode, Hamilton

DATED this thirtieth day of October One thousand eight hundred and seventy two.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, James Loudon being a (1) graduate of the University of St Andrews Physician and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Tuphall Hamilton in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) Helen Dunn Morton daughter of Robert Morton residing there and that the said Helen Dunn Morton is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)

Has been known to me as in a state of dementia during the time she has been here from the Asylum She refuses to speak — Yes & No

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Her mother says that she is unable to attend to the calls of Nature &c

Name and Medical Designation, James Loudon - M.D.

Place of Abode, Hamilton

DATED this thirtieth day of October One thousand eight hundred and seventy two

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) 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 Esquire (1) Advocate Sheriff Substitute
of the (2) County of Lanark
having had produced to me, with a Petition at the instance of (3) Robert Morton
manufacturer Glasgow, father of patient
Certificates under the hands of William Naismith
and James Loudon , being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Dunn Morton residing in Uplithall Lanarkshire and that the said
Helen Dunn Morton is a (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 Dunn Morton as a Patient into the (6) Crichton ~~Asylum of~~ Royal Institution Dumfries, and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Helen Dunn Morton which accompanied the said Petition.

DATED this first day of November One thousand eight hundred and seventy two years.

Walter J. Spens

To the Superintendent of the (7) Crichton Royal Institution
~~Asylum of~~
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1264

Helen Dunn Morton

5th November

1872

N. B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) County *of* Dumfries *and his Substitutes,*

The Petition of John Dinwoodie Inspector of Poor for the Parish of Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary Cavanagh or Langton at 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 Mary Cavanagh or Langton to the Southern Counties Asylum and to sanction her admission into the the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

John Dinwoodie

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this Sixth (4) day of November One thousand eight hundred and Seventytwo

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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 Cavanagh or Langton
2. Sex and Age,	female 54 ylars
3. Married, Single, or Widowed,	Widow
4. Condition of Life, and previous Occupation (if any),	Widow no Occupation
5. Religious Persuasion, so far as known,	Roman Catholic
6. Previous Place of Abode,	Dumfries
7. Place where Found and Examined,	— do —
8. Length of time Insane,	not known
9. Whether first Attack,	Second attack
10. Age (if known) on first Attack,	not known
11. When and where previously under Examination and Treatment,	Dumfries and S. C. Asylum
12. Duration of existing Attack,	not known
13. Supposed Cause,	not known
14. Whether subject to Epilepsy,	no.
15. Whether Suicidal,	no
16. Whether Dangerous to others,	no
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dumfries
18. Date of becoming Chargeable,	6 Novr 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,	not known
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this Sixth day of November One thousand eight hundred and Seventytwo

(*To be signed by Party applying*) John Dinwoodie Inspector

P. p

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

I, the undersigned, William Marshall
being a (1) Member of the Faculty of Physicians and Surgeons Glasgow and College of Surgeons
and being in actual practice as a (2) Physicians
hereby certify, on soul and conscience, that I have this day, at (3) Police Office
Dumfries in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Mary Cavenagh or Langton
(a pauper) and that
the said Mary Cavenagh or Langton 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 she is the mother of the
Prince of Wales since leaving
Dumfries last May &c &c.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
The Police state that she arrived
from Hastings Wednesday 2nd &

Name and Medical Designation, William Marshall M.D. &

Place of Abode, Dumfries

DATED this Sixth day of November One thousand eight hundred and Seventy two years.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

I, the undersigned, Hugh Cunningham
being a (1) Member of the Royal College of Physicians in Edinburgh and of the Faculty of Physicians Surgeons in Glasgow
and being in actual practice as a (2) Physician and Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Police Office
Dumfries in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Mary Cavenagh or Langton, Pauper
and that
the said Mary Cavenagh or Langton is a (5) person of
unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She is incoherent
her discourse.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, Hugh Cunningham L.R.C.P.S. L.F.

Place of Abode, 25 Castle Street, Cote 32 Church Crescent Dum

DATED this Sixth day of November One thousand eight hundred and seventy two years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (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 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) Mary Pauper Cavanagh or Langton Police Dumfries, and that the said
Mary Cavanagh or Langton 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 Mary Cavanagh or Langton 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 Cavanagh or Langton which accompanied the said Petition.

DATED this Sixth day of November One thousand eight hundred and Seventy two years. one word delete.

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

N.B.—This Form shall re
Superintendent of the A
the Sheriff is obtained.

PETITION TO
RECEPTI

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable
of . *Wigt*

The Pe

humbly sheweth that

Medical Certificates,

your Petitioner's (3)

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

is at present in a state

Asylum for the Insan

mission of the said

Dumfries &

into the the said Asyl

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this *e*

eight hundred and

If any of the Particul

1. Christian Name and Surname of Patien
length, ...
2. Sex and Age, ...
3. Married, Single, or Widowed, .
4. Condition of Life, and previous Occup
(if any), ...
5. Religious Persuasion, so far as known,
6. Previous Place of Abode, . .
7. Place where Found and Examined,
8. Length of time Insane, . .
9. Whether first Attack, . .
10. Age (if known) on first Attack, .
11. When and where previously under Exami
tion and Treatment, . .
12. Duration of existing Attack, .
13. Supposed Cause, . . .
14. Whether subject to Epilepsy, .
15. Whether Suicidal, . . .
16. Whether Dangerous to others, .
17. Parish or Union to which the Lunatic
Pauper) is Chargeable, . .
18. Date of becoming Chargeable, .
19. Christian Name and Surname, and Plac
Abode of nearest known Relative of
Patient, and degree of Relationship
known), and whether any Member of
Family known to be or to have been
nate, ...
20. Special circumstances (if any) preventing
insertion of any of the above particula

I certify, that, to the best of my know

DATED this *eight*
Fourteen

(To be sign

1/
738
Mary Cavanagh or Laughton
6th Nov 1872
1 1

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) ~~Sheriff of Dumfries~~ *and* ~~Stewartry of Kirkcudbright~~ *of* ~~Kirkcudbright~~ Dumfries *and his Substitutes,—*

The Petition of Thomas Mercer. Inspector of Lesmahagow

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James McGarr Glebe Street Shawns

(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 McGarr Glebe street to the Dumfries Southern Co Asylum and to sanction his admission into the the said Asylum.

Thos Mercer

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this eighth (4) day of November One thousand eight hundred and Seventy two years

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STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	James McGarr
2. Sex and Age,	male. 25 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Journeyman Mason
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	none
7. Place where Found and Examined,	Glebe street Shawns
8. Length of time Insane,	doubtfull
9. Whether first Attack,	doubtfull
10. Age (if known) on first Attack,	doubtfull
11. When and where previously under Examination and Treatment,	none
12. Duration of existing Attack,	doubtfull
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,	Lesmahagow
18. Date of becoming Chargeable,	Second Nov 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,	His mother Jane McGarr residing in Glebe street Shawns
20. Special circumstances (if any) preventing the 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 two years

(*To be signed by Party applying*) Thos Mercer

P. p

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or an insane person, or an Idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, David Easton
being a (1) Doctor of medicine and Licentiate of the Royal College of Surgeons 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) Glebe Street Stranraer in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) James McCaw a pauper residing with his mother in Glebe street and that the said James McCaw is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) that he is restless constantly walking up and down the house as if afraid of something going happen to him. that he is sometimes laughing & at other times a sad expression passes over his countenance. He answers all questions in monosyllables and frequently mutters to himself when spoken to. he never enters into a conversation but remains in sullen silence. He is slovenly and careless in regard to his dress - &c -

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His sister Jane McCaw or McClymont says that he seldom rests at night wanders up and down the house till morning frequently talking to himself and very frequently in great alarm of something happening to him. that he starts up suddenly from his seat with a wild expression and rushes about the house, more than once when thus excited he has broken to pieces articles of furniture & he runs about sometimes almost naked quite regardless of all decency. and is for sometimes keeps the child and is so excited that she is obliged to rush from the house for safety. &c&c And that he believes some one in the house is plotting against him &c&c

Name and Medical Designation, } David Easton M.D. L.R.C.S.

Place of Abode, Stranraer

Dated this fifth day of November, One thousand eight hundred and seventy two -

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MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, John Ogill
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) 7 Glebe street Stranraer in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) James McCaw a pauper residing with his mother at 7 Glebe st and that the said James McCaw is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) He tells me a most ridiculous story respecting his picking at his lips. Will not enter into conversation when asked put to his (being in a constant state of fear, says he is being poisoned) Cannot explain what he is afraid of. He is quite silly & unintelligible Says he can hear voices, but can not explain the nature of them

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) His mother & Dr McCaw state that he sometimes becomes excited & violent and breaks every thing he can lay his hands on. he does nothing but sit in a most begone state of misery about being a murderer. frequently imagines that he hears voices. sometimes very much so. he gets into a quiet kind of state. He does not appear to understand anything going on around him, and takes no interest in anything. He is in a constant state of dread that he cannot explain

Name and Medical Designation, } John Ogill Surgeon

Place of Abode, Stranraer

Dated this sixth day of November One thousand eight hundred and seventy two

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) 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 Blind Egypic Advocate (1) Sheriff Substitute
of the (2) County of Wigtown
having had produced to me, with a Petition at the instance of (3) Thomas Mercer
Inspector of Poorwall
Certificates under the hands of David Easton M.D. Stranraer
and John Orgill 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)
James M'Gaw residing in Eldershot Stranraer a pauper and that the said
James M'Gaw is a (5) person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said James M'Gaw as a Patient into the (6) Public Asylum of Southern Counties Dumfries, and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said James M'Gaw which accompanied the said Petition.

DATED this Seventh day of November One thousand eight hundred and seventy two

M. Mind

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or 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 ren
Superintendent of the As
the Sheriff is obtained.

PETITION TO
RECEPTIO

§ Sheriff or Steward.
§ Shire or Stewartry.

Unto the Honourable
of Dum

The Pet

humbly sheweth that
Medical Certificates, th
your Petitioner's (?)
is at present in a state
Asylum for the Insane
mission of the said
Cuchon
into the the said Asyl

* State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

* The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this
eight hundred and

If any of the Particula

1. Christian Name and Surname of Patient
length, ...
2. Sex and Age, ...
3. Married, Single, or Widowed, .
4. Condition of Life, and previous Occupa
(if any), ...
5. Religious Persuasion, so far as known,
6. Previous Place of Abode, . .
7. Place where Found and Examined,
8. Length of time Insane, . .
9. Whether first Attack, . .
10. Age (if known) on first Attack, .
11. When and where previously under Examin
tion and Treatment, . .
12. Duration of existing Attack, .
13. Supposed Cause, . . .
14. Whether subject to Epilepsy, .
15. Whether Suicidal, . . .
16. Whether Dangerous to others, .
17. Parish or Union to which the Lunatic (
Pauper] is Chargeable, . .
18. Date of becoming Chargeable, .
19. Christian Name and Surname, and Place
Abode of nearest known Relative of
Patient, and degree of Relationship
known), and whether any Member of
Family known to be or to have been
sane, ...
20. Special circumstances (if any) preventing
insertion of any of the above particulars

I certify, that, to the best of my know

DATED this

day

(To be signed

739
James McGarr
11th November
1872

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) Shire of Dumfries and his Substitutes,—

The Petition of John Brown Boghall, Biggar

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Martha Brown 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 Martha Brown to the Crichton Royal Institution and to sanction her admission into the the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

John Brown

DATED this (4) day of One thousand eight hundred and

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Martha Brown
2. Sex and Age,	Female 26 -
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Farmer Daughter
5. Religious Persuasion, so far as known,	U P -
6. Previous Place of Abode,	Muirsbourgh -
7. Place where Found and Examined,	
8. Length of time Insane,	Two years -
9. Whether first Attack,	Yes
10. Age (if known) on first Attack,	24 -
11. When and where previously under Examination and Treatment,	
12. Duration of existing Attack,	Two years
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,	John Brown Boghall Biggar - 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 day of One thousand eight hundred and

(*To be signed by Party applying*) John 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.

I, the undersigned, being a (1)

(2) Physician or Surgeon, *or otherwise, as the case may be.*

and being in actual practice as a (2)

(3) *Insert the street and number of the house (if any), or other like particulars.*

hereby certify, on soul and conscience, that I have this day, at (3)

in the County of

separately from any other Medical Practitioner,

(4) *Insert Designation and Residence, and if a Pauper state so.*

visited and personally examined (4)

and that

(5) Lunatic, *or* an insane person, or an idiot, or a person of unsound mind.

the said is a (5)

and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, _____

Place of Abode, _____

DATED this day of One thousand eight hundred and

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

I, the undersigned, being a (1)

(2) Physician or Surgeon, *or otherwise, as the case may be.*

and being in actual practice as a (2)

(3) *Insert the street, and number of the house (if any), or other like particulars.*

hereby certify, on soul and conscience, that I have this day, at (3)

in the County of

separately from any other Medical Practitioner,

(4) *Insert Designation and Residence, and if a pauper state so.*

visited and personally examined (4)

and that

(5) Lunatic, *or* an insane person, or an idiot, or a person of unsound mind.

the said is a (5)

and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, _____

Place of Abode, _____

DATED this day of One thousand eight hundred and

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, James Gilchrist
being (1) A Graduate of the University of Edinburgh Enchor Royal Art
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of Dumfries, seen and personally examined
Martha Brown, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

James Gilchrist M.D.

Dated this Eleventh day of December One thousand eight hundred and Seventy two

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, (1)
of the (2)
having had produced to me, with a Petition at the instance of (3)

Certificates under the hands of
and , being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
and that the said
is a (5)

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said as a Patient into the (6) Asylum of and I authorize Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said which accompanied the said Petition.

Dated this day of One thousand eight hundred and

To the Superintendent of the (7)
Asylum of

---

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an Idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1495

25 & 26 Vi

APPLICATION TO THE GENE

TRANSFER OF A PATIEN

I, the undersigned John being desirous to transfer my da
at present a Patient in Newbiggin
detained at my h
Brockton Royal Luna
the Board to such transfer; and I subj
Martha Brown
respect to her mental and bodily con

(?)

DATED at Biggar

One thousand eight hundred and

1. Christian Name and Surname of Pati
length, .

2. Sex and Age, .

3. Married, Single, or Widowed, .

4. Condition of Life, and previous Occu
(if any), .

5. Religious Persuasion, so far as known,

6. Date of Admission into Asylum, .

7. Length of time Insane, .

8. Whether first Attack, .

9. Age (if known) on first Attack, .

10. Duration of existing Attack, .

11. Supposed Cause, .

12. Whether subject to Epilepsy, .

13. Whether Suicidal, .

14. Whether Dangerous to others, .

15. Parish to which the Lunatic (if a P
is Chargeable, .

16. Christian Name and Surname, and P
Abode of nearest known Relative
Patient, and degree of Relations
known), and whether any Member
Family known to be or to have be
same, .

I certify, that, to the best of my k

(To be signed by the Applicant)

DATED this Eight day
hundred and Seventy two

N.B.—The foregoing particulars a
whose care the Patient is to be transfer

1495

[FORM B²]

25 & 26 *Vict., Cap.* 54, *Sect.* 16.

APPLICATION TO THE GENERAL BOARD OF LUNACY TO GRANT TRANSFER OF A PATIENT FROM ONE ASYLUM TO ANOTHER.

I, the undersigned John Brown being desirous to transfer my daughter Martha Brown at present a Patient in Newbiggin House Asylum, and (¹) detained at my instance from the said Asylum to the Crichton Royal Institution hereby request the authority of the Board to such transfer; and I subjoin a Statement of Particulars regarding the said Martha Brown 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.

John Brown Biggar
(²) Father of Martha Brown

(²) State degree of Relationship, or other capacity in which Applicant stands to Patient.

DATED at Biggar this Eight day of November One thousand eight hundred and

---

STATEMENT.

1. Christian Name and Surname of Patient at length,	Martha Brown
2. Sex and Age,	Female - 26
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Farmers daughter
5. Religious Persuasion, so far as known,	Protestant
6. Date of Admission into Asylum,	11th Augt 1870
7. Length of time Insane,	
8. Whether first Attack,	second attack
9. Age (if known) on first Attack,	
10. Duration of existing Attack,	Two years
11. Supposed Cause,	
12. Whether subject to Epilepsy,	No
13. Whether Suicidal,	No
14. Whether Dangerous to others,	No.
15. Parish to which the Lunatic (if a Pauper) is Chargeable,	
16. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	John Brown Farmer Biggar

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(*To be signed by the Applicant*) John Brown Biggar

DATED this Eight day of November One thousand eight hundred and Seventy two

N.B.—The foregoing particulars are required for the information of the authorities to whose care the Patient is to be transferred.

MEDICAL CERTIFICATE.

I, the undersigned, Alexander Macdonald Sanderson being (1) a Fellow of the Royal College of Surgeons hereby certify that I have this day at (2) Newbigging Private Asylum personally examined Miss Martha Brown at present a Patient in said Asylum, and with respect to her Mental State that she labours under Periodic Mania

; 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 The Crichton Royal Dumfries

A. Mc. Sanderson

Dated this Eighth day of November One thousand eight hundred and seventy two years

(1) State Medical Qualification.

(2) Name Asylum.

SANCTION BY THE BOARD OF LUNACY.

(*Under this Sanction a Patient may be Transferred without an Order of the Sheriff.*)

Application having been made to the Board by (1) Mr John Brown

to authorize the transfer of Miss Martha Brown from Newbigging 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 Miss Martha Brown as requested.

Wm Mitchell Commissioner.

Dated at Edinburgh, this 11 day of November One thousand eight hundred and seventy two.

(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.

Date of Sheriff's Order 12 Augt 1870

1265
Martha Brown
11th November
1872

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 Ann Elisa Fenwick 22 Claremont Place Newcastle humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Louisa Caroline Fenwick 22 Claremont Place Newcastle 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 Louisa Caroline Fenwick 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.

A. E. Fenwick

(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 November One thousand eight hundred and Seventy two

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STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Louisa Caroline Fenwick
2. Sex and Age,	Female age 53
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Lady -
5. Religious Persuasion, so far as known,	Church of England
6. Previous Place of Abode,	22 Claremont Place Newcastle -
7. Place where Found and Examined,	Dundee Asylum. Darlington
8. Length of time Insane,	about 4 years -
9. Whether first Attack,	yes
10. Age (if known) on first Attack,	49
11. When and where previously under Examination and Treatment,	Dundee asylum
12. Duration of existing Attack,	4 years
13. Supposed Cause,	not known
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	no
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Ann Elisa Fenwick 22 Claremont Place Newcastle on Tyne Sister - None
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this Fourteenth day of November One thousand eight hundred and Seventy two -

(*To be signed by Party applying*) A. E. Fenwick

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 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) Louisa Caroline Fenwick and that
the said Louisa Caroline Fenwick is a (5) Person
of unsound mind and a proper person to be detained
under Care and Treatment, 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 & refusal to answer all or any questions.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
The attendant informs me that she has not once spoken since she entered the institution. two days ago.

Name and Medical Designation, John Smith M.D.

Place of Abode Crichton Royal Dumfries

DATED this 14th day of November One thousand eight hundred and seventy two years.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an Idiot, or a person of unsound mind.

I, the undersigned, Alexander Thomson
being a (1) Doctor of Medicine of the Universities of Glasgow & Aberdeen
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) Louisa Caroline Fenwick and that
the said Louisa Caroline Fenwick is a (5) Person
of unsound mind and a proper person to be detained
under Care and Treatment, 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, Appearance, Appearance, & the manner in which She refuses to Speak or answer Questions.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Has been transferred from Crichton Asylum to Dr Bridges Charge and attendant that She has not spoken since brought here and that in a letter from her Sister it is mentioned She has not spoken for months.

Name and Medical Designation, Alex Thomson MD &

Place of Abode Crichton Dumfries

DATED this Fourteenth day of November One thousand eight hundred and Seventy two years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, James Gilchrist
being (1) M.B. Graduate of the University of Edinburgh
hereby certify, on soul and conscience, that I have this day, at (2) Crichton Royal Institution
in the County of Dumfries, seen and personally examined
Louisa Caroline Dewick, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

James Gilchrist M.D.

DATED this Twelfth day of November One thousand eight hundred and Seventy two

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (3) Sheriff Substitute
of the (4) County of Dumfries
having had produced to me, with a Petition at the instance of (5) Ann Eliza Dewick
22 Claremont Place, Newcastle,
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 (6)
Louisa Caroline Dewick at Thornhill, Dumfriesshire, and that the said
Louisa Caroline Dewick 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 Louisa Caroline Dewick as a Patient into the (8) Public Asylum of Crichton Royal Institution and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Louisa Caroline Dewick which accompanied the said Petition.

DATED this Fourteenth day of November One thousand eight hundred and Seventy two years.

David Boyle Hope

To the Superintendent of the (9) 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.

1266

Louisa Caroline Fenwicke

12th November

1872

N.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) ~~Steward~~ Sheriff *of the* (2) ~~Stewartry~~ Wigtownshire Kirkcudbright *and his Substitutes,—*

The Petition of George Hunter, Inspector of Poor of Longland humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that William Somers (Author) is at present in a state of Mental Derangement, and 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 Somers to the Southern Counties' Asylum and to sanction his admission into the said Asylum.

(SIGNED) George Hunter

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this eleventh (3) day of November One thousand eight hundred and Seventy two

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	William Somers
2. Sex and Age,	Male 40 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Agricultural labourer
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Longland Village
7. Place where Found and Examined,	Longland Village
8. Length of time Insane,	Has been coming on gradually
9. Whether first attack,	Yes
10. Age (if known) on first Attack,	—
11. When and where previously under Examination and Treatment,	—
12. Duration of existing Attack,	— see 8.
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,	Longland
18. Date of becoming Chargeable,	November 1869
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Mrs Mary Jack Sister His brother George is in So 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.

(SIGNED)* *Name*, George Hunter

DATED this eleventh day of November One thousand eight hundred and 72

* To be signed by the Party applying.

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualifications entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, John Shand Fellow of Royal of Ph
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) Tonyland in the County of Clackan separately from any other Medical Practitioner, visited and personally examined (4) William Somers Pauper and that the said William Somers is a (5) person of unsound mind and a proper person to be detained 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 incoherency & general inability to comprehend or answer or. Even simple questions — the ordinary expression of idiotcy.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
From sister and Brother in law with whom he is quartered.— Violence without cause — almost strangled his sister; eats the filthiest things — rambles in talk

(SIGNED) *Name and Medical Designation,* John Shand Med. D.

Place of Abode, Kirkcudbright

DATED this eleventh day of November One thousand eight hundred and seventy-two.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualifications entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, William H Kirkpatrick
being a (1) Bachelor of Medicine & Master of Surgery of the University of Edinburgh & Licentiate of the Royal College of Physicians in Edinburgh
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Tonyland in the County of Clackan Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) William Somers, Pauper and that the said William Somers is a (5) person of unsound mind and a proper person to be detained 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 rambles much in his talk and shows great hesitation in answering questions — Seems by his replies not to understand what has been asked him. His sister & brother in law

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
His sister and brother in law state that he has been more or less insane for some time, that he is at times very violent — without cause, & that last night he threatened his sister. Has a desire to eat his own filth

(SIGNED) *Name and Medical Designation,* Wm Kirkpatrick M.D.

Place of Abode, Kirkcudbright

DATED this eleventh day of November One thousand eight hundred and seventy two —

CERTIFICATE OF EMERGENCY.

(This Certificate shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a Second Medical Certificate.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that _____ is a (1) _____ 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, Robert Macartney Gordon Esqr (2) Steward Substitute of the (3) Stewartry of Kirkcudbright having had produced to me, with a Petition at the instance of (4) George Hunter

Certificates under the hands of John Shand and William H. Kirkpatrick, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (5) William Sowers Pauper and that the said William Sowers 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 William Sowers as a Patient into the (Southern Counties) Asylum of Dumfries and I authorize (lies) Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said William Sowers which accompanied the said Petition.

(SIGNED) Robt Gord Mc

DATED this eleventh day of November One thousand eight hundred and seventy two

To the Superintendent of the (7) Southern Counties *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, or Private.
(7) Public, District, or Private.

1/740
William Somers
13th November
1872

N.B.—This Form shall not be used unless the Approval of the Superintendent of the Asylum to the Petition of the Sheriff is obtained.

PETITION TO T
RECEPTIO

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable
of

The Pet

humbly sheweth that

Medical Certificates, th

your Petitioner's (3)

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

is at present in a state

Asylum for the Insane

mission of the said

into the the said Asylu

(4) The date of the Petition must be within fourteen clear days following the date of the Medical Certificates.

DATED this

eight hundred and

If any of the Particula

1. Christian Name and Surname of Patient
length, ...
2. Sex and Age, ...
3. Married, Single, or Widowed, . .
4. Condition of Life, and previous Occupa
(if any), ...
5. Religious Persuasion, so far as known,
6. Previous Place of Abode, . .
7. Place where Found and Examined,
8. Length of time Insane, . .
9. Whether first Attack, . .
10. Age (if known) on first Attack, .
11. When and where previously under Examin
tion and Treatment, . .
12. Duration of existing Attack, .
13. Supposed Cause, . .
14. Whether subject to Epilepsy, .
15. Whether Suicidal, . .
16. Whether Dangerous to others, .
17. Parish or Union to which the Lunatic (
Pauper) is Chargeable, . .
18. Date of becoming Chargeable, .
19. Christian Name and Surname, and Place
Abode of nearest known Relative of
Patient, and degree of Relationship
known), and whether any Member of
Family known to be or to have been
sane, ...
20. Special circumstances (if any) preventing t
insertion of any of the above particulars

I certify, that, to the best of my know

DATED this 15th

day

(To be signed

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Shire *of* Dumfries *and his Substitutes,—*

The Petition of Peter Gordon Insp. of Poor Kirkcowan

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Margaret Duff Labourer Killiemore 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 Duff to the Southern Counties Asylum and to sanction the admission into the the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

Peter Gordon Insp. of Poor Kirkcowan

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this 15th (4) day of November One thousand eight hundred and Seventy Two

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STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Margaret Duff
2. Sex and Age,	Female Aged 51
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Out door worked
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Kirkcowan & Killiemore
7. Place where Found and Examined,	Kirkcowan
8. Length of time Insane,	— Observed by Friends on Friday 8th Inst
9. Whether first Attack,	— no
10. Age (if known) on first Attack,	— 47yrs
11. When and where previously under Examination and Treatment,	in 1867. 1868-1870. in Dumfries Asylum
12. Duration of existing Attack,	6 days since first observed by Friends
13. Supposed Cause,	not known
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	Threatening her Sister
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Kirkcowan
18. Date of becoming Chargeable,	15th Nov. 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,	Jane McGuie Sister Killiemore none of the family are known to be 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 15th day of November One thousand eight hundred and 72

(*To be signed by Party applying*) Peter Gordon Insp. of Poor

P. F.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or *otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an Idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Robert B. Selby being a (1) M.D. & L.R.C.S. Edinburgh and being in actual practice as a (2) Medical practitioner hereby certify, on soul and conscience, that I have this day, at (3) Kirkcowan in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) Margaret Duff Kellemore and that the said Margaret Duff is a (5) pauper person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)
Mr latter incessantly all sorts of nonsense — that he Relfs brother he has murdered &c

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Wandering about the country, Sleeplessness — Incoherent talking &c & Threatening violence — told me by her brother-in-law Wm Maguire & the neighbours Some of

Name and Medical Designation, R.B. Selby

Place of Abode, Kirkcowan Wigtownshire

DATED this fifteenth 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.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Thomas Anderson being a (1) Bachelor in medicine & Master in Surgery of the University of Edinburgh and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Crichton Royal Institution Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Margaret Duff Lab Killiegowne, a Pauper and that the said Margaret Duff is a (5) person of unsound mind, and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) She states she hopes that against her & call her na & she becomes very excited a their insolence

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Mr Gordon informs me that on Sunday occasion she has been the Asylum

Name and Medical Designation, Thomas Anderson M

Place of Abode, Crichton Royal Institution

DATED this fifteenth day of November One thousand eight hundred and seventy two years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, Robert R. Selby being (1) M.D. of Edin.r University & Licentiate of the Royal College of Surgeons Edin.r hereby certify, on soul and conscience, that I have this day, at (2) Kirkcowan in the County of Kirkcowan, seen and personally examined Margaret Duff 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.

R. R. Selby

DATED this fifteenth day of November One thousand eight hundred and Seventy two years.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (3) Sheriff Substitute of the (4) County of Dumfries having had produced to me, with a Petition at the instance of (5) Peter Gordon, Inspector of Poor, Kirkcowan, Certificates under the hands of Robert R. Selby, and Thomas Anderson, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (6) Margaret Duff, Lochmuir, Kilfillan, Kirkcowan, (a Pauper) and that the said Margaret Duff, is a (7) person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Margaret Duff as a Patient into the (8) Public Asylum of Southern Counties Dumfries and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Margaret Duff which accompanied the said Petition.

DATED this fifteenth day of November One thousand eight hundred and seventy two.

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.

1/741
Margaret Duff
15th November
1872

N.B.—This Form shall remain
Superintendent of the Asylum
the Sheriff is obtained.

PETITION TO TH
RECEPTION

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the
of Dumfries

The Petitio

humbly sheweth that it
Medical Certificates, that
your Petitioner's (*)
is at present in a state of
Asylum for the Insane.
mission of the said
Cricklow Royal
into the the said Asylum.

(*) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

DATED this Fift
eight hundred and Sev

(†) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

If any of the Particulars

1. Christian Name and Surname of Patient at length, ...
2. Sex and Age, ...
3. Married, Single, or Widowed, .
4. Condition of Life, and previous Occupation (if any), ...
5. Religious Persuasion, so far as known,
6. Previous Place of Abode, . .
7. Place where Found and Examined,
8. Length of time Insane, .
9. Whether first Attack, .
10. Age (if known) on first Attack, .
11. When and where previously under 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 In-sane, ...
20. Special circumstances (if any) preventing the insertion of any of the above particulars,

I certify, that, to the best of my knowled

DATED this Fifteenth
Seventy two

(To be signed

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Shire of Dumfries *and his Substitutes,—*

The Petition of Daniel Hainsworth, Farsley Leeds humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Joseph Hainsworth 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 Hainsworth to the Crichton Royal Institution and to sanction his admission into the the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

Daniel Hainsworth

Dated this Fifteenth (4) day of November One thousand eight hundred and Seventy two

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Joseph Hainsworth
2. Sex and Age,	Male 36
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Surgeon
5. Religious Persuasion, so far as known,	Reformed
6. Previous Place of Abode,	Farsley nr Leeds
7. Place where Found and Examined,	H.M.P. Dumfries
8. Length of time Insane,	4 months
9. Whether first Attack,	Yes
10. Age (if known) on first Attack,	
11. When and where previously under Examination and Treatment,	
12. Duration of existing Attack,	a few weeks
13. Supposed Cause,	Stimulants & narcotics for five years
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Yes attempted
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,	Daniel Hainsworth Farsley near Leeds Bro
20. Special circumstances (if any) preventing the 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 November One thousand eight hundred and Seventy two

(To be signed by Party applying) Daniel Hainsworth

P. P

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Hugh Cunningham being a (1) Member of the Royal College of Physicians of Edinb and of the Faculty of Physicians and Surgeons in Gl 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 R Institution Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Joseph Hainsworth, Surgeo and that the said Joseph Hainsworth is a (5) person of unso mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) There is dejection of spirits, a restless eye, and timidity

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Dr James C. Browne says that he once attem to cut his throat, and is labouring under hallucinations of the senses.

Name and Medical Designation, Hugh Cunningham

Place of Abode, 25 Castle Steet, Lob 32 Dumfries

DATED this Fifteenth day of November One thousand eight hundred and seventy two years.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, John Smith. being a (1) Graduate of Edinburgh & Licen and being in actual practice as a (2) Physician & Surgeo hereby certify, on soul and conscience, that I have this day, at (3) Crichton Royal Institution Dumfries in the County of separately from any other Medical Practitioner, visited and personally examined (4) Joseph Hainsworth and that the said Joseph Hainsworth is a (5) Persan of unsound mind and a proper person to be detained 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 gentle restless appearance. & manner of conversa Tells me that he once attempted to commit Suicide

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Dr J. Browne states that he has occas tendencies & hallucinations of the sens

Name and Medical Designation, John Smith, Jr

Place of Abode, 14 Castle St Dumfries

DATED this 15th day of November One thousand eight hundred and 72 years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, James Gilchrist being (1) a Graduate of the University of Edinburgh hereby certify, on soul and conscience, that I have this day, at (2) Crichton Royal Institution in the County of Dumfries, seen and personally examined Joseph Hainsworth, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

James Gilchrist M.D.

DATED this Fifteenth day of November One thousand eight hundred and Seventy two

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Daniel Hainsworth Farsley Leeds Certificates under the hands of Hugh Cunningham and John Smith ——, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Joseph Hainsworth, Petitioners Brother and that the said Joseph Hainsworth is a (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 Hainsworth as a Patient into the (6) Public Asylum of Crichton Institution Dumfries and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Joseph Hainsworth which accompanied the said Petition.

DATED this Fifteenth day of November One thousand eight hundred and Seventy two

David Boyle Hope

To the Superintendent of the (7) Public *Asylum of* Crichton Institution Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1267

Joseph Hainsworth

15th November

1872

"

N.B.—This Form shall not
Superintendent of the A
the Sheriff is elected.

PETITION TO
RECEPTI

(1) Sheriff or Steward.
Shire or Stewartry.

Unto the Honourable
of Glenco

The Pe

humbly sheweth that
Medical Certificates, t
your Petitioner's (2)
is at present in a state
Asylum for the Insane
mission of the said
Cordelia Hutch
into the the said Asyl

Dated this
eight hundred and

(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 date of the Medical Certificates.

If any of the Particu

1. Christian Name and Surname of Patien
length, ...
2. Sex and Age, ...
3. Married, Single, or Widowed, .
4. Condition of Life, and previous Occup
(if any), ...
5. Religious Persuasion, so far as known,
6. Previous Place of Abode, . .
7. Place where Found and Examined,
8. Length of time Insane, . .
9. Whether first Attack, . .
10. Age (if known) on first Attack, .
11. When and where previously under Exam
tion and Treatment, . .
12. Duration of existing Attack, .
13. Supposed Cause, . . .
14. Whether subject to Epilepsy, .
15. Whether Suicidal, . . .
16. Whether Dangerous to others, .
17. Parish or Union to which the Lunatic
Pauper) is Chargeable, . .
18. Date of becoming Chargeable, .
19. Christian Name and Surname, and Pl
Abode of nearest known Relative
Patient, and degree of Relationsh
known), and whether any Member
Family known to be or to have be
sane, ...
20. Special circumstances (if any) preventi
insertion of any of the above particu

I certify, that, to the best of my k
Cordelia Hutchinson
Dated this
Three words delete

(To be s

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Shire of Dumfries *and his Substitutes*—

The Petition of James Scott Elliot - Blackwood Dumfries

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Angelo Durand

(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 Angelo Durand to the Crichton Institution, Dumfries and to sanction his admission into the the said Asylum.

James Scott Elliot

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this ~~twenty-third~~ Twentieth (4) day of November One thousand eight hundred and Seventy Two - one word delete.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Angelo Durand
2. Sex and Age,	male - 35
3. Married, Single, or Widowed,	married - but separated from his wife for many years
4. Condition of Life, and previous Occupation (if any),	his occupation for the last 10/11 years was in the Bengal Mil Police corps.
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	London
7. Place where Found and Examined,	Carlisle
8. Length of time Insane,	six months
9. Whether first Attack,	for several years at times
10. Age (if known) on first Attack,	as above
11. When and where previously under Examination and Treatment,	not under special treatment. was in Dumfries House at Dumfries about 2 months since.
12. Duration of existing Attack,	—
13. Supposed Cause,	— Intemperance Partly from effect of 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,	X
18. Date of becoming Chargeable,	—
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Angelo Durand - James Scott Elliot - Blackwood by Dumfries Brother in law - no
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this ~~twenty-third~~ Twentieth day of November One thousand eight hundred and Seventy Two

Three words delete

(*To be signed by Party applying*) James Scott Elliot

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 Bousfield Page being a (1) Fellow of the Royal Coll of Surgeons of England and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) the City Police Office, Carlisle in the County of Cumberland separately from any other Medical Practitioner, visited and personally examined (4) angelo Durand and that the said angelo Durand is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)
Man excited manner told me that he has come to Carlisle to enquire into the conduct of the Tailors Shopmates, the Police will Clothes, that are paid for by his Brother in law & that unless the matter is put right the Police will assign right & left all the clothes

2. Other facts (if any) indicating Insanity communicated to me by others: (7) by the Chief Constable of Carlisle that he has known him voluntary constantly himself in a very excited manner in the street, shouting & waving his hands & handkerchief

Name and Medical Designation, William Bousfield Page, Su

Place of Abode, 78 Lowther Street Carlisle

DATED this nineteenth day of November One thousand eight hundred and seventy two

---

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Patrick Murray being a (1) Graduate of the University of Edinb Physician and being in actual practice as a (2) hereby certify, on soul and conscience, that I have this day, at (3) Crichton Institution Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Angelo Durand and that the said Angelo Durand is a (5) person of unsound mind and a proper person to be detained 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 he came to the asylum last night walking through the shrubbery to walking by till he appeared to be at liberty

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Mr Dunn informs me that he is quite unconscious where he

Name and Medical Designation, P. M. Murray M

Place of Abode, Crichton Institution Dumfries

DATED this 20 day of Nov One thousand eight hundred and 72

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, William Bousfield Page being (1) Fellow of the Royal College of Surgeons of England hereby certify, on soul and conscience, that I have this day, at (2) the City Police Office, Carlisle in the County of Cumberland, seen and personally examined Angelo Durand, and that the said person is of unsound mind, and 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^m B Page

DATED this nineteenth day of November One thousand eight hundred and seventy two

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) James Scott Elliot Blackwood, Dumfries Certificates under the hands of William Bousfield Page and Patrick Murray, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Angelo Durand Carlisle (Petr's Brother in law) and that the said Angelo Durand is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Angelo Durand as a Patient into the (6) Public Asylum of Crichton Institution, and I authorize you to Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Angelo Durand which accompanied the said Petition.

DATED this twentieth day of November One thousand eight hundred and seventy two

David Boyle Hope

To the Superintendent of the (7) Public *Asylum of* Crichton Royal Institution Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

N.B.—This Form shall remain
Superintendent of the Asyl
the Sheriff is obtained.

PETITION TO T
RECEPTION

(†) Sheriff or Steward.
(‡) Shire or Stewartry.

Unto the Honourable th
of Dum
The Peti
humbly sheweth that
Medical Certificates, that
your Petitioner's (*)
is at present in a state of
Asylum for the Insane.

(*) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

mission of the said
Christian Rogi
into the the said Asylum.

* The date of the Petition must be within fourteen clear days following the date of the Medical Certificates.

DATED this eleve
eight hundred and E

If any of the Particulars

1. Christian Name and Surname of Patient a
length, ...
2. Sex and Age, ...
3. Married, Single, or Widowed, .
4. Condition of Life, and previous Occupatio
(if any), ...
5. Religious Persuasion, so far as known,
6. Previous Place of Abode, . .
7. Place where Found and Examined,
8. Length of time Insane, . .
9. Whether first Attack, . .
10. Age (if known) on first Attack, .
11. When and where previously under Examina
tion and Treatment, . .
12. Duration of existing Attack, .
13. Supposed Cause, . . .
14. Whether subject to Epilepsy, .
15. Whether Suicidal, . . .
16. Whether Dangerous to others, .
17. Parish or Union to which the Lunatic (if
Pauper) is Chargeable, . .
18. Date of becoming Chargeable, .
19. Christian Name and Surname, and Place o
Abode of nearest known Relative of th
Patient, and degree of Relationship (
known), and whether any Member of
Family known to be or to have been In
sane, ...
20. Special circumstances (if any) preventing th
insertion of any of the above particulars,

I certify, that, to the best of my knowle

DATED thi
day o

(To be signed

1268
Angelo Durrand
19th November
1872

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 Elisabeth Thomson - Cotton St. Castle Douglas

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Joseph Thomson 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 Joseph Thomson to the Crichton Royal Institution and to sanction his admission into the the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

Elisabeth Thomson

Dated this eleventh (4) day of Dec^r One thousand eight hundred and Seventy two

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Joseph Thomson
2. Sex and Age,	male - 61 years
3. Married, Single, or Widowed,	married
4. Condition of Life, and previous Occupation (if any),	retired draper
5. Religious Persuasion, so far as known,	Presbyterian
6. Previous Place of Abode,	Cotton Street - Castle Douglas
7. Place where Found and Examined,	Crichton Institution
8. Length of time Insane,	a fortnight
9. Whether first Attack,	second attack
10. Age (if known) on first Attack,	58 years.
11. When and where previously under Examination and Treatment,	16 months ago in Crichton Institution
12. Duration of existing Attack,	a fortnight
13. Supposed Cause,	unknown
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	yes
16. Whether Dangerous to others,	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,	Elisabeth Thomson, wife - Castle Douglas James Thomson, brother Leasfield 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 Dec^r One thousand eight hundred and Seventy two

(*To be signed by Party applying*) Elisabeth 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, William Mayne Lord being a (1) Graduate of the Faculty of Physicians and Surgeons Glasgow and College of Surgeons and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Crichton Institution Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Joseph Thomson and that the said Joseph Thomson is a (5) Lunatic and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Seems to suffer from a very bad form of Melancholia Complains of being in fear for his life &c

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Dr Dalrow informs me that he has been under Dr Sprostons care

Name and Medical Designation, W Mayne Lord M.D.

Place of Abode, Dumfries

DATED this 11th day of December One thousand eight hundred and seventy two years

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, *or an insane person, or an idiot, or a person of unsound mind.*

I, the undersigned, Patrick M Murray being a (1) Graduate of the University of Edinburgh and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Crichton Institution Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Joseph Thomson Cast. & Douglas and that the said Joseph Thomson 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) Melancholia in a marked degree, states that he has come to the asylum to be tempted, by the treatment received formerly in the asylum

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Dr Dalrow informs me that he has been under Dr Sprostons care

Name and Medical Designation, P M Murray M.B.

Place of Abode, Dumfries

DATED this 11th day of December One thousand eight hundred and 72

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, James Gilchrist being (1) A graduate of the University of Edinburgh hereby certify, on soul and conscience, that I have this day, at (2) Crichton Royal Institution in the County of Dumfries, seen and personally examined Joseph Thomson, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

James Gilchrist M.D.

DATED this Ninth day of December One thousand eight hundred and Seventy two.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope — (1) Sheriff Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) Elizabeth Thomson, Otton Street Castle-Douglas, Certificates under the hands of William Marshall and Patrick M. Munro, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Joseph Thomson (Petitioners Husband,) and that the said Joseph Thomson 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 Joseph Thomson, 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 Joseph Thomson which accompanied the said Petition.

DATED this Twelfth day of December One thousand eight hundred and seventy two.

David Boyle Hope

To the Superintendent of the (7) Public Asylum of Crichton Royal Institution Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1269

Joseph Thomson

Decemb. 9/72

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) County of Dumfries *and his Substitutes,—*

The Petition of William Carlyle Inspector of Poor Gretna humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John McNaughton your Petitioner's (3) Keeper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said John McNaughton 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.

William Carlyle—Inspector

DATED this Tenth (4) day of December One thousand eight hundred and Seventy two

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	John Macknaughton
2. Sex and Age,	male. 24
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Farm Servant
5. Religious Persuasion, so far as known,	Presbyterian
6. Previous Place of Abode,	Castlesloke
7. Place where Found and Examined,	Wigtown
8. Length of time Insane,	Six months
9. Whether first Attack,	first Attack
10. Age (if known) on first Attack,	24
11. When and where previously under Examination and Treatment,	never previously under treatment
12. Duration of existing Attack,	several months
13. Supposed Cause,	Afflictions
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 10th Dec 1872
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known 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 Macnaughton Wife Falkner Street Liverpool Father and 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 Tenth day of December One thousand eight hundred and Seventy two

(*To be signed by Party applying*) William Carlyle

P. P

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, being a (1) Licentiate of the Royal College of Physicians, Edinburgh 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) Westgillyke in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) John Macnaughton and that the said John Macnaughton 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)
Attributing his illness to the circumstance that his body refused to be buried in the earth of consecrated ground

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, Francis Beattie Graham

Place of Abode, Langholm, Dumfries

DATED this tenth day of December One thousand eight hundred and seventy two.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, William Carruthers being a (1) Lic: Roy: Coll: Phys: Edin: Lic: Fac: Phys: Surg: Gl: and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Westgillyke in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) John Macnaughton, Westgillyke and that the said John Macnaughton is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)
Hesitates to speak and at times altogether refuses — says that wind has got into his head — is low-spirited —

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
His aunt (Mrs Graham) says that he takes every opportunity to do himself injury; and that he wishes to put end to himself —

Name and Medical Designation, William Carruthers M.R.C.P.E.

Place of Abode, Kirkpatrick Fleming

DATED this seventh day of December One thousand eight hundred and seventy two

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (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 Carlyle,
Inspector of Poor, Gretna,
Certificates under the hands of Francis Beattie Graham
and William Carruthers, , being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
John McNaughton Rashfillayhe, Gretna (a Pauper), and that the said
John McNaughton 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 McNaughton as a Patient into the (6) Public Asylum of Southern Counties Dumfries, and I authorize you to give Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said John McNaughton, which accompanied the said Petition.

DATED this Sixth day of December One thousand eight hundred and Seventy four.

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of Southern Counties Dumfries,

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an Idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

N.B.—This Form shall remain
Superintendent of the Asylu
the Sheriff is obtained.

PETITION TO TH
RECEPTION

Sheriff or Steward.
Stipendiary.

Unto the Honourable the
of Dumfr

Westmorland

The Petitio
humbly sheweth that it
Medical Certificates, that
your Petitioner's (*)
is at present in a state of
Asylum for the Insane.
mission of the said
Crichton R
into the the said Asylum.

(*) State degree of Relationship or other equality in which Petitioner stands to Lunatic.

(†) The date of the Petition must be within seven clear days following the dates of the Medical Certificates.

DATED this
eight hundred and

If any of the Particulars

1. Christian Name and Surname of Patient at length, ...
2. Sex and Age, ...
3. Married, Single, or Widowed, .
4. Condition of Life, and previous Occupation (if any), ...
5. Religious Persuasion, so far as known, .
6. Previous Place of Abode, . . .
7. Place where Found and Examined, .
8. Length of time Insane, . . .
9. Whether first Attack, . . .
10. Age (if known) on first Attack, .
11. When and where previously under 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 In- same, ...
20. Special circumstances (if any) preventing the insertion of any of the above particulars,

I certify, that, to the best of my knowled

DATED this Ninth day of

(To be signed

1743
John McNaughton
10th December
1872

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 Edward Branthwaite Kendal Westmoreland humbly showeth that it appears from the subjoined Statement and accompanying Medical Certificates, that Fanny Mary Branthwaite your Petitioner's (3) Wife is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Fanny Mary Branthwaite to the Richton 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.

Edward Branthwaite

(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 December One thousand eight hundred and Seventy-two

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STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Fanny Mary Branthwaite
2. Sex and Age,	Female, 40 years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Gentlewoman. —
5. Religious Persuasion, so far as known,	Church of England
6. Previous Place of Abode,	Kendal. Westmoreland
7. Place where Found and Examined,	
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,	Carleton. near Carlisle
12. Duration of existing Attack,	Five Months
13. Supposed Cause,	Depression from Diarrhoea,
14. Whether subject to Epilepsy,	Faint Symptoms
15. Whether Suicidal,	No.
16. Whether Dangerous to others,	No. —
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Father. Rev. Wm. Scott. Rector of Wappenham Towcester. Sister. 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 December One thousand eight hundred and Seventy two

(*To be signed by Party applying*) Edward Branthwaite

P. p

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Green
being a (1) M. B. of London and M. R. C. S. of London.
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Quarry Road,
in the County of Westmorland separately from any other Medical Practitioner,
visited and personally examined (4) Fanny Mary Branthwaite
and that
the said Fanny M. Branthwaite is a (5) person of
unsound mind and a proper person to be detained
under Care and Treatment, 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 watchful suspicious look, unnatural indecision, wandering about the house, unreasonable obstinacy - refusal of food formerly -

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Refusal to dress & undress. Believes herself accused of some crime

Name and Medical Designation, Thomas Green M. B. Lon. M. R. C. S.

Place of Abode, 122 Highgate Kendal

DATED this 8th day of December One thousand eight hundred and seventy-two

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MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

I, the undersigned, John Singleton
being a (1) Licentiate in Medicine 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) Quarry Road
in the County of Westmorland separately from any other Medical Practitioner,
visited and personally examined (4) Fanny Mary Branthwaite
and that
the said Fanny M. Branthwaite is a (5) person of
unsound mind and a proper person to be detained
under Care and Treatment, 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 unfounded delusion that persons are in the House, conspiring to do her husband harm - The determined belief that her attendants purchase Antipathy her clothes when she dresses herself —

(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 Singleton Licentiate of Medicine & Surgery

Place of Abode, 138 Highgate Kendal

DATED this 9th day of December One thousand eight hundred and seventy two —

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, Thomas Green
being (1) M.B. Lond & M.R.C.S. Eng Kendal
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of Westmorland, seen and personally examined
Fanny Mary Braithwaite, and that the said
person is of unsound mind, and 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 Green M.B. Lond

DATED this 19th day of December One thousand eight hundred and seventy two

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute
of the (2) County of Dumfries,
having had produced to me, with a Petition at the instance of (3) Edward Braithwaite, Kendal, Westmorland
Certificates under the hands of Thomas Green
and John Singleton, , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Mary Braithwaite, (Petitioners wife) and that the said Fanny Mary Braithwaite, is a (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 Mary Braithwaite 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 Fanny Mary Braithwaite, which accompanied the said Petition.

DATED this twelfth day of December One thousand eight hundred and seventy two.

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of Crichton Royal Institution
Dumfries.

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1220

Mrs Fanny Mary Branthwaite

Decemb. 10/72

N.B.—This Form shall not
Superintendent of the A
the Sheriff is obtained.

PETITION TO
RECEPTI

Sheriff or Steward.
Shire or Stewartry.

Unto the Honourable
of Dumf

The Peti

A parish of Uzzleton

humbly sheweth that
Medical Certificates, th

State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(your Petitioner's (*))
is at present in a state
Asylum for the Insane,
mission of the said M

Southern Counties A

into the the said Asylum

The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Tw
eight hundred and S

If any of the Particulars

1. Christian Name and Surname of Patient
length, . . .
2. Sex and Age, . . .
3. Married, Single, or Widowed, .
4. Condition of Life, and previous Occupati
(if any), . . .
5. Religious Persuasion, so far as known,
6. Previous Place of Abode, . .
7. Place where Found and Examined,
8. Length of time Insane, . .
9. Whether first Attack, . .
10. Age (if known) on first Attack, .
11. When and where previously under Examina
tion and Treatment, . .
12. Duration of existing Attack, .
13. Supposed Cause, . . .
14. Whether subject to Epilepsy, .
15. Whether Suicidal, . . .
16. Whether Dangerous to others, .
17. Parish or Union to which the Lunatic (if
Pauper) is Chargeable, . .
18. Date of becoming Chargeable, .
19. Christian Name and Surname, and Place
Abode of nearest known Relative of th
Patient, and degree of Relationship (
known), and whether any Member of
Family known to be or to have been In
sane, ...
20. Special circumstances (if any) preventing the
insertion of any of the above particulars,

I certify, that, to the best of my knowle

DATED this Twelfth day of
Years

(To be signed

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(*) Sheriff or Steward.
(*) Shire or Stewartry.

Unto the Honourable the (*) Sheriff of the (*) County of Dumfries *and his Substitutes,—*

The Petition of Alexander Newirson Inspector of Poor- A parish of Mozton humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Margaret McGenly or Menzies (your Petitioner's (*)) Pauper on the Roll of Morton is at present in a state of Mental Derangement, and 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 McGenly or Menzies to the Southern Counties Asylum Dumfries and to sanction her admission into the the said Asylum.

(*) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

Alexr. Newirson

(*) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this Twelfth (*) day of December One thousand eight hundred and Seventy Two years —

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Margaret McGenly or Menzies
2. Sex and Age,	Female — 26
3. Married, Single, or Widowed,	Widow
4. Condition of Life, and previous Occupation (if any),	Domestic Servant
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Penpont
7. Place where Found and Examined,	Penpont
8. Length of time Insane,	Two days
9. Whether first Attack,	Yes
10. Age (if known) on first Attack,	18 years —
11. When and where previously under Examination and Treatment,	1865 Southern Counties
12. Duration of existing Attack,	Two days
13. Supposed Cause,	
14. Whether subject to Epilepsy,	Yes —
15. Whether Suicidal,	Yes —
16. Whether Dangerous to others,	Yes —
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Morton Parish
18. Date of becoming Chargeable,	1865 —
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	James McGenly Labourer Penpont
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this Twelfth day of December One thousand eight hundred and Seventy Two years

(*To be signed by Party applying*) Alexr. Newirson

P. p

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Thomas Logan being a (1) Doctor of Medicine of Aberdeen + Licentiate of the Faculty of Physicians ~~& Surgeons~~ 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) Penpont Village Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Margaret Menzies or McGinley Penpont Parker and that the said Margaret Menzies or McGinley is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) So violent in her behaviour, threatens to do mischief & various times to herself and others. Has been several times certified & removed to myself and detained under care and treatment"

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Strikes herself with her closed fists, tears her hair, and injures furniture. Refuses that people about her present and then becomes much excited

Name and Medical Designation, Thomas Logan M.D. &c

Place of Abode, Penpont Dumfriesshire

DATED this twelfth day of December One thousand eight hundred and seventy two years

---

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Thomas Anderson being a (1) Bachelor in Medicine & Master in Surgery of the University of Edinburgh and being in actual practice as a (2) Physicians & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Southern Counties Asylum. Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Margaret McGinly or Menzies Penpont, Parker Menzies and that the said Margaret McGinly or ~~Menzies~~ is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) She suffers from depression, Cries a lot + must answer questions.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) She has been several times in the previously as shown by the

Name and Medical Designation, Thomas Anderson M

Place of Abode, Crichton Royal Institution

DATED this Twelfth day of December One thousand eight hundred and Seventy two years

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, Thomas Anderson being (1) a Graduate of the University of Edinburgh hereby certify, on soul and conscience, that I have this day, at (2) Southern Counties Asylum in the County of Dumfries, seen and personally examined Margaret McGinly or Menzies, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Thomas Anderson M.B. & C.M.

DATED this Twelfth day of December One thousand eight hundred and Seventy two years.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Alexander Hunson Inspector of Poor ~~Parish~~ Morton Certificates under the hands of Thomas Logan and Thomas Anderson, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Margaret McGinly or Menzies, Pauper, a Pauper and that the said Margaret McGinly or Menzies is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Margaret McGinly or Menzies 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 McGinly or Menzies which accompanied the said Petition.

DATED this Twelfth day of December One thousand eight hundred and Seventy two years. one word delete, David Boyle Hope

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

N.B.—This Form shall remain
Superintendent of the Asylum
the Sheriff is obtained.

PETITION TO TH
RECEPTION

(1) Sheriff or Steward,
(2) Mayor or Steward.

Unto the Honorable the
of Dumfr

The Petitio

humbly sheweth that it

Medical Certificates, that

your Petitioner's (3)

is at present in a state of

Asylum for the Insane,

mission of the said

into the 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

eight hundred and

If any of the Particulars

1. Christian Name and Surname of Patient at length, ...
2. Sex and Age, ...
3. Married, Single, or Widowed, .
4. Condition of Life, and previous Occupation (if any), ...
5. Religious Persuasion, so far as known,
6. Previous Place of Abode, . . .
7. Place where Found and Examined,
8. Length of time Insane, . . .
9. Whether first Attack, . . .
10. Age (if known) on first Attack, .
11. When and where previously under 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 Pauper) is Chargeable, . . .
18. Date of becoming Chargeable, .
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been In mate, ...
20. Special circumstances (if any) preventing the insertion of any of the above particulars,

I certify, that, to the best of my knowle

DATED this

day

(To be signed

744
Mary St. Ruxzies or McGinty
13th December
1872

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) County of Dumfries *and his Substitute*—

The Petition of Alexander McWilliam Inspector of Poor for the Parish of Carlaverock humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Margaret Gillespie your Petitioner's (3) Precognosced is at present in a state of Mental Derangement, and 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 Gillespie to the Southern Counties Asylum, Dumfries and to sanction her admission into the the said Asylum.

Alex. McWilliam, Insp. of Poor, Carlaverock

(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 Seventeenth (4) day of December One thousand eight hundred and Seventy two

---

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Margaret Gillespie
2. Sex and Age,	Female apparently between 30 and 40
3. Married, Single, or Widowed,	Not known
4. Condition of Life, and previous Occupation (if any),	Vagrant
5. Religious Persuasion, so far as known,	Not known
6. Previous Place of Abode,	Not known
7. Place where Found and Examined,	Bailiehouse, Carlaverock
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,	Not known
13. Supposed Cause,	Not known
14. Whether subject to Epilepsy,	Not known
15. Whether Suicidal,	Not known
16. Whether Dangerous to others,	Yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Carlaverock in the first instance
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known 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,	Particulars not known

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 two

(*To be signed by Party applying*) Alex. McWilliam

P. p

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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) Physician
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Southern Co
Asylum
Dumfries
in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) Margaret Gillespie a Pauper
and that
the said Margaret Gillespie is a (5) Lunatic
and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
States that she has Medicine that cures
diseases and that She is a Surgeon
Physician - has often delusions

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Similar Facts are stated by two
Forfeits - police officers who apprehended her
in the Street of Caerlaverock

Name and Medical Designation, Wm Scott MD &c

Place of Abode, Dumfries

DATED this 17th day of December One thousand eight hundred and 72

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Fellow
and being in actual practice as a (2) Physician & Surgeon
hereby certify on soul and conscience, that I have this day, at (3) the Southern
County Asylum - Dumfries
Dumfries
in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) Margaret Gillespie
a Pauper
and that
the said Margaret Gillespie 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) Talkeyin an
incoherent manner, about a cure of herbs for be
cure of all diseases: and that She understo
how to cure diseases better than -

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
that She was found in the parish of Caerlaverock
lying Asleep in an Excise Station
apprehended by the police -

Name and Medical Designation, Alex Thomson M

Place of Abode, Castle St Dumfries

DATED this 17th day of December One thousand eight hundred and Seventy two Years -

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope — (1) Sheriff Substitute of the (2) County of Dumfries, — having had produced to me, with a Petition at the instance of (3) Alexander McWilliam, Inspector of Poor, Carluerach — Certificates under the hands of William Scott — and Alexander Thomson, — , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Margaret Gillespie Baillieston Carluerach, (a Pauper) and that the said Margaret Gillespie, — 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 Gillespie — 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 Gillespie — which accompanied the said Petition.

DATED this Seventeenth day of December One thousand eight hundred and eighty two.

David Boyle Hope

To the Superintendent of the (7) Public Asylum of Southern Counties Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

N.B.—This Form shall remain
Superintendent of the Asylu
the Sheriff is obtained.

PETITION TO TH
RECEPTION

(*) Sheriff or Steward.
(†) Shire or Stewartry.

Unto the Honourable the
of Dumfrie

for the Parish
The Petiti
humbly sheweth that
Medical Certificates, that

(‡) State degree of Relationship or other capacity in which Petitioner stands to Lunatic &c.

your Petitioner's (‡)
is at present in a state of
Asylum for the Insane.
mission of the said
Southern Co
into the the said Asylum

(§) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this
eight hundred and

If any of the Particulars

1. Christian Name and Surname of Patient
length, ...
2. Sex and Age, ...
3. Married, Single, or Widowed, .
4. Condition of Life, and previous Occupati
(if any), ...
5. Religious Persuasion, so far as known,
6. Previous Place of Abode, . .
7. Place where Found and Examined,
8. Length of time Insane, . .
9. Whether first Attack, . .
10. Age (if known) on first Attack, .
11. When and where previously under Examin
tion and Treatment, . .
12. Duration of existing Attack, .
13. Supposed Cause, . . .
14. Whether subject to Epilepsy, .
15. Whether Suicidal, . . .
16. Whether Dangerous to others, .
17. Parish or Union to which the Lunatic (
Pauper) is Chargeable, . .
18. Date of becoming Chargeable, .
19. Christian Name and Surname, and Place
Abode of nearest known Relative of
Patient, and degree of Relationship
known), and whether any Member of
Family known to be or to have been
sane, ...
20. Special circumstances (if any) preventing
insertion of any of the above particulars

I certify, that, to the best of my know

DATED this

(To be signe

1/
745
Margaret Gillespie
14th December
1872

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) County of Dumfries *and his Substitute,*—

The Petition of John Dinwoodie, Inspector of the Poor for the Parish of Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Isabella Tait or Wright, 8 Michaels Street your Petitioner's (3) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Isabella Tait or Wright to the Southern Counties Asylum and to sanction her admission into the the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

John Dinwoodie

Dated this Seventeenth (4) day of December One thousand eight hundred and Seventytwo.

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Isabella Tait or Wright
2. Sex and Age,	female 30 years
3. Married, Single, or Widowed,	married
4. Condition of Life, and previous Occupation (if any),	do Domestic Servant
5. Religious Persuasion, so far as known,	Protestant -
6. Previous Place of Abode,	Dumfries
7. Place where Found and Examined,	— do
8. Length of time Insane,	about three weeks
9. Whether first Attack,	first attack
10. Age (if known) on first Attack,	about 30 years
11. When and where previously under Examination and Treatment,	never before
12. Duration of existing Attack,	about three weeks
13. Supposed Cause,	followed on her confinement
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,	17 Dec 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,	John Brock her Maternal grandfather died a patient 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 Seventeenth day of December One thousand eight hundred and Seventytwo

(*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 Harrold being a (1) a 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) Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Isabella Tait or Wright (a Spinster) and that the said Isabella Tait or Wright 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 Morning she has been in the presence of both Lyst and Surgeon Seems terribly worried as if from some imaginary trouble

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Husband & nurse state that she was confined about five weeks since and that she has been well since

Name and Medical Designation, W Marshall M.D. &c

Place of Abode, Dumfries

Dated this 17th day of December One thousand eight hundred and seventy two years

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MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, William Scott being a (1) Graduate of the University of Edin and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) 58 St Michael in the Burgh of Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Isabella Tait or Wright and that the said Isabella Tait or Wright is a (5) Lunatic and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Incoherent — has many delusions, is violent and dangerous to herself & others

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Husband and nurse state as as above

Name and Medical Designation, Wm Scott M.D

Place of Abode, Dumfries

Dated this 17th day of Dec One thousand eight hundred and 72

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, [redacted] being (1) [redacted] hereby certify, on soul and conscience, that I have this day, at (2) in the County of , seen and personally examined , and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (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 Rimmer, 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) Isabella Tait or Wright, St Michael Street, Dumfries a Pauper and that the said Isabella Tait or Wright is a (5) Lunatic,

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Isabella Tait or Wright 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 Tait or Wright which accompanied the said Petition.

DATED this Seventeenth day of December One thousand eight hundred and seventy two

David Boyle Hope

To the Superintendent of the (7) Public *Asylum of* Southern Counties Dumfries.

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1
746
Isabella Tait or Wright
17th December
1872
"

N.B.—This Form shall remain
Superintendent of the Asylum
the Sheriff is obtained.

PETITION TO TH
RECEPTION

(1) Sheriff or Steward.
Shire or Stewartry.

Unto the Honourable the
of Dumfries

The Petitio

humbly sheweth that it
Medical Certificates, that
your Petitioner's (2)
is at present in a state of
Asylum for the Insane.
mission of the said
Crichton
into the 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 a fortnight clear days following the dates of the Medical Certificates.

DATED this
eight hundred and

If any of the Particulars

1. Christian Name and Surname of Patient at length,
2. Sex and Age,
3. Married, Single, or Widowed,
4. Condition of Life, and previous Occupation (if any),
5. Religious Persuasion, so far as known,
6. Previous Place of Abode,
7. Place where Found and Examined,
8. Length of time Insane,
9. Whether first Attack,
10. Age (if known) on first Attack,
11. When and where previously under 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 knowle

DATED this

day o

(To be signed

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Shire of Dumfries *and his Substitutes,*

The Petition of Joseph Thomson 5 Portland Place Dumfries

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 the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

Joseph Thomson

Dated this 20th (4) day of December One thousand eight hundred and Seventy two

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	William Thomson
2. Sex and Age,	Male
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Draper,
5. Religious Persuasion, so far as known,	Church of England
6. Previous Place of Abode,	5 Portland Place Maxwelltown Dumfries
7. Place where Found and Examined,	5 Portland Place.
8. Length of time Insane,	3 weeks about
9. Whether first Attack,	First attack
10. Age (if known) on first Attack,	
11. When and where previously under Examination and Treatment,	
12. Duration of existing Attack,	3 weeks,
13. Supposed Cause,	Gone.
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,	Joseph Thomson, Portland Place. Dumfries. Brother. None known.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 20th day of Dec. One thousand eight hundred and 72

(*To be signed by Party applying*) Joseph 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, John [illegible], being a (1) Graduate of Edinburgh M[illegible] and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 5 Portland Place, Dumfries, in the County of Dumfries, separately from any other Medical Practitioner, visited and personally examined (4) William Thomson, and that the said William Thomson 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) His excited appearance & manner of Conversation, & insane ideas

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His mother informs me that for the last 2 days he has been Violent & unmanageable,

Name and Medical Designation, John [illegible]

Place of Abode, 11 Dumfries

Dated this 27 day of Dec One thousand eight hundred and 92.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 M.B. Univ of Glasgow Doctor of Medicine & Physician & Surgeon and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Crichton Royal Institution Dumfries in the County of Dumfries, separately from any other Medical Practitioner, visited and personally examined (4) William Thomson 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) Excited appearance Incoherent Conversation delusions & excited & maniacal manner

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Told by attendant; this Excitement has been present since admission

Name and Medical Designation, Alex Thomson M.B.

Place of Abode, Crichton R. Institution Dumfries

Dated this 28th day of December One thousand eight hundred and Eighty two years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, John Smith Medical Officer in Asylum being (1) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (2) 5 Portland Place in the County of Kirkcudbright, 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 Smith M.B.C.M.

DATED this 20 day of Dec. One thousand eight hundred and 72.

(1) State medical qualification. (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, 5 Portland Place, Maxwelltown, Certificates under the hands of John Smith and Alexander Thomson, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) William Thomson (Petitioners 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 Joseph Thomson, 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 William Thomson which accompanied the said Petition.

DATED this Twenty first day of December One thousand eight hundred and seventy two. Two words delete

David Boyle Hope

To the Superintendent of the (7) Public *Asylum of* Crichton Royal Institution. Dumfries

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an Idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1271.
William Thomson
Dec. 2 1872.

N.B.—This Form shall remain
Superintendent of the Asy
the Sheriff is obtained.

PETITION TO
RECEPTIO

(*) Sheriff or Steward.
(†) Shire or Stewartry.

Unto the Honourable
of Ro

The Pet
in the County of
humbly sheweth that
Medical Certificates, th
your Petitioner's (*)
is at present in a state
Asylum for the Insane
mission of the said
into the the said Asylu

(‡) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(§) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this
eight hundred and

If any of the Particula

1. Christian Name and Surname of Patient
length,
2. Sex and Age,
3. Married, Single, or Widowed,
4. Condition of Life, and previous Occupa
(if any),
5. Religious Persuasion, so far as known,
6. Previous Place of Abode,
7. Place where Found and Examined,
8. Length of time Insane,
9. Whether first Attack,
10. Age (if known) on first Attack,
11. When and where previously under Examin
tion and Treatment,
12. Duration of existing Attack,
13. Supposed Cause,
14. Whether subject to Epilepsy,
15. Whether Suicidal,
16. Whether Dangerous to others,
17. Parish or Union to which the Lunatic (
Pauper) is Chargeable,
18. Date of becoming Chargeable,
19. Christian Name and Surname, and Place
Abode of nearest known Relative of
Patient, and degree of Relationship
known), and whether any Member of
Family known to be or to have been
sane,
20. Special circumstances (if any) preventing
insertion of any of the above particular

I certify that, to the best of my know

DATED this 28 — day
seventy two.

(To be signe

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(*) Sheriff or Steward.
(*) Shire or Stewartry.

Unto the Honourable the (*) Sheriff of the (*) Shire of Renfrew & Bute and his Substitutes,—

The Petition of Robert ~~Nightingale~~ Gravel, Colefechan in the Parish of Hoddam and County of Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Margaret McArthur or Nightingale your Petitioner's (*) wife is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Margaret McArthur or Nightingale to the Southern Counties Asylum and to sanction her admission into the the said Asylum. One word delete. Robert Nightingale

(*) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(*) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this 28 (*) day of December One thousand eight hundred and seventy two. —

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Margaret McArthur or Nightingale
2. Sex and Age,	Female 34 years
3. Married, Single, or Widowed,	married
4. Condition of Life, and previous Occupation (if any),	Domestic servant previous to marriage
5. Religious Persuasion, so far as known,	Presbyterian Free Church
6. Previous Place of Abode,	Colefechan
7. Place where Found and Examined,	38 Princes St Portobello
8. Length of time Insane,	For nearly one year
9. Whether first Attack,	First attack so far as known
10. Age (if known) on first Attack,	
11. When and where previously under Examination and Treatment,	—
12. Duration of existing Attack,	One year nearly
13. Supposed Cause,	Puerperal
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	Occasionally violent
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 Nightingale Colefechan Gravel Husband No other members of family insane
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 28 — day of December One thousand eight hundred and seventy two. —

(*To be signed by Party applying*) Robert Nightingale

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 William Taylor being a (1) Doctor of Medecine of Edenburgh University and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) 38 Princes St Port Glasgow in the County of Renfrew separately from any other Medical Practitioner, visited and personally examined (4) Margaret McArthur or Nightingale, of Greenock Renfrewshire and that the said Margaret McArthur or Nightingale is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, 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 expresses the most absurd doubts about the paternity of her children. She has no idea of moral responsibility. She seems to delight in mischief. She is subject to fits of violent and unreasonable temper, or ~~cunty~~ absurd levity.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her mother States that She broke a looking glass because she saw faces in it. She often threatens violence to the family and is perfectly unmanageable at times. She swept a child on the street believing it to be her own. She imagines that her husband has another wife

Name and Medical Designation, } John W Taylor M.D.

Place of Abode, Port Glasgow

DATED this Twenty seventh day of December One thousand eight hundred and Seventy two

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, *or an insane person, or an Idiot, or a person of unsound mind.*

I, the undersigned, Charles Auld, Physician in Greenock, being a (1) Licentiate of the Royal College of Surgeons, Edinburgh and a Graduate of the Glasgow University and being in actual practice as a (2) General Medical Practitioner hereby certify, on soul and conscience, that I have this day, at (3) number 38 Princes Street, in Port Glasgow in the County of Renfrew separately from any other Medical Practitioner, visited and personally examined (4) Margaret McArthur or Nightingale, resident in her Father's house the and that the said Margaret McArthur or Nightingale is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) General excitability and irascibility of temper now and again breaking out into immoderate fits of laughter. She often when she hears person speaking at her through the wall is more especially her husband. She told me she took in a child in the street believing it to be her own, but found it was a mistake

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her mother and sister are in constant terror of their lives. State that after down any malicious mischief she laughs heartily; and also states that she believes there are ghosts or spirits in her head and found Notes in the bible also that in a gentlemans house called as she believed the faces saw in the glass and ~~screamed~~ at when she broke the glass

Name and Medical Designation, } Charles Auld M.D

Place of Abode, Greenock

DATED this Twenty Eighth day of December One thousand eight hundred and Seventy two,

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) 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 Kirk (1) Sheriff Substitute of Dumfriesshire
of ~~the~~ (2) Renfrew & Bute
having had produced to me, with a Petition at the instance of (3) Robert Nightingale
Grocer, Coolpeckan in the Parish of Hoddam County of Dumfries
Certificates under the hands of John William Taylor M.D. Port Glasgow
and Charles Auld M.D. Greenock, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 McArthur Nightingale — and that the said
Margaret McArthur Nightingale is a (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 McArthur or Nightingale 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 McArthur — which accompanied the said Petition.

DATED this Twenty eighth day of December One thousand eight hundred and seventy two years Th. Kirk

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.

1/
747
Margt Mc Arthur - Highgate
31st December
1872
1/
11

N.B.—This Form shall not
Superintendent of the A
the Sheriff is obtained.

PETITION TO
RECEPTIO

(†) Sheriff or Steward.
(†) Shire or Stewartry.

Unto the Honourable
Argyle and Bute

The Pet

humbly sheweth that
Medical Certificates, th
your Petitioner's (*)
is at present in a state
Asylum for the Insane.
mission of the said
Margaret
into the the said Asylum

(*) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(†) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this
eight hundred and

If any of the Particulars

1. Christian Name and Surname of Patient
length,
2. Sex and Age,
3. Married, Single, or Widowed,
4. Condition of Life, and previous Occupati
(if any),
5. Religious Persuasion, so far as known,
6. Previous Place of Abode,
7. Place where Found and Examined,
8. Length of time Insane,
9. Whether first Attack,
10. Age (if known) on first Attack,
11. When and where previously under Examina
tion and Treatment,
12. Duration of existing Attack,
13. Supposed Cause,
14. Whether subject to Epilepsy,
15. Whether Suicidal,
16. Whether Dangerous to others,
17. Parish or Union to which the Lunatic (if
Pauper) is Chargeable,
18. Date of becoming Chargeable,
19. Christian Name and Surname, and Place
Abode of nearest known Relative of th
Patient, and degree of Relationship
known), and whether any Member of
Family known to be or to have been In
sane,
20. Special circumstances (if any) preventing th
insertion of any of the above particulars,

I certify, that, to the best of my knowle

DATED this
three
third
day

(To be signed

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(†) Sheriff or Steward.
(‡) Shire or Stewartry.

Unto the Honourable the (†) ~~Steward~~ Sheriff of ~~the~~ (‡) ~~Stewartry~~ Wigton and Kirkcudbright *and his Substitutes,—*

The Petition of John Murdoch

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Murdoch 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 Murdoch to the Crichton Institution and to sanction his admission into the the said Asylum.

(*) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

John Murdoch

DATED this third (*) day of January One thousand eight hundred and seventy three

(*) 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 Murdoch
2. Sex and Age,	Male. 21 years
3. Married, Single, or Widowed,	single
4. Condition of Life, and previous Occupation (if any),	Student of architecture
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	—
7. Place where Found and Examined,	—
8. Length of time Insane,	Since
9. Whether first Attack,	yes
10. Age (if known) on first Attack,	—
11. When and where previously under Examination and Treatment,	—
12. Duration of existing Attack,	—
13. Supposed Cause,	—
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	Questionable
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 Murdoch, Builder Castle Douglas — Father No
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	—

Mark Cameron 39 Miller Street Glasgow Uncle 45

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this third day of January One thousand eight hundred and seventy three

(*To be signed by Party applying*) John 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, Walter Lorraine.
being a (1) Graduate of Edinburgh Univ & L.R.C.S.Edin
and being in actual practice as a (2) General Practitioner Balmoral Castle
hereby certify, on soul and conscience, that I have this day, at (3) , in the County of
Kirkcudbright separately from any other Medical Practitioner,
visited and personally examined (4) John Murdoch Balmoral Castle Douglas and that
the said John 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) He is Sleepless & restless – Talks nonsense & speaks about matters as he would when only a mischievous boy would be able & uses at times obscene & filthy language

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His father says that from being a remarkably steady lad he has become very talkative & He uses language such as he was unaccustomed to

Name and Medical Designation, Walter Lorraine M.B.C.

Place of Abode, Castle Douglas

DATED this Third day of January One thousand eight hundred and seventy three

---

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, John Jurison.
being a (1) Graduate of Edin. University & M.B. 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) Balmoral Castle Douglas
vis Cudbright in the County of
visited and personally examined (4) , John Murdoch separately from any other Medical Practitioner,
the said John Murdoch 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) He is restless & talks nonsense. rambling over a variety of subjects he is hurried one moment fancies himself at one time a captain of a ship – at another driving a gig. He is unusually at times offensive & talks obscene

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) His father says that from being a very quiet he has become talkative & determined to have his own way. Uses language he never used before

Name and Medical Designation, John Jurison M.B. C.M.

Place of Abode, Castle Douglas

DATED this Third day of January One thousand eight hundred and Seventy three

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Blair. Esquire — (1) Steward Substitute of the (2) Stewartry of Kirkcudbright —
having had produced to me, with a Petition at the instance of (3) John Murdoch
Certificates under the hands of Walter Lorraine. M.D.
and John Nivison M.B.C.M.Ed. , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Murdoch, Petitioners son, — and that the said John 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 John Murdoch — as a Patient into the (6) Crichton Asylum of Dumfries — and I authorize his — Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said John Murdoch — which accompanied the said Petition.

DATED this Third day of January One thousand eight hundred and Seventy three.

David Blair Ld.

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.

1273.

John Murdoch

Jan. 4/73

N.B.—This FORM shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Shire of Dumfries *and his Substitutes,—*

The Petition of William Mather 41 Bank St. Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Alexander Mather 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 Alexander Mather to the Crichton Royal Institution or 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.

William Mather

(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 January One thousand eight hundred and Seventy three Years.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Alexander Mather
2. Sex and Age,	Male- Aged 69
3. Married, Single, or Widowed,	Married -
4. Condition of Life, and previous Occupation (if any),	At present not in any business or employment was formerly a grocer
5. Religious Persuasion, so far as known,	Member of United Presbyterian Church
6. Previous Place of Abode,	
7. Place where Found and Examined,	41 Bank Street Dumfries
8. Length of time Insane,	For last two months more or less
9. Whether first Attack,	Not the first attack former attacks milder
10. Age (if known) on first Attack,	- I should say about 45 years of age-
11. When and where previously under Examination and Treatment,	Examined by Doctor in Edinb. some years ago who pronounced the disease to be softening of Brain
12. Duration of existing Attack,	Since end of Oct last
13. Supposed Cause,	- Excitement of going to Edinb. Direct a little thought to be dying
14. Whether subject to Epilepsy,	- No -
15. Whether Suicidal,	- Patient himself says he has been a tendency
16. Whether Dangerous to others,	No -
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Son John Mather New Zealand
20. Special circumstances (if any) preventing the 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 Seventy Three

(*To be signed by Party applying*) W Mather

P. P

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Patrick Murray,
being a (1) Graduate of the University of Edinburgh
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Bank St
Lumsden. in the County of
Lumsden separately from any other Medical Practitioner,
visited and personally examined (4) Alexander Mather
and that
the said Alexander Mather is a (5) Lunatic
unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Had do not think it wrong to say a Lunatic but would like to see a Justice to his Son; is a raw Irish man

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
His Son informed me that he has the house, and remains at all as a table lodging at different p
for which he has to pay

Name and Medical Designation, P Murray M

Place of Abode, Lumsden

DATED this 4th day of January One thousand eight hundred and 73

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) *Lunatic, or an insane person, 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) Bank St
Dumfries in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Alexander Mather
and that
the said Alexander Mather 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) He is melancholy
I say he is subject to fits of the kind and often puts indicated
commit suicide, he says he thinks he wants to be the better
of being under supervision.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
His own and neighbours speak of his erratic habits.—
selling his clothes &c. And are afraid of him doing some injury

Name and Medical Designation, William S. Kerr M.D.

Place of Abode, Dumfries

DATED this 4th day of January One thousand eight hundred and Seventy three years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualifications. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, James Gordon (3) Sheriff Substitute
of the (4) County of Dumfries,
having had produced to me, with a Petition at the instance of (5) William Mather
41 Bank Street Dumfries
Certificates under the hands of Patrick Murray
and William Smith Kerr, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (6) Alexander Mather (Petitioner's father) and that the said Alexander Mather, 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 Alexander Mather 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 Alexander Mather which accompanied the said Petition.

DATED this Fourth day of January One thousand eight hundred and seventy three.

James Gordon

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.

1274.

Alexander Mather

Jan. 4/73.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(*) Sheriff or Steward.
(†) Shire or Stewartry.

Unto the Honourable the (*) Sheriff of the (†) County of Dumfries and his Substitutes,—

The Petition of Richard Brown Inspector of Poor Kirkpatrick Fleming

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Margaret Rae

(*) 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 Margaret Rae to the Southern Counties Asylum and to sanction her admission into the the said Asylum.

Richard Brown Insp of P

(*) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 13th (*) day of January One thousand eight hundred and Seventy three years

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Margaret Rae
2. Sex and Age,	Female 47
3. Married, Single, or Widowed,	Widow
4. Condition of Life, and previous Occupation (if any),	Protestant
5. Religious Persuasion, so far as known,	Not Known
6. Previous Place of Abode,	Highmoor
7. Place where Found and Examined,	Highmoor
8. Length of time Insane,	14 weeks
9. Whether first Attack,	No ~~First time~~
10. Age (if known) on first Attack,	30 years
11. When and where previously under Examination and Treatment,	Southern Counties Asylum Lancaster
12. Duration of existing Attack,	14 weeks
13. Supposed Cause,	Not known
14. Whether subject to Epilepsy,	not known
15. Whether Suicidal,	yes
16. Whether Dangerous to others,	yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Kirkpatrick Fleming
18. Date of becoming Chargeable,	11th January 1873
19. Christian Name and Surname, and Place of Abode of nearest known 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 Rae Highmoor 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 January One thousand eight hundred and

(*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.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, William Carruthers being a (1) Lic: Roy: Coll: Phy: Edinr & Lic: Fac: Phy: 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) Highmoor, Kirkpatrick Fleming in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Margaret Rae, Highmoor, Kirkpatrick Fleming - Pauper and that the said Margaret Rae is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) She is low spirited - declines to speak - wishes to be back to the asylum, where she says she will get better -

2. Other facts (if any) indicating Insanity communicated to me by others: (7) John Rae (her son) and William Wright (her son-in-law) say - that she is restless at times and wanders about the house - that she is very tearful & dull -

Name and Medical Designation, William Carruthers Physician & Su

Place of Abode, Kirkpatrick Fleming

DATED this twelfth day of January One thousand eigh hundred and seventy three -

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MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, James Carruthers being a (1) Licentiate of the Royal College of Edinburgh
and being in actual practice as a (2) Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Highmoor in the parish of Kirkpatrick Fleming in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Margaret Rae, Highmoor, Kirkpatrick Fleming, pauper and that the said Margaret Rae is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) She is extremely low in spirits & she will answer no questions in a free manner She is evidently in a state of despondency without any known Caus

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her son, John Rae and her son in law William Wrigh say she is restless and disposed to wander in the house or away from home and did escape fo several days without their knowing where

Name and Medical Designation, James Carruthers Surgeon

Place of Abode, Kirkpatrick Fleming

DATED this twelfth day of January One thousand eight hundred and seventy three

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, A. Maitland (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Richard Brown Inspector of Poor Kirkpatrick Fleming
Certificates under the hands of William Carruthers
and James Carruthers ; being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Margaret Rae Highmoor Kirkpatrick Fleming Dumfries and that the said Margaret Rae is a (5) person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Margaret Rae as a Patient into the (6) Public Asylum of Southern Counties at Dumfries and I authorize the Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Margaret Rae which accompanied the said Petition.

DATED this thirteenth day of January One thousand eight hundred and seventy three years

A. Maitland

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1
749
Margaret Rae
13th January
1873
" "

N.B.—This Form shall n
Superintendent of the
the Sheriff is obtained.

PETITION TO
RECEPTI

(a) Sheriff or Steward.
(b) Skin or Stewartry.

Unto the Honourable
of Dumfries
The Pe

humbly sheweth tha
Medical Certificates,
your Petitioner's (c)
is at present in a state
Asylum for the Insane
mission of the said
into the the said Asyl

(c) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(d) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this
eight hundred and

If any of the Particu

1. Christian Name and Surname of Patien
length, ...
2. Sex and Age, ...
3. Married, Single, or Widowed, .
4. Condition of Life, and previous Occup
(if any), ...
5. Religious Persuasion, so far as known,
6. Previous Place of Abode, . .
7. Place where Found and Examined,
8. Length of time Insane, . .
9. Whether first Attack, . .
10. Age (if known) on first Attack, .
11. When and where previously under Exam
tion and Treatment, . .
12. Duration of existing Attack, .
13. Supposed Cause, . . .
14. Whether subject to Epilepsy, .
15. Whether Suicidal, . . .
16. Whether Dangerous to others, .
17. Parish or Union to which the Lunatic
Pauper) is Chargeable, . .
18. Date of becoming Chargeable, .
19. Christian Name and Surname, and Pla
Abode of nearest known Relative o
Patient, and degree of Relationship
known), and whether any Member o
Family known to be or to have bee
sane, ...
20. Special circumstances (if any) preventin
insertion of any of the above particul

I certify, that, to the best of my kn

DATED this 15
(To be sig

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(*) Sheriff or Steward.
(*) Shire or Stewartry.

Unto the Honourable the (*) Sheriff of the (*) County of Dumfries *and his Substitutes,—*

The Petition of John Duff Saw-mill Elsrickle

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that William Duff

(*) 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 William Duff to the Southern Counties Asylum and to sanction his admission into the the said Asylum.

John Duff

(*) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 15th (*) day of January One thousand eight hundred and seventy three years.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	William Duff
2. Sex and Age,	Male 26 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Sawyer & Saw Mill
5. Religious Persuasion, so far as known,	Free Church
6. Previous Place of Abode,	Saw Mill Cottage Closeburn
7. Place where Found and Examined,	Saw Mill Cottage do
8. Length of time Insane,	only a few days
9. Whether first Attack,	Yes
10. Age (if known) on first Attack,	about 26
11. When and where previously under Examination and Treatment,	never before treated
12. Duration of existing Attack,	only a few days
13. Supposed Cause,	Supposed sympathy with his Mother
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Closeburn
18. Date of becoming Chargeable,	not chargeable
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	John Duff Father. James Duff Brother in Asylum
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 15th day of January One thousand eight hundred and seventy three years.

(*To be signed by Party applying*) John Duff

P. T.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Robert Shaw being a (1) Bachelor of Medicine & Master in Surge and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Skolls, or Bac Closeburn in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) William Duff Saw Mill Cl and that the said William Duff is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)
He has delusions. thinks his father & other members of the family are conspire against, would be violent & dangerous if pro

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
He wont rest at night. has great delusions. wont reason on any subject, is very obstinate & his father is afraid of him being dangerous—

Name and Medical Designation, Robert Shaw M.B. CM.

Place of Abode, Thornhill. Dumfriesshire

DATED this Fourteenth day of January One thousand eight hundred and Seventy three.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Alexander Thompson being a (1) Doctor of Medicine of the University of Glasgow & Surgeon and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) the Dalbeattie Counties Asylum Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) William Duff - Saw Mill Closeburn and that the said William Duff is a (5) person of unsound mind - and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Tells me that he suff from strange feeling in his head - that he cannot rest at night - By one or more operations left his house remembered about the fields during night - Can give reason for doing - tell he was obliged to do it -

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Same as above

Name and Medical Designation, Alex Thomson MD

Place of Abode, Dumfries

DATED this 15th day of January One thousand eight hundred and Seventy three years

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, Robert Shaw
being (1) a Bachelor of Medicine & Master in Surgery
hereby certify, on soul and conscience, that I have this day, at (2) Shotts or Sawmill cottage
in the County of Dumfries, seen and personally examined
William Duff is a —, and that the said
William Duff
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Robert Shaw M.B. C.M.

Dated this Fourteenth day of January One thousand eight hundred and Seventy three.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, L Monteath (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) John Duff
Sawmill Closeburn
Certificates under the hands of Robert Shaw
and Alexander Thomson, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
William Duff Sawmill Cottage Closeburn (Shotts) and that the said
William 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 William Duff as a Patient into the (6) Public Asylum of Southern Counties 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 Duff which accompanied the said Petition.

Dated this fifteenth day of January One thousand eight hundred and Seventy three years

L Monteath

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1/750
William Duff
14 January
1873

N.B.—The Form shall remain in the Superintendent of the Asylum, until the Sheriff is obtained.

PETITION TO THE
RECEPTION O

Sheriff or Steward, Mayor or Secretary.

Unto the Honourable the (1)
of Dumfries

The Petition of

humbly sheweth that it ap

Medical Certificates, that o

your Petitioner's (2) Pau

2. State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

is at present in a state of Ma

Asylum for the Insane, Mo

mission of the said Hu

Southern Comm

into the the said Asylum.

3. The date of the Petition must be within seven clear days following the dates of the Medical Certificates.

DATED this Sixteen

eight hundred and Seven

If any of the Particulars in

1. Christian Name and Surname of Patient at length,
2. Sex and Age,
3. Married, Single, or Widowed,
4. Condition of Life, and previous Occupation (if any),
5. Religious Persuasion, so far as known,
6. Previous Place of Abode,
7. Place where Found and Examined,
8. Length of time Insane,
9. Whether first Attack,
10. Age (if known) on first Attack,
11. When and where previously under Examination and Treatment,
12. Duration of existing Attack,
13. Supposed Cause,
14. Whether subject to Epilepsy,
15. Whether Suicidal,
16. Whether Dangerous to others,
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,
18. Date of becoming Chargeable,
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,
20. Special circumstances (if any) preventing the insertion of any of the above particulars,

I certify, that, to the best of my knowledge

DATED this 17th

day of

(To be signed by

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 Substitute.*—

The Petition of Joseph Welsh Inspector of Poor Dogueer humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Coulthart 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 Coulthart to the Southern Counties Asylume and to sanction his admission into the the said Asylum.

Joseph Welsh Inspector

(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 Sixteenth (4) day of January 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,	James Coulthard
2. Sex and Age,	male 16 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	do Currier
5. Religious Persuasion, so far as known,	Reformed Presbyterian
6. Previous Place of Abode,	Old Bridge St Maxwelltown Dogueer
7. Place where Found and Examined,	Do Do
8. Length of time Insane,	a week
9. Whether first Attack,	yes
10. Age (if known) on first Attack,	16 year
11. When and where previously under Examination and Treatment,	Old Bridge St Maxwelltown
12. Duration of existing Attack,	a week
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,	Parish of Dogueer
18. Date of becoming Chargeable,	7th February 1873
19. Christian Name and Surname, and Place of Abode of nearest known 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 Coulthart Mother None
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	Often left office for a week of Mallenchow

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 73

(*To be signed by Party applying*) Joseph Welsh Inspector Dogueer

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an Insane person, 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 Mc Murray
being a (1) Graduate of the University of Edin
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) 64 Bu
Granton
Pilton Shire in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) James Collart Jam
and that
the said James Collart is a (5) Person
of unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Cannot make
any Statement but is restle
& Dangerous he is in the house
one Servant, and is in the Garden

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
She Mother informs me that
he has not slept any for the
this night, & is constantly singing & laughing

Name and Medical Designation, P Mc Murray Mc
Place of Abode, Buccleuch St Dum

Dated this 16th day of January One thousand eight hundred and 73

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, 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 Marshall
being a (1) Graduate of the Faculty of Phys
and Surgeons Glasgow and Licentiate of the
and being in actual practice as a (2)
hereby certify, on soul and conscience, that I have this day, at (3) 64 Buccleuch
West Pilton
Edinburgh in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) James Coultart & Jane
and that
the said James Coultart is a (5) Lunatic
and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) talks incoher
Acts in Manner; about the Surgery
Raising Ape what is Contained in the Pot
makes Bedroom Grate &c &c

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
His Mother states that he Slept
during the day and Raves in Himself

Name and Medical Designation, Wm Marshall M.D.
Place of Abode, Dalkeith

Dated this 16 day of January One thousand eight hundred and Seventy three years

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Dated this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope, (1) Sheriff Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) Joseph Welsh, Inspector of Poor Prospect, Certificates under the hands of Patrick M. Murray, 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 Coulthart 8 Old Bridge St Gazetteer, and that the said James Coulthart, 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 Coulthart, 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 Coulthart, which accompanied the said Petition.

R.S.

Dated this Seventeenth day of January One thousand eight hundred and seventy three.

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1
751
James Coulthart
17 January
1873

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) County of Dumfries *and his Substitutes,*—

The Petition of James Sinclair, Inspector of Poor, Kirkpatrick humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that George Balmer, Labourer, Quarrelwood your Petitioner's (3) Partner is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said George Balmer to the New 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.

James Sinclair

Dated this Seventeenth (4) day of January One thousand eight hundred and Seventy three.

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	George Balmer
2. Sex and Age,	Male. 43
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,	Quarrelwood
7. Place where Found and Examined,	Quarrelwood
8. Length of time Insane,	Two days
9. Whether first Attack,	no
10. Age (if known) on first Attack,	35
11. When and where previously under Examination and Treatment,	S. C. Asylum. & Roy Asylum
12. Duration of existing Attack,	Two days
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,	Torthorwald
18. Date of becoming Chargeable,	16th Jan. 1873
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Elij. McMurdo, Quarrelwood. Wife 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 Seventeenth day of January One thousand eight hundred and Seventy three

(*To be signed by Party applying*) James Sinclair

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 Smith
being a (1) Licentiate of Edinburgh Royal College of Physicians & Surgeons
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Dumfries Lunatic Asylum,
in the County of Dumfries
separately from any other Medical Practitioner,
visited and personally examined (4) George Balmer, Labourer, Quarrelwood Parish Pauper
and that the said George Balmer is a (5) person of Unsound Mind
and a proper person to be detained 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. Delusions & incoherent rambling conversation,

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His wife informs me that during the last three days he has on several occasions threatened to injure her & kill her children

Name and Medical Designation, John Smith

Place of Abode, Dumfries

DATED this seventeenth day of January One thousand eight hundred and seventy-three years.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) *Lunatic, or an insane person, or an Idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Thomas Anderson
being a (1) Bachelor in Medicine and Master in Surgery of the Univ. 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) Southern Counties Asylum,
in the County of Dumfries
separately from any other Medical Practitioner,
visited and personally examined (4) George Balmer, Labourer, Quarrelwood Parish Pauper
and that the said George Balmer is a (5) person of Unsound Mind
and a proper person to be detained 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 Monomania & Delusions
He complains that he is insane
that he is in such dread that he cannot tell what to do with himself
2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, Thomas Anderson M.B.

Place of Abode, Crichton Royal Institution

DATED this seventeenth day of January One thousand eight hundred and seventy three years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, James Johnston Paterson being (1) a member of the Royal College of Surgeons & Physicians Glasgow hereby certify, on soul and conscience, that I have this day, at (2) Quarterwood. in the County of Dumfries, seen and personally examined George Balmer, and that the said person is of unsound mind, and 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 Johnston Paterson

DATED this Seventeenth day of January One thousand eight hundred and Seventy three

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, 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 Sinclair, Inspector of Poor Kirkmahoe, Certificates under the hands of John Smith, and Thomas Anderson, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) George Balmer Quarterwood Kirkmahoe Parish and that the said George Balmer, is a (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 Balmer, 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 Balmer, which accompanied the said Petition.

DATED this Eighteenth day of January One thousand eight hundred and seventy three.

Lauderdale Maitland

To the Superintendent of the (7) Public Asylum of Southern Counties Dumfries.

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1
752
George Balmer
14th January
1873

N. B.—This Form shall remain in
Superintendent of the Asylum,
the Sheriff is obtained.

PETITION TO THE
RECEPTION

1 Sheriff or Steward.
2 Wife or Steward.

Unto the Honourable the (
of Dum
The Petition

humbly sheweth that it
Medical Certificates, that
your Petitioner's (3)
is at present in a state of M
Asylum for the Insane.
mission of the said
into the 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
eight hundred and

If any of the Particulars in

1. Christian Name and Surname of Patient at length,
2. Sex and Age,
3. Married, Single, or Widowed,
4. Condition of Life, and previous Occupation (if any),
5. Religious Persuasion, so far as known,
6. Previous Place of Abode,
7. Place where Found and Examined,
8. Length of time Insane,
9. Whether first Attack,
10. Age (if known) on first Attack,
11. When and where previously under Examination and Treatment,
12. Duration of existing Attack,
13. Supposed Cause,
14. Whether subject to Epilepsy,
15. Whether Suicidal,
16. Whether Dangerous to others,
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,
18. Date of becoming Chargeable,
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,
20. Special circumstances (if any) preventing the insertion of any of the above particulars,

I certify, that, to the best of my knowledg

DATED this
three years
day of
(To be signed by

N. B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 Jackson~~ Robert Martin

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Jackson Springvale Dumfries your Petitioner's (3) Brother-in-Law is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said James Jackson to the Dumfries County Asylum and to sanction his admission into the the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

Robert Martin

DATED this 30th (4) day of January One thousand eight hundred and Seventy three years.

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	James Jackson
2. Sex and Age,	Male 36 years.
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Woodman
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Springvale Dumfries.
7. Place where Found and Examined,	Buccleuch Street Dumfries
8. Length of time Insane,	4 years.
9. Whether first Attack,	The first attack.
10. Age (if known) on first Attack,	32 years
11. When and where previously under Examination and Treatment,	Not previously under treatment
12. Duration of existing Attack,	4 years
13. Supposed Cause,	Unknown
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	no
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	James Jackson Springvale 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 30th day of January One thousand eight hundred and Seventy three years

(*To be signed by Party applying*) Robert Martin

P. 2

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, William Smith Kerr
being a (1) Physician - Graduate of Glasgow
Universality
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) 29 Buccleu
Dumfries
Dumfries in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) James Jackson. Dum
and that
the said James Jackson is a (5) person of
unsound mind
and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)
He has an absent expression, Complains
of loosing his memory. and forgets himself.
He wishes to be taken care of.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Robt. Martin his brother-in-law and neighbours
say he is very frentic. That he wanders away from
home now and then, they are afraid of him doing him

Name and Medical Designation, William Kerr M.
Place of Abode, Dumfries

DATED this 29th day of January One thousand eight
hundred and Seventy three years.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Hugh Cunningham
being a (1) Member of the Royal College of Physicians in Edinburg
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) Southern Count
Asylum
Dumfries in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) James Jackson, woodman
Springvale, Dunscore
and that
the said James Jackson is a (5) person of un
sound mind
and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) He has a vacant look, a restless eye, and a general impairmen of intelligence.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, Hugh Cunningham L.R.C.S. Ed.
Place of Abode, 25 Castle Steel, Dumfries

DATED this Thirtieth day of January One thousand eight
hundred and seventy three years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, William Smith Kerr
being (1) Graduate of Glasgow University
hereby certify, on soul and conscience, that I have this day, at (2) Dumfries
in the County of Dumfries, seen and personally examined
James Jackson, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

William S. Kerr M.D.

DATED this 29th day of January One thousand eight hundred and Seventy three years.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope — (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Robert Martin,
Springvale, Dunscore
Certificates under the hands of William Smith Kerr,
and Hugh Cunningham, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
James Jackson Springvale Dunscore and that the said
James Jackson is a (5) person of unsound
mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said James Jackson as a Patient into the (6) Public Asylum of Southern Counties and I authorize
his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said James Jackson which accompanied the said Petition.

DATED this thirtieth day of January One thousand eight hundred and seventy three

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of Southern Counties Dumfries

---

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1/753

James Jackson

29th January

1873

11

N.B.—This Form shall remain
Superintendent of the Asylum
the Sheriff is obtained.

PETITION TO TH
RECEPTION

(a) Sheriff or Steward.
(b) Shire or Stewartry.

Unto the Honourable the
of Dumfries
The Petition

Steward humbly sheweth that it
Medical Certificates, that

(c) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (c) Son
is at present in a state of
Asylum for the Insane
mission of the said James
Southern Counties
into the the said Asylum.

(d) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 13
eight hundred and

If any of the Particulars

1. Christian Name and Surname of Patient at length, ...
2. Sex and Age, ...
3. Married, Single, or Widowed, ...
4. Condition of Life, and previous Occupation (if any), ...
5. Religious Persuasion, so far as known, . . .
6. Previous Place of Abode, ...
7. Place where Found and Examined, ...
8. Length of time Insane, ...
9. Whether first Attack, ...
10. Age (if known) on first Attack, ...
11. When and where previously under 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 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 knowled

DATED this 17

day of

(To be signed

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) County of Dumfries and his Substitutes,

The Petition of John Hamilton, Inspector of Poor Dr Normand humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Janet Armstrong or Allen your Petitioner's (3) Inspector of Poor is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Janet Armstrong or Allen to the Southern Counties Asylum and to sanction her admission into the the said Asylum.

John Hamilton

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

Dated this 17th (4) day of February One thousand eight hundred and 73

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Janet Armstrong or Allen
2. Sex and Age,	Female 47
3. Married, Single, or Widowed,	Married to Farmer
4. Condition of Life, and previous Occupation (if any),	Housewife
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Collin
7. Place where Found and Examined,	do
8. Length of time Insane,	about a year
9. Whether first Attack,	1st attack
10. Age (if known) on first Attack,	47
11. When and where previously under Examination and Treatment,	S. Counties Asylum
12. Duration of existing Attack,	
13. Supposed Cause,	
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	no
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Torthorwald
18. Date of becoming Chargeable,	1850
19. Christian Name and Surname, and Place of Abode of nearest known 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 Walter Bell, Keckle
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 17 day of February One thousand eight hundred and 73

(*To be signed by Party applying*) John Hamilton

Inspector of Poor P. P

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Patrick Grumay 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) Collin Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Janet Allan Pauper and that the said Janet Allan is a (5) Person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Imagines that she is Poisoned; that there is Hell; that I am the Lord Christ

2. Other facts (if any) indicating Insanity communicated to me by others: (7) The person with whom she lives informs me, that she imagines that she is Pregnant; and that she is about to give birth to a Child

Name and Medical Designation, P. Grumay M.D.

Place of Abode, Dumfries

DATED this 16th day of February One thousand eight hundred and 73

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, William Smith Kerr being a (1) Graduate of Glasgow University and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Buccleuch Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Janet Allan. a Pauper and that the said Janet Allan is a (5) Person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) She talks of people persuing her, frightening her at night and putting pains in her body. also delusion

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) The attendant with her says she just talks nonsense, and is quite out of her re

Name and Medical Designation, William S Kerr M.D.

Place of Abode, Dumfries

DATED this 17th day of Feby. One thousand eight hundred and Seventy three years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, Patrick Murray being (1) a Graduate of the University of Edinburgh hereby certify, on soul and conscience, that I have this day, at (2) Collin in the County of Dumfries, seen and personally examined Janet 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.

P Murray M D

DATED this 16th day of February One thousand eight hundred and 73

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) John Hamilton Inspector of Poor Applegarth Certificates under the hands of Patrick Murray and William Smith Kerr, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Janet Allan, Collin, (a pauper) and that the said Janet Allan is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Janet Allan as a Patient into the (6) Public Asylum of Southern Counties at Dumfries and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Janet Allan which accompanied the said Petition.

R.S.

DATED this Seventeenth day of February 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.

N.B.—This Form shall remain
Superintendent of the Asylum
the Sheriff is obtained.

PETITION TO THE
RECEPTION

* Sheriff or Steward.
† Shire or Stewartry.

Unto the Honourable the
of Dumfries

The Petition

humbly sheweth that it
Medical Certificates, that

‡ State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (‡)
is at present in a state of
Asylum for the Insane.
mission of the said
Southern Counties
into the the said Asylum.

§ The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this
eight hundred and

If any of the Particulars

1. Christian Name and Surname of Patient at length, ...
2. Sex and Age, ...
3. Married, Single, or Widowed, ...
4. Condition of Life, and previous Occupation (if any), ...
5. Religious Persuasion, so far as known, ...
6. Previous Place of Abode, ...
7. Place where Found and Examined, ...
8. Length of time Insane, ...
9. Whether first Attack, ...
10. Age (if known) on first Attack, ...
11. When and where previously under 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 knowled

DATED this Twentieth day of

Years

(To be signed

154
Sunset Cottages allow
17 February
1873

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 Wm Murdoch junr Glenside, Wigtonshire

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Alexander Leamont Murdoch Southampton 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 Alexandr Leamont Murdoch 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.

Twentieth Wm Murdoch Junr

DATED this 17th (4) day of February One thousand eight hundred and 73

(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,	Alexandr Leamont Murdoch
2. Sex and Age,	Male 34 years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Clerk
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Southampton
7. Place where Found and Examined,	Dumfries
8. Length of time Insane,	4 Months
9. Whether first Attack,	First
10. Age (if known) on first Attack,	34 years
11. When and where previously under Examination and Treatment,	Shaftesbury
12. Duration of existing Attack,	4 months
13. Supposed Cause,	~~Don't know~~
14. Whether subject to Epilepsy,	~~Fits~~ Yes
15. Whether Suicidal,	no
16. Whether Dangerous to others,	no
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Wm Murdoch Senr Father Glenside Kirkcolm Wigtonshire
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 February One thousand eight hundred and seventy three

Years (To be signed by Party applying) Wm Murdoch junr

P. P

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an Idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Hugh Cunningham being a (1) Member of the Royal College of Physicians in Edin and of the Faculty of Physicians and Surgeons in 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) Southern Cou Asylum Dumpries in the County of separately from any other Medical Practitioner, visited and personally examined (4) Alexander Lamont Mudoch, Clerk, Southampton and that the said Alexander Lamont Mudoch is a (5) person of unsou mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) He imagines him to be the Eternal Deity, is incoherent, and very violent.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, Hugh Cunningham L.R.C.P.Edin

Place of Abode, 25 Castle Stud, Dumpries

DATED this Twentieth day of February One thousand eight hundred and seventy three years.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an Idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Patrick Munro being a (1) Graduate of the University of Edinburgh and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Southern Counties Asylum Dumpries in the County of separately from any other Medical Practitioner, visited and personally examined (4) Alexander Lamont Mundoch Clk Southampton and that the said Alexander Lamont Mundoch is a (5) Person of unsound mind and a proper person to be detained 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 pays much attention to dress, is violent, imagines that he is Jesus

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, P. Munro M.D.

Place of Abode, Queensberry St Dumpries

DATED this 20th day of February One thousand eight hundred and 73

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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 Anderson being (1) Graduate of University of Edinburgh hereby certify, on soul and conscience, that I have this day, at (2) S. C. Asylum in the County of Dumfries, seen and personally examined Alexander Leamont 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.

Thomas Anderson MB & C.M.

DATED this Twentieth day of February One thousand eight hundred and seventy three years

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope — (1) Sheriff Substitute, of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) William Murdoch, Senior, Glenside, Wigtownshire, Certificates under the hands of Hugh Cunningham and Patrick Murray, M.D., being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Alexander Leamont Murdoch, formerly of Southampton [illegible] and that the said Alexander Leamont 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 Alexander Leamont Murdoch as a Patient into the (6) Public Asylum of Southern Counties [illegible] and 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 Leamont Murdoch which accompanied the said Petition.

David Boyle Hope

DATED this Twenty eighth day of February One thousand eight hundred and Seventy three. Two words delete

David Boyle Hope

To the Superintendent of the (7) Public Asylum of Southern Counties Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

N.B.—This Form shall remain
Superintendent of the Asylum
the Sheriff is obtained.

PETITION TO TH
RECEPTION

1 Sheriff or Steward.
2 Alloa or Stewartry.

Unto the *Honourable the*
of *Dumfri*
The Petitio

humbly sheweth that it
Medical Certificates, that
your Petitioner's (?) *Wa*
is at present in a state of
Asylum for the Insane.
mission of the said *Ch*
Southern Coun
into the 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 date of the Medical Certificates.

DATED this *Twen*
eight hundred and *Seve*

If any of the Particulars

1. Christian Name and Surname of Patient at length,
2. Sex and Age,
3. Married, Single, or Widowed,
4. Condition of Life, and previous Occupation (if any),
5. Religious Persuasion, so far as known,
6. Previous Place of Abode,
7. Place where Found and Examined,
8. Length of time Insane,
9. Whether first Attack,
10. Age (if known) on first Attack,
11. When and where previously under 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 knowled

DATED this *Twentieth* day of
Seventy three.
(To be signed b

1/
755
Allen Lamont Dumfries
20th February
1873

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) County of Dumfries *and his Substitutes,—*

The Petition of Duncan Clapperton Insp. of Pol. Annan, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Christopher Armstrong, your Petitioner's (3) Pauper, is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Christopher Armstrong to the Southern Counties' Asylum and to sanction his admission into the the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

Duncan Clapperton

(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 February One thousand eight hundred and Seventy three years.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Christopher Armstrong
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,	Battery Brae, Annan.
7. Place where Found and Examined,	Do Do
8. Length of time Insane,	about one week.
9. Whether first Attack,	Second attack.
10. Age (if known) on first Attack,	19 years
11. When and where previously under Examination and Treatment,	So.Co. Asylum
12. Duration of existing Attack,	about one Week
13. Supposed Cause,	Not Known.
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Annan.
18. Date of becoming Chargeable,	19 February 1873
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Mary Irving or Wright. Clifton Near Penrith. None of his 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 February One thousand eight hundred and Seventy three years.

(To be signed by Party applying) Duncan Clapperton

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, James Little
being a (1) Doctor of Medicine & Licentiate of the Royal College of Surgeons Edinburgh
and being in actual practice as a (2) General Medical practitioner
hereby certify, on soul and conscience, that I have this day, at (3)
Battery Brae, Annan. in the County of Dumfries
separately from any other Medical Practitioner, visited and personally examined (4) Christopher Armstrong, Labr Battery Brae - a pauper
and that the said Christopher Armstrong is a (5) person of unsound mind
and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)

His general appearance restless, noisy & wanting crying out to be released—

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Told by his mother that he is sleepless & restless about and talks nonsense—

Name and Medical Designation, James Little M.D. &c.

Place of Abode, Mayfield, Annan,

Dated this 20th day of February One thousand eight hundred and Seventy three

---

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an Idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Wm M'Ewen
being a (1) Licentiate of the Royal College of Surgeons Edinburgh
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3)
Battery Brae, Annan in the County of Dumfries
separately from any other Medical Practitioner, visited and personally examined (4) Christopher Armstrong Labr Battery Brae - a pauper
and that the said Christopher Armstrong is a (5) person of unsound Mind
and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)

His general appearance, restlessness, and incoherent discourse—

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Told by his mother of his sleeplessness, restlessness, and incoherent talk—

Name and Medical Designation, Wm M'Ewen. Surgeon

Place of Abode, Edwardian Hotel Annan

Dated this 18th day of February One thousand eight hundred and Seventy three

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, James Little
being (1) Doctor of Medicine
hereby certify, on soul and conscience, that I have this day, at (2) Battery Brae Annan
in the County of Dumfries, seen and personally examined
Christopher Armstrong, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

James Little M.D. Surgeon

Dated this 20th day of February One thousand eight hundred and Seventy three.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Duncan Clapperton
Inspector of Poor Annan
Certificates under the hands of James Little
and William Grant, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Christopher Armstrong Labourer Annan a Pauper and that the said Christopher Armstrong is a (5) person of unsound mind and a proper Person, to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Christopher Armstrong 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 Christopher Armstrong which accompanied the said Petition.

Dated this Twenty first day of February 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.

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753
Christopher Armstrong
20th February
1873

N.B.—This Form
Superintendent of
Sheriff is obtained.

PETITION T
RECE

[1] Sheriff or Steward.
[2] Mayor or Secretary.

Unto the Honourable
of Dum

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Medical Certificate

is at present in a

Asylum for the In

mission of the said

Southern

into the said Asyl

[3] The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this

eight hundred and

If any of the P

1. Christian Name and Surname of P
length, . . .
2. Sex and Age, . .
3. Married, Single, or Widowed,
4. Condition of Life, and previous
(if any), . .
5. Religious Persuasion, so far as kno
6. Previous Place of Abode, .
7. Place where Found and Examined,
8. Length of time Insane, .
9. Whether first attack, .
10. Age (if known) on first Attack,
11. When and where previously under
tion and Treatment, .
12. Duration of existing Attack,
13. Supposed Cause, . .
14. Whether subject to Epilepsy,
15. Whether Suicidal, . .
16. Whether Dangerous to others,
17. Parish or Union to which the Lu
Pauper) is Chargeable, .
18. Christian Name and Surname, and
Abode of nearest known Relativ
Patient, and degree of Relatio
known, and whether any Memb
Family known to be or to have
same, . . .
19. Special circumstances (if any) prev
insertion of any of the above pa

I certify, that, to the best of my

DATED this

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

20 & 21 *Vict. Cap.* 71, *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) County of Dumfries and his Substitutes,—

The Petition of Archibald Armstrong Eskdaill Street Langholm humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Armstrong Eskdaill Street Langholm is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said James Armstrong to the Southern county Asylum and to sanction his admission into the said Asylum.

(SIGNED) Archibald Armstrong

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 28 (3) day of July One thousand eight hundred and Seventy three

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STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	James Armstrong
2. Sex and Age,	Male - Fifteen years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Scholar Farmers Son
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Moffat
7. Place where Found and Examined,	Langholm
8. Length of time Insane,	Three 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,	Three days
13. Supposed Cause,	Vomiting of blood
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Archibald Armstrong Father No Eskdaill Street Langholm
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(SIGNED)* Name Archibald Armstrong

DATED this Twenty fifth day of July One thousand eight hundred and Seventy three

* To be signed by the Party applying.

P. T.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Hunn Macmurray being a (1) Member of the College of Surgeons &c and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Longtown in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) James Armstrong and that the said James Armstrong is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Talks incoherently, fancies he can work miracles, such as raising the dead, flying etc. Mischievous destroys his bed bedding and everything he can get hold of.

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His father and Mother state that he threatens to destroy whatever he can lay hold of constantly wants to get outside, fancying he has to be right and might and day. Refuses food.

(SIGNED) *Name and Medical Designation,* Hunn Macmurray, L.R.C.P.

Place of Abode, Rosevale Langholm

DATED this Twentyeighth day of February One thousand eight hundred and Seventy three.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Francis Beattie Graham being a (1) Licentiate of the Royal College of Surgeons Edinburgh and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Longtown in the County of Cumberland separately from any other Medical Practitioner, visited and personally examined (4) James Armstrong and that the said James Armstrong is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) is perfectly wild and maniacal

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

(SIGNED) *Name and Medical Designation,* Francis Beattie Gra

Place of Abode, Longtown.

DATED this 28th day of February One thousand eight hundred and Seventy three

CERTIFICATE OF EMERGENCY.

(This Certificate shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a Second Medical Certificate.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that James Armstrong is a (1) person of unsound mind hereby further certify that the Case of the said James Armstrong is One of Emergency, and I recommend the immediate removal of the said James Armstrong to an Asylum accordingly.

Name, Hugh Macmillan

Place of Abode, Rosevale Langholm

DATED this twenty eighth day of February One thousand eight hundred and seventy three

(1) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope, — (1) Sheriff Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) Archibald Armstrong, Eskdaill Street, Langholm, Certificates under the hands of Æneas Macaulay, and Francis Beattie Graham, —, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) James Armstrong, Eskdaill Street, Langholm, Petitioners son and that the said James Armstrong — is a (5) Person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said James Armstrong — as a Patient into the (6) Public Asylum of Southern Counties and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said James Armstrong which accompanied the said Petition.

(Signed) David Boyle Hope

DATED this Twenty eighth day of February One thousand eight hundred and seventy three

To the Superintendent of the (7) Public Asylum of Southern Counties Dumfries

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(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, or Private.
(7) Public, District, or Private.

1/757

James Armstrong

28th February

1873

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO 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) *Wigtown* of and *Wartondbright* and his Substitutes,—for Wigtownshire

The Petition of *William Mackie, Inspector of the Poor, residing in Wigtown* humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that *John Saddler, Saddler residing in 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 *John Saddler* 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.

Wm Mackie Inspector of Poor

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this *First* (4) day of *March* One thousand eight hundred and *seventy three* years.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	*John Saddler*
2. Sex and Age,	*Male aged 39 years*
3. Married, Single, or Widowed,	*Married*
4. Condition of Life, and previous Occupation (if any),	*Pauper – Saddler*
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,	*Certified insane 28th Feby 1873*
9. Whether first Attack,	*no*
10. Age (if known) on first Attack,	*31 years*
11. When and where previously under Examination and Treatment,	*About eight years ago was in Southern Counties Asylum, Dumfries for nine months under treatment*
12. Duration of existing Attack,	*Has been excited and restless for last two months*
13. Supposed Cause,	*Excitement possibly arose at first from a threatened prosecution for non fulfilment of ~~Contract~~ Engagement*
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,	*Wigtown parish*
18. Date of becoming Chargeable,	*28th February 1873*
19. Christian Name and Surname, and Place of Abode of nearest known 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, William Saddler, Oath, residing at Sorais Vennel, Dumfries. No number of family known whose 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 *First* day of *March* One thousand eight hundred and *seventy three years*

(To be signed by Party applying) *Wm Mackie Insp.r of Poor*

P. 9

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, William Cumming being a (1) Doctor of Medicine and Master of Surgery of the University of Glasgow and being in actual practice as a (2) Surgeon hereby certify, on soal and conscience, that I have this day, at (3) Back Rescue Wigtown Wigtown in the County of separately from any other Medical Practitioner, visited and personally examined (4) John Saddler, Wigtown and that the said John Saddler 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) John Saddler he under my observation for the last two or three months, suffering Melancholia, lately he has got much worse, and has many fits occasionally. He has hallucinations in restless, and ex and sleepless.

2. Other facts (if any) indicating Insanity communicated to me by others: (7) From Wm Saddler, that he has threatened to commit suicide drowning, that two days ago he operated a razor about person with the intention of doing himself harm, that she of her own life.

Name and Medical Designation, William Cumming, Me

Place of Abode, Wigtown

DATED this 28th day of February One thousand eight hundred and seventy three

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MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Fugas McKenna 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) Back Cause Wigtown Wigtown in the County of separately from any other Medical Practitioner, visited and personally examined (4) John Saddler, Saddler residing in Wigtown and that the said John Saddler is a (5) Person Of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) He is highly ag & restless in his appearance, is wild & incohe in his opinions, & is wedded labouring under a religious mania as to his salvation.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) His wife states that he is very restless. That he threatened to drown himself & that lately found him with a razor & believes he was about make an attempt on his life.

Name and Medical Designation, Fugas McKenna L.

Place of Abode, Newton Stewart

DATED this 28 day of February One thousand eight hundred and 73 years

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, John Graham (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 the Poor residing in Wigtown and
Certificates under the hands of William Cumming
and Fergus McKenna , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) John Sadler, Saddler, residing in Wigtown, Pauper and that the said John Sadler is a (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 Sadler 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 Sadler which accompanied the said Petition.

DATED this first day of March One thousand eight hundred and seventy three

J. Graham

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.

21

N.B.—This Form
Superintendent of th
Sheriff is obtained.

PETITION T
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* Sheriff or Steward.
† Mayor or Stewartry. Unto the Honourable
of Dumf
The

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Medical Certificate
is at present in a
Asylum for the In
mission of the said
Southern boun
into the said Asy

‡ The date of the Petition must be within fourteen clear days following the date of the Medical Certificate.

DATED this
eight hundred and

If any of the P

1. Christian Name and Surname of
length,
2. Sex and Age,
3. Married, Single, or Widowed,
4. Condition of Life, and previous
(if any),
5. Religious Persuasion, so far as kno
6. Previous Place of Abode,
7. Place where Found and Examined
8. Length of time Insane,
9. Whether first attack,
10. Age (if known) on first Attack,
11. When and where previously under
tion and Treatment,
12. Duration of existing Attack,
13. Supposed Cause,
14. Whether subject to Epilepsy,
15. Whether Suicidal,
16. Whether Dangerous to others,
17. Parish or Union to which the Lu
Pauper) is Chargeable,
18. Date of becoming Chargeable,
19. Christian Name and Surname, an
Abode of nearest known Relati
Patient, and degree of Relati
known), and whether any Mem
Family known to be or to hav
sane,
20. Special circumstances (if any) pecu
insertion of any of the above pa

I certify, that, to the best of m

DATED this
Seventy three

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758
v. John Hadden
Pet. March
1873

N.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) Shire of Dumfries *and his Substitutes,—*

The Petition of James Brown Inspector of Poor parish of Sanquhar humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Isabella Paterson Wanlockhead Sanquhar, is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Isabella Paterson to the Southern Counties Asylum Dumfries and to sanction her admission into the said Asylum.

(SIGNED) James Brown Inspr Poor

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Twelfth (3) day of March 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,	Isabella Paterson
2. Sex and Age,	F. 32 years.
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Mr Watson has all been Lead-miner. Does a little at muslin embroidery.
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Wanlockhead parish of Sanquhar.
7. Place where Found and Examined,	do do
8. Length of time Insane,	Some months.
9. Whether first attack,	No.
10. Age (if known) on first Attack,	About 19 or 20
11. When and where previously under Examination and Treatment,	Southern Counties Asylum, Dumfries.
12. Duration of existing Attack,	Some months. worse last 2 or 3 weeks.
13. Supposed Cause,	None Known.
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Sanquhar.
18. Date of becoming Chargeable,	24th May 1872.
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	William brother in America. No- Thomas Uncle a Lead Smelter at Wanlockhead
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(SIGNED)* *Name,* James Brown Insp. of Poor.

DATED this Twelfth day of March One thousand eight hundred and Seventy three —

* 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, Wm Kay. Surgeon, Sanquhar 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) Sanquhar Railway Station Dumfries in the County of separately from any other Medical Practitioner, visited and personally examined (4) Isabella Paterson Spinster, Wanlockhead a pauper and that the said Isabella 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.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She talks incoherently

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) She rambles to herself mostly talks incoherently and has hallucinations about a child she had a few years ago. From her own statements of

(SIGNED) *Name and Medical Designation,* Wm Kay. Surgeon

Place of Abode, Sanquhar

DATED this Twelfth day of March One thousand eight hundred and seventy three

---

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Thomas Anderson being a (1) Graduate of the University of Edinburgh and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) the Southern Counties Asylum in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Isabella A. Paterson. Inmate Dumfries Counties Asylum and that the said Isabella A. 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.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She suffers from melancholic depression & Rambles in her conversation

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) She has been previously an inmate of the asylum as shewn by the books.

(SIGNED) *Name and Medical Designation,* Thomas Anderson M.B.

Place of Abode, Southern Royal Institution

DATED this Twelfth day of March One thousand eight hundred and Seventy Three 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 Isabella Paterson is a (1) person of unsound Mind hereby further certify that the Case of the said Isabella Paterson is One of Emergency, and I recommend the immediate removal of the said Isabella Paterson to an Asylum accordingly.

Name, Wm Kay. Surgeon

Place of Abode, Sanquhar

DATED this 12th day of March One thousand eight hundred and 73.

(1) Lunatic, or an insane person, or an Idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) James Brown Inspector of Poor, Sanquhar Certificates under the hands of William Kay, and Thomas Anderson, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Isabella Paterson, Paulochhead, Sanquhar a pauper and that the said Isabella 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 Isabella 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 Isabella Paterson which accompanied the said Petition.

(Signed) David Boyle Hope

DATED this Thirteenth day of March One thousand eight hundred and Seventy three.

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries.

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(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an Idiot, or a person of unsound mind.
(6) Public, District, or Private.
(7) Public, District, or Private.

1/759

v Isabella Patterson

12th March 1873

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Sheriff or Steward. Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (1) County of Dumfries and his Substitute,

The Petition of John Denwoodie. Inspector of the Poor for the Parish of Dumfries –

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Marlow. Brighouse Collier 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 Marlow to the Southern Counties Asylum and to sanction his admission into the the said Asylum.

State degree of Lordship or other city in which Petitioner stands to Lunatic.

John Denwoodie

The date of the tion must be within fourteen clear days wing the dates of Medical Certifi-

Dated this Fifteenth (4) day of March One thousand eight hundred and Seventythree

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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,	James Marlow
Sex and Age,	Male, 59 years
Married, Single, or Widowed,	Married –
Condition of Life, and previous Occupation (if any),	Labourer
Religious Persuasion, so far as known,	not Known
Previous Place of Abode,	Brighouse. Collier
Place where Found and Examined,	do do
Length of time Insane,	about fourteen days
Whether first Attack,	yes
Age (if known) on first Attack,	59 years —
When and where previously under Examination and Treatment,	Was never under treatment before
Duration of existing Attack,	about fourteen days
Supposed Cause,	no cause 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,	Dumfries
Date of becoming Chargeable,	14th March 1873.
Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	not known
Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this Fifteenth day of March One thousand eight hundred and Seventythree

(*To be signed by Party applying*) John Denwoodie 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 Hart Lalb being a (1) Graduate of the Faculty of Physicians and Surgeons of the College of the and being in actual practice as a (2) Physician & Surgeon Brigholm hereby certify, on soul and conscience, that I have this day, at (3) Dumfries Collen in the County of Dumfries separately from any other Medical Practitio visited and personally examined (4) James Marlow a pauper and the said James Marlow 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) Takes preacher frequently that he has preached all by night upon his knees and that he is in hell, with the Devil

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His wife states that he is restless on his strong his upon his legs

Name and Medical Designation, W. Marshall M.D.

Place of Abode, Brigholm Dumfries

Dated this 13th day of March One thousand eight hundred and Seventy three Years

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MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Hugh Cunningham being a (1) Member of the Royal College of Physicians in Edin and of the Faculty of Physicians and Surgeons in Gla and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Brighouse, Cal in the County of Dumfries separately from any other Medical Practitio visited and personally examined (4) James Marlow, Pauper and the said James Marlow is a (5) person of un mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) He is restless, a imagines that his evil deeds are about t him and his family imprisoned for life.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) His wife informs me that he threatens throw himself into the Locha'r Water.

Name and Medical Designation, Hugh Cunningham L.R.C.P.Edin.

Place of Abode, 25 Castle Street, Dumfries

Dated this Fourteenth day of March One thousand eight hundred and seventy three years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, Wotherspoon Marshall Lately Glasgow
being (1) a Graduate of the University of Edinburgh & Assistant Physician
hereby certify, on soul and conscience, that I have this day, at (2) Blacklands House
in the County of Dumfries, seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

W Marshall

Dated this 13th day of March One thousand eight hundred and Seventy three years

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) John Dinwoodie
Inspector of Poor for the Parish of Dumfries
Certificates under the hands of William Marshall
and Hugh Cunningham, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) James Marlow Brighouse, Collier (a pauper) and that the said James Marlow 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 James Marlow 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 Marlow which accompanied the said Petition.

R.S.

Dated this Fifteenth day of March 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.

1/760

James Harlow

14th March

1873

"

[FORM B²]

25 & 26 *Vict., Cap.* 54, *Sect.* 16.

APPLICATION TO THE GENERAL BOARD OF LUNACY TO GRANT TRANSFER OF A PATIENT FROM ONE ASYLUM TO ANOTHER.

I, the undersigned James Allan
being desirous to transfer Samuel Bateman
at present a Patient in the Royal Edinburgh Lunatic Asylum, and (1) a pauper lunatic of the parish of which I am Inspector of Poor ——— from the said Asylum to the Southern Counties Asylum, Dumfries, hereby request the authority of the Board to such transfer; and I subjoin a Statement of Particulars regarding the said Samuel Bateman 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 Allan
(2) Inspector of Poor Portpatrick

(2) State degree of Relationship, or other capacity in which Applicant stands to Patient.

DATED at Portpatrick this fourteenth day of March One thousand eight hundred and Seventy three

STATEMENT.

1. Christian Name and Surname of Patient at length,	Samuel Bateman
2. Sex and Age,	Male aged 112
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. Date of Admission into Asylum,	3 Nov 1871
7. Length of time Insane,	do
8. Whether first Attack,	Not known
9. Age (if known) on first Attack,	"
10. Duration of existing Attack,	see No 6
11. Supposed Cause,	Not Known
12. Whether subject to Epilepsy,	No
13. Whether Suicidal,	No
14. Whether Dangerous to others,	no
15. Parish to which the Lunatic (if a Pauper) is Chargeable,	Portpatrick
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,	Agnes McNeil his wife residing in Stranraer

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(*To be signed by the Applicant*) James Allan Inspector

DATED this Fourteenth day of March One thousand eight hundred and Seventy three

N.B.—The foregoing particulars are required for the information of the authorities to whose care the Patient is to be transferred.

MEDICAL CERTIFICATE

I, the undersigned, Robert Charles Furley
being (1) a Licentiate of the Royal College of Surgeons
hereby certify that I have this day at (2) Morningside Asylum
personally examined Samuel Bateman at present a
Patient in said Asylum, and with respect to his Mental State that he is
of unsound mind

; 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 Southern Counties Asylum Dumfries

Robert Charles Furley

DATED this seventh day of March One thousand eight hundred and Seventy three

(1) State Medical Qualification.

(2) Name Asylum.

SANCTION BY THE BOARD OF LUNACY.

(*Under this Sanction a Patient may be Transferred without an Order of the Sheriff.*)

Application having been made to the Board by (1) the Inspector of Poor Portpatrick
to authorize the transfer of Samuel Bateman
from the Royal Edinburgh Asylum to the Royal Asylum Dumfries — and the Board having considered such application and the accompanying Medical Certificate, do hereby authorize the transfer (2) of the said Samuel Bateman as requested.

James Mitchell Commissioner.

DATED at Edinburgh, this 15th day of March One thousand eight hundred and Seventy three

(1) Insert at whose instance the Lunatic is detained, or the nearest known Relative of the Lunatic, or the Inspector of the Parish by which the expense of the maintenance of the Lunatic is defrayed.

(2) Valid for fourteen days from date.

Date of Sheriff's Order 3 Nov. 1871.

1/761
Samuel Bateman
17th March
1873

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) County of Dumfries *and his Substitutes,—*

The Petition of Duncan Clapperton. Insp: of Poor, Annan.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Robert Lomas

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (3) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Robert Lomas to the Southern Counties Asylum and to sanction his admission into the the said Asylum.

D. Fifth & D. Clapperton.

(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 March One thousand eight hundred and Seventy three years.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Robert Lomas
2. Sex and Age,	Male. 32 years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Sailor
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Carlyle Place. Annan.
7. Place where Found and Examined,	Do Do
8. Length of time Insane,	about 2 weeks.
9. Whether first Attack,	First attack.
10. Age (if known) on first Attack,	32 years
11. When and where previously under Examination and Treatment,	not previously under treatment
12. Duration of existing Attack,	about 2 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,	Annan
18. Date of becoming Chargeable,	24 March. 1873.
19. Christian Name and Surname, and Place of Abode of nearest known 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 Lomas. Murray Street. Annan. Father of Patient. Patients father once in Asylum.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Twenty fifth day of March One thousand eight hundred and Seventy three years

(*To be signed by Party applying*) D. Clapperton.

P. P

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, James Little
being a (1) Doctor of Medicine & Licentiate of the Royal College of Surgeons Edinburgh
and being in actual practice as a (2) General Medicine Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Carlyle's Place - Annan in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Robert Lomas, Sailor, a Pauper Carlyle's Place. Annan and that the said Robert Lomas is a (5) person of unsound mind and a proper person to be detained 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 dullness & listlessness with alternating periods of excitement and his general appearance

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Told by his neighbours that he has become very low spirited refuses to work - is also wandering. He is very excitable often becomes very excited striking those about him & abusing his wife

Name and Medical Designation, James Little M.D. Surgeon

Place of Abode, Mary field. Annan

DATED this 25th day of March One thousand eight hundred and Seventy three

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MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Wm Everett
being a (1) Licentiate of the Royal College of Surgeons in Edinburgh
and being in actual practice as a (2) Lunacy Medical Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Carlyle's Place. Annan in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Robert Lomas. a Pauper Carlyle's Place Annan and that the said Robert Lomas is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) His General appearance, depression of spirits and occasional excitement

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Told by wife and neighbours that he is very low spirited, and will not attend to his work, and occasionaley striking those about him

Name and Medical Designation, Wm Everett, Surgeon

Place of Abode, Golegate Head, Annan

DATED this 24th day of March One thousand eight hundred and Seventy three

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, James Little being (1) Doctor of Medicine & licentiate of the Royal Colleges of Surgeons Edinr hereby certify, on soul and conscience, that I have this day, at (2) Carlyle Hon. Annan in the County of Dumfries, seen and personally examined Robert Lomas, and that the said person is of unsound mind, and 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 Little Med Surgeon

DATED this 25th day of March One thousand eight hundred and Seventy three

(1) State medical qualifications. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope — (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Duncan Clapperton Inspector of Poor Annan Certificates under the hands of James Little and William Ewart, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Robert Lomas, Sailor, Annan, a Pauper and that the said Robert Lomas is a (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 Lomas 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 Robert Lomas which accompanied the said Petition.

DATED this Twenty sixth day of March 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.

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763
Robert Lomas
26th March
1873

N.B.—This Form sha
Superintendent of t
the Sheriff is obtain

PETITION T
RECE

Unto the Honourab
and W

The
humbly sheweth
Medical Certificate
your Petitioner's (
is at present in a s
Asylum for the In
mission of the said
Southern Count
into the said Asylu

DATED this
eight hundred and

If any of the Pa

1. Christian Name and Surname of P
length, . . .
2. Sex and Age, . .
3. Married, Single, or Widowed,
4. Condition of Life, and previous O
(if any), . .
5. Religious Persuasion, so far as know
6. Previous Place of Abode, .
7. Place where Found and Examined,
8. Length of time Insane, .
9. Whether first attack, .
10. Age (if known) on first Attack,
11. When and where previously under P
tion and Treatment, .
12. Duration of existing Attack,
13. Supposed Cause, . .
14. Whether subject to Epilepsy,
15. Whether Suicidal, . .
16. Whether Dangerous to others,
17. Parish or Union to which the Lun
Pauper) is Chargeable, .
18. Date of becoming Chargeable,
19. Christian Name and Surname, and
Abode of nearest known Relativ
Patient, and degree of Relation
known), and whether any Membe
Family known to be or to have
sane, . . .
20. Special circumstances (if any) prevent
insertion of any of the above part

I certify, that, to the best of my

DATED this 18th
Securely thro
(To be

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(*) Sheriff or Steward. (*) Shire or Stewartry.

Unto the Honourable the Sheriff of the Sheriffdom of Wigton and Kirkcudbright and his Substitutes,—

The Petition of George Drysdale Inspector of the Poor of the Parish of Whithorn humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Hunter, a Pauper chargeable to the Parish of Whithorn (*) your Petitioner's (*) is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said James Hunter to the Southern Counties asylum Dumfries and to sanction his admission into the said Asylum.

(*) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

George Drysdale Inspector

DATED this Twenty second (*) day of March One thousand eight hundred and Seventy three

(*) 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 Hunter
2. Sex and Age,	Male. age 71 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,	has always resided in Whithorn
7. Place where Found and Examined,	Whithorn
8. Length of time Insane,	Three years
9. Whether first attack,	Slightly diseased 3 years ago
10. Age (if known) on first Attack,	71 years
11. When and where previously under Examination and Treatment,	—
12. Duration of existing Attack,	Slightly diseased during past 3 years
13. Supposed Cause,	Cause unknown
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Whithorn
18. Date of becoming Chargeable,	became chargeable as a pauper 5th Oct 1869.
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Thomas Hunter. Son. resides at Motherwell. Jane. his daughter under at Mills Iron works 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 18th day of March One thousand eight hundred and Seventy three

(*To be signed by Party applying*) George Drysdale
Inspector of Poor
of the Parish of Whithorn

MEDICAL CERTIFICATE, No. I.

I, the undersigned, Robert Broadfoot Surgeon Whithorn.
being a (1) 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) his House
Row Street Whithorn
in the County of Wigtown separately from any other Medical Practitioner,
visited and personally examined (4) James Hunter, Labourer & pauper, Wh
and that
the said James 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) This is a case of aller mental imbecility or dementia. His mind has not power even to form a delusion, and he rarely answers rightly any simple question – For instance I said you seem to be fond of dancing answered "Dowy" but the pan on the dresser is not to be trusted." He answer at 50 of which he is 70 age, but my sleeve is not a good one."

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
His wife says "She does not remember at present an of his stupid conversation, but she has no doubt he is quite void of understanding"

Name and Medical Designation, Robert Broadfoot, Surgeon

Place of Abode, Whithorn

DATED this eighteenth day of March One thousand eight hundred and seventy three.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, or otherwise, as the case may be.
(3) *Insert the street and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper state so.*
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) *State the facts.*
(7) *State the information, and from whom derived.*

MEDICAL CERTIFICATE, No. II.

I, the undersigned, Alex^r M^c Millan Surgeon Whithorn
being a (1) Licentiate of the royal College of Surgeons Edinbu
and being in actual practice as a (2) Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) his House
Row Street Whithorn
in the County of Wigtown separately from any other Medical Practitioner,
visited and personally examined (4) James Hunter Labourer and Pauper Whithorn
and that
the said James Hunter is a (5) Lunatic Smiles Demente
the name given by Medical men and a proper person to be detained 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 seems when questioned invari to either keep silence or his answers are quite unconnected appears quite unconsc of what he is saying or doing in short his mental powers seems to be almost elim

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
His Wife says that he is very restless talks incoherently does not know what he i ing or doing and that she can get no rest neither day nor night that when he was first seized she did all in her power to conceal it but by degrees he has become ungovernable even this morning at one o'clock he was forcibly against her will she had to a neighbour to bear her company for fear of violence

Name and Medical Designation, Alexander M^c Millan Surgeon

Place of Abode, Whithorn

DATED this eighteenth day of March One thousand eight hundred and seventy three

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, or otherwise, as the case may be.
(3) *Insert the street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a pauper state so.*
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) *State the facts.*
(7) *State the information, and from whom derived.*

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, 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) George Drysdale
Inspector of the Poor of the Parish of Whithorn
Certificates under the hands of Robert Broadfoot, Surgeon, Whithorn
and Alexander McMillan Surgeon Whithorn being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
James Hunter, Labourer, Whithorn, Pauper, and that the said
James Hunter is a (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 Hunter as a Patient into the (6) Southern Counties Asylum of Dumfries and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said James Hunter which accompanied the said Petition.

DATED this twenty second day of March One thousand eight hundred and seventy three years

Wm Mackie

To the Superintendent of the (7) Southern Counties Asylum of Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an Idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

N.B.—This Form shall
Superintendent of the
the Sheriff is obtained.

PETITION TO
RECEPT

(1) Sheriff or Steward,
(2) Shire or Stewartry.

Unto the Honourable
of Dum

The P
for the Parish
humbly sheweth that

Medical Certificates,

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (3)
is at present in a state
Asylum for the Insan
mission of the said
Southern C
into the the said Asy

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this
eight hundred and

If any of the Particu

1. Christian Name and Surname of Pati
length, ...
2. Sex and Age, ...
3. Married, Single, or Widowed, .
4. Condition of Life, and previous Occu
(if any), ...
5. Religious Persuasion, so far as known,
6. Previous Place of Abode, . .
7. Place where Found and Examined,
8. Length of time Insane, . .
9. Whether first Attack, . .
10. Age (if known) on first Attack, .
11. When and where previously under Exa
tion and Treatment, . .
12. Duration of existing Attack, . .
13. Supposed Cause, . . .
14. Whether subject to Epilepsy, .
15. Whether Suicidal, . . .
16. Whether Dangerous to others, .
17. Parish or Union to which the Lunatic
Pauper) is Chargeable, . .
18. Date of becoming Chargeable, .
19. Christian Name and Surname, and Pl
Abode of nearest known Relative
Patient, and degree of Relationsh
known), and whether any Member o
Family known to be or to have be
sane, ...
20. Special circumstances (if any) preventi
insertion of any of the above particu

I certify, that, to the best of my k

Dated this Fourth

(To be s

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James Hunter
26th March
1873

N.B.—This FORM shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) County of Dumfries *and his Substitutes,*

The Petition of John Dinwoodie. Inspector of the Poor for the Parish of Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Samuel Callander. 7 Shakspeare 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 Samuel Callander to the Southern Counties Asylum and to sanction his admission into the the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

John Dinwoodie

DATED this Fourth (4) day of April One thousand eight hundred and Seventythree

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Samuel Callander
2. Sex and Age,	Male. 52 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	do Picture frame 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,	about three days
9. Whether first Attack,	Second attack
10. Age (if known) on first Attack,	about 51 years
11. When and where previously under Examination and Treatment,	Dumfries Infirmary
12. Duration of existing Attack,	about three days
13. Supposed Cause,	from an injury of his head some years ago
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	yes
16. Whether Dangerous to others,	no
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dumfries
18. Date of becoming Chargeable,	4 April 1873
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	none
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Fourth day of April One thousand eight hundred and Seventythree

(*To be signed by Party applying*) John Dinwoodie, Inspector

P. P

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, or an Idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, William Smith Kerr
being a (1) Graduate of Glasgow University and
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Police Office
Dumfries
Dumfries in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) Samuel Callander, Pauper
and that
the said Samuel Callander is a (5) Person of
unsound mind and a proper person to be detained
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 not up to
the usual. Fancies his friends and neighbours are
him. Said other delusions about his property.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
He was a patient in Dispensary lately for cut throat
Has again attempted suicide last night.

Name and Medical Designation, William S Kerr M

Place of Abode, Dumfries

DATED this Fourth day of April One thousand eight
hundred and Seventy Three years.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, *or* an insane person, or an Idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Patrick Ch 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) Police Office
Dumfries
Dumfries in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) Samuel Callander Pauper
and that
the said Samuel Callander 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) Lunacy
his friends are attempting to
Rid him that they want his
property &c

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
The Sergeant of Police tells me
that he is acting out about a
crowd on the street & quite the min-
ded

Name and Medical Designation, P Ch Murray Phc

Place of Abode, Dumfries

DATED this 4 day of April One thousand eight
hundred and 73

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Stoke — (1) Sheriff Substitute
of the (2) County of Dumfries, —
having had produced to me, with a Petition at the instance of (3) John Dinwoodie,
Inspector of Poor, Dumfries —
Certificates under the hands of William Smith Kerr, —
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)
Samuel Callander, 7 Shakespeare St, Dumfries, a Pauper, and that the said
Samuel Callander, — is a (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 Callander, — 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 Callander which accompanied the said Petition.

DATED this Fourth day of April — One thousand eight hundred and seventy three.

David Boyle Stoke

To the Superintendent of the (7) Public Asylum of Southern Counties
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1
764
Samuel Callander
4th April
1873

N.B.—This Form shall rem
Superintendent of the A
the Sheriff is obtained.

PETITION TO
RECEPTI

(1) Sheriff or Steward, (1) Sire or Stewardry.

Unto the Honourable
of Sussex

The Pe

humbly sheweth that
Medical Certificates, t

(2) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (2)
is at present in a state
Asylum for the Insane
mission of the said
Southern Counties Asy
into the the said Asyl

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 3d
eight hundred and

If any of the Particu

1. Christian Name and Surname of Patie
length, ...
2. Sex and Age, ...
3. Married, Single, or Widowed, .
4. Condition of Life, and previous Occu
(if any), ...
5. Religious Persuasion, so far as known,
6. Previous Place of Abode, . .
7. Place where Found and Examined,
8. Length of time Insane, . .
9. Whether first Attack, . .
10. Age (if known) on first Attack, .
11. When and where previously under Exam
tion and Treatment, . .
12. Duration of existing Attack, .
13. Supposed Cause, . . .
14. Whether subject to Epilepsy, .
15. Whether Suicidal, . . .
16. Whether Dangerous to others, .
17. Parish or Union to which the Lunatic
Pauper) is Chargeable, . .
18. Date of becoming Chargeable, .
19. Christian Name and Surname, and Pla
Abode of nearest known Relative o
Patient, and degree of Relationship
known), and whether any Member of
Family known to be or to have been
sane, ...
20. Special circumstances (if any) prevailing
insertion of any of the above particul

I certify that, to the best of my kno

DATED this Seventh
Three Years

(To be sig

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) ~~Dumfries~~ Sheriff down of Dumfries *and his Substitutes,*—

The Petition of William Henry, Inspector of Poor, Penninghame humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Thomas McKie Miller. Minnigaff 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 McKie 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.

William Henry

(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 April 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,	Thomas McKie
2. Sex and Age,	Male 38 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Miller
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Minnigaff
7. Place where Found and Examined,	Minnigaff village
8. Length of time Insane,	one day
9. Whether first Attack,	not first attack
10. Age (if known) on first Attack,	35 years
11. When and where previously under Examination and Treatment,	Southern Counties Asylum
12. Duration of existing Attack,	one day
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,	Penninghame
18. Date of becoming Chargeable,	7 April 1873
19. Christian Name and Surname, and Place of Abode of nearest known 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 McKie, Carter, Creebridge Father — An Uncle & Aunt (Insane) committed Suicide
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify that, to the best of my knowledge, the above particulars are correctly stated.

Dated this Seventh day of April One thousand eight hundred and Seventy three years

(*To be signed by Party applying*) William Henry

P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(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 & Surgeons, Glasgow
and being in actual practice as a (2) Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) the Asylum
in the County of Renfrew
separately from any other Medical Practitioner, visited and personally examined (4) Thomas McKie, Miller, the Schoolhouse, Mumgoff, Inchinnan and that the said Thomas McKie is a (5) Person of unsound mind. and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)
He talks nonsense, laughs in a stupid manner & gesticulates, and then sits for a short time after his mind appears to be occupied by some painful

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
He has slept none for 9 nights & talked incessantly to himself & gesticulating all the time
Mrs McClymont (his Landlady)

Name and Medical Designation, James Clark L.F.

Place of Abode, Newton of Thornliebank

DATED this Seventh day of April One thousand eight hundred and Seventy three years

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MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Thomas Anderson
being a (1) Graduate of the University Edinburgh Physician & Surgeon
and being in actual practice as a (2)
hereby certify, on soul and conscience, that I have this day, at (3) the Asylum
Lunatic Asylum, Hamilton
in the County of Lanarkshire
separately from any other Medical Practitioner, visited and personally examined (4) Thomas McKie, Miller, Schoolhouse Mumgoff Inchinnan and that the said Thomas McKie is a (5) Person of unsound Mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) He is incoherent in his conversation & has a delusion, that he is Jesus Christ

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) I learn from the books that he has been previously a patient here

Name and Medical Designation, Thomas Anderson L.R.C.P.

Place of Abode, Lunatic Asylum Royal Institution

DATED this Seventh day of April One thousand eight hundred and Seventy three years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, James Clark being (1) Member of the Faculty of Physicians & Surgeons G. hereby certify, on soul and conscience, that I have this day, at (2) the old Pitch house, Penninghame, in the County of Kirkcudbright, seen and personally examined Thomas 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.

James Clark

DATED this Seventh day of April One thousand eight hundred and Seventy three years

(1) State medical qualifications. (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 Henry Inspector of Poor, Penninghame Certificates under the hands of James Clark and Thomas Anderson, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Thomas McKie, Miller, Monniaff a pauper and that the said Thomas 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 Thomas McKie 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 Thomas McKie which accompanied the said Petition.

DATED this Eighth day of April 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.

1/765

v. Thomas McKie

4th April 1873

N.B.—This Form shall
Superintendent of the
the Sheriff is obtained.

PETITION TO
RECEPT

* Sheriff or Steward.
† Shire or Stewartry.

Unto the Honourable
of Midlo
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Medical Certificates
your Petitioner's (*)
is at present in a st
Asylum for the Insa
mission of the said
Dorothea Pea
into the the said As

‡ State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

‡ The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this
eight hundred and

If any of the Par

1. Christian Name and Surname of Pa
length, . . .
2. Sex and Age, . . .
3. Married, Single, or Widowed,
4. Condition of Life, and previous O
(if any), . .
5. Religious Persuasion, so far as know
6. Previous Place of Abode, .
7. Place where Found and Examined,
8. Length of time Insane, .
9. Whether first Attack, .
10. Age (if known) on first Attack,
11. When and where previously under R
tion and Treatment, .
12. Duration of existing Attack,
13. Supposed Cause, . .
14. Whether subject to Epilepsy,
15. Whether Suicidal, . .
16. Whether Dangerous to others,
17. Parish or Union to which the Lun
Pauper) is Chargeable, .
18. Date of becoming Chargeable,
19. Christian Name and Surname, and
Abode of nearest known Relativ
Patient, and degree of Relation
known), and whether any Mem
Family known to be or to have
sane, . . .
20. Special circumstances (if any) preve
insertion of any of the above par

I certify that, to the best of my

DATED this Eleventh
three years
(To b

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff —— *of the* (2) Shires of Wigtown —— *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 Alexander M'Clymont

(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 Alexander M'Clymont to the Southern Counties Asylum Dumfries and to sanction his admission into the the said Asylum.

John Johnston. Inspector of Poor

(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 April One thousand eight hundred and seventy three years.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Alexander Mc Clymont
2. Sex and Age,	male - 57 Years.
3. Married, Single, or Widowed,	married
4. Condition of Life, and previous Occupation (if any),	Farmer
5. Religious Persuasion, so far as known,	protestant.
6. Previous Place of Abode,	Killiemore. Penninghame
7. Place where Found and Examined,	Wigtown
8. Length of time Insane,	Third attack
9. Whether first Attack,	50.
10. Age (if known) on first Attack,	
11. When and where previously under Examination and Treatment,	1867 Southern Counties Asylum Dumfries 1868 about 10 days
12. Duration of existing Attack,	Intemperance & excitement
13. Supposed Cause,	No
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Yes
16. Whether Dangerous to others,	
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Penninghame
18. Date of becoming Chargeable,	11th April 1873
19. Christian Name and Surname, and Place of Abode of nearest known 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 Sarah Crozier. residing at Killiemore in penninghame parish
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify that, to the best of my knowledge, the above particulars are correctly stated.

Dated this Eleventh day of April One thousand eight hundred and Seventy three years.

(To be signed by Party applying) John 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, William Cumming being a Doctor of Medicine and Master of Surgery of the University of Glasgow

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 Police Station Wigtown in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) Alexander M'Clymont, Pauper [illegible] name a pauper and that the said Alexander M'Clymont is a (5) Lunatic and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Restlessness. He says that a constable has been hired to murder him; is incoherent in his talk.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Statement made by his son and seen by me, that he has threatened his life with a knife, that he acts in an insane manner.

Name and Medical Designation, William Cumming M.D.

Place of Abode, Wigtown

DATED this 11th day of April One thousand eight hundred and Seventy three

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MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.* Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) *Lunatic, or an insane person, or an Idiot, or a person of unsound mind.*

I, the undersigned, Fagus M'Kenna

being a (1) Licentiate of the Faculty of Physicians & Surgeons

and being in actual practice as a (2) Surgeon

hereby certify, on soul and conscience, that I have this day, at (3) the Police Station Wigtown in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) Alexander M'Clymont - Pauper and that the said Alexander M'Clymont 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)

Very restless, talks incoherently, imagines the people in Wigtownshire are set against him, fears his life — Talks very obscene language

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Has threatened to take away the lives two members of his own family

Name and Medical Designation, Fagus M'Kenna Surgeon

Place of Abode, New Luce Street

DATED this 11th day of April One thousand eight hundred and 73

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) 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 Machie 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 Kirkinghame Certificates under the hands of William Cumming M.B. C.M., and Eugene McKenna, 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) Alexander McClymont a Pauper and that the said Alexander McClymont is a (5) Lunatic and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Alexander McClymont as a Patient into the (6) Southern Counties Asylum of Dumfries and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Alexander McClymont which accompanied the said Petition.

DATED this eleventh day of April One thousand eight hundred and seventy three years

Wm Macrie

To the Superintendent of the (7) Southern Counties Asylum of Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1
766
Alice McClymont
12th April
1873

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) County of Dumfries *and his Substitutes,—*

The Petition of John Dinwoodie Inspector of Poor for the Parish of Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Gallocher or Riley Granger's 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 John Gallocher or Riley to the Southern Counties Asylum and to sanction his admission into the the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

John Dinwoodie

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Fourteenth (4) day of April 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,	John Gallocher or Riley
2. Sex and Age,	Male 43 years
3. Married, Single, or Widowed,	Widower
4. Condition of Life, and previous Occupation (if any),	do travelling glazier
5. Religious Persuasion, so far as known,	Roman Catholic
6. Previous Place of Abode,	Dumfries
7. Place where Found and Examined,	do
8. Length of time Insane,	not known
9. Whether first Attack,	yes
10. Age (if known) on first Attack,	43 years
11. When and where previously under Examination and Treatment,	never under treatment before
12. Duration of existing Attack,	not known.
13. Supposed Cause,	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 meantime
18. Date of becoming Chargeable,	14 April 1873
19. Christian Name and Surname, and Place of Abode of nearest known 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 April One thousand eight hundred and Seventy three

(*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 Ruthstead being a (1) graduate of the University and 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) Police Office Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) John Gallocher or Killey and that the said John Gallocher or Killey is a (5) lunatic and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He is very violent & requires that he be put into a Strait Jacket for he constantly puts on mischievous pranks & attempts his own & others lives

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) The Police Sergeant has informed me that he has to be constantly watching him as he frequently attempts to throw himself over the bridge & has formed this from his violent & dangerous conduct

Name and Medical Designation, William Ruthstead M.D.

Place of Abode, Dumfries.

DATED this 14th day of April One thousand eight hundred and seventy three years

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MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Patrick M. Gennan being a (1) Graduate of the University of Edinburgh and Physician 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 Gallacher or Kiley and that the said Pauper John Gallacher or Kiley is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He talked much nonsense by his actions & childish conversation and from the statement that he often takes 20 Goes in the day

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) The Sergeant of Police informed me that he had to watch him closely as he frequently attempts to throw himself over the bridge & from the top Floor of the house and on the night of the 13th inst. he was with him

Name and Medical Designation, P. M. Gennan M.D.

Place of Abode, Dumfries

DATED this 14th day of April One thousand eight hundred and 73

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) 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 Wood Orr (1) Sheriff Substitute
of the (2) County of Dumfries,
having had produced to me, with a Petition at the instance of (3) John Dinwoodie,
Inspector of Poor, Dumfries,
Certificates under the hands of William Marshall,
and Patrick 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) John Gallocher or Riley Grangers Close, (a Pauper) and that the said John Gallocher or Riley is an (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 John Gallocher or Riley, 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 Gallocher or Riley which accompanied the said Petition.

DATED this Fourteenth day of April One thousand eight hundred and seventy three years.

James Wood Orr

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or 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/
768
John Gallocher or Riley
14th April
1873

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 Theophilus Storey Newcastle in Tyne

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Joseph Samuel Storey 7 Ridgeman St Newcastle on Tyne 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 Samuel Storey to the Crichton Royal Institution and to sanction his admission into the the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

Theophilus Storey

DATED this Fifteenth (4) day of April One thousand eight hundred and Seventy three

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Joseph Samuel Storey
2. Sex and Age,	male age 41
3. Married, Single, or Widowed,	single
4. Condition of Life, and previous Occupation (if any),	Traveller
5. Religious Persuasion, so far as known,	Church of England
6. Previous Place of Abode,	Leeds
7. Place where Found and Examined,	Crichton Royal Institution
8. Length of time Insane,	about Six months
9. Whether first Attack,	yes
10. Age (if known) on first Attack,	41
11. When and where previously under Examination and Treatment,	—
12. Duration of existing Attack,	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,	Theophilus Storey Brother— none
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Fifteenth day of April One thousand eight hundred and Seventy three

(*To be signed by Party applying*) Theophilus Storey

P. P

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, John Smith.
being a (1) Graduate of Edinburgh University
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Crichton
Royal Institution. in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Joseph Samuel Storey, Traveller,
Leeds. and that
the said Joseph Samuel Storey is a (5) Person
of Unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) His delusions
muttering incoherent conversation & mean
appearance.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
His brother informs me that during the
last 9 months he has often had delusions
& been quite unable to control his actions.

Name and Medical Designation, John Smith M.D.

Place of Abode, 25 Castle Street Dumfries

DATED this Fifteenth day of April One thousand eight
hundred and Seventy three.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Hugh Cunningham
being a (1) Member of the Royal College of Physicians in Edinburgh
and of the Faculty of Physicians and Surgeons Glasg
and being in actual practice as a (2) Physician and Surgeon.
hereby certify, on soul and conscience, that I have this day, at (3) Crichton Roy
Institution in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Joseph Samuel Storey, Traveller,
Leeds. and that
the said Joseph Samuel Storey is a (5) person of unsou
mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) He is continually
moving about the room and muttering to himself
and his intelligence is impaired.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
His brother informs me that when left to
himself he cannot control his actions.

Name and Medical Designation, Hugh Cunningham L.R.C.P.

Place of Abode, 25 Castle Street, Dumfries

DATED this Fifteenth day of April One thousand eight
hundred and Seventy three.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, James Gilchrist being (1) Medical Graduate of the University Edinburgh hereby certify, on soul and conscience, that I have this day, at (2) Crichton Royal Institution in the County of Dumfries, seen and personally examined Joseph Samuel Storey, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

James Gilchrist M.D.

DATED this Fifteenth day of April One thousand eight hundred and Seventy three

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope — (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Theophilus Storey New Castle on Tyne Certificates under the hands of John Smith and Hugh Cunningham —, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Joseph Samuel Storey Traveller Leeds Petitioners Brother and that the said Joseph Samuel Storey is a (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 Samuel Storey — as a Patient into the (6) Public Asylum of Crichton Institution Dumfries and I authorize this Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Joseph Samuel Storey — which accompanied the said Petition.

DATED this Sixteenth day of April One thousand eight hundred and Seventy three years

David Boyle Hope

To the Superintendent of the (7) Public *Asylum of* Crichton Institution Dumfries

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1278

Joseph Samuel Storey

April 15/23.

N. B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 Jacob Millican Inspector of Poor, Dunscore, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Alexander Moffat Farmer Craig

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (3) Guardian pursuit detained for safe custody at the instance of the Inspector is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Alexander Moffat to the Crichton Royal Institution and to sanction his admission into the the said Asylum.

Jacob Millican

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this 16th (4) day of April 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,	Alexander Moffat
2. Sex and Age,	male — 64 —
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Farmer
5. Religious Persuasion, so far as known,	Estab: Church of Scotland
6. Previous Place of Abode,	Craic in Dunscore and Dumfries
7. Place where Found and Examined,	Southern Counties Asylum, Dumfries
8. Length of time Insane,	Several months.
9. Whether first Attack,	Believed so.
10. Age (if known) on first Attack,	Same age.
11. When and where previously under Examination and Treatment,	
12. Duration of existing Attack,	Three months —
13. Supposed Cause,	Drinking
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	Yes.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	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 Grace Moffat, Craig Dunscore, 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 16th day of April One thousand eight hundred and Seventy three

(*To be signed by Party applying*) Jacob Millican

P. p

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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) Physician & Graduate of the University of Edinburgh
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) The Southern Counties Asylum Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Alexander Moffat Farmer Dunscore, and that the said Alexander McMoffat 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 delusions in regard to certain individuals making to kill him and that he has a right to shoot them. other delusions

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) J. Milligan Inspector Dunscore confirms the above statement

Name and Medical Designation, Wm Scott M.D.

Place of Abode, Dumfries

DATED this 16th day of April One thousand eight hundred and seventy three,

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MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, 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) Alexander Moffat Farmer Dunscore, and that the said Alexander Moffat 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 talks in a confused, rambling way. - has delusions about persons trying to injure him. + that he has to protect himself by firearms. Keeps loaded + ready to fire.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) By his wife and neighbours as in terms of this line by him, he often threatening to shoot them.

Name and Medical Designation, William S. Kerr M.D.

Place of Abode, Dumfries

DATED this 16th day of April One thousand eight hundred and Seventy three years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, James Gordon Gray (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Jacob Mulligan
Inspector of Poor, Dunscore
Certificates under the hands of William Scott
and William Smith Kerr —, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
Alexander Moffat, Farmer, Craig Dunscore and that the said
Alexander Moffat — is a (5) Lunatic

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Alexander Moffat — as a Patient into the (6) Public Asylum of Crichton 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 Alexander Moffat — which accompanied the said Petition.

DATED this Sixteenth day of April One thousand eight hundred and Seventy three years. James Gordon Gray

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.

1279

Alexander Moffat

April 16/73

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

20 & 21 *Vict., Cap.* 71, *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Unto the Honourable the (1) Sheriff *of the* (2) Shire of Dumfries *and his Substitutes.*

(1) Sheriff or Steward.
(2) Shire or Stewartry.

The Petition of Rowland Reid Inspector of Poor of the Parish of Canonbie humbly sheweth: that it appears from the subjoined Statement and accompanying Medical Certificates, that Margaret Scott Dalton Canonbie is at present in a state of Mental Derangement and 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 Scott to the Southern Counties and to sanction her admission into the said Asylum.

(SIGNATURE) Rowland Reid

(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 April 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,	Margaret Scott
2. Sex and Age,	Female - 36 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Domestic Servant
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Hawick
7. Place where Found and Examined,	Hollows
8. Length of time Insane,	Five days ×
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,	Five days
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,	Canonbie
18. Date of becoming Chargeable,	19th April 1873
19. Christian Name 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,	George Scott 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.

(SIGNATURE)* *Name,* Rowland Reid.

DATED this Twenty first day of April one thousand eight hundred and 73

* To be Signed by the Party applying.

× Had been in a sort of nervous state for a period of 8 or 10 weeks before —

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, James Rae Anderson being a (1) Doctor of Medicine (Edin.) 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) Hollows parish of Canonbie in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Margaret Scott Pauper and that the said Margaret Scott is a insane person and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) She appears very wild excited, her conversation is incoherent, she imagines she is the Lord Jesus Christ and commands obedience in his name. And altogether her demeanour is that of a perfectly insane person

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her Father & sister say she imagines herself God. Jesus Christ &c; that she sometimes gets into a fearful state of excitement when it is necessary to restrain her in bed &c.

(Signed) Name and Medical Designation, James Rae Anderson M.D. & Surg.

Place of Abode, Eskbank Canonbie

Dated this twentieth day of April One thousand eight hundred and seventy three

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MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, William Johnstone Lorgy M.B. being a (1) Doctor of Medicine (Edin.) & 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) Hollows in the Parish of Canonbie in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Margaret Scott a house servant and that the said Margaret Scott is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) A totally absorbed religious exaltation accompanied with violent excitement, such as I consider would endanger her life, Reason apparently having no control over her actions.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

None

(Signed) Name and Medical Designation, Wm. Johnstone Lorgy M.B. & Surgeon

Place of Abode Langholm

Dated this 20th day of April one thousand eight hundred and 73

CERTIFICATE OF EMERGENCY.

(This certificate authorizes the detention of a Patient in an Asylum for a period of twenty-four hours without the Order of the Sheriff, and shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a second Medical Certificate and the Order of the Sheriff.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that
is a (1) hereby further certify that the Case
of the said is one of Emergency, and I recommend the immediate removal of the said
to an Asylum accordingly.

Name,

Place of Abode,

DATED this day of One thousand eight hundred and

(1) Lunatic or an insane person, or an Idiot, or a Person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Stope (1) Sheriff Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) Rowland Reed Inspector of Poor, Canonbie, Certificates under the hands of James Rae Anderson and William Johnstone Carlyle, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Margaret Scott Rothwell, Canonbie (a Pauper) and that the said Margaret Scott is a (5) insane person, and a person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Margaret 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 Margaret Scott which accompanied the said Petition.

(SIGNATURE) David Boyle Stope

DATED this Twenty first day of April one thousand eight hundred and seventy three.

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, or Private.

1/769

Margaret Scott

21st April

1873

11

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Shrie of Dumfries *and his Substitutes,—*

The Petition of James Bell Inspector of Poor of Kirkpatrick Durham humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that David Milligan, Drumburly Dumfries your Petitioner's (3) Keeper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said David Milligan to the Southern Counties Asylum and to sanction his admission into the the said Asylum.

James Bell Inspector

(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 Twenty sixth (4) day of April One thousand eight hundred and Seventy three years.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	David Milligan
2. Sex and Age,	male, 22 years.
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	no occupation
5. Religious Persuasion, so far as known,	Established church
6. Previous Place of Abode,	Drumburly Dumfries
7. Place where Found and Examined,	Dumfries
8. Length of time Insane,	All his life
9. Whether first Attack,	yes.
10. Age (if known) on first Attack,	22 years.
11. When and where previously under Examination and Treatment,	not previously under treatment
12. Duration of existing Attack,	all his life
13. Supposed Cause,	Congenital.
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,	Kirkpatrick Durham
18. Date of becoming Chargeable,	15 years ago.
19. Christian Name and Surname, and Place of Abode of nearest known 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 McVannie or Milligan Drumburly, Dumfries Sister mother.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this Twenty sixth day of April One thousand eight hundred and Seventy three years.

(*To be signed by Party applying*) James Bell 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, Hugh Cunningham being a (1) Member of the Royal College of Physicians in Edinburgh and of the Faculty of Physicians and Surgeons in Glasgow and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Southern Counties Asylum, Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) David Milligan, Pauper, Dumburley, Dunscore and that the said David Milligan is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) He has a vacant look, defective intelligence, and an inability to control his passions.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, Hugh Cunningham L.R.C.P.&S.Edin. L.F.P.S.G.

Place of Abode, 25 Castle Steil, Dumfries.

DATED this twenty sixth day of April One thousand eight hundred and seventy three years.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Thomas Anderson being a (1) Graduate of the University of Edinburgh and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Southern Counties Asylum in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) David Milligan Dumburly, Dunscore, Pauper and that the said David Milligan is a (5) Pauper idiot and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Defective intelligence & want of development of his intellectual powers. He is quite imbecile.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, Thomas Anderson M.B.

Place of Abode, Crichton Royal Institution

DATED this 26th day of April One thousand eight hundred and Seventy three years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Signature — (1) Sheriff Substitute
of the (2) County of Dumfries, —
having had produced to me, with a Petition at the instance of (3) James Bell
Inspector of Poor, Kirkpatrick Durham, —
Certificates under the hands of Hugh Cunningham —
and Thomas Anderson, —, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
David Milligan, Drumburly, Dynnure, (a Mason) and that the said
David Milligan, — is a (5) person of unsound mind,
and an idiot, —
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said David Milligan — 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 Milligan, — which accompanied the said Petition.

DATED this Twenty eighth day of April — One thousand eight hundred and seventy three.

James Sndrs

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries.

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

771
David Sullivan
23rd April
1873

N.B.—This Form

PETITION
REC

* Sheriff or Steward, or Slave or Sweetery.

Unto the Hono
of
T

humbly shewet
Medical Certific
your Petitioner'
is at present in
Asylum for the
mission of the s
into the the said

† State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

† The date of the Petition must be within fourteen clear days following the date of the Medical Certificates.

DATED this
eight hundred a

If any of the

1. Christian Name and Surname of length, . . .
2. Sex and Age, . . .
3. Married, Single, or Widowed,
4. Condition of Life, and previous (if any), . .
5. Religious Persuasion, so far as k
6. Previous Place of Abode, .
7. Place where Found and Examine
8. Length of time Insane, .
9. Whether first Attack, .
10. Age (if known) on first Attack,
11. When and where previously unde tion and Treatment, .
12. Duration of existing Attack,
13. Supposed Cause, . . .
14. Whether subject to Epilepsy,
15. Whether Suicidal, . .
16. Whether Dangerous to others,
17. Parish or Union to which the L Pauper) is Chargeable, .
18. Date of becoming Chargeable,
19. Christian Name and Surname, a Abode of nearest known Rel Patient, and degree of Rel known), and whether any M Family known to be or to ha sane, . . .
20. Special circumstances (if any) re insertion of any of the above

I certify, that, to the best of

DATED this

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Shire of Dumfries *and his Substitutes,—*

The Petition of Denis Milligan Kirkarney Newabbey.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Ann Martin 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 Ann Martin 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.

Denis Milligan

DATED this Twenty fifth (4) day of April One thousand eight hundred and Seventy three years.

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Ann Martin
2. Sex and Age,	Female, 44 years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Labourer's wife
5. Religious Persuasion, so far as known,	Established church
6. Previous Place of Abode,	Kirkarney Newabbey Dumfries
7. Place where Found and Examined,	Two months
8. Length of time Insane,	First attack
9. Whether first Attack,	44 years
10. Age (if known) on first Attack,	Not previously under treatment
11. When and where previously under Examination and Treatment,	Two months,
12. Duration of existing Attack,	Unknown
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,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Denis Milligan, Husband Kirkarney Newabbey 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 Twenty fifth day of April One thousand eight hundred and Seventy three years.

(To be signed by Party applying) Denis 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, 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) 14 Castle Street Dumfries
in the County of Dumfries
separately from any other Medical Practitioner,
visited and personally examined (4) Ann Martin Labourer's wife Kirkarvey. New abbey.
and that
the said Ann 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) Vacant appearance and manner of conversation. delusion as regards that every person she meets is about to injure her.

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her husband informs me that during the last two months her manner has been quite changed. & has frequently attempted to commit suicide

Name and Medical Designation, John Smith M.B &

Place of Abode, 14 Castle Street Dumfries.

DATED this 25 day of April One thousand eight hundred and 73.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Hugh Cunningham
being a (1) Member of the Royal College of Physicians in Edinburgh, and of the Faculty of Physicians & Surgeons in Glasgow.
and being in actual practice as a (2) Physician and Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) 14 Castle Street Dumfries
in the County of Dumfries
separately from any other Medical Practitioner,
visited and personally examined (4) Ann Martin, Labourer's wife Kirkarvey, New Abbey
and that
the said Ann 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) There is a vacant appearance of the countenance. Her intelligence is impaired and she cannot answer questions correctly.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her Husband informs me that she has threatened to commit suicide and has attempted to injure herself with a pair of tongs.

Name and Medical Designation, Hugh Cunningham L.R.C.P.Ed L.F.P.S.

Place of Abode, 25 Castle Street, Dumfries.

DATED this Twenty fifth day of April One thousand eight hundred and seventy three years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, John Smith being (1) Graduate of Edinburgh 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 Ann Martin, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

John Smith M.B. & C.M. Edin.

DATED this twenty third day of April One thousand eight hundred and seventy three.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Denis Milligan Kinharvey, Newabbey, Certificates under the hands of John Smith and Hugh Cunningham, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Ann Martin Kinharvey, Newabbey (Silvergate) and that the said Ann Martin is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Ann Martin as a Patient into the (6) Public Asylum of 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 Ann Martin which accompanied the said Petition.

D.S.

DATED this twenty fifth day of April 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.

1
772

Ann Martin (or Millyan)

25th April

1873

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM 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 (*) Stewartry of Kirkcudbright *and his Substitutes.*

The Petition of Christopher D. Richardson ×

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that David Millan residing in ~~Castle Douglas~~ Parton has a pauper belonging to the Parish of Parton is at present in a state of Mental Derangement, and 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 Millan to the Southern Counties Asylum and to sanction his admission into the the said Asylum. – four and 50/12

C D Richardson Insp.

(*) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(*) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Nineteenth (*) day of April 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,	David Millan
2. Sex and Age,	male – 16
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,	Parton
7. Place where Found and Examined,	Castle Douglas in bed
8. Length of time Insane,	Suicide from
9. Whether ~~first Attack~~,	for Insanity
10. Age (if known) ~~on first Attack~~,	16
11. When and where previously under Examination and Treatment,	Not known
12. Duration of existing Attack,	
13. Supposed Cause,	Suicide
14. Whether subject to Epilepsy,	
15. Whether Suicidal,	Not known considered so
16. Whether Dangerous to others,	
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Pauper belonging to Parton
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known 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 Thorburn or Millan his Mother residing in Queen 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 Nineteenth day of April One thousand eight hundred and Seventy three

(*To be signed by Party applying*) C D Richardson

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Walter Lorraine
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) Queen St. Castle
in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) David Millar, Pauper.
and that
the said David Millar Pauper is a (5) ~~imbecile~~ pa
and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

Kirkcudbright
Castle Douglas
of unsound mind

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
Has an imbecile appearance, is taciturn
indolent & is childish in his habits & feeling

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
His mother says he is incapable of managing
himself properly - Board of Lunacy & Sheriff's
Inspector's Report have required his removal to the

Name and Medical Designation, Walter Lorraine M.B.

Place of Abode, Castle Douglas

DATED this 22 day of April One thousand eight
hundred and seventy three

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, John Winsor
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 St. Castle
in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) David Millar. Pauper
and that
the said David Millar is a ~~imbecile~~ pa
and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

Kirkcudbright
Castle Douglas
of unsound mind

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
Childish in his habits. uncertain in his moods
one day running about in high spirits - another mela
and will scarcely speak.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
His mother says he is incapable of managing h
runs away without her knowledge & the police
with machines & other places where he ought n

Name and Medical Designation, John Winsor M.B. C.

Place of Abode, Castle Douglas.

DATED this twenty second day of April One thousand eight
hundred and Seventy three

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Alexander Nicolson Esquire (1) Sheriff Substitute
of the (2) Stewartry of Kirkcudbright
having had produced to me, with a Petition at the instance of (3) Christopher
P Richardson
Certificates under the hands of Walter Torrance
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 Millar Pauper and that the said
David Millar is a (5) person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said David Millar as a Patient into the (Parish or County) 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 David Millar which accompanied the said Petition.

DATED this Twenty fourth day of April One thousand eight hundred and Seventy three

Alex. Nicolson

To the Superintendent of the (7) Southern County
Asylum of Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

N. B.—To is Form also
Superintendent of
the Sheriff is obtain

PETITION T
RECE

Under the Honour
of L
The
Glasgow
Medical Certificat
your Petitioner's
is at present in a
Asylum for the I
mission of the said
Chichlan
into the the said

DATED this
eight hundred and

If any of the Par

1. Christian Name and Surname of P
length, . . .
2. Sex and Age, . .
3. Married, Single, or Widowed,
4. Condition of Life, and previous O
(if any), . .
5. Religious Persuasion, so far as know
6. Previous Place of Abode, .
7. Place where Found and Examined,
8. Length of time Insane, .
9. Whether first Attack, .
10. Age (if known) on first Attack,
11. When and where previously under R
tion and Treatment, .
12. Duration of existing Attack,
13. Supposed Cause, . .
14. Whether subject to Epilepsy,
15. Whether Suicidal, .
16. Whether Dangerous to others,
17. Parish or Union to which the Luna
Pauper) is Chargeable, .
18. Date of becoming Chargeable,
19. Christian Name and Surname, and
Abode of nearest known Relativ
Patient, and degree of Relation
known), and whether any Membe
Family known to be or to have
sane, . . .
20. Special circumstances (if any) preven
insertion of any of the above part

I certify, that, to the best of m

DATED this 25th

(To be

1/
773
David Millar
25th April
1873
"

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Shire of Lanark *and his Substitutes,—*

The Petition of Andrew Stalker 7 Granville St Glasgow,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Jane Dundas or Stalker wife 7 Granville St Glasgow.

(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 Jane Dundas or Stalker to the Crichton Royal Institution Dumfries and to sanction her admission into the the said Asylum.

X Andrew Stalker.

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this 25th (4) day of April 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,	Jane Dundas or Stalker
2. Sex and Age,	female (30)
3. Married, Single, or Widowed,	married.
4. Condition of Life, and previous Occupation (if any),	wife of Andrew Stalker. (Milliner)
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	86 Nithsdale Dundee
7. Place where Found and Examined,	7 Granville St Glasgow
8. Length of time Insane,	coming on for several months
9. Whether first Attack,	yes
10. Age (if known) on first Attack,	(30)
11. When and where previously under Examination and Treatment,	
12. Duration of existing Attack,	Some four months
13. Supposed Cause,	not known
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	yes
16. Whether Dangerous to others,	yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	~~Jane Dundas or Stalker (Husband) 7 Granville St~~ Robert Dundas 11 Radnor Terrace. (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 25th day of April One thousand eight hundred and Seventy three.

(To be signed by Party applying) X Andrew Stalker

1. p

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *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 Coats M.D. Physicians and being a (1) Fellow of the Faculty of 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) 7 Granville St Glasgow in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) Jane Dundas or Walker wife of Andrew Walker 7 Granville St and that the said Jane Dundas or 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) She is greatly depressed & dislikes she has uncontrollable desire to Commit Suicide or Murder, that she is a great Sinner & begs they may be prot[ected] as [illegible] prevent her doing injury to herself or her husband.

2. Other facts (if any) indicating Insanity communicated to me by others: (7) For the last 4 months has been much depressed & much changed in disposition & temper, She has an impression to Commit Suicide when walking in the Park with a Gent. She stated she could scarcely resist the temptation & throw it into the River

thinks people are speaking about her & refuses to go out on this account as stated by her husband & her mother

Name and Medical Designation, John Coats M.D.

Place of Abode, 191 Bath St Glasgow

DATED this 26th day of April One thousand eight hundred and seventy three

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MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, James Stark L.R.C.P.S. being a (1) Licentiate of the Faculty of Physicians & Surgeon Glasgow and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 7 Granville St Glasgow in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) Jane Dundas or Walker wife of Andrew Walker 7 Granville St and that the said Jane Dundas 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) Suicidal that she will kill her husband - and she has a vacant look

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) She has been unusual depressed for months - is sleepless. Says no attention to her duties in the House

From her Mother & from her Husband

Name and Medical Designation, James Stark Surgeon

Place of Abode, 191 Sauchiehall St

DATED this 25th day of April One thousand eight hundred and seventy three

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Alexander Eustace Murray (1) Sheriff Substitute
of the (2) County of Lanark
having had produced to me, with a Petition at the instance of (3) Andrew Stalker, seven Granville St Glasgow
Certificates under the hands of John Cobb
and James Stark ——, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Dundas or Stalker wife of Andrew Stalker 7 Granville St and that the said Jane Dundas or Stalker is a (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 Dundas or Stalker as a Patient into the Public ~~Royal 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 Jane Dundas or Stalker which accompanied the said Petition.

DATED this 25th day of April One thousand eight hundred and seventy three. Three words deleted.

A Eustace Murray

To the Superintendent of the (7) Public Crichton Royal
~~Asylum of~~ Institution Dumfries.

WB

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1280

Mrs Jane Dundas or Stalker

April 26/73

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Wigton and of the Stewartry — *and his Substitutes,*—

The Petition of James Bally, Inspector of Poor Stranraer humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that William Perrie, Labourer, Mill Mee Street Stranraer (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 William Perrie to the Southern Counties Asylum at Dumfries and to sanction his admission into the the said Asylum.

James Bally

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this twenty ninth (4) day of April One thousand eight hundred and seventy three.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	William Perrie
2. Sex and Age,	male - 45
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,	Mill Mee Street, Stranraer.
7. Place where Found and Examined,	Mill mee Street. Stranraer
8. Length of time Insane,	Was come on gradually this last 2 or 3 weeks
9. Whether first Attack,	yes — (See answer to No 2)
10. Age (if known) on first Attack,	
11. When and where previously under Examination and Treatment,	Never before under treatment
12. Duration of existing Attack,	2 or 3 weeks
13. Supposed Cause,	Epilepsy
14. Whether subject to Epilepsy,	yes
15. Whether Suicidal,	yes
16. Whether Dangerous to others,	yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Stranraer
18. Date of becoming Chargeable,	As a Lunatic 29th april 1873 - Has been a pauper for sometime previously -
19. Christian Name and Surname, and Place of Abode of nearest known 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 Perrie, Mill Mee Street, Stranraer - Wife! No Member ever have been insane a Reputable Family -
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this twenty ninth day of April One thousand eight hundred and Seventy three

(*To be signed by Party applying*) James Bally

P.O.

MEDICAL CERTIFICATE, No. 1.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or *otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, John Orgill 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) Millhill Street Stranraer Wigtown in the County separately from any other Medical Practitioner visited and personally examined (4) William Penie a pauper residing there and the said William Penie is a (5) person of unsound mind and a proper person to be detained 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 speaks incoherently and almost all the time and wanders about unable to apply his mind to any subject and keeps a large pocket knife and a razor in his pocket.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
His wife says he is always talking nonsense and is at times unable to do anything. He occasionally becomes rational for a short time but soon goes back to his rambling and incoherent talk

Name and Medical Designation, John Orgill

Place of Abode, Stranraer

DATED this 29 day of April One thousand eight hundred and seventy three years

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MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or *otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, William M'Neil Stranraer being a (1) Doctor of Medicine of the University of Edinburgh and Licentiate of the College of Surgeons Edinr and Licentiate of the College of Surgeons Edinr General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Millhill Street Stranraer Wigtown in the County separately from any other Medical Practitioner visited and personally examined (4) William Penie a pauper residing there and the said William Penie is a (5) person of unsound mind and a proper person to be detained 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 sitting at his fireside when I went to see him looking into the fire muttering to himself about money some person owed him. He paid no attention to what I said at first but wandered from subject to subject no connection with each other. He has a wild unsettled look and shifts restlessly about from place to place

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
His wife says that after an epileptic fit to which he is subject he becomes excited & threatens to kill her & person who comes near him. He has delusions at such times & has on one occasion been restrained from doing all his neighbours are against him and not one of them can be trusted. He will go and assent his wife when he is excited

Name and Medical Designation, William M'Neil MD

Place of Abode, Stranraer.

DATED this 29th day of April One thousand eight hundred and Seventy three years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, 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 Reilly
Inspector of Poor Shawns
Certificates under the hands of John Argyll
and William Mcneil , being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Serre labourer Millhill Shawns a Pauper and that the said
William Serre is a (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 Serre as a Patient into the (6) Public Asylum of the Southern Counties Dumfries and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said William Serre which accompanied the said Petition.

DATED this Twenty ninth day of April One thousand eight hundred and seventy three

Maclean

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, an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1/774
William Pearce
30th April
1873

N.B.—This Form of
Superintendent of
the Sheriff is obta

PETITION
RECE

† Sheriff or Steward.
‡ Sirs or Stewards.

Unto the Hono
of Sm
Th

humbly sheweth,
Medical Certifica
your Petitioner's
Asylum for the
mission of the sai
Southe

* State degree of Relationship or other connexion which Petitioner stands to Lunatic.

into the the said

† The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this
eight hundred an

If any of the Pa

1. Christian Name and Surname of
length, . . .
2. Sex and Age, . .
3. Married, Single, or Widowed,
4. Condition of Life, and previous
(if any), . .
5. Religious Persuasion, so far as kno
6. Previous Place of Abode, .
7. Place where Found and Examined,
8. Length of time Insane, .
9. Whether first Attack, .
10. Age (if known) on first Attack,
11. When and where previously under
tion and Treatment, .
12. Duration of existing Attack,
13. Supposed Cause, . .
14. Whether subject to Epilepsy,
15. Whether Suicidal, . .
16. Whether Dangerous to others,
17. Parish or Union to which the Le
Pauper) is Chargeable, .
18. Date of becoming Chargeable,
19. Christian Name and Surname, and
Abode of nearest known Relati
Patient, and degree of Relati
known), and whether any Mem
Family known to be or to hav
same, . . .
20. Special Circumstances (if any) pre
insertion of any of the above pa

I certify, that, to the best of m

DATED this first

(To

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(*) Sheriff or Steward.
(*) Shire or Stewartry.

Unto the Honourable the (*) Sheriff *of the* (*) County of Dumfries *and his Substitutes,*—

The Petition of James Hoggan Farmer Gilbrae humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Rebecca Hoggan Gilbrae Dalton your Petitioner's (2) Daughter is at present ~~in a state of Mental~~ Derangement, and ~~a proper person for treatment~~ in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Rebecca Hoggan 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.

Ja^s Hoggan

DATED this first (3) day of May One thousand eight hundred and 73

(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,	Rebecca Hoggan
2. Sex and Age,	Female 35 years of age
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	In family with her father
5. Religious Persuasion, so far as known,	Established Church of Scotland
6. Previous Place of Abode,	Gilbrae
7. Place where Found and Examined,	Gilbrae via Dumfries
8. Length of time Insane,	Two years
9. Whether first Attack,	Second
10. Age (if known) on first Attack,	33
11. When and where previously under Examination and Treatment,	Whitsunday 1872
12. Duration of existing Attack,	Since first attack
13. Supposed Cause,	Not Known
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
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,	James Hoggan Gilbrae Farmer 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 first day of May One thousand eight hundred and 73

(*To be signed by Party applying*) Ja^s Hoggan

P. P

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, William Marshall
being a (1) Graduate of the Faculty of Physicians
Surgeons Glasgow & 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) the
Southern Counties Asylum in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Rebecca Hoggan
and that
the said Rebecca Hoggan is a (5) Idiot
and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Seems imperfect
as to the meaning of questions & determ
blood and unable to answer to

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
As I learned from the books that she
been in the Asylum before

Name and Medical Designation, } William Marshall M.D.

Place of Abode, Dumfries

DATED this 2 day of May One thousand eight
hundred and seventy three years.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Patrick M. Quinn
being a (1) Graduate of the University of Edin
Physician
and being in actual practice as a (2)
hereby certify, on soul and conscience, that I have this day, at (3) Kingholm
Dumfries in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Rebecca Hoggan
and that
the said Rebecca Hoggan is a (5) an Idiot
and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Will not ans
questions, is mute and stupi

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Mr Booth informed me that she
without getting in her habits, and h
been in the asylum previously

Name and Medical Designation, } P. M. Quinn M.

Place of Abode, Buccleuch St Dumfr

DATED this 1st day of May One thousand eight
hundred and 73

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, William Scott M.D. being (1) Graduate of the University of Edinburgh hereby certify, on soul and conscience, that I have this day, at (2) the King's Arms Hotel in the County of Dumfries, seen and personally examined Dumfries Rebecca Hogg, and that the said Rebecca Hogg person is of unsound mind, and 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 Scott M.D.

Dated this 1st day of May One thousand eight hundred and Seventy three

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) James Hoggan, Farmer, Gilbrae, Dalton Certificates under the hands of William Marshall 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) Rebecca Hoggan, Gilbrae, Dalton, (Petitioner's daughter,) and that the said Rebecca Hoggan, is a (5) Idiot and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Rebecca Hoggan as a Patient into the (6) Public Asylum of Southern Counties, and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Rebecca Hoggan which accompanied the said Petition.

Dated this Second day of May One thousand eight hundred and seventy three.

David Boyle Hope

To the Superintendent of the (7) Public Asylum of Southern Counties Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

N.B.—This Fo
Superintende
the Sheriff is

PETITIO
R

* Sheriff or Steward.
† Side or Township.

Unto the *Ho*
of *S*

humbly shew
Medical Certi
Your Petitione
is at present i
Asylum for t
mission of the
Southern Cou
into the the s

* State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

* The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

* Dated t
eight hundre

If any of t

1. Christian Name and Surname
length, . . .
2. Sex and Age, . .
3. Married, Single, or Widowed,
4. Condition of Life, and previ
(if any), . .
5. Religious Persuasion, so far as
6. Previous Place of Abode, .
7. Place where Found and Exam
8. Length of time Insane, .
9. Whether first Attack, .
10. Age (if known) on first Attack
11. When and where previously u
tion and Treatment, .
12. Duration of existing Attack,
13. Supposed Cause, . .
14. Whether subject to Epilepsy,
15. Whether Suicidal, . .
16. Whether Dangerous to others,
17. Parish or Union to which the
Pauper) is Chargeable, .
18. Date of becoming Chargeable,
19. Christian Name and Surname,
Abode of nearest known R
Patient, and degree of R
known, and whether any M
Family known to be or to
sane, . . .
20. Special circumstances (if any)
insertion of any of the abov

I certify that, to the best o

* Dated this Fifth

(

775
Rebecca Hoggan
1st May
1873

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Shire of Dumfries *and his Substitutes,—*

The Petition of John Irving, Labourer of Parr, Gunnertrees,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Christopher Irving a foreign without known means of

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

~~your Petitioner's~~ (3) Support and for whose relief application has been made is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Christopher Irving to the Southern Counties' Asylum at Dumfries and to sanction his admission into the the said Asylum.

John Irving

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Fifth (4) day of May One thousand eight hundred and 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,	Christopher Irving
2. Sex and Age,	Male. 42 years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Agricultural Labourer formerly Lime Quarrier.
5. Religious Persuasion, so far as known,	Protestant of the Established Church of Scotland.
6. Previous Place of Abode,	Malacgatte in parish of Gunnertrees,
7. Place where Found and Examined,	Hollybush Cottages Gunnertrees,
8. Length of time Insane,	~~three weeks~~ one week.
9. Whether first Attack,	So far as known it is the first attact.
10. Age (if known) on first Attack,	About 42 years.
11. When and where previously under Examination and Treatment,	Not under examination and treatment at any other time.
12. Duration of existing Attack,	Three weeks.
13. Supposed Cause,	Appears to regret abusive language lately given to a neighbouring farmer.
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	no
16. Whether Dangerous to others,	I am informed by Dr. Little who examined him that his wife and children are in danger and that the wife is frightened for him.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Parish of Gunnertrees.
18. Date of becoming Chargeable,	~~14 May 1873~~
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	William Irving, Newbridge of Terregles. Father of this Irving. I am not aware of any member of the family who is or 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 Fifth day of May One thousand eight hundred and Seventy three.

(*To be signed by Party applying*) John Irving.

P. T.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, William Edward
being a (1) Licentiate of the Royal College of Surgeons
Edinburgh
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Holly Bush
Cottages, Communities
Dumfries in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) Christopher Irving a Pauper
and that
the said Christopher Irving is a (5) person
of unsound Mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) His General
Appearance restless and Excited
Manner &c

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
His wife states that he is very
restless, unsettled about at night

Name and Medical Designation, } William Ewart Surgeon

Place of Abode, Edward Street, Annan

Dated this fourth day of May One thousand eight
hundred and seventy three

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, a ~~Medical Practitioner~~ James Little
being a (1) Doctor of Medicine & Licentiate of the
Royal College of Surgeons of Edinburgh
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Hollybush
Cottages Communities
Dumfries in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) Christopher Irving a pauper
and that
the said Christopher Irving is a (5) person
of unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)
His state of excitement talking incoherently
and his general appearance

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Told by his wife that of late he has become greatly
changed - is restless and excitable and uncertain
in his temper &c

Name and Medical Designation, } James Little M.D. Surgeon

Place of Abode, Graysfield Annan

Dated this fourth day of May One thousand eight
hundred and seventy three

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope — (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) John Irving,
Inspector of Poor Cummertrees,
Certificates under the hands of William Grant
and James Little, , being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
Christopher Irving, Hollybush Cottage, Cummertrees a pauper and that the said
Christopher Irving, — is a (5) person of unsound mind,
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Christopher Irving, as a Patient into the (6) Public Asylum of Southern Counties and I authorize the Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Christopher Irving, which accompanied the said Petition.

DATED this Fifth day of May — One thousand eight hundred and seventy three.

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1
770
Christopher Irvine
5th May
1873

I HEREBY GIVE NOTICE, Th

Patient on

and I hereby transmit a C

which he was received.

Subjoined is a Report

named Patient.

(SIGNED)

DATED at

To the Secretary of S
General Boar

I HAVE this day (*) seen a

and hereby report and certi

and with respect to

(SIGNED)

(*)

DATED this

hundred and

(*) Name and Designation.
(†) Private or Pauper.
(‡) Some day within fourteen
the Order be granted be
(§) Some day not less than two
been clear days after ad
(*) Insert particulars.
(†) Insert particulars.
(‡) Add Description.

[107]

1262.
Mrs Margaret Bain Christal or Taylor
Morg 8/25

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.

(SIGNED) *Superintendent.*

DATED at this (4) day of
one thousand eight hundred and

To the Secretary of the
General Board of Lunacy.

REPORT.

I HAVE this day (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)

(SIGNED)

(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.)~~

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) Sheriff dom
of Wigtown & Kirkcudbright and his Substitutes,—

The Petition of John Taylor, Teacher Port
humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Margaret Rain Christal or Taylor
is at present in a state of Mental Derangement, and 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 Rain Christal or Taylor to the Public Asylum of Dumfries and to sanction her admission into the said Asylum.

(~~Signed~~) John Taylor

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Sixth (3) day of May one thousand eight hundred and Seventy three

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Margaret Rain Christal or Taylor.
2. Sex and Age,	Female. 33yrs
3. Married, Single, or Widowed,	Married.
4. Condition of Life, and previous Occupation (if any),	none
5. Religious Persuasion, so far as known,	Protestant, ~~Roman~~ Presbyterian
6. Previous Place of Abode,	Port Patrick
7. Place where Found and Examined,	Do.
8. Length of time Insane,	Shewing symptoms for 9 mos.
9. Whether first Attack,	no.
10. Age (if known) on first Attack,	
11. When and where previously under Examination and Treatment,	
12. Duration of existing Attack,	Above months.
13. Supposed Cause,	Second marriage of father proved on her
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no.
16. Whether Dangerous to others,	Yes.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	
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,* John Taylor.

DATED this 6th day of May one thousand eight hundred and Seven

* To be Signed by the Party applying.

(~~Copies.~~)

MEDICAL CERTIFICATE, No. I.

I, the undersigned, John Orgile being a (1) a 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) Portpatrick in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) Margaret Rain Christal or Taylor wife of John Taylor schoolmaster there and that the said Marg.t Rain Christal 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. :—

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert 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) When I went to the house I found her in a very excited state talking in a rambling manner, rapping at the windows and making movements that were manifestly unpremeditated such as tearing the often heard ones in pieces wrecking on the chairs &c her clothes were torn to rags about her she was evidently insane

(6) *State the facts.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) her husband states that she is often very violent, threatens his life and that of first woman that takes care of her destroys furniture & clothes and everything she can lay her hands on yelling and making a great noise & disturbance the neighbours & Police attends on his sentiments this statement

(7) *State the information, and from whom derived.*

(Signature) *Name and Medical Designation,* John Orgile Surgeon

Place of Abode, Portpatrick

DATED this 6th day of May One thousand eight hundred and seventy three

MEDICAL CERTIFICATE, No. II.

I, the undersigned, Robert Stewart being a (1) Licentiate of the Royal Colleges of Physicians & Surgeons Edinburgh and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Port-Patrick in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) Margaret Rain Christal or Taylor wife of John Taylor schoolmaster there and that the said Margaret Rain Christal 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. :—

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

1. Facts indicating Insanity observed by myself: (6) Her general appearance & behaviour are indicative of an unsound mind.— Her conduct is at times violent & unruly - & her talk she is incoherent; frequently raving

(6) *State the facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her Husband states that she offers violence to himself & attendant & that she abuses the household furniture & that she is with difficulty kept from tearing & breaking in a very frantic condition

(7) *State the information, and from whom derived.*

(Signature) *Name and Medical Designation,* Robert Stewart Surgeon & Physician

Place of Abode Port Patrick

DATED this Sixth day of May one thousand eight hundred and Seventy three

(Copies.)

CERTIFICATE OF EMERGENCY.

(This Certificate shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a Second Medical Certificate.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that
is a (1) hereby further certify that the Case
of the said is One of Emergency, and I recommend the immediate removal of the said
to an Asylum accordingly.

Name,

Place of Abode,

DATED this day of one thousand eight hundred and

(1) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, 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 Taylor Teacher Portpatrick
Certificates under the hands of John Orgill Surgeon Stranraer
and Robert Stewart Surgeon Physician Portpatrick being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Kain Christal or Taylor Wife of Robert Taylor Fisherman and that the said Margaret Kain Christal 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 Margaret Kain Christal or Taylor as a Patient into the (6) 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 Margaret Kain Christal or Taylor which accompanied the said Petition.

N.S. (SIGNED) P. Maclean Sheriff

DATED this Seventh day of May one thousand eight hundred and Seventy three

To the Superintendent of the (7) Public Asylum of Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, or Private.
(7) Public, District, or Private.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(*) Sheriff or Steward.
(*) Shire or Stewartry.

Unto the Honourable the (*) Sheriff *of the* (*) County of Dumfries *and his Substitutes,*—

The Petition of John Dinwoodie, Inspector of the Poor for the Parish of Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Elizabeth Rae residing at Relief Ave 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 Elizabeth Rae to the Southern Counties Asylum and to sanction her admission into the the said Asylum.

(*) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

John Dinwoodie

(*) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Fourteenth (*) day of May One thousand eight hundred and Seventythree

STATEMENT.

If any 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 Rae
2. Sex and Age,	female – 56 years
3. Married, Single, or Widowed,	Single. ~~Domestic Servant~~
4. Condition of Life, and previous Occupation (if any),	Single. Domestic Servant
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Preston in England
7. Place where Found and Examined,	Dumfries
8. Length of time Insane,	about Seven weeks
9. Whether first Attack,	yes
10. Age (if known) on first Attack,	about 56 years
11. When and where previously under Examination and Treatment,	Was never under treatment before
12. Duration of existing Attack,	about Seven weeks
13. Supposed Cause,	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 meantime
18. Date of becoming Chargeable,	14 May 1873
19. Christian Name and Surname, and Place of Abode of nearest known 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 Fourteenth day of May One thousand eight hundred and Seventythree

(*To be signed by Party applying*) John Dinwoodie Insper

P. P

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or *otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, 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
Aberdeen, Fellow 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) 56 Queensberry
Street, Dumfries — in the County of
Dumfries — separately from any other Medical Practitioner,
visited and personally examined (4) Elizabeth Rae —
Domestic Servant — and that
the said Elizabeth Rae is a (5) Person
of Unsound Mind, and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Refuses food
drinks and says She moved Christ
judgment on herself if the two be
and more be condemned.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Sold by her niece Mrs Carruthers
to whom she has been
same as deponed

Name and Medical Designation, Alex. Thomson

Place of Abode, 27 Castle St Dumfries

DATED this Fourteenth day of May One thousand eight
hundred and Seventy three years —

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or *otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, William 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) Robert Shaw
Dumfries in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Elizabeth Rae (a pauper)
and that
the said Elizabeth Rae is a (5) Lunatic
and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) talks incoherently
will not take food through fear of it
Condemning her Majesty's Government &c &c

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Her Sister states that she has been
in a state of depression for the
last month

Name and Medical Designation, Wm Marshall M.D.

Place of Abode, Dumfries

DATED this 14th day of May One thousand eight
hundred and Seventy three years

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, Alexander Thomson being (1) Doctor of Medicine of the Universities of Glasgow & Edinburgh 56 Queen Street Dumfries hereby certify, on soul and conscience, that I have this day, at (2) 56 Queen Street Dumfries in the County of Dumfries, seen and personally examined Elizabeth Rae, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Alex Thomson MD

DATED this Fourteenth day of May — One thousand eight hundred and Seventy three years.

(1) State medical qualifications. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Langdale Maitland, (1) Sheriff Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) John Dinwoodie, Inspector of Poor, Dumfries, Certificates under the hands of 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) Elizabeth Rae Relief Case, Dumfries (a Pauper), and that the said Elizabeth Rae is a (5) person of unsound mind, and a Lunatic, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Elizabeth Rae 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 Rae, which accompanied the said Petition.

DATED this Fourteenth day of May — One thousand eight hundred and seventy three

L Maitland

To the Superintendent of the (7) Public Asylum of Southern Counties Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

N.B.—Th is Form sh
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the Sheriff is obtai

PETITION
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[1] Sheriff or Steward. [2] Side or Stewartry.

Unto the Honour

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Medical Certificat

[3] State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's

is at present in a

Asylum for the I

mission of the said

Southern

into the the said

[4] The date of the Petition must be within fourteen clear days following the date of the Medical Certificates.

DATED this

eight hundred and

If any of the Par

1. Christian Name and Surname of P
length, . . .
2. Sex and Age, . . .
3. Married, Single, or Widowed,
4. Condition of Life, and previous O
(if any), . . .
5. Religious Persuasion, so far as know
6. Previous Place of Abode,
7. Place where Found and Examined,
8. Length of time Insane,
9. Whether first Attack,
10. Age (if known) on first Attack,
11. When and where previously under
tion and Treatment,
12. Duration of existing Attack,
13. Supposed Cause,
14. Whether subject to Epilepsy,
15. Whether Suicidal,
16. Whether Dangerous to others,
17. Parish or Union to which the Luna
Pauper) is Chargeable,
18. Date of becoming Chargeable,
19. Christian Name and Surname, and
Abode of nearest known Relativ
Patient, and degree of Relation
known), and whether any Membe
Family known to be or to have
sane, . . .
20. Special circumstances (if any) prevent
insertion of any of the above par

I certify, that, to the best of my

DATED this 16th.

(To be

1/777
Elizabeth Rae
14th May
1873

N.B.—This FORM shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) Dumfries and his Substitutes,—

The Petition of George Burgess ~~Farmer~~ Millpool of Kirkpatrick Durham humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Burgess Millpool Kirkpatrick Durham 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 Burgess to the Southern Counties Asylum and to sanction his admission into the the said Asylum.

George Burgess

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 16th (4) day of May One thousand eight hundred and seventy three

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	John Burgess
2. Sex and Age,	Male 54 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,	Melbourne
7. Place where Found and Examined,	Southern Counties Asylum
8. Length of time Insane,	three weeks
9. Whether first Attack,	Second attack
10. Age (if known) on first Attack,	Thirty four years
11. When and where previously under Examination and Treatment,	Melbourne Asylum
12. Duration of existing Attack,	three weeks
13. Supposed Cause,	Unknown
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	George Burgess Millpool Kirkpatrick Durham, 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 16th day of May One thousand eight hundred and seventy three

(*To be signed by Party applying*) George Burgess

P. p

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Hugh Cunningham being a (1) Member of the Royal College of Physicians in Edinburgh and of the Faculty of Physicians and Surgeons in Glasgow and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Southern County Asylum Dumfries in the County of separately from any other Medical Practitioner, visited and personally examined (4) John Burgess, Farmer, 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.:—

1. Facts indicating Insanity observed by myself: (6) He believes him to be one of the Three Persons of the Trinity, and spoke to the Holy Spirit last week, and says Eternal Father frequently.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, Hugh Cunningham L.R.C.P.S.E.

Place of Abode, 25 Castle Street, Dumfries

DATED this Sixteenth day of May One thousand eight hundred and seventy three years.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, John Smith being a (1) Licensed Physician & Surgeon and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Southern Counties Asylum Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) John Burgess, Farmer, Kirkpatrick Durham 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.:—

1. Facts indicating Insanity observed by myself: (6) His delusion is that he has frequently spoken to & conversed with God Jesus & the Holy Spirit & believes himself equal in power & glory to God himself.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Dr Anderson informs me that he has observed him at times to be insane by delusions.

Name and Medical Designation, John Smith L.R.C.P.S.E.

Place of Abode, Dumfries

DATED this 16 day of May One thousand eight hundred and 73 years

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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 Anderson being (1) Graduate of the University of Edinburgh hereby certify, on soul and conscience, that I have this day, at (2) Southern Counties Asylum in the County of Dumfries seen and personally examined John Burgess, Millpool, Kirkpatrick Durham, and that the said person is of unsound mind, and 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 Anderson M.B. & C.M.

DATED this 16th day of May One thousand eight hundred and seventy three years.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) George Burgess, Millpool Kirkpatrick Durham Certificates under the hands of Hugh Cunningham and John Smith, , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) John Burgess, Millpool aforesaid (Petitioner Brother) and that the said John ~~George~~ 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 ~~George~~ John Burgess as a Patient into the (6) Public Asylum of Southern Counties and I authorize Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said ~~George~~ John Burgess which accompanied the said Petition.

DATED this Seventeenth day of May One thousand eight hundred and seventy three. Three words deleted

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.

N. B.—This Form shall
Superintendent of
the Sheriff is obtain

PETITION T
RECE

1. Sheriff or Steward,
or Shire or Stewartry.

Unto the Honoura
of Dum

The

humbly sheweth
Medical Certificat
your Petitioner's (
2. State degree of Relationship or other capacity in which Petitioner stands to Lunatic.
is at present in a s
Asylum for the In
mission of the said
Crichton
into the the said A

3. The date of the Petition must be within thirteen clear days following the dates of the Medical Certificates.

DATED this J
eight hundred and

If any of the Part

1. Christian Name and Surname of Pa
length, ...
2. Sex and Age, . . .
3. Married, Single, or Widowed,
4. Condition of Life, and previous Oc
(if any), . . .
5. Religious Persuasion, so far as know
6. Previous Place of Abode, . .
7. Place where Found and Examined,
8. Length of time Insane, . .
9. Whether first Attack, . .
10. Age (if known) on first Attack,
11. When and where previously under Ex
tion and Treatment, . .
12. Duration of existing Attack,
13. Supposed Cause, . . .
14. Whether subject to Epilepsy,
15. Whether Suicidal, . . .
16. Whether Dangerous to others,
17. Parish or Union to which the Lunat
Pauper) is Chargeable, .
18. Date of becoming Chargeable,
19. Christian Name and Surname, and
Abode of nearest known Relativ
Patient, and degree of Relation
known); and whether any Membe
Family known to be or to have
sane, ...
20. Special circumstances (if any) preven
insertion of any of the above part

I certify, that, to the best of my

DATED this 27 May

(To be

778
John Burns
16th May
1873
1

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) County of Dumfries *and his Substitutes*—

The Petition of John McNaught Spirit dealer Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary McNaught or Thomson 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 McNaught or Thomson to the Crichton Royal Institution and to sanction her admission into the the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

John McNaught

DATED this Twenty second (4) day of May One thousand eight hundred and Seventy three years

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Mary McNaught or Thomson
2. Sex and Age,	Female 52
3. Married, Single, or Widowed,	Widow
4. Condition of Life, and previous Occupation (if any),	Widow of John Thomson Baker
5. Religious Persuasion, so far as known,	Protestant – United Presbyterian Body
6. Previous Place of Abode,	Glencaple
7. Place where Found and Examined,	Do
8. Length of time Insane,	About two months
9. Whether first Attack,	No, but frequently, the friends say "peculiar".
10. Age (if known) on first Attack,	52
11. When and where previously under Examination and Treatment,	
12. Duration of existing Attack,	About two months
13. Supposed Cause,	Not known – was but recently convalescent from pneumonia
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	yes – tells for poison &c.
16. Whether Dangerous to others,	Not as yet
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Mrs Mary McNaught, or Thomson. Hugh McNaught, eldest brother, Brewery Court, Dumfries 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 22. May day of 1873 One thousand eight hundred and

(*To be signed by Party applying*) John McNaught

P. P

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 &c.
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Glencaple
in the County of Dumfriesshire separately from any other Medical Practitioner,
visited and personally examined (4) Mrs Mary Mc Naught, or Thomson and that
the said Mrs Mary Mc Naught, or Thomson is a (5) person of
unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She told me she wanted to drown herself; that there was a blind man down there she would Cure, & mauder the Devil & then became quite incoherent

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her & others inform me that she wants to commit Suicide by poison, drowning &c.; at times she wont speak for many hours then will become talkative vi & incoherent, suspects her friends & imagines her brothers wants to kill h

Name and Medical Designation, James Mc M. Culloch M. D. &

Place of Abode, 16 Castle Street, Dumfries

DATED this 25th day of May One thousand eight hundred and Seventy three years.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Hugh Cunningham
being a (1) Member of the Royal College of Physicians in Edinburgh & 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) Rose Villa, Glencaple
in the County of Dumfriesshire separately from any other Medical Practitioner,
visited and personally examined (4) Mrs Mary Mc Naught or Thomson and that
the said Mrs Mary Mc Naught or Thomson is a (5) person of unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She is incoherent and desires to drown herself.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her sister informs me that she wishes to get to the water.

Name and Medical Designation, Hugh Cunningham L.R.C.P.E.

Place of Abode, 25 Castle Street, Dumfries

DATED this Twenty seventh day of May One thousand eight hundred and seventy three years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

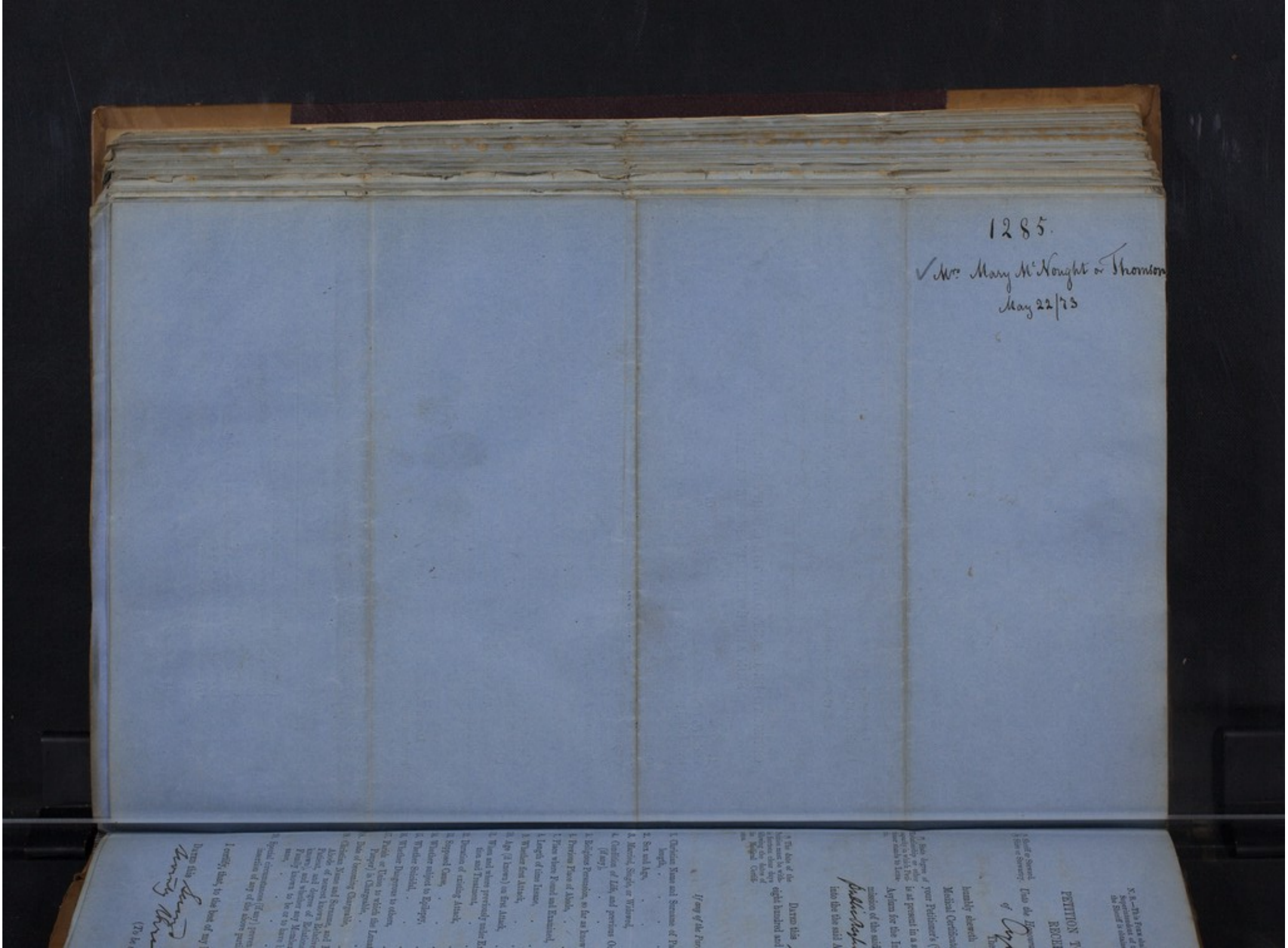
I, David Boyle Hope (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) John McNaught Spirit Dealer Dumfries
Certificates under the hands of James Murray McCulloch
and Hugh Cunningham , being two Medical Persons duly qualified in terms 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) Mrs Mary McNaught or Thomson, Widow Glencaple and that the said Mrs Mary McNaught or 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 Mrs Mary McNaught or Thomson as a Patient into the (6) Public Asylum of Crichton 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 Mrs Mary McNaught or Thomson which accompanied the said Petition.

DATED this Twenty Second day of May One thousand eight hundred and Seventy three years

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of Crichton Institution
Dumfries

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.


1285.
Mrs Mary McNought or Thomson
May 22/73

N. B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 Argyll —— *and his Substitutes,—*

The Petition of James Ingram Architect Kilmarnock humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that William Ingram Architect 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 William Ingram —— to the Public Asylum Crichton Institution Dumfries and to sanction his admission into the the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

James Ingram

Dated this Second (4) day of June One thousand eight hundred and Seventy three

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	William Ingram
2. Sex and Age,	Male - 30 years of age
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Architect
5. Religious Persuasion, so far as known,	Presbyterian
6. Previous Place of Abode,	Kilmarnock
7. Place where Found and Examined,	Kilmarnock
8. Length of time Insane,	three months
9. Whether first Attack,	First attack
10. Age (if known) on first Attack,	30 years
11. When and where previously under Examination and Treatment,	——
12. Duration of existing Attack,	three months
13. Supposed Cause,	
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	——
16. Whether Dangerous to others,	——
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Kilmarnock
18. Date of becoming Chargeable,	——
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Petitioner
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	——

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this Second day of June One thousand eight hundred and Seventy three

(*To be signed by Party applying*) James Ingram

P. p

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Paston
being a (1) Doctor of Medicine of Edinburgh
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Seamount Road Kilmarnock
in the County of Ayr
separately from any other Medical Practitioner,
visited and personally examined (4) William Ingram
Seamount Road Kilmarnock
and that the said William Ingram 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) Not he is very much under hallucinations — thinks he has ulceration of bowels which will be fatal in a few hours and that a portion of the bowels is awanking —

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
He is violent in language and conduct threatens his relations and strikes them — shows suicidal propensities — Father Bro

Name and Medical Designation, John Paston M

Place of Abode, Milton Place Kilmarnock

DATED this 7th day of June One thousand eight hundred and seventy three.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Alexander Marshall
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) Seamount Road Kilmarnock
in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) William Ingram
Seamount Road Kilmarnock
and that the said William Ingram is a (5) Lunatic
and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He is violent & incoherent in his talk he has Complaint of bowels which will Kill him in a few

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Father and Brother
Blames his Brother for loss of the Co of his wife and that of his Father her Brother who he would have

Name and Medical Designation, Alexander Marshall

Place of Abode, Milton Road Kilmarnock

DATED this Seventh day of June One thousand eight hundred and Seventy & Three

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, John Watt (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) James Ingram Architect Kirkmahoe
Certificates under the hands of John Paxton
and Alexander Marshall , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) William Ingram Architect Kirkmahoe, and that the said William Ingram is a (5) Lunatic

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said William Ingram as a Patient into the (6) Public Asylum of Crichton 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 William Ingram which accompanied the said Petition.

DATED this Second day of June One thousand eight hundred and seventy three

John Watt

To the Superintendent of the (7) Public
Asylum of Crichton Institution Dumfries

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1284

William Ingram

June 14/33.

June 2/33

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) ~~Steward~~ Sheriff of the (2) Stewartry Wigton and of Kirkcudbright and his Substitutes,—

The Petition of James Grant

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John McNaught

(3) State degree of Relationship or other capacity in which Petitioner.

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 McNaught to the Southern District Asylum Dumfries and to sanction his admission into the the said Asylum.

James Grant Inspector of Poor Wigtonshire

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this third (4) day of June One thousand eight hundred and twenty three

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STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	John McNaught
2. Sex and Age,	19
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Farm Servant
5. Religious Persuasion, so far as known,	Protestant (Free Church)
6. Previous Place of Abode,	Glenluce Mains Parish of Borgue
7. Place where Found and Examined,	Boreland Parish of Kirkmaiclose
8. Length of time Insane,	Eight days
9. Whether first Attack,	Yes
10. Age (if known) on first Attack,	19
11. When and where previously under Examination and Treatment,	—
12. Duration of existing Attack,	Eight days
13. Supposed Cause,	Not Known
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Yes
16. Whether Dangerous to others,	Yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Kirkmaiclose
18. Date of becoming Chargeable,	2 June 1873
19. Christian Name and Surname, and Place of Abode of nearest known 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 McNaught Farmservant Boreland Kirkmaiclose no member of his 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 June One thousand eight hundred and seventy three.

(To be signed by Party applying) James Grant Inspector of Poor Wigtonshire

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, 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 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) Boreland Parish of Balmaghie Kirkcudbright in the County separately from any other Medical Practitioner visited and personally examined (4) John McNaught- Farm-servant- formerly at Clinton mains Borgue Parish and the said John McNaught- is a (5) lunatic person and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Age of recovery. [illegible] up on the slightest noise. wild state about the eyes. there are people under the bed and about him always attack him - talks irrelevantly on any subject

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His father says he is constantly on the watch something to do himself harm with. has seized a and was about to attack his mother.

Name and Medical Designation, John Nivison M.D.

Place of Abode, Castle Douglas

DATED this third day of June One thousand eight hundred and Seventy three

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MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Walter Lorraine being a (1) Graduate of Edin University & LRCP and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Boreland of Balmaghie Kirkcudbright in the County separately from any other Medical Practitioner visited and personally examined (4) John McNaught, farm-servant. residing at Boreland Balmaghie Kirkcud and the said John McNaught is a (5) lunatic person and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Has delusion respecting the object of those about him. Irritable & sleepless - at times quiet - at times talking incoherently.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) His Father says he imagines he is surrounded by people who are his enemies & thinks he has done something disgraceful to

Name and Medical Designation, Walter Lorraine

Place of Abode, Castle Douglas

DATED this 3 day of June One thousand eight hundred and Seventy three

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

David Blair
David Blair

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, ~~Alexander Nicolson~~ Esquire (1) Sheriff Substitute
of the (2) Stewartry of Kirkcudbright
having had produced to me, with a Petition at the instance of (3) James Spoat
Certificates under the hands of John Nivison
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)
John McNaught, Pauper, and that the said
John McNaught is ~~an~~ insane person
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said John McNaught as a Patient into the (5) 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 McNaught which accompanied the said Petition.

DATED this Third day of June One thousand eight hundred and Seventy three.

David Blair

To the Superintendent of the (5) Southern Counties
Asylum of Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1779
John McNaught
3rd June 1873.

1779
John McNaught
3rd June
1873

X.B.—This Form shall
Superintendent of the
the Sheriff is obtained.

PETITION TO
RECEP

1. Sheriff or Steward.
2. Mayor or Stewartry.

Unto the Honourable
Kirkcu
plicitor in
The
humbly sheweth th

Medical Certificates

3. State degree of
relationship, or other
reason in which Peti-
tioner stands to Lunatic.

is at present in a st
Asylum for the Ins
mission of the said
Scotstoun ba
into the the said As

4. The date of the
Order must be with-
in Seven clear days
during the dates of
the Medical Certifi-
cates.

Dated this
eight hundred and

If any of the Parti

1. Christian Name and Surname of Pat
length, ...
2. Sex and Age, ...
3. Married, Single, or Widowed, .
4. Condition of Life, and previous Oc
(if any), ...
5. Religious Persuasion, so far as known
6. Previous Place of Abode, . .
7. Place where Found and Examined,
8. Length of time Insane, . .
9. Whether first Attack, . .
10. Age (if known) on first Attack, .
11. When and where previously under Ex
dox and Treatment, . .
12. Duration of existing Attack, .
13. Supposed Cause, . . .
14. Whether subject to Epilepsy, .
15. Whether Suicidal, . . .
16. Whether Dangerous to others, .
17. Parish or Union to which the Lunat
Pauper) is Chargeable, . .
18. Date of becoming Chargeable, .
19. Christian Name and Surname, and P
Abode of nearest known Relative
Patient, and degree of Relations
known), and whether any Member
Family known to be or to have b
sane, ...
20. Special circumstances (if any) pervad
insertion of any of the above parti

I certify that, to the best of my k

Dated this

(To be

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of (2) Wigtown and Kirkcudbright and his Substitutes,—

The Petition of Christopher Pendlebury Surgeon & Physician in Castle Douglas ~~your Petitioner~~ humbly sheweth that it appears, from the subjoined Statement and accompanying Medical Certificates, that John Porteous residing in Castle Douglas a Pauper of Kelton Parish

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

~~your Petitioner's~~ (3) is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane.—May it therefore please your Lordship to authorize the transmission of the said John Porteous to the Southern Counties Asylum and to sanction his admission into the the said Asylum.

C Richardson Keltor

(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 June One thousand eight hundred and Seventy three

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STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	John Porteous
2. Sex and Age,	male 25
3. Married, Single, or Widowed,	single
4. Condition of Life, and previous Occupation (if any),	Journeyman Tailor
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	all his life in Castle Douglas
7. Place where Found and Examined,	in Castle Douglas: his fathers house
8. Length of time Insane,	not known
9. Whether first Attack,	25 years.
10. Age (if known) on first Attack,	Not previously under treatment.
11. When and where previously under Examination and Treatment,	one month.
12. Duration of existing Attack,	Religion & drink
13. Supposed Cause,	no.
14. Whether subject to Epilepsy,	yes.
15. Whether Suicidal,	yes.
16. Whether Dangerous to others,	Keltor.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	4th June 1873.
18. Date of becoming Chargeable,	James Porteous Father.
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	
20. Special circumstances (if any) preventing the 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 73.

(*To be signed by Party applying*) C Richardson

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(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) Colton St Douglas Richendbright in the County separately from any other Medical Practitioner visited and personally examined (4) John Portens Pauper and the said John Portens is a (5) person of unsound mind and a proper person to be detained 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 melancholy & depressed - Sleeps & stables constantly & being lost & Condemned is frequently on his knees praying

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
His mother says that his movements is a praying attitude with his knees & his hands upstretched standing

Name and Medical Designation, Walter Lorraine

Place of Abode, Castle Douglas

DATED this Fourth day of June One thousand eight hundred and seventy three

---

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, John Nivison being a (1) Graduate of 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) Colton St Castle Douglas Richendbright in the County separately from any other Medical Practitioner visited and personally examined (4) John Portens Pauper and the said John Portens is a (5) person of unsound mind and a proper person to be detained 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 melancholy and stupid appearance does not seem to understand questions, but when answers incoherently every now & then dropping his tones & groans

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
His mother says he is very restless, getting up of bed frequently - sleeps little - refuses food sometimes and prays at all times

Name and Medical Designation, John Nivison M.B.

Place of Abode, Castle Douglas

DATED this Fourth day of June One thousand eight hundred and Seventy three

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) 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) Christopher Pringle Richardson
Certificates under the hands of Walter Lorraine
and John Porteous Turner, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Porteous. Pauper and that the said
John ~~Porteous Turner~~ is a (5) person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORISE you to receive the said John Porteous 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 Porteous which accompanied the said Petition. (Line and delete)

DATED this Fifth day of June One thousand eight hundred and Seventy three.

Alex. Nicolson

To the Superintendent of the (7) Southern Counties
Asylum of Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

N.B.—This Form sh
Superintendent of
the Sheriff is obtain

PETITION T
RECE

Sheriff or Steward.
Mayor or Stewartry.

Unto the Honour
of Dum

for the Par
humbly sheweth

Medical Certificat

your Petitioner's

State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

is at present in a
Asylum for the I
mission of the said
Southern
into the the said

Dated this

The Date of the Petition must be within fifteen clear days following the Date of the Medical Certificate.

eight hundred and

If any of the Pa

1. Christian Name and Surname of P
length, . . .
2. Sex and Age, . . .
3. Married, Single, or Widowed,
4. Condition of Life, and previous O
(if any), . . .
5. Religious Persuasion, so far as know
6. Previous Place of Abode, . .
7. Place where Found and Examined,
8. Length of time Insane, . .
9. Whether first Attack, . .
10. Age (if known) on first Attack,
11. When and where previously under T
tion and Treatment, . .
12. Duration of existing Attack,
13. Supposed Cause, . . .
14. Whether subject to Epilepsy,
15. Whether Suicidal, . . .
16. Whether Dangerous to others,
17. Parish or Union to which the Luna
Pauper) is Chargeable, .
18. Date of becoming Chargeable,
19. Christian Name and Surname, and
Abode of nearest known Relativ
Patient, and degree of Relation
known), and whether any Mem
Family known to be or to have
sane, ...
20. Special circumstances (if any) prevent
insertion of any of the above par

I certify, that, to the best of my

Dated this Twenty first

(To be

700
John Roberts
St. Ives
1873

Wife Kate Rogers
St Paul 1875.

N. B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(*) Sheriff or Steward.
(*) Shire or Stewartry.

Unto the Honourable the (*) Sheriff of the (*) County of Dumfries and his Substitutes—

The Petition of John Dinwoodie, Inspector of Poor for the Parish of Dumfries—

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Marlow Brigghouse, Collier your Petitioner's (*) Pauper.

(*) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said James Marlow to the Southern Counties Asylum and to sanction his admission into the the said Asylum.

John Dinwoodie

(*) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Twenty first (*) 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,	James Marlow
2. Sex and Age,	Male 59 years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Labourer
5. Religious Persuasion, so far as known,	not known
6. Previous Place of Abode,	Brigghouse Collier
7. Place where Found and Examined,	—ds—
8. Length of time Insane,	not known—
9. Whether first Attack,	Second Attack
10. Age (if known) on first Attack,	about 59 years
11. When and where previously under Examination and Treatment,	Southern Counties Asylum
12. Duration of existing Attack,	about a week
13. Supposed Cause,	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,	Dumfries
18. Date of becoming Chargeable,	21st June 1873
19. Christian Name and Surname, and Place of Abode of nearest known 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 first day of June One thousand eight hundred and Seventy three

(*To be signed by Party applying*) John Dinwoodie, Inspector

P. p

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an Idiot, *or* a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, William Marshall
being a (1) Graduate of the College of Physicians 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) Burghmuir
Dumfries in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) James Marlow a Pauper and that
the said James Marlow is a (5) Lunatic
and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Talks incoherently suffers from delusions as to other persons taking from him thefts wanders constantly night and continues in a state of melancholia

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
His wife states that he is constantly saying that they would all be sent to destruction

Name and Medical Designation, Wm Marshall M.D.

Place of Abode, Dumfries

DATED this 20th day of June One thousand eight hundred and seventy three years

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, 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) Burghmuir
Collin Dumfries in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) James Marlow Pauper and that
the said James Marlow is a (5) Person
of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Melancholia
Will scarcely answer any Questions
Suggests that his friends are
him of theft &c

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
His Wife informs me that he
wanders about the house talks
incoherently & sleeps
little or none

Name and Medical Designation, P. M. Murray M.

Place of Abode Dumfries

DATED this 20 day of June One thousand eight hundred and 73

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute
of the (2) County of Dumfries,
having had produced to me, with a Petition at the instance of (3) John Dunwoodie,
Inspector of Poor, Dumfries,
Certificates under the hands of William Marshall,
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 Marlow, Bughouse Close (a Pauper) and that the said
James Marlow 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 James Marlow 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 Marlow, which accompanied the said Petition.

DATED this Seventy first 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.

1/781

James Marlow

21st June

1873

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Shire of Dumfries *and his Substitutes,—*

The Petition of Janet Johnstone, Terregles Street Maxwelltown humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that William Johnstone your Petitioner's (3) husband is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said William Johnstone to the Crichton Royal Institution, Dumfries and to sanction his admission into the the said Asylum.

Janet Johnstone

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

Dated this twenty fifth (4) day of June One thousand eight hundred and seventy three.

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	William Johnstone
2. Sex and Age,	Male - 47 years of age -
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Gentleman - no occupation
5. Religious Persuasion, so far as known,	Free Church of Scotland
6. Previous Place of Abode,	Maxwelltown Dumfries
7. Place where Found and Examined,	Glasgow Royal Asylum Gartnavel
8. Length of time Insane,	Under one month this attack
9. Whether first Attack,	No -
10. Age (if known) on first Attack,	17 years
11. When and where previously under Examination and Treatment,	Glasgow Royal Asylum Gartnavel Church
12. Duration of existing Attack,	Under one 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,	—
18. Date of becoming Chargeable,	—
19. Christian Name 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,	Wm Thos. Robinson Johnstone Brother in law 31 Gt Western Rd Glasgow
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	—

I certify that, to the best of my knowledge, the above particulars are correctly stated.

Dated this twenty fifth day of June One thousand eight hundred and

(*To be signed by Party applying*) Janet Johnstone

P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Alexander Mackintosh M.B. being a (1) licentiate of the Faculty of Physicians and 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) the Glasgow Royal Asylum at Gartnavel Glasgow in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) William Johnstone Person Dumfries, Magistrates, and that the said William Johnstone is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He is depressed in spirits, incoherent and excited under a monomania of fear. —

(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, Alexander Mackintosh M.B.

Place of Abode, Glasgow Royal Asylum Gartnavel

DATED this twenty-fifth day of June One thousand eight hundred and eighty three —

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Alexander Thomson being a (1) Doctor of Medicine and Licentiate of the Faculty of Physicians and 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) Crichton Royal Institution Dumfries in the County of Dumfries - separately from any other Medical Practitioner, visited and personally examined (4) William Johnstone Gentleman Sheriffs Brigt Macandlish and that the said William Johnston is a (5) person of Unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
Great depression of spirits and distrust of himself & others. Has been several times in the Crichton

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
The above

Name and Medical Designation, Alex Thomson MB

Place of Abode, Crichton R. Dumfries

DATED this 26th day of June One thousand eight hundred and eighty three —

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned Alexander Mackintosh M.D. being (1) Medical Officer of the Glasgow Asylum hereby certify, on soul and conscience, that I have this day, at (2) the Glasgow Asylum in the County of Lanark, seen and personally examined William Johnstone, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Alexander Mackintosh M.D.

DATED this fourth day of June One thousand eight hundred and seventy three.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) Janet Johnstone, Torreglen Street, Maxwelltown, Certificates under the hands of Alexander Mackintosh, and Alexander Thomson, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) William Johnstone, Royal Asylum Gartnavel, Glasgow (Medical Officer) and that the said William Johnstone, is a (5) person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said William Johnstone, as a Patient into the (6) Public Asylum of Crichton Royal Institution and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said William Johnstone which accompanied the said Petition.

DATED this twenty eighth day of June One thousand eight hundred and seventy three.

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of Crichton Royal Institution
Dumfries.

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1289

William Johnstone

June 24/73.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 Vict., 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

The Petition of Joseph Welsh of Gastard Inspector of Poor Dingwall and his Substitutes—

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Laura Grierson

(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 Laura Grierson to the Southern Counties Asylum Dumfries and to sanction her admission into the the said Asylum.

Joseph Welsh Gastard Inspector Dingwall

(3) The date of the petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this First (3) day of July One thousand eight hundred and Seventy three Years

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Laura Grierson
2. Sex and Age,	Male 25 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Iron Turner
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	15 King Street Inverurie Dingwall
7. Place where Found and Examined,	15 King Street
8. Length of time Insane,	6 weeks
9. Whether first Attack,	First attack
10. Age (if known) on first Attack,	25 years
11. When and where previously under Examination and Treatment,	15 King Street
12. Duration of existing Attack,	6 weeks
13. Supposed Cause,	Intemperance
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Sometimes
16. Whether Dangerous to others,	Parish of Dingwall
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	1st July 1873
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Laura Grierson Carrier his Father a Sister was in the Southern Counties Asylum Six months about 8 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 1st day of July One thousand eight hundred and Seventy three

(*To be signed by Party applying*) Joseph Welsh Gastard Inspector of Poor Dingwall

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or an insane person, 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. Kenna of
being a (1) Graduate of the University of Edin
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3)
Morpeth Town in the County
Northumberland separately from any other Medical Practitio
visited and personally examined (4) James Grierson (a
and th
the said James Grierson is a (5) Pauper
of unsound mind and a proper person to be detain
under Care and Treatment, and that I have formed this opinion upon the follow
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) He was
incoherent, could answer
simple questions.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
His Mother informed me that
he had threatened to stab his
sister

Name and Medical Designation, P. M. Kenna M

Place of Abode, Buchanan St Dumfr

DATED this 1st day of July One thousand eig
hundred and 75

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) *Lunatic, or an insane person, 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 Republic of Switzerland
Surgeon and Physician
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3)
Morpeth Town in the County
Northumberland separately from any other Medical Practitione
visited and personally examined (4) James Grierson (a Lunatic
and th
the said James Grierson is a (5) Lunatic
and a proper person to be detaine
under Care and Treatment, and that I have formed this opinion upon the followin
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Talks incoherently
Swears and raves in a most furious
manner Declares that he has seen and
murdered which is contrary to fact &c

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
His father states that he has been very
violent, and has attempted to strangle him
then himself &c

Name and Medical Designation, Wm Marshall M.D. &c

Place of Abode, Dumfries

DATED this 1st day of July One thousand eight
hundred and Seventy three years

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualifications. (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 Welsh, Assistant Inspector of Poor, Troqueer, Certificates under the hands of Patrick M. Murray 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 Grierson, King Street, Maxwelltown, a Pauper, and that the said James Grierson, 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 Grierson 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 Grierson which accompanied the said Petition.

DATED this First day of July One thousand eight hundred and seventy three.

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

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782
Ann Spiers
1 July 1873

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) ~~Steward~~ Sheriff of the (2) Stewartry Wigton and of Kirkcudbright *and his Substitutes,—*

The Petition of James Mc Michael Inspector of Poor

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary Ann Armstrong in your Petitioner's (3) care as Inspector of Poor of Balmaclellan is at present in a state of Mental Derangement, and 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 Armstrong to the ~~Crichton Royal Institution Dumfries~~ Crieve Cruden Dumfries, and to sanction her admission into the the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

James McMichael Inspector

(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 July One thousand eight hundred and seventy three

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STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Mary Ann Armstrong
2. Sex and Age,	Female age 20
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Protestant
5. Religious Persuasion, so far as known,	Croze Village
6. Previous Place of Abode,	Croze Village
7. Place where Found and Examined,	4 Weeks
8. Length of time Insane,	first attack
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,	4 weeks
13. Supposed Cause,	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,	Balmaclellan
18. Date of becoming Chargeable,	just now
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	William Armstrong Father Croze Village Balmaclellan
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 7th day of July One thousand eight hundred and seventy three

(*To be signed by Party applying*) James Mc Michael Inspector

P. 2

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or *otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Alex: M'Donald being a (1) Licentiate of the Royal Colleges of Phys & Surgeons. Edin. and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Croco Village in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) Mary Ann Armstrong. Pauper. Croco Village and that the said Mary Ann Armstrong is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) She is suffering from Puerperal mania

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, Alex: M. Donald

Place of Abode, K. P. Durham

DATED this 7th day of July One thousand eight hundred and Seventy three.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or *otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Walter Lorraine Edinburgh University & L.R.C.S. Edin. 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) Croco Village in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) Mary Ann Armstrong, Pauper Croco Village and that the said Mary Ann Armstrong is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Crying & laughing in turns. Answers questions talked incoherently & in a confused manner

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Husband & brother say that for three weeks she has not slept more than one hour in the night & has refused food entirely

Name and Medical Designation, Walter Lorraine M.

Place of Abode, Castle Douglas

DATED this 20th day of July One thousand eight hundred and Seventy three

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Robert Macartney Gordon (1) Steward Substitute
of the (2) Stewartry of Kirkcudbright
having had produced to me, with a Petition at the instance of (3) Lancelot Mc. Michael
Certificates under the hands of Alexander Mc Donald
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)
Mary Ann Armstrong Pauper — and that the said
Mary Ann Armstrong is a (5) person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Mary Ann Armstrong 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 Mary Ann Armstrong — which accompanied the said Petition.

DATED this Seventh day of July One thousand eight hundred and Seventy three

Robt Mac Gordon M.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.

783.
v. Kings Com Lunatic Asy
9th July 1873

102

[FORM B²]

25 & 26 *Vict., Cap.* 54, *Sect.* 16.

APPLICATION TO THE GENERAL BOARD OF LUNACY TO GRANT TRANSFER OF A PATIENT FROM ONE ASYLUM TO ANOTHER.

I, the undersigned James S. Anderson, Inspector of the Poor, Dalry Parish, Galloway, being desirous to transfer James Rowan at present a Patient in District Asylum, Ayr, and (¹) a pauper lunatic of the Parish of which I am Inspector of Poor from the said Asylum to the South Counties Asylum, Dumfries hereby request the authority of the Board to such transfer; and I subjoin a Statement of Particulars regarding the said James Rowan 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 S. Anderson, Insp. of the Poor
(²) Parish of Dalry, Galloway.

(²) State degree of Relationship, or other capacity in which Applicant stands to Patient.

DATED at Dalry this 26 day of June One thousand eight hundred and seventy three.

STATEMENT.

1. Christian Name and Surname of Patient at length,	James Rowan
2. Sex and Age,	Male, 20 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Pauper, Clerk
5. Religious Persuasion, so far as known,	Protestant
6. Date of Admission into Asylum,	19th May 1873
7. Length of time Insane,	"Not known" (Sic)
8. Whether first Attack,	first attack
9. Age (if known) on first Attack,	20 years
10. Duration of existing Attack,	"not known" (Sic)
11. Supposed Cause,	resulting from an attack of Rheumatism.
12. Whether subject to Epilepsy,	No
13. Whether Suicidal,	No
14. Whether Dangerous to others,	No
15. Parish to which the Lunatic (if a Pauper) is Chargeable,	Dalry Parish, Galloway.
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,	Parents at Dalmellington

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(*To be signed by the Applicant*) James S. Anderson

DATED this 26 day of June One thousand eight hundred and seventy three.

N.B.—The foregoing particulars are required for the information of the authorities to whose care the Patient is to be transferred.

MEDICAL CERTIFICATE.

I, the undersigned, Charles Holland Shaw
being (1) an M.D. & L.R.C.S.E
hereby certify that I have this day at (2) the Ayr District Asylum
personally examined James Rowan at present a
Patient in said Asylum, and with respect to his Mental State that he is
demented - will not answer when
spoken to - & mutters incoherently
to himself - His appearance is indicat.
of an unsound Mind ; and with respect to his
Bodily Health and Condition that they are indifferent

and I further certify that, in my opinion, there is nothing in the Mental or Bodily Condition of the Patient to contraindicate removal to the Asylum of the Southern Counties at Dumfries

Charles H. Shaw

Dated this 26th day of June One thousand eight hundred and 73

(1) State Medical Qualification.

(2) Name Asylum.

754
James Rowan
9th July 1873

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 Paisley
to authorize the transfer of James Rowan
from Ayr District 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 James Rowan as requested.

Alison Cust Bell Commissioner.

Dated at Edinburgh, this 27th day of June One thousand eight hundred and seventy three.

Date of Sheriff's Order 16 June May 1873.

(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.

Send to D.P. Paisley

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) ~~Sheriff~~ ~~and~~ Kirkcudbright *of the* (2) Wigtown *and his Substitutes,—*

The Petition of ~~Chrystopher~~ Richardson ~~Visitor~~ Castle Douglas ~~Inspector of Poor~~ Kelton humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Margaret Grierson residing in ~~Your Petitioner's~~ (3) Kingstair of Castle Douglas

(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 Margaret Grierson to the Southern Counties Asylum and to sanction ~~her~~ admission into the the said Asylum.

C Richardson

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this eighth (4) day of July One thousand eight hundred and Seventy three

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STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Margaret Grierson
2. Sex and Age,	Female 34
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,	nr. Manchester
7. Place where Found and Examined,	Kingstair Castle Douglas
8. Length of time Insane,	about 8 weeks
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,	8 weeks
13. Supposed Cause,	~~not~~ not Known
14. Whether subject to Epilepsy,	— not Known
15. Whether Suicidal,	
16. Whether Dangerous to others,	
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Kelton
18. Date of becoming Chargeable,	8th July 1873
19. Christian Name and Surname, and Place of Abode of nearest known 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 Grierson Kingstair Castle Douglas 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 Eighth day of July One thousand eight hundred and Seventy three

(*To be signed by Party applying*) C Richardson

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, 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 & L.R.C.S.

and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) King St C... in the County of Douglas separately from any other Medical Practitioner visited and personally examined (4) Margaret Grierson, Pauper and the said Margaret Grierson is a (5) person of unsound mind and a proper person to be detained 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 & morose, she must speak and repeat words over & over again, she refuses her food to eat or to show her tongue, she is deformed & absorbed

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her mother says she is subject to delusions, for instance, that her brother was lost in the moss, & cattle - obtains illcomings from neighbours

Name and Medical Designation, Walter Lorraine ...

Place of Abode, Castle Douglas

DATED this eighth day of July One thousand eight hundred and seventy three

---

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an Idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, John Morison 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) Knight ... Douglas Kirkcudbright separately from any other Medical Practitioner visited and personally examined (4) Margaret Grierson, Pauper and the said Margaret Grierson is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Asa rule she is melancholy and depressed - refuses to speak or do anything - at times outrageous - tearing her clothes and breaking ~~to~~ crockery throwing them at her parents or anybody that comes in the way

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her mother says that for days she will sit not speak and then of a sudden become subject and strike. says also that she fancies absurd things - such her brother being lost at Cee &c -

Name and Medical Designation, John Morison M.B. C...

Place of Abode, Castle Douglas

DATED this Eighth day of July One thousand eight hundred and seventy three

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) 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 Kirkcudbright
having had produced to me, with a Petition at the instance of (3) Christopher Pringle Richardson
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)
Margaret Grierson (a Pauper) and that the said
Margaret 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 Margaret Grierson 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 Grierson which accompanied the said Petition.

DATED this Ninth day of July One thousand eight hundred and Seventy three.

Alex. Nicolson

To the Superintendent of the (7) Southern Counties
Asylum of Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

N.B.—This Form sh
Superintendent of
the Sheriff is obtain

PETITION T
RECE

* Sheriff or Steward,
† Clerk or Secretary.

Unto the Honour
of Dum
Th

humbly sheweth
Medical Certificat
your Petitioner's
is at present in a
Asylum for the I
mission of the
Gordon
into the the said

‡ State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

‡ The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this
eight hundred and

If any of the Par

1. Christian Name and Surname of P
length, . . .
2. Sex and Age, . .
3. Married, Single, or Widowed,
4. Condition of Life, and previous O
(if any), . .
5. Religious Persuasion, so far as know
6. Previous Place of Abode, .
7. Place where Found and Examined,
8. Length of time Insane, .
9. Whether first Attack, .
10. Age (if known) on first Attack,
11. When and where previously under E
tion and Treatment, .
12. Duration of existing Attack,
13. Supposed Cause, . .
14. Whether subject to Epilepsy,
15. Whether Suicidal, . .
16. Whether Dangerous to others,
17. Parish or Union to which the Luna
Pauper) is Chargeable, .
18. Date of becoming Chargeable,
19. Christian Name and Surname, and
Abode of nearest known Relative
Patient, and degree of Relation
known), and whether any Member
Family known to be or to have
sane, . . .
20. Special circumstances (if any) prevent
insertion of any of the above part

I certify, that, to the best of my

DATED this Twelfth

(To be

Petn
Magistrates Recieve
10 Feb 1843

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(*) Sheriff or Steward. (*) Shire or Stewartry.

Unto the Honourable the (*) Sheriff *of the* (*) Shire of Dumfries *and his Substitutes,—*

The Petition of James Williamson, Joiner, Dalbeattie,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Robert Mc Turk, ——— your Petitioner's (*) Brother in law, ———

(*) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Robert Mc Turk to the ~~Crichton Institution~~ Southern Counties, ——— and to sanction his admission into the the said Asylum. Sworn and dated.

James Williamson

(*) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Twelth (*) day of July 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,	Robert Mc Turk
2. Sex and Age,	Male. 61 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Postrunner
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Born in Dalbeattie for 20 years
7. Place where Found and Examined,	Dalbeattie
8. Length of time Insane,	4 weeks
9. Whether first Attack,	Second attack
10. Age (if known) on first Attack,	40 years
11. When and where previously under Examination and Treatment,	Crichton Institution
12. Duration of existing Attack,	4 weeks
13. Supposed Cause,	Anxiety of bussiness
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	Troublesome and restless
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,	Alexander Mc Turk St pauls Terrace. York. ——— no. (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 Twelth day of July One thousand eight hundred and Seventy three

(*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.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, R. McKerchar ——————
being a (1) Bachelor in Medicine & Master in Su
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) Dalbeattie
in the County of
Kirkcudbright separately from any other Medical Practitioner,
visited and personally examined (4) Robert Mc Turk
and that
the said Robert Mc Turk is a (5) person of
unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) When we first saw
patient he was violent & excited, had de
delusions, became Suicidal & refu
to take food

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Has been confined in an Asylum b

Name and Medical Designation, R. McKerchar MB & Ch.

Place of Abode, Dalbeattie

DATED this fourth day of July One thousand eight
hundred and seventy three.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, J 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) Maxwell St
Dalbeattie ——————— in the County of
Kirkcudbright separately from any other Medical Practitioner,
visited and personally examined (4) Robert Mc Turk ———————
——————— and that
the said Robert Mc Turk ——— is a (5) person of
unsound mind ——— and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Does not know how
long he has been living in this house. Does not know
what month it is. nor the day of the week. Does not
know his nephew who has always lived near him — does
not remember when he lived before he came to this house,

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
His sister told me that he was the best curtained child
— very obstinate & determined in carrying out his wishes:
does not willingly attend to the calls of nature.

Name and Medical Designation, J Paterson Lewis MB

Place of Abode, Alma. Dalbeattie

DATED this Eleventh day of July One thousand eight
hundred and seventy three.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1) a Bachelor in Medicine of the University of Edinburgh
hereby certify, on soul and conscience, that I have this day, at (2) Dalcaitle
in the County of Kirkcudbright, seen and personally examined
Robert Mc Turk, and that the said
person is of unsound mind, and 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. McKerchar MB CM

DATED this twelfth day of July One thousand eight hundred and seventy three

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, 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
Junr, Dalbeattie,
Certificates under the hands of R. McKerchar,
and J. 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 McTurk Post Runner, Dalbeattie, (Petitioners Brother-in-law,)
and that the said
Robert McTurk, is a (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 McTurk 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 McTurk, which accompanied the said Petition.

DATED this Twelfth day of July One thousand eight hundred and seventy three.

Maitland

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

N.B.—This Form sho
Superintendent of
the Sheriff is obtain

PETITION T
RECE

1 Sheriff or Steward.
2 Mayor or Secretary.

Unto the Honour
of
The

Liverpool

humbly sheweth
Medical Certificat
your Petitioner's
is at present in a
Asylum for the I
mission of the said
Caroline
into the the said

3 State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

4 The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this
eight hundred and

If any of the Pa

1. Christian Name and Surname of P
length, . . .
2. Sex and Age, . . .
3. Married, Single, or Widowed,
4. Condition of Life, and previous
(if any), . . .
5. Religious Persuasion, so far as know
6. Previous Place of Abode,
7. Place where Found and Examined,
8. Length of time Insane,
9. Whether first Attack,
10. Age (if known) on first Attack,
11. When and where previously under
tion and Treatment,
12. Duration of existing Attack,
13. Supposed Cause,
14. Whether subject to Epilepsy,
15. Whether Suicidal,
16. Whether Dangerous to others,
17. Parish or Union to which the Luna
Pauper) is Chargeable,
18. Date of becoming Chargeable,
19. Christian Name and Surname, and
Abode of nearest known Relativ
Patient, and degree of Relation
known), and whether any Membe
Family known to be or to have
sane, . . .
20. Special circumstances (if any) prev
insertion of any of the above par

I certify, that, to the best of my

DATED this twelfth

(To b

1/
786.
Robert Roberts
12th 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 *and his Substitutes,—*

The Petition of Thomas Gillison - 3 Dryden Road Liverpool humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Gillison 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 Gillison to the Crichton R. Institution, and to sanction his admission into the the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

Thos Gillison

Dated this twelfth (4) day of July One thousand eight hundred and seventy three

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	John Gillison
2. Sex and Age,	male 35 years
3. Married, Single, or Widowed,	married
4. Condition of Life, and previous Occupation (if any),	farmer
5. Religious Persuasion, so far as known,	presbyterian
6. Previous Place of Abode,	Dole steps nr Dumfries
7. Place where Found and Examined,	Crichton R. Institution
8. Length of time Insane,	a few days
9. Whether first Attack,	not first attack
10. Age (if known) on first Attack,	
11. When and where previously under Examination and Treatment,	Dumfries Infirmary & Crichton R Institution
12. Duration of existing Attack,	a few days
13. Supposed Cause,	death of a sister
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,	Mr Thomas Gillison - 3 Dryden Road Liverpool - brother Mrs Mary Gillison - wife - Dole steps
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	none none

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this twelfth day of July One thousand eight hundred and seventy three

(*To be signed by Party applying*) Thos. Gillison

P. p

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, 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. Munay of
being a (1) Graduate of the University of Edinburgh
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Crichton
Royal Institution Dumfries in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) John Gillison, Sole Steps and that
the said John Gillison 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 restless
excited, conversation rambling
incoherent, states that I am the
King of Kings &c

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Has been in the Asylum before

Name and Medical Designation, P. M. Munay M.

Place of Abode, Bucchleuch St Dumfries

DATED this 12th day of July One thousand eight
hundred and 73

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, 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, Graduate of the
being a (1) 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 Crichton Royal
Asylum Dumfries in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) John Gillison, Sole Steps and that
the said John Gillison is a (5) person of unsound
mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Restless, violent &
excited, raving about Harmoniums, Churches, Jesus
&c. Eyes glistening, & ferocious, dangerous &c.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Has been very violent through the night & requires
four attendants &c.

Name and Medical Designation, James M. McCulloch M.D.

Place of Abode, 16 Cryttle Street, Dumfries.

DATED this 12th day of July One thousand eight
hundred and seventy three years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, Patrick M. Murray (1) Graduate of the University of Edinburgh hereby certify, on soul and conscience, that I have this day, at (2) Crichton Royal Institution in the County of Dumfries, seen and personally examined John Gillison Isle Hope, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

P. M. Murray M.D.

DATED this 12th day of July One thousand eight hundred and 73

(1) State medical qualification. (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 Gillison, 3 Dryden Road, Liverpool Certificates under the hands of Patrick M. Murray, 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) John Gillison, Isle Hope, Troqueer Cottages and that the said John Gillison, is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said John Gillison as a Patient into the (6) Public Asylum of Crichton 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 Gillison which accompanied the said Petition.

DATED this Fourteenth day of July One thousand eight hundred and seventy three.

David Boyle Hope

To the Superintendent of the (7) Public Asylum of Crichton Royal Institution Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1290
John Gillison
July 12/13

N.B.—This Form
Superintendent
the Sheriff is ob

PETITION
REC

a. Sheriff or Steward.
b. Shire or Stewartry.

Unto the Hon
of D

humbly shew
Medical Certifi
is at present in
Asylum for the
mission of the
into the said A

* The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED thi
eight hundred

If any of th

1. Christian Name and Surname
length, . . .
2. Sex and Age, . .
3. Married, Single, or Widowed,
4. Condition of Life, and previo
(if any), . .
5. Religious Persuasion, so far as
6. Previous Place of Abode, .
7. Place where Found and Exami
8. Length of time Insane, .
9. Whether first attack, .
10. Age (if known) on first Attack,
11. When and where previously un
tion and Treatment, .
12. Duration of existing Attack,
13. Supposed Cause, . .
14. Whether subject to Epilepsy,
15. Whether Suicidal, . .
16. Whether Dangerous to others,
17. Parish or Union to which the
Pauper) is Chargeable, .
18. Date of becoming Chargeable,
19. Christian Name and Surname,
Abode of nearest known R
Patient, and degree of Re
known); and whether any M
Family known to be or to h
sane, . . .
20. Special circumstances (if any) p
insertion of any of the above

I certify, that, to the best o

DATED this 14th

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

20 & 21 *Vict. Cap.* 71 *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(*) Sheriff or Steward.
(*) Shire or Stewartry.

Unto the Honourable the (*) Sheriff *of the* (*) Shire of Dumfries *and his Substitutes,—*

The Petition of Peter Gordon Insp. of Poor, Kirkconnel,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Clanachan Pauper Kirkconnel is at present in a state of Mental Derangement, and 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 Clanachan to the Southern Counties Asylum and to sanction his admission into the said Asylum.

(Signed) Peter Gordon

(*) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 14th (*) day of July One thousand eight hundred and Seventy three

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STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	James Clanachan
2. Sex and Age,	Male 61
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Poor a Sailor
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Kirkconnel
7. Place where Found and Examined,	Kirkconnel
8. Length of time Insane,	2 days
9. Whether first attack,	Yes
10. Age (if known) on first Attack,	61
11. When and where previously under Examination and Treatment,	
12. Duration of existing Attack,	2 days
13. Supposed Cause,	unknown
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	yes threatening & using violence with his own family
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Kirkconnel
18. Date of becoming Chargeable,	14 July 1873
19. Christian Name 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 Clanachan his wife Kirkconnel John Clanachan Son
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(Signed)* Name, Peter Gordon Insp.

DATED this 14th day of July One thousand eight hundred and 73

* 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.*

I, the undersigned, Robert Reid Selby
being a (1) M.D. & Licentiate of the Royal College
of Surgeons Edinburgh
and being in actual practice as a (2) Medical practitioner
hereby certify, on soul and conscience, that I have this day, at (3)
Kirkcowan
Wigtown in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) James Clenahan
pauper and that
the said James Clenahan is a (5) person
of unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)
Thinks there is a conspiracy against him to
poison him — Jealous of his wife chastity —

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Sleeplessness — Throwing violence to his own family & neighbours — his wife & his neighbours — Fancies Parish table is so

(Signature) Name and Medical Designation, R. B. Selby M.D. & L.R.C.P. Edin.

Place of Abode, Kirkcowan Wigtownshire

Dated this 14th day of July One thousand eight hundred and Seventy Three.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate: e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

I, the undersigned, Thomas Anderson
being a (1) Graduate of the University of
Edinburgh
and being in actual practice as a (2) Physician and Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) the Dumfries & Galloway Asylum in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) James Blanachan
Lab Keeper, a Tailor & a Pauper and that
the said James Blanachan is a (5) Person
of unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) He is Restless incoherent, refuses his food, & sullen from insomnia & loss of memory.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

(Signature) Name and Medical Designation, Thomas Anderson M.D.

Place of Abode, Crichton Royal Institution

Dated this 14th day of July One thousand eight hundred and Seventy three 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 James Clenahan pauper is a (1) person of unsound mind hereby further certify that the Case of the said James Clenahan is One of Emergency, and I recommend the immediate removal of the said James Clenahan to an Asylum accordingly.

Name, Robert B. Selby

Place of Abode, Kirkcowan Wigtownshire

DATED this 14th day of July One thousand eight hundred and Seventy three.

(1) Lunatic, or an insane person, or an Idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope, — (1) Sheriff Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) Peter Gordon, Inspector of Poor Kirkcowan, Certificates under the hands of Robert Reid Selby, and Thomas Anderson, —, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) James Clanachan Kirkcowan (Pauper) and that the said James Clanachan, — is a (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 Clanachan, — 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 Clanachan, — which accompanied the said Petition.

(Signed) David Boyle Hope

DATED this Fourteenth day of July — One thousand eight hundred and seventy three.

To the Superintendent of the (7) Public *Asylum of* Southern Counties Dumfries.

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, or Private.
(7) Public, District, or Private.

1/
757
Mary Hannah
14th July 1843

N.B.—This Form shall
Superintendent of
the Sheriff is obtain

PETITION T
RECE

1 Sheriff or Steward.
2 Mayor or Secretary.

Unto the Honourable
of Hur
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humbly sheweth
Medical Certificate
your Petitioner's
is at present in a
Asylum for the In
mission of the said
Southern
into the the said A

3 State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

4 The date of the Petition must be within a fourteen clear days following the dates of the Medical Certificates.

DATED this
eight hundred and

If any of the Par

1. Christian Name and Surname of Pa
length, . . .
2. Sex and Age, . .
3. Married, Single, or Widowed,
4. Condition of Life, and previous O
(if any), . . .
5. Religious Persuasion, so far as know
6. Previous Place of Abode, .
7. Place where Found and Examined,
8. Length of time Insane, .
9. Whether first Attack, .
10. Age (if known) on first Attack,
11. When and where previously under E
tion and Treatment,
12. Duration of existing Attack,
13. Supposed Cause, . .
14. Whether subject to Epilepsy,
15. Whether Suicidal, . .
16. Whether Dangerous to others,
17. Parish or Union to which the Luna
Pauper] is Chargeable, .
18. Date of becoming Chargeable,
19. Christian Name and Surname, and
Abode of nearest known Relativ
Patient, and degree of Relation
known); and whether any Member
Family known to be or to have
sane, . . .
20. Special circumstances (if any) prevent
insertion of any of the above part

I certify, that, to the best of my

DATED this 15th

(To be

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) County of Dumfries *and his Substitutes,—*

The Petition of James Bell Inspector of Poor Kirkpatrick Durham

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Agnes Ferguson residing at Corkelford in the Parish

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

of (3) Others is at present in a state of Mental Derangement, and 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 Ferguson to the Southern Counties Asylum and to sanction her admission into the the said Asylum.

James Bell Inspector

(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 July One thousand eight hundred and 73.

STATEMENT.

If any 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 Ferguson
2. Sex and Age,	F. Single
3. Married, Single, or Widowed,	
4. Condition of Life, and previous Occupation (if any),	Cook Servt Labourer
5. Religious Persuasion, so far as known,	Presbyterian
6. Previous Place of Abode,	has been at times Weak in mind during last two years
7. Place where Found and Examined,	Corkelford
8. Length of time Insane,	Only delusions noticed since last Martinmas
9. Whether first Attack,	First Attack
10. Age (if known) on first Attack,	64
11. When and where previously under Examination and Treatment,	Has been in a despondent state for the last two months
12. Duration of existing Attack,	not known
13. Supposed Cause,	not enquired into
14. Whether subject to Epilepsy,	not subject to Epilepsy
15. Whether Suicidal,	Shows Symptoms of Insanity having only delusions to these
16. Whether Dangerous to others,	not dangerous to others
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Parish of Kirkpatrick Durham
18. Date of becoming Chargeable,	29th May 1873
19. Christian Name and Surname, and Place of Abode of nearest known 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 father Robert Ferguson was insane for a few months & his brother John Ferguson died in the S. Counties Asylum Lunacy
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	The Patient's two brothers in Liverpool and as they have not been heard of for a number of years are considered by the friends

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 15th day of July One thousand eight hundred and 73

(*To be signed by Party applying*) James Bell 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, Thomas Anderson
being a (1) Graduate of the University of Edinburgh
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) the Dumfries & Galloway Royal Lunatic Asylum in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Agnes Ferguson Labourer, Crocketford a Pauper and that the said Agnes Ferguson is a (5) Person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) She is much depressed & states that she is sometimes melancholy herself

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Mrs Campbell with whom she resides informs me, that she wanders about night & day.

Name and Medical Designation, Thomas Anderson M.B.

Place of Abode, Dr Crichton Royal Institution

DATED this 13th day of July One thousand eight hundred and Seventy three years.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Alexander McDonald
being a (1) Licentiate of the Royal Colleges of Physicians & Surgeons Edinburgh
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Crocketford in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) Agnes Ferguson, Labourer a pauper and that the said Agnes Ferguson is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Sleeplessness: She wanders about the house night & day

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Mrs Campbell states that she labours under many delusions.

Name and Medical Designation, Alex: McDonald LRCP

Place of Abode, Kirkpatrick-Durham

DATED this 12th day of July One thousand eight hundred and Seventy three years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, Thomas Anderson being (1) Graduate of the University of Edinburgh hereby certify, on soul and conscience, that I have this day, at (2) the Southern Counties Asylum in the County of Dumfries, seen and personally examined Agnes 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.

Thomas Anderson M.D.

DATED this 15th day of July One thousand eight hundred and seventy three years.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, 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 Bell, Inspector of Poor Kirkpatrick Durham, Certificates under the hands of Thomas Anderson and Alexander M'Donald, , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Ferguson Cot Dom Labourer Kirkpatrick [illegible] and that the said Agnes 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 Agnes Ferguson 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 Ferguson — which accompanied the said Petition.

DATED this Seventeenth day of July — One thousand eight hundred and seventy three.

L Maitland

To the Superintendent of the (7) Public Asylum of Southern Counties Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

N.B.—This

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Dated

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If any of th

1. Christian Name and Surname
length, . . .
2. Sex and Age, . .
3. Married, Single, or Widowed,
4. Condition of Life, and previo
(if any), . . .
5. Religious Persuasion, so far as
6. Previous Place of Abode, .
7. Place where Found and Examin
8. Length of time Insane, .
9. Whether first attack, .
10. Age (if known) on first Attack,
11. When and where previously und
tion and Treatment, .
12. Duration of existing Attack,
13. Supposed Cause, .
14. Whether subject to Epilepsy,
15. Whether Suicidal, . .
16. Whether Dangerous to others,
17. Parish or Union to which the
Pauper) is Chargeable, .
18. Date of becoming Chargeable,
19. Christian Name and Surname,
Abode of nearest known Re
Patient, and degree of Re
known), and whether any M
Family known to be or to h
same, . . .
20. Special circumstances (if any) p
insertion of any of the above

I certify, that, to the best of

Dated this Twenty
three y

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789.
Agnes Ferguson
15th July 1873

N.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) Wigtown and Kirkcudbright *and his Substitutes,—*

The Petition of John Hunter

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Helen Coates is at present in a state of Mental Derangement, and 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 Coates to the Southern Counties Asylum Dumfries. and to sanction her admission into the said Asylum.

(SIGNATURE) John Hunter

(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 July 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,	Helen Coates
2. Sex and Age,	Female 39½ 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,	Blackburn
7. Place where Found and Examined,	with her Parents John Coates
8. Length of time Insane,	16 July 1873
9. Whether first attack,	39 years
10. Age (if known) on first Attack,	Blackburn.
11. When and where previously under Examination and Treatment,	Religious Mania
12. Duration of existing Attack,	
13. Supposed Cause,	
14. Whether subject to Epilepsy,	yes.—
15. Whether Suicidal,	no.—
16. Whether Dangerous to others,	Gilton.—
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	21st July 1873
18. Date of becoming Chargeable,	John Coates her father Ann Sword or Coates her Mother Stake that none of the family were ever 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 his Family known to be or to have been Insane,	
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(SIGNATURE)* *Name,* John Hunter Inspector

DATED this Twenty first day of July One thousand eight hundred and seventy three years.

* To be signed by the Party applying.

P. P.

MEDICAL CERTIFICATE, No. I.

I, the undersigned, James Moffat MB., C.M.
being a (1) Graduate of the University of Glasgow
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Back St. Gatehouse - Parish of Girthon in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) Helen Coates, residing with Parents at Back St - Gatehouse and that the said Helen Coates is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) She is very silent and seemingly much depressed in spirits. Would enter into no conversation with me, but answered any questions I put quite rationally. Has no external grievance but says it is within herself. When at Church one day during last Fast was directed to her - attempted suicide last winter by cutting her throat -

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her parents inform me that she is very restless, sleeps little - wants to leave the house only to wander in the fields - has to be locked in by herself a week ago she left her house during the night unobserved and found next day wandering on seashore at Rockcliffe - thinks her parents will come to grief and she would be able to help them. Is not violent and is desirous to go to the asylum because of her parents.

(SIGNED) Name and Medical Designation, James Moffat MB., C.M.

Place of Abode, Laurel Bank - Gatehouse

DATED this 21st day of July One thousand eight hundred and Seventy third.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or 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 Nichol Esq. Licentiate of the Royal College of Surgeons &
being a (1) Licentiate of the Royal College of Surgeons & General Practitioner
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Back Street Gatehouse of Fleet in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) Helen Coates residing at Back Street, Gatehouse of Fleet and that the said Helen Coates is a (5) person of Unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) She is very quiet & inclined to enter into conversation - Says she is much depressed in spirits on account of Sin - Believes it will soon be over as she is dying. Left her home in the middle of the night & was found wandering on the sea shore by

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her friends says that She attempted to commit Suicide last winter by cutting her throat 2 nearly succeeded. I found the mark on the throat. Must have been a very determined effort to the requires constant watching. Very restless - Sleeps almost

(SIGNED) Name and Medical Designation, James Nichol Esq., Surgeon

Place of Abode, Gatehouse of Fleet

DATED this Twenty first day of July One thousand eight hundred and Seventy third.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information, and from whom derived.*

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period of twenty-four hours without the Order of the Sheriff, and shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a Second Medical Certificate and the Order of the Sheriff.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that
is a (1) hereby further certify that the Case
of the said is One of Emergency, and I recommend the immediate removal of the said
to an Asylum accordingly.

Name, _____

Place of Abode, _____

DATED this day of One thousand eight hundred and

(1) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Blair (1) Sheriff Substitute
of the (2) Stewartry of Kirkcudbright — John Hunter
having had produced to me, with a Petition at the instance of (3) Inspector of the Poor of the Parish of Girthon, Stewartry of Kirkcudbright
Certificates under the hands of James Moffat
and James Nichol Cox —, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Helen Coates Pauper in Gatehouse — and that the said Helen Coates — is a (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 Coates — as a Patient into the (6) Southern Counties Asylum of Dumfries — and I authorize you for Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Helen Coates which accompanied the said Petition.

(SIGNATURE) David Blair

DATED this Twenty second day of July One thousand eight hundred and Seventy three years

To the Superintendent of the (7)
Southern Counties 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, or Private.
(7) Public, District, or Private.

N.B.—This Fo
Superintendent of
Sheriff is obtained.

PETITION
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† Sheriff or Steward.
‡ Clerk or Secretary. Unto the Honou
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Medical Certific
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Asylum for the
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into the said As

§ The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates. Dated this
eight hundred a

If any of the

1. Christian Name and Surname of
length, . . .
2. Sex and Age, . .
3. Married, Single, or Widowed,
4. Condition of Life, and previous
(if any), . .
5. Religious Persuasion, so far as kn
6. Previous Place of Abode, .
7. Place where Found and Examined
8. Length of time Insane, .
9. Whether first attack, .
10. Age (if known) on first Attack,
11. When and where previously under
tion and Treatment, .
12. Duration of existing Attack,
13. Supposed Cause, . .
14. Whether subject to Epilepsy,
15. Whether Suicidal, . .
16. Whether Dangerous to others,
17. Parish or Union to which the La
Pauper) is Chargeable, .
18. Christian Name and Surname, and
Abode of nearest known Relati
Patient, and degree of Relati
known), and whether any Mem
Family known to be or to hav
same, . . .
19. Special circumstances (if any) pres
insertion of any of the above pa

I certify, that, to the best of m

Dated this 23rd
Three

1/790
Helen Coates
23rd July
1873

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

20 & 21 *Vict. Cap.* 71, *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) County *of* Dumfries *and his Substitutes,—*

The Petition of Alexander McWilliam, Insp'r of Poor, Carlaverock

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Clementina Mabel or Flynn is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Clementina Mabel or Flynn to the Southern Counties Asylum and to sanction her admission into the said Asylum.

(SIGNED) Alex'r McWilliam

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 23rd (3) day of July One thousand eight hundred and Seventy Three

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STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Clementina Mabel or Flynn
2. Sex and Age,	Female
3. Married, Single, or Widowed,	Married 44 (Forty four)
4. Condition of Life, and previous Occupation (if any),	Domestic Servant
5. Religious Persuasion, so far as known,	Roman
6. Previous Place of Abode,	Lochar Moss, Torthorwald
7. Place where Found and Examined,	Byreburn Carlaverock
8. Length of time Insane,	about 4 days
9. Whether first attack,	Yes
10. Age (if known) on first Attack,	—
11. When and where previously under Examination and Treatment,	—
12. Duration of existing Attack,	about 4 days
13. Supposed Cause,	
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	
16. Whether Dangerous to others,	
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of her Family known to be or to have been Insane,	Patrick Flynn, husband. Lucy Mabel, mother, Bankend, Carlaverock None of family known to have been Insane
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(SIGNED)* Name, Alex'r McWilliam

DATED this 23rd day of July One thousand eight hundred and Seventy Three

* To be signed by the Party applying.

P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, William Scott
being a (1) Graduate of the University of Edinburgh
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Green Hill Cottage Dumfries in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) Clementina Mabet or Flynn a Pauper and that
the said Clementina Mabet or Flynn is a (5) Lunatic
and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) She is in a state of Maniacal excitement - Breaking dishes violently in the House and raging Constant watching and Control.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Her Husband and Mrs Mainhead her next neighbour are all afraid of her upon them - She is praying and singing alternately

(SIGNED) *Name and Medical Designation,* William Scott M.D. &c

Place of Abode, Dumfries

DATED this 23rd day of July One thousand eight hundred and Seventy three.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, William Smith Kerr
being a (1) Graduate of the [illegible] University &c
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Greenhill Cottage Dumfries in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) Clementina Mabet or Flynn a pauper and that
the said Clementina Mabet or Flynn is a (5) Lunatic
and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) She is in a greatly state of excitement - Jumpy maniacal - She is in a dangerous state - Breaking things - Speaking of the life of her own - swearing also praying

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Her husband and neighbours are quite afraid of her say she has been getting worse and worse. -

(SIGNED) *Name and Medical Designation,* William S. Kerr M.D.

Place of Abode, Dumfries

DATED this 23rd day of July One thousand eight hundred and Seventy three 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 Clementina Watret or Flynn is a (1) Lunatic, hereby further certify that the Case of the said Clementina Watret or Flynn is One of Emergency, and I recommend the immediate removal of the said Clementina Watret or Flynn to an Asylum accordingly.

Name, William Scott M.D.

Place of Abode, Dumfries

DATED this 23rd day of July One thousand eight hundred and seventy three

(1) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Alexander McWilliam, Inspector of Poor Carluncock, Certificates under the hands of Williams Scott, and William Smith Rees, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Clementina Watret or Flynn Greenmill Sanquhar (a pauper) and that the said Clementina Watret or Flynn is a (5) Lunatic,

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Clementina Watret or Flynn 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 Clementina Watret or Flynn which accompanied the said Petition.

CUCK. (Signed) David Boyle Hope

DATED this Thirtieth day of July One thousand eight hundred and seventy three

To the Superintendent of the (7) Public Asylum of Southern Counties Dumfries.

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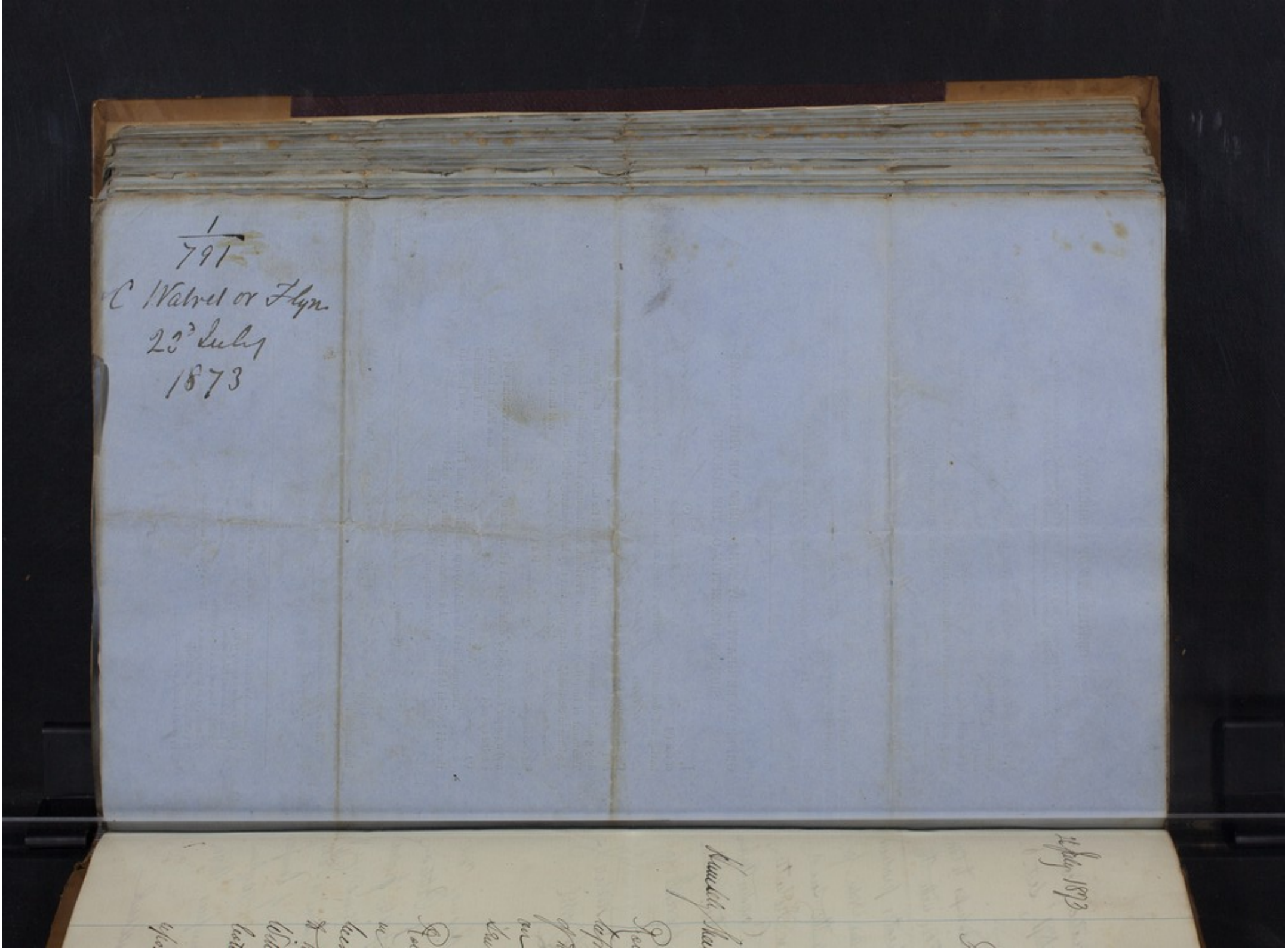
(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, or Private.
(7) Public, District, or Private.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23d July
1873

26 July 1873

Unto the Honorable the
Sheriff of Dumfries Shire and
his Substitute

The Petition of Thomas Corrie,
Clerk to and as representing
the Prison Board of the County
of Dumfries, Administrators of
the Prison of Dumfries under
the Prisons (Scotland) Adminis-
tration Act 1860.

Humbly Sheweth,

That James Wilson or
Robertson a Labourer, was Convicted
before the Sheriff Court at Dumfries
of the Crime of Theft by Housebreaking,
on 16th July 1873, and Incurred
Sentence of Three months Imprisonment.

That the said James Wilson or
Robertson while undergoing his Sentence
in the said Prison of Dumfries has
become Insane, Conform to Certificate
of Medical Report under the hands of Drs
William Scott and William Smith Mor-
leston in Dumfries, herewith produced.

That your Petitioner founds
upon and refers to "The Criminal

"and Dangerous Lunatics (Scotland
"Amendment Act 1871", sect. 6.
and

Prays your Lordships to consider this Petition with the Medical Certificates produced and to grant an Order for the removal of the said James Wilson or Robertson to the Southern Counties Asylum at Dumfries, or other Asylum for Lunatics as provided for by said Act.

According to Justice &c.

A. R. Carrick

Dumfries 26 July 1873. Having considered the foregoing Petition with Medical Certificate produced Grants Warrant for removing the said James Wilson or Robertson from the Prison of Dumfries to the Southern Counties Asylum for Lunatics at Dumfries therein to be

J. Maitland

to be detained until expiry of the
period of imprisonment to which
he is sentenced, as stated in the
Petition, Certificate, Warrant & Extract
S.7. of the Statute founded on,
in the event of his recovery, or
otherwise if necessary to order
him to be reconveyed from said
Asylum to the Prison of Dumfries
&c &c.

W Maitland

v Petition 1/792

for

Removal of James Wilson

or Robertson from Person

of Dumfries & Lunatic

Asylum

26 July 1873

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) Shire of Dumfries and his Substitutes,—

The Petition of Robert Bell Sheriff Substitute, Dalbeattie

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Miss Grace Hamilton Bell 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 Grace Hamilton Bell to the Royal Crichton Asylum Dumfries and to sanction her admission into the the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

Robert Bell

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 1st (4) day of August One thousand eight hundred and Seventy three years.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Grace Hamilton Bell
2. Sex and Age,	Female - 55 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	A Lady
5. Religious Persuasion, so far as known,	Presbyterian
6. Previous Place of Abode,	4 Queen Street Perth - Born Stranraer and St Ninians Cottage - Dumfries South Wales
7. Place where Found and Examined,	Some weeks at Leith
8. Length of time Insane,	Nine weeks at least
9. Whether first Attack,	Yes
10. Age (if known) on first Attack,	About 30 - 35
11. When and where previously under Examination and Treatment,	Crichton Institution Dumfries Some weeks
12. Duration of existing Attack,	Some weeks
13. Supposed Cause,	Nothing Special
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Not thought so
16. Whether Dangerous to others,	No as regards others, more careless
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 Bell, Sheriff Substitute at 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 1st day of August One thousand eight hundred and 73

(*To be signed by Party applying*) Robert Bell

P. P

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, 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 Tollin
being a (1) Graduate of Medicine of Edinburgh Univ
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) 4 Romano
Newington Place, Edinr
in the County of
Midlothian
separately from any other Medical Practitioner visited and personally examined (4) Grace Hamilton Bell
and that the said Grace Hamilton 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.:—

1. Facts indicating Insanity observed by myself: (6)

Her manner is very excited. She talks with great volubility but is very discursive in her narration of facts. She tells me she has made a formal offer of most of her income to have various forms introduced into the Edinburgh Institution, Hamilton &c as she alleges the patients are dying of starvation &c. — Mrs Ley she says she is about to get married, and offers to pay her husband h

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

~~2. Other facts (if any) indicating Insanity communicated to me by others: (7)~~

Name and Medical Designation, W. Tollin M.D.

Place of Abode, 1 Dunkeld Bank, Edinr

DATED this 31st day of July One thousand eigh
hundred and Seventy three

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, *or* an insane person, *or* an Idiot, *or* a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Dr Robert Omond
being a (1) Fellow 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) 4 Romano's
Newington Place, Edinburgh
and Lothian
in the County of
separately from any other Medical Practitioner visited and personally examined (4) Miss Grace Hamilton Bell
and that the said Miss G. H. Bell is a (5) Lunacy of
unsound mind, and a proper person to be detained 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 committed herself by talking incoherently —
She abused violently her brothers, and other relatives and
She read to me a letter written this day by herself, abounding
in mental delusions regarding property —

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Having formerly given a Certificate regarding Miss G.
I can state, that her insane Delusions are now as
strong as before when she was placed under restraint.

Name and Medical Designation, Robert Omond, M.D.

Place of Abode, 43 Charlotte Square, Edinbr

DATED this Thirty first day of ~~August~~ July One thousand eight
hundred and Seventy three years —

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, William Goldie
being (1) a Graduate in Medicine of the Edinburgh University
hereby certify, on soul and conscience, that I have this day, at (2) St Romans Kenilworth, Edinr
in the County of Midlothian, seen and personally examined
Grace Hamilton 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.

W Goldie M.D.

DATED this 31st day of July One thousand eight hundred and Seventy three

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (3) Sheriff Substitute
of the (3) County of Dumfries
having had produced to me, with a Petition at the instance of (4) Robert Bell
Sheriff Substitute Falkirk
Certificates under the hands of William Goldie
and Robert Omond ; being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and 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)
Grace Hamilton Bell St Romans Nelly Kenilworth Edinburgh Bell and that the said
Grace Hamilton Bell 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 Grace Hamilton Bell 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 Grace Hamilton Bell which accompanied the said Petition.

DATED this second day of August One thousand eight hundred and Seventy three years

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of Crichton Royal Institution
Dumfries

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1294

Grace Hamilton Bell

v 1st August

1873

11

for John Bryan

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(*) Sheriff or Steward.
(†) Shire or Stewartry.

Unto the Honourable the (*) Sheriff of the (†) County of Dumfries and his Substitutes,—

The Petition of ~~Richard~~ John Dunedie, Blacksmith, Carruthstown, Dalton

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that William Dunedie your Petitioner's (*) Brother is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said William Dunedie to the Dumfries Crichton Institution and to sanction his admission into the the said Asylum.

(*) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

John Dunedie

DATED this Eighth (*) day of August One thousand eight hundred and Seventy three.

(*) 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 Dunedie
2. Sex and Age,	Male 26 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Living in the family – Formerly – Blacksmith
5. Religious Persuasion, so far as known,	Attend Established Church of Scotland
6. Previous Place of Abode,	Carruthstown, parish of Dalton
7. Place where Found and Examined,	
8. Length of time Insane,	In a weak State of mind for some time
9. Whether first Attack,	yes
10. Age (if known) on first Attack,	26 years
11. When and where previously under Examination and Treatment,	none
12. Duration of existing Attack,	about a week
13. Supposed Cause,	Slight
14. Whether subject to Epilepsy,	subject to fits of some kind
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 his Family known to be or to have been Insane,	Richard Dunedie, Carruthstown, Dalton, Father Cousin at present in Asylum.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	—

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Eighth day of August One thousand eight hundred and Seventy three

(*To be signed by Party applying*) John Dunedie

P. p

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 of the University of Edin
being a (1) Graduate of the University of Edin
Physician
and being in actual practice as a (2)
hereby certify, on soul and conscience, that I have this day, at (3) Southern
Counties Asylum Dumfries in the County of
Dumfries separately from any other Medical Practitioner
visited and personally examined (4) William Smedie
Coachbuilder
and that
the said William Smedie is a (5) Person of
unsound mind and a proper person to be detained
under Care and Treatment, 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
understand the simplest Questions
put to him, gives incorrect an
irrational answers.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
The Sheriff tells me that he is dan
and at times violent

Name and Medical Designation, P. M. Murray M
Place of Abode, Beechwood St Dumfries

DATED this 4th day of August One thousand eight
hundred and 73

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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) 27 Castle
Street Dumfries in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) William Smedie
Blacksmith - Carpenter Journ - Dalton and that
the said William Smedie is a (5) person
of unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Talks
incoherently and his manner
is wild & excited -

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Told by his father that he has been
violent - Unmanageable for a day or two
and continued talking about all kinds of things
in an incoherent manner -

Name and Medical Designation, Alex Thomson M.
Place of Abode, 27 Castle St Dumfries

DATED this Fourth day of August One thousand eight
hundred and Seventy three years -

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, Alexander Thomson being (1) a Doctor of Medicine & 24 Leamington Ter. hereby certify, on soul and conscience, that I have this day, at (2) in the County of Dumfries, seen and personally examined William Tweedie, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Alex Thomson

DATED this Fourth day of August One thousand eight hundred and Seventy three

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

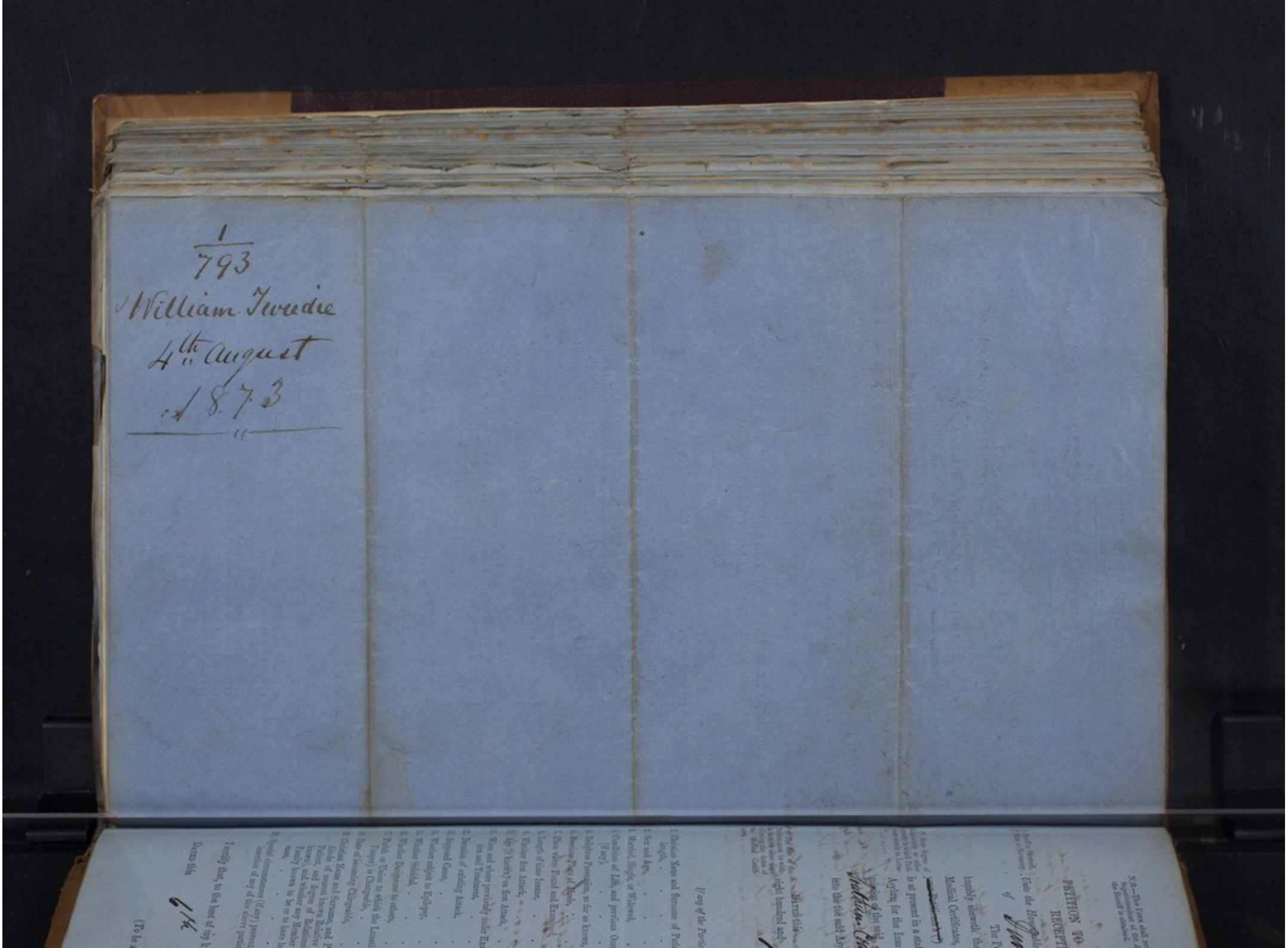
I, David Boyle Hope — (1) Sheriff Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) John Tweedie Blacksmith, Carruthertown Dalton, Certificates under the hands of Patrick M. Murray, and Alexander Thomson, ——, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) William Tweedie Carruthertown, Dalton, Petitioners Brother and that the said William Tweedie, — is a (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 Tweedie 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 Tweedie, which accompanied the said Petition.

DATED this Sixth day of August One thousand eight hundred and seventy three

David Boyle Hope

To the Superintendent of the (7) Public Asylum of Crichton Institution Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.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793
William Turedie
4th August
1873

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 Rowland Reid Inspector of Poor Lanarkshire

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Andrew Hogg residing at Woodhouselee in the Parish of Canonbie

(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 Andrew Hogg to the Southern Counties Asylum and to sanction his admission into the the said Asylum.

Rowland Reid

(4) The date of the Petition must be within four or five days following the dates of the Medical Certificates.

Dated this 6th (4) day of August One thousand eight hundred and 73

STATEMENT.

If any 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 Hogg
2. Sex and Age,	Male 38 years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Farm Servant
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Woodhouselee
7. Place where Found and Examined,	Do
8. Length of time Insane,	More or less for twelve Months
9. Whether first Attack,	First
10. Age (if known) on first Attack,	38 years
11. When and where previously under Examination and Treatment,	none under treatment
12. Duration of existing Attack,	twelve Months
13. Supposed Cause,	unknown
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	has threatened violence to his wife
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Canonbie
18. Date of becoming Chargeable,	4th August 1873
19. Christian Name and Surname, and Place of Abode of nearest known 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 Hogg Woodhouselee Wife
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	none

I certify that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 6th day of August One thousand eight hundred and 73

(*To be signed by Party applying*) Rowland Reid

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or *otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, James Rae Anderson

being a (1) Doctor of Medicine & 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) Woodhouselee Cottage in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Andrew Hogg. Pauper Woodhouselee Cottage and the said Andrew Hogg 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) Loss of memory for periods how long he has been confined &c. Says the bones of his arms are broken. that he has horses fast and at times fancies he is a horse. Although he is talking incoherently his legs improve he is fit for any thing. & first then is compelled to

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Mrs Hogg. States similar facts & those above by myself and that he sometimes has threatened violence when crossed & ill-treatment and threatens violence when he has to remove the children from his presence.

Name and Medical Designation, J. R. C. Anderson

Place of Abode, Eskbank Lasswade

DATED this fourth day of August One thousand eight hundred and Seventy three

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MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or *otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, William Johnston Gourlay

being a (1) Doctor of Medicine & Surgeon (Edin

and being in actual practice as a (2) Surgeon

hereby certify, on soul and conscience, that I have this day, at (3) Woodhouselee Cottage, in the Parish of Lasswade in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Andrew Hogg, Pauper Woodhouselee cottage and the said Andrew Hogg is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) His Intellect seems much impaired and often quite confused. — Talks often incoherently & delusively. He is occasionally violent & restless — and has threatened violence to his wife —

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) His wife told me that he is often very violent & restless and more trouble once has threatened her violence

Name and Medical Designation, W. J. Gourlay M.D. Edin

Place of Abode, Lasswade

DATED this 5 day of August One thousand eight hundred and 73.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute
of the (2) County of Dumfries,
having had produced to me, with a Petition at the instance of (3) Rowland Reid, Inspector of Poor, Lanarkshire,
Certificates under the hands of James Rae Anderson
and William Johnstone Carlyle, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Andrew Hogg, Woodhouselee, Lanarkshire, (a Pauper) and that the said Andrew Hogg, is a (5) insane person and a person of unsound mind,
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Andrew Hogg, 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 Hogg which accompanied the said Petition.

DATED this Sixth day of August One thousand eight hundred and seventy three.

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

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25

APPLICATION TO TH
TRANSFER OF A P

I, the undersigned
being desirous to transfer
at present a Patient in the
Pauper Lunatic
Southern Co
the Board to such transfer;
William
respect to his mental

DATED at Thule
One thousand eight hundred

1. Christian Name and Surna
length, . .
2. Sex and Age, .
3. Married, Single, or Widow
4. Condition of Life, and Pre
(if any), .
5. Religious Persuasion, so far
6. Date of Admission into Asy
7. Length of time Insane, .
8. Whether first Attack, .
9. Age (if known) on first Att
10. Duration of existing Attack,
11. Supposed Cause, .
12. Whether subject to Epilepsy
13. Whether Suicidal, .
14. Whether Dangerous to other
15. Parish to which the Lunatic
Chargeable, . . .
16. Christian Name and Surna
of Abode of nearest kn
the Patient, and degree
(if known), and whether
Family known to be
Insane, . .

I certify that, to the best

(To be signed by the A

DATED this 9th
hundred and Seventy

N.B.—The foregoing pa
whose care the Patient is to b

1/794
v Andrew Hoods
6th August
1873

715

[FORM B²]

25 and 26 Vict. Cap. 54, Sect. 16.

APPLICATION TO THE GENERAL BOARD OF LUNACY TO GRANT TRANSFER OF A PATIENT FROM ONE ASYLUM TO ANOTHER.

I, the undersigned being desirous to transfer William Carruthers at present a Patient in the Ayr District Asylum, and (¹) Pauper Lunatic of the Parish of Truwald from the said Asylum to the Southern Counties Asylum Dumfries hereby request the authority of the Board to such transfer; and I subjoin a Statement of Particulars regarding the said William Carruthers 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.

William Lowan
Insp of Poor Truwald

Dated at Shieldhill this 7th day of July One thousand eight hundred and seventy three years

(²) State degree of Relationship, or other capacity in which Applicant stands to Patient.

STATEMENT.

1. Christian Name and Surname of Patient at length,	William Carruthers
2. Sex and Age,	M. 26½ Years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and Previous Occupation (if any),	Pauper Labourer
5. Religious Persuasion, so far as known,	Protestant
6. Date of Admission into Asylum,	26th June 1873
7. Length of time Insane,	unknown
8. Whether first Attack,	Second
9. Age (if known) on first Attack,	25 Years
10. Duration of existing Attack,	about a Month
11. Supposed Cause,	unknown
12. Whether subject to Epilepsy,	no
13. Whether Suicidal,	no
14. Whether Dangerous to others,	no
15. Parish to which the Lunatic (if a Pauper) is Chargeable,	Truwald
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*) William Lowan

Dated this 7th day of July One thousand eight hundred and seventy three years

N.B.—The foregoing particulars are required for the information of the authorities to whose care the Patient is to be transferred.

MEDICAL CERTIFICATE.

I, the undersigned Charles A Skaes
being (1) Fellow M.D.s L.R.C.S.E
hereby certify that I have this day at (2) Ayr District Asylum
personally examined William Carruthers at present a
Patient in said Asylum, and with respect to his Mental State that
William Carruthers is Demented & incoherent at times in his speech

; and with respect to his
Bodily Health and Condition that they are good

and I further certify that, in my opinion, there is nothing in the Mental or Bodily Condition of the Patient to contraindicate removal to the Asylum of the Southern Counties Dumfriesshire

Chas A Skaes

DATED this 10th day of July One thousand eight hundred and 73

(1) State Medical Qualifications.
(2) Name Asylum.

SANCTION BY THE BOARD OF LUNACY.

(Under this Sanction a Patient may be Transferred without an Order of the Sheriff.)

Application having been made to the Board by (1) the Inspector of Poor Townwards
to authorize the transfer of William Carruthers
from Ayr District 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 Carruthers as requested.

James Coxe Commissioner.

DATED at Edinburgh, this 11th day of July One thousand eight hundred and seventy three.

Date of Sheriff's Order 27th June 1873.

(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.

1
788
William Carruthers
15 July
1873

William Carruthers
15 July 1873

[Form B²]

25 & 26 *Vict., Cap.* 54, *Sect.* 16.

APPLICATION TO THE GENERAL BOARD OF LUNACY TO GRANT TRANSFER OF A PATIENT FROM ONE ASYLUM TO ANOTHER.

I, the undersigned Alexander Ferguson Insp. of Poor Dryfesdale as being desirous to transfer Peter Docherty at present a Patient in the Greenock Parochial Asylum and (¹) a Pauper Lunatic of the Parish of which I am Inspector from the said Asylum to the Southern Counties Asylum, Dumfries hereby request the authority of the Board to such transfer; and I subjoin a Statement of Particulars regarding the said Peter Docherty 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.

Alex Ferguson, Insp. of Poor
Parish of Dryfesdale

(²) State degree of Relationship, or other capacity in which Applicant stands to Patient.

Dated at (²) Lockerbie this 28th day of July 1875.

One thousand eight hundred and

STATEMENT.

1. Christian Name and Surname of Patient at length,	Peter Docherty
2. Sex and Age,	Male – 22 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Carpenter
5. Religious Persuasion, so far as known,	Protestant
6. Date of Admission into Asylum,	28th December, 1872
7. Length of time Insane,	about seven months
8. Whether first Attack,	Second attack
9. Age (if known) on first Attack,	21 years
10. Duration of existing Attack,	about seven months
11. Supposed Cause,	Not Known
12. Whether subject to Epilepsy,	No
13. Whether Suicidal,	No
14. Whether Dangerous to others,	Yes
15. Parish to which the Lunatic (if a Pauper) is Chargeable,	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,	Janet Orrock Docherty, his mother, residing at 22, Trafalgar St. Greenock from

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(*To be signed by the Applicant*) Alex Ferguson Insp of Dryfesdale

Dated this twenty eighth day of July One thousand eight hundred and seventy three years

N.B.—The foregoing particulars are required for the information of the authorities to whose care the Patient is to be transferred.

MEDICAL CERTIFICATE.

(1) State Medical Qualification.

(2) Name Asylum.

I, the undersigned, James Wallace being (1) a Lund. in Med. of the Univ. of Edr hereby certify that I have this day at (2) Kirkpatrick Parochial Asy personally examined Peter Docherty at present a Patient in said Asylum, and with respect to his Mental State that he is affected with Delusional Insanity;

; and with respect to his Bodily Health and Condition that he is well —

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~~ Southern Counties Asylum — James Wallace, MD

Dated this 24th day of July One thousand eight hundred and 73.

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) Inspector of Poor Dryfesdale to authorize the transfer of Peter Docherty from Greenock 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 Peter Docherty as requested.

[illegible] Commissioner.

Dated at Edinburgh, this 29th day of July One thousand eight hundred and seventy three.

Date of Sheriff's Order — 30 Dec 1872.

795
Peter Docherty
9th August
1873

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(*) Sheriff or Steward.
(*) Shire or Stewartry.

Unto the Honourable the (*) Sheriff of the (*) Shire of Dumfries, *and his Substitutes,*—

The Petition of John Laurie, Inspector of Poor, Lyncrow humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Jane Kirk your ~~Petitioner's~~ (*) a pauper chargeable to Lyncrow is at present in a state of Mental Derangement, and 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 Kirk to the Southern Counties Asylum and to sanction her admission into the the said Asylum.

(*) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

John Laurie

(*) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Eighth (*) day of August One thousand eight hundred and Seventy three year

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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 Kirk
2. Sex and Age,	F. 82 years
3. Married, Single, or Widowed,	Widow
4. Condition of Life, and previous Occupation (if any),	Pauper
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Penpont
7. Place where Found and Examined,	Upper Nithsdale Combination Poorhouse
8. Length of time Insane,	Not known
9. Whether first Attack,	First
10. Age (if known) on first Attack,	82
11. When and where previously under Examination and Treatment,	—
12. Duration of existing Attack,	Unknown
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,	Lyncrow
18. Date of becoming Chargeable,	As a pauper, 1st January 1873
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of her Family known to be or to have been Insane,	Jane Armstrong or Kirk, widow, daughter, residing at Penpont. — 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 Eighth day of August One thousand eight hundred and Seventy three

(*To be signed by Party applying*) John Laurie

P. P

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Robert Shaw being a (1) Bachelor of Medicine & Master in Surgery of the University of Edinburgh. and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Upper Nithsdale Combination Poorhouse in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Jane Kirk and that the said Jane 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.:—

1. Facts indicating Insanity observed by myself: (6) She has delusions requires to be kept under constant supervision either locked into a room, or a person with her has tried threatened & used violence. She is dangerous to herself & the other inmates—

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

The Governor states that she has frequently seized the party in charge of her by the throat, has used threats several times when violent & that she would run away the first opportunity if not constantly watched—

Name and Medical Designation, Robert Shaw M.B. C.M.

Place of Abode, Thornhill

DATED this Seventh day of August One thousand eight hundred and Seventy three

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MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Thomas Logan being a (1) Doctor of Medicine & Licentiate of the Faculty of Physicians Surgeons 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) Upper Nithsdale Combination Poorhouse in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Jane Kirk and that the said Jane 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.:—

1. Facts indicating Insanity observed by myself: (6) Fails to answer questions intelligently, evinces great failure of memory, and fancies she has made so many [illegible] which he has not made and cannot make

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Has attempted to injure her associates and makes herself very disagreeable to those having charge of her

Name and Medical Designation, Thomas Logan M.D.

Place of Abode, Parkhead, Dumfriesshire

DATED this seventh day of August One thousand eight hundred and seventy three years

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, James Gordon (1) Sheriff Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) John Laurie, Inspector of Poor, Tynron, Certificates under the hands of Robert Shaw and Thomas Logan, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Kirk, Upper Nithsdale Combination Poorhouse, Sanquhar, and that the said Jane Kirk, is a (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 Kirk, as a Patient into the (6) Public Asylum of Southern Counties and I authorize for Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Jane Kirk, which accompanied the said Petition.

DATED this Sixth day of August One thousand eight hundred and seventy three.

James Gordon

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

N.B.—This Form shall
Superintendent of the
the Sheriff is obtained

PETITION TO
RECEPT

Sheriff or Steward.
Shire or Stewartry.

Unto the Honourable
of Ayr

The

humbly sheweth th
Medical Certificates

State degree of
Relationship, or other
capacity in which Peti-
tioner stands to Lunat-

your Petitioner's (*)
is at present in a st
Asylum for the Ins
mission of the said
Crichton
into the the said As

* The date of the
Petition must be with-
in fourteen clear days
following the dates of
the Medical Certifi-
cates.

DATED this
eight hundred and

If any of the Partic

1. Christian Name and Surname of Pati
length, ...
2. Sex and Age, . . .
3. Married, Single, or Widowed, .
4. Condition of Life, and previous Occ
(if any), . . .
5. Religious Persuasion, so far as known,
6. Previous Place of Abode, . .
7. Place where Found and Examined,
8. Length of time Insane, . .
9. Whether first Attack, . .
10. Age (if known) on first Attack, .
11. When and where previously under Exa
tion and Treatment, . .
12. Duration of existing Attack, .
13. Supposed Cause, . . .
14. Whether subject to Epilepsy, .
15. Whether Suicidal, . . .
16. Whether Dangerous to others, .
17. Parish or Union to which the Lunatic
Pauper) is Chargeable, . .
18. Date of becoming Chargeable, .
19. Christian Name and Surname, and Pl
Abode of nearest known Relative
Patient, and degree of Relationsh
known), and whether any Member
Family known to be or to have be
sane, ...
20. Special circumstances (if any) prevent
mention of any of the above partic

I certify, that, to the best of my k

DATED this Ninth

(To be s

1/796
Jane Kirk
11th August
1873
1

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 Alexander Fullerton residing at Crosflat Paisley humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mr Kennedy Crawford, your Petitioner's (3) Second 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 Kennedy Crawford to the Crichton Institution Dumfries and to sanction his admission into the the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

Alexander Fullerton

DATED this Ninth (4) day of August One thousand eight hundred and Seventy three years

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Kennedy Crawford
2. Sex and Age,	Male - about 66 - his wife thinks
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Banker
5. Religious Persuasion, so far as known,	Free Church of Scotland
6. Previous Place of Abode,	Ayr
7. Place where Found and Examined,	Royal Bank - Ayr
8. Length of time Insane,	Coming on for about 6 weeks
9. Whether first Attack,	Yes
10. Age (if known) on first Attack,	—
11. When and where previously under Examination and Treatment,	Coming on about 6 weeks - decided for two or three days.
12. Duration of existing Attack,	
13. Supposed Cause,	Excitement in business
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Mr Alexr. Fullarton - Crosflat - Paisley Second cousin - His sister & it is believed his mother
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	No -

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Ninth day of August One thousand eight hundred and Seventy three

(*To be signed by Party applying*) Alexander Fullerton

P. p

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, James Clark Wilson being a (1) M.D and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Royal Bank Sandgate St, Ayr Ayr in the County of separately from any other Medical Practitioner visited and personally examined (4) Kennedy Crawford Esq and that the said Kennedy 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) Sleeplessness delusions as to poverty & suspicion. obstinacy. inability to fix his mind on anything.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, James Clark Wilson M.D

Place of Abode, 3 Alloway Place. Ayr.

DATED this ninth day of August One thousand eight hundred and seventy three

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MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, James Ross Watt being a (1) Bachelor of Medicine, Univ. Glasgow and being in actual practice as a (2) Medical Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Royal Bank Sandgate St Ayr Ayr in the County of separately from any other Medical Practitioner, visited and personally examined (4) Kennedy Crawford Banker, Ayr and that the said Kennedy 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) Restless, suspicious and sleepless, patient believes he is in poverty and that his Notes are to be dispensed with.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) His wife finds him obstinate and unmanageable sometimes violent in temper & in constant fear of being apprehended by Authority

Name and Medical Designation, James Ross Watt M.D

Place of Abode, 12 Holland St. Ayr

DATED this 9th day of August One thousand eight hundred and Seventy three years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, James Robison Esquire, (1) Sheriff Substitute of the (2) County of Ayr having had produced to me, with a Petition at the instance of (3) Alexander Fullarton residing at Crossflat Paisley Certificates under the hands of James Clark Wilson M.B. Phys and James Rosewall M.B. Ayr , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Kennedy Crawford, Royal Bank, Ayr. and that the said Kennedy 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 Kennedy Crawford as a Patient into the (6) District Asylum of Ayr 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 Kennedy Crawford which accompanied the said Petition.

DATED this Eleventh day of August One thousand eight hundred and seventy three years.

J. Robison

Entered J.C.

To the Superintendent of the (7) Private (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.

1295
Kennedy Crawford
11th August
1873

N.B.—This Form shall
Superintendent of the
the Sheriff is obtained.

PETITION TO
RECEPT

Unto the Honourable
of Ayr
The P

humbly sheweth th
Medical Certificates,
your Petitioner's (†)
is at present in a stat
Asylum for the Insu
mission of the said
Crichton Inst
into the the said Asy

DATED this
eight hundred and

If any of the Partic

1. Christian Name and Surname of Patie
length, ...
2. Sex and Age, . . .
3. Married, Single, or Widowed, .
4. Condition of Life, and previous Occu
(if any), ...
5. Religious Persuasion, so far as known,
6. Previous Place of Abode, . .
7. Place where Found and Examined,
8. Length of time Insane, . .
9. Whether first Attack, . .
10. Age (if known) on first Attack, .
11. When and where previously under Exa
tion and Treatment, . .
12. Duration of existing Attack, .
13. Supposed Cause, . . .
14. Whether subject to Epilepsy, .
15. Whether Suicidal, . . .
16. Whether Dangerous to others, .
17. Parish or Union to which the Lunatic
Pauper) is Chargeable, . .
18. Date of becoming Chargeable, .
19. Christian Name and Surname, and Pla
Abode of nearest known Relative o
Patient, and degree of Relationsh
known), and whether any Member o
Family known to be or to have bee
sane, ...
20. Special circumstances (if any) preventin
insertion of any of the above particu

I certify, that, to the best of my kn

DATED this eleventh
three

(To be sig

† State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

‡ The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 George Young

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that George Kirkpatrick Young 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 George Kirkpatrick Young to the Crichton Institution, Dumfries and to sanction his admission into the the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

George Young

DATED this eleventh (4) day of August One thousand eight hundred and seventy-three

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	George Kirkpatrick Young
2. Sex and Age,	Male 77
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Land proprietor
5. Religious Persuasion, so far as known,	U.P. Church of Scotland
6. Previous Place of Abode,	Glendoime - & Girvan
7. Place where Found and Examined,	do — do
8. Length of time Insane,	Indefinite
9. Whether first Attack,	No has been insane before
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,	Indefinite
13. Supposed Cause,	
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Has suicidal tendencies (he says)
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	George Young 41 St Vincent Place Glasgow Nephew 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 eleventh day of August One thousand eight hundred and seventy three

(*To be signed by Party applying*) George Young

P. P

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an Idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, James Clark Wilson being a (1) M.D and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Glendoun Givvan Ayr in the County of separately from any other Medical Practitioner visited and personally examined (4) George K. Young Esq and that the said George K. Young 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)
Delusions as to poisoning, assassination & as to his extreme poverty whilst he is not the case

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, James Clark Wilson M.D

Place of Abode, 3 Alloway Place

DATED this Sixth day of August One thousand eight hundred and Seventy-three

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MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Fergus Robertson being a (1) Licentiate of the Faculty of Physicians and Surgeons of Glasgow and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Glendoun Givvan Ayr in the County of separately from any other Medical Practitioner, visited and personally examined (4) George K. Young Esq. and that the said George K. Young is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)
delusions as to poisoning and apprehensions and casuall suspicions of his best friend besides a dread of poverty the reverse being the case

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
The same delusions.

Name and Medical Designation, Fergus Robertson Surgn

Place of Abode, Girvan

DATED this Sixth day of August One thousand eight hundred and Seventy three Years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualifications. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, James Robson Esquire (1) Sheriff Substitute
of the (2) County of Ayr
having had produced to me, with a Petition at the instance of (3) George Young
41 St Vincent Place Glasgow
Certificates under the hands of James Clark Wilson M.B. Ayr
and Peter Robertson, surgeon, Girvan, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 K. Young, Glendoune, Girvan and that the said
George K. Young is a (5) person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said George K. Young as a Patient into the (6) Private Asylum of Crichton Institution Dumfries and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said George K. Young which accompanied the said Petition.

DATED this eleventh day of August One thousand eight hundred and seventy three

J. Robison

Entered

To the Superintendent of the (7) Private (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.

1296

George Kirkpatrick Young
12 August
1873

N.B.—This Form shall
Superintendent of the
the Sheriff is obtained.

PETITION TO
RECEPTIO

Unto the Honourable
of Dumfries

The Pet

humbly sheweth that

Medical Certificates, th

your Petitioner's (1)

is at present in a state

Asylum for the Insane

mission of the said

into the the said Asylu

Dated this 18

eight hundred and

If any of the Particul

1. Christian Name and Surname of Patient
length,
2. Sex and Age,
3. Married, Single, or Widowed,
4. Condition of Life, and previous Occup
(if any),
5. Religious Persuasion, so far as known,
6. Previous Place of Abode,
7. Place where Found and Examined,
8. Length of time Insane,
9. Whether first Attack,
10. Age (if known) on first Attack,
11. When and where previously under Exami
tion and Treatment,
12. Duration of existing Attack,
13. Supposed Cause,
14. Whether subject to Epilepsy,
15. Whether Suicidal,
16. Whether Dangerous to others,
17. Parish or Union to which the Lunatic
Pauper) is Chargeable,
18. Date of becoming Chargeable,
19. Christian Name and Surname, and Place
Abode of nearest known Relative of
Patient, and degree of Relationship
known), and whether any Member of
Family known to be or to have been
same. Not-as far as known

Special circumstances (if any) preventing
insertion of any of the above particulars

I certify, that, to the best of my know

Dated this 16th
County three -

(To be sign

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (1) Shire of Dumfries *and his Substitutes,—*

The Petition of Hugh B. Currie, Inspector of Poor Lochmaben humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that William Rain, Labourer, Highlea your Petitioner's (2) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said William Rain to the Southern Counties Asylum and to sanction his admission into the the said Asylum.

Hugh B Currie

(2) State degree of relationship or other party in which Petitioner stands to Lunatic.

Dated this 16th (3) day of August One thousand eight hundred and Seventy three.

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

Christian Name and Surname of Patient at length,	William Rain
Sex and Age,	Male - 24 years
Married, Single, or Widowed,	Single
Condition of Life, and previous Occupation (if any),	Labourer
Religious Persuasion, so far as known,	Protestant
Previous Place of Abode,	Highlea
Place where Found and Examined,	Highlea
Length of time Insane,	about three years
Whether first Attack,	First outrageous attack
Age (if known) on first Attack,	24 years
When and where previously under Examination and Treatment,	Has been at home
Duration of existing Attack,	About 14 days
Supposed Cause,	Not known
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,	Lochmaben
Date of becoming Chargeable,	10th Nov 1868
Christian Name and Surname, and Place of Abode of nearest known 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 Rain Father Mary Young or Rain Mother
Special circumstances (if any) preventing the 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 August One thousand eight hundred and Seventy three.

(To be signed by Party applying) Hugh B Currie Insp of Poor

P. O.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, John Aitken
being a (1) Licentiate of the Faculty of Physicians &
Glasgow.
and being in actual practice as a (2) Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Hightae
in the County of
Dumfries
separately from any other Medical Practitioner
visited and personally examined (4) William Rain
Hightae, a Pauper
and
the said William Rain 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)
1st Homicidal tendency. Observed by me
2nd He expresses Rain is against him
Refuses to Attend to his Appearance and
himself calls it putting his head
3rd After Committing
2. Other facts (if any) indicating Insanity communicated to me by others: (7)
and states he must do his duty to do so

Name and Medical Designation, John Aitken Surgeon

Place of Abode, Lochmaben

DATED this Fifteenth 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.*

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Thomas Anderson
being a (1) Graduate of the Univers
Edinburgh
and being in actual practice as a (2) Physician & Surg
hereby certify, on soul and conscience, that I have this day, at (3) the Crich
Thomas Asylum in the County
Dumfries separately from any other Medical Practitioner
visited and personally examined (4) William Rain,
Hightae, a Pauper and
the said William Rain 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) His intel
faculties are much impaire
he has delusions that he
are continued to annoy
2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Mr A. Currie Inspector of
informs me that he assau
the patient today

Name and Medical Designation, Thomas Anderson

Place of Abode, Crichton Royal

DATED this 16 day of August One thousand eig
hundred and Seventy three years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, being (1) Licentiate of the Faculty of Physicians & Surgeons Glasgow hereby certify, on soul and conscience, that I have this day, at (2) Hightae in the County of Dumfries, seen and personally examined William Rain, and that the said person is of unsound mind, and 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 Aitken Surgeon

DATED this Fifteenth day of August One thousand eight hundred and Seventy Three

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, James Brown (1) Sheriff Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) Hugh B. Currie, Inspector of Poor, Lochmaben, Certificates under the hands of John Aitken, and Thomas Anderson, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) William Rain Labourer, Hightae, (a Pauper) and that the said William Rain is a (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 Rain as a Patient into the (6) Public Asylum of Southern Counties and I authorize Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said William Rain, which accompanied the said Petition.

DATED this Eighteenth day of August One thousand eight hundred and Seventy three.

James Brown

To the Superintendent of the (7) Public *Asylum of* Southern Counties Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or 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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797

William Wain
16th August
1873

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(*) Sheriff or Steward.
(*) Shire or Stewartry.

Unto the Honourable the (*) Sheriff *of the* (*) Shire of Dumfries *and his Substitutes,*—

The Petition of Andrew Nish. Inspector of Poor. Kirkmahoe humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Maggie McMillan. Burnfoot. your Petitioner's (*) 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 Maggie McMillan to the Southern Counties Asylum Dumfries and to sanction her admission into the the said Asylum.

(*) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

Andrew Nish

(*) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Twenty fifth (*) day of August One thousand eight hundred and Seventy three years.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Maggie McMillan
2. Sex and Age,	Female 20 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,	Burnfoot Bogbie
7. Place where Found and Examined,	Parish of Kirkmahoe (Burgess)
8. Length of time Insane,	—
9. Whether first Attack,	From Birth
10. Age (if known) on first Attack,	—
11. When and where previously under Examination and Treatment,	Never under treatment before.
12. Duration of existing Attack,	—
13. Supposed Cause,	Congenital
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	Sometimes violent
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Parish of Kirkmahoe
18. Date of becoming Chargeable,	21 August 1873
19. Christian Name and Surname, and Place of Abode of nearest known 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 McGeoch or McMillan, Mother. not Known
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None.

I certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Twenty fifth day of August One thousand eight hundred and Seventy

Witness (*To be signed by Party applying*) Andrew Nish Inspector of Poor.

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or an insane person, or an Idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, James G. Dickson
being a (1) Doctor of Medicine. University of Ed
and being in actual practice as a (2) Doctor of Medicine
hereby certify, on soul and conscience, that I have this day, at (3) Room 1st
Bothie, Kirkmabreck in the County of
Kirkcudbright separately from any other Medical Practitioner,
visited and personally examined (4) Maggie McLellan, Bu
Bothie Kirkmabreck, pauper, and that
the said Maggie McLellan is a (5) person of
unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)
Various delusions. Her whole manner
and speech indicate unsoundness of mind
dont now in dread of being led out to exec

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Restless and almost sleepless: always requ
watching. Jumping, crying, singing or ta
incessantly, as influenced by the previous
delusion.

Mother.

Name and Medical Designation, James G. Dickson
Place of Abode, Newton Stewart

DATED this 21st day of August One thousand eight
hundred and seventy three.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) *Lunatic, or an insane person, or an Idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, William Ramsay Mc Nab.
being a (1) Graduate in Medicine of Edinburgh
University.
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Southern Counties
Asylum Dumfries. in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Maggie McLellan. Bumford
Bothie. Kirkmabreck. & pauper and that
the said Maggie Mc. Lellan is a (5) an idiot
and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Her mental powers
are defective. She is unable to count. does not know
her age or the year. At present she is restless and
excited. and has the delusion that she is about to
be executed.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her
Sister informs me that she sleeps little. requires con
watching. is unable to follow any occupation. a
has been discontinued from work

Name and Medical Designation, W. R. Mc Nab M.B. (Ed
Place of Abode, 4 Vernon Parade Clontarf Du

DATED this twenty fifth day of August One thousand eight
hundred and seventy three years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, James Gilchrist being (1) a graduate in Medicine of Edinburgh University hereby certify, on soul and conscience, that I have this day, at (2) the Southern Counties Asylum in the County of Dumfries, seen and personally examined Maggie McMillan, Burnfoot (a pauper), and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

Dumfries

And I further certify that the case of the said person is one of Emergency.

J. Gilchrist M.D.

DATED this 25th day of August One thousand eight hundred and seventy three

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Lauderdale Maitland (1) Sheriff Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) Andrew Fish, Inspector of Poor, Kirkmahoe, Certificates under the hands of James G. Dickson and William Ramsay McNab, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Maggie McMillan, Burnfoot, Baglie, Kirkmahoe (a pauper), and that the said Maggie McMillan, is a (5) person of unsound mind, and not an Idiot, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Maggie McMillan 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 Maggie McMillan which accompanied the said Petition.

DATED this twenty fifth day of August One thousand eight hundred and seventy three

Lauderdale 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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Maggie McMillan
25th August
1873

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(*) Sheriff or Steward.
(*) Shire or Stewartry.

Unto the Honourable the (*) Sheriff of the (*) County of Dumfries *and his Substitutes,—*

The Petition of John Lennon, 90 English Street, Dumfries

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Jane Jardine or Lennon your Petitioner's (*) Mother is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Jane Jardine or Lennon to the Southern Counties Asylum and to sanction her admission into the the said Asylum.

(*) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

John Lennon

(*) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Twenty eighth (*) day of August One thousand eight hundred and seventy three years.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Jane Jardine or Lennon
2. Sex and Age,	Female, 84 years.
3. Married, Single, or Widowed,	Widow,
4. Condition of Life, and previous Occupation (if any),	Housekeeper.
5. Religious Persuasion, so far as known,	Roman Catholic,
6. Previous Place of Abode,	Fountainbleau Cottage
7. Place where Found and Examined,	34 North Queensberry Street,
8. Length of time Insane,	About Two months
9. Whether first Attack,	Yes
10. Age (if known) on first Attack,	84 years
11. When and where previously under Examination and Treatment,	
12. Duration of existing Attack,	Two months
13. Supposed Cause,	Cannot say.
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	Yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	John Lennon, 90 English Street, Dumfries 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 Twenty ninth day of August One thousand eight hundred and Seventy three

(*To be signed by Party applying*) John Lennon

P. p

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Hugh Cunningham
being a (1) Member of the Royal College of Physicians in Ed
and of the Faculty of Physicians & Surgeons in Gla
and being in actual practice as a (2) Physician and Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) 34 North Queen
Dumfries
Dumfries in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) Jane Jardine or Lennon,
and that
the said Jane Jardine or Lennon is a (5) person of an
mind and a proper person to be detained
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 constan
lacking incoherent discourse, and is
excitable.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Her daughter informs me that she can
be controlled, and that she bites, and de
everything she can lay her hands on.

Name and Medical Designation, Hugh Cunningham, L.R.C.P.&S.

Place of Abode, 25 Castle Street, Dumfries

DATED this Twentyeighth day of August One thousand eight
hundred and Seventy three years.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, John Smith
being a (1) Graduate in Medicine of Edinburgh
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) 34 North Queen
Street, Dumfries
Dumfries in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) Jane Jardine or Lennon
Widow, 34 North Queensberry St Dumfries and that
the said Jane Jardine or Lennon is a (5) person
of Unsound mind and a proper person to be detained
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 demeanour
demeanour both & Conversation is
Continually wandering in her speech passing
subject to another,

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Her daughter informs me that during
last three months She has been quite changed in man
being very restless wandering about & getting mischievous
at times attempting to destroy
everything within her
reach.

Name and Medical Designation, John Smith M.B.

Place of Abode, Dumfries

DATED this 28 day of August One thousand eight
hundred and 73 years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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) Member of the Royal College of Physicians in Edinburgh,
hereby certify, on soul and conscience, that I have this day, at (2) 34 North Queensberry Street Dumfries
in the County of Dumfries, seen and personally examined
Jane Jardine or Lennon, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Hugh Cunningham L.F.P.S.G. F.R.C.P.Edin.

DATED this Twenty ninth day of August One thousand eight hundred and Seventy three years.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, James Gordon (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) John Lennon, 91, English Street, Dumfries
Certificates under the hands of Hugh Cunningham,
and Tom 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 Jardine or Lennon, 34 North Queensberry Street Dumfries, and that the said
Jane Jardine or Lennon is a (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 Jardine or Lennon 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 Jardine or Lennon which accompanied the said Petition.

DATED this Twenty ninth day of August One thousand eight hundred and Seventy three

James Gordon

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries

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(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

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Wm Lane Lennon
28th August
1873

N.B.—This Form shall
Superintendent of the
the Sheriff is establish

PETITION TO
RECEP

* Sheriff or Steward.
† Clerk or Secretary.

Unto the Honourable
of Dum

The
for the Part
humbly sheweth t

Medical Certificates
Dunsfield
your Petitioner's (*

* State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

is at present in a st
Asylum for the Ins
mission of the said
Southern
into the the said A

* The date of the Petition must be within a fortnight days following the date of the Medical Certificates.

DATED this
eight hundred and

If any of the Part

1. Christian Name and Surname of Pa
length, ...
2. Sex and Age, . . .
3. Married, Single, or Widowed,
4. Condition of Life, and previous Oc
(if any), . . .
5. Religious Persuasion, so far as know
6. Previous Place of Abode, .
7. Place where Found and Examined,
8. Length of time Insane, .
9. Whether first Attack, .
10. Age (if known) on first Attack,
11. When and where previously under Ex
tion and Treatment,
12. Duration of existing Attack,
13. Supposed Cause, . .
14. Whether subject to Epilepsy,
15. Whether Suicidal, . .
16. Whether Dangerous to others,
17. Parish or Union to which the Lunat
Pauper) is Chargeable, .
18. Date of becoming Chargeable,
19. Christian Name and Surname, and
Abode of nearest known Relative
Patient, and degree of Relation
known), and whether any Membe
Family known to be or to have
sane, ...
20. Special circumstances (if any) provin
mention of any of the above par

I certify, that, to the best of my

DATED this First

(To be

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) County of Dumfries *and his Substitutes,—*

The Petition of John Dinwoodie. Inspector of the Poor for the Parish of Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Margaret Murdoch residing at Chapel 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 Margaret Murdoch to the Southern Counties Asylum and to sanction her admission into the the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

John Dinwoodie

DATED this First (4) day of September One thousand eight hundred and Seventy three

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Margaret Murdoch
2. Sex and Age,	female 25 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Ls Milliner
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 April last
9. Whether first Attack,	yes
10. Age (if known) on first Attack,	about 25 years
11. When and where previously under Examination and Treatment,	Dumfries
12. Duration of existing Attack,	since April last.
13. Supposed Cause,	from attending Revival Meetings too much
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	Her mother says she was at first
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 Sept 1873.
19. Christian Name and Surname, and Place of Abode of nearest known 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 Murdoch father Chapel Street. That she has Cousins both on the father's and
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	mother's side insane

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 three

(To be signed by Party applying) John Dinwoodie, Inspector

P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or an insane person, or an idiot, or a person of unsound mind.*

I, the undersigned, Wm Jas Marshall being a (1) graduate of the Faculty of Physicians and Surgeons Glasgow and College of Physicians Edinburgh and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) 2 Lloyds Street Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Margaret Murdoch Corbet and that the said Margaret Murdoch is a (5) Lunatic and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Talks incoherently Declares that she is with Child by the Holy Ghost refuses to eat Knows that she is Dead & that Christ has risen, moved about incessantly

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her mother makes about the same statement as above

Name and Medical Designation, Wm Jas Marshall M.D. &c

Place of Abode, Dumfries

DATED this 5th day of September One thousand eight hundred and seventy three years

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MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, *or an insane person, or an idiot, or a person of unsound mind.*

I, the undersigned, Patrick M. Inman 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) 2 Lloyds Street Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Margaret Murdoch and that the said Margaret Murdoch is a (5) Lunatic and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Has a great desire to go to Hell, but I can mark out of the window &c

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her Mother States, that she has done about as usual, more continually

Name and Medical Designation, P. M. Inman M.

Place of Abode, 2 Lloyds St

DATED this 1st day of Sept One thousand eight hundred and 73

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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 & Surgeons, Glasgow, hereby certify, on soul and conscience, that I have this day, at (2) Chapel St, Dumfries in the County of Dumfries, seen and personally examined Margaret Murdoch, milliner, 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 Marshall M.D. & S.G.

DATED this First day of September One thousand eight hundred and seventy three

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, James Gordon (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) John Dinwoodie Inspector of Poor Dumfries Certificates under the hands of William Marshall 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) Margaret Murdoch, Milliner, Chapel Street Dumfries a pauper and that the said Margaret Murdoch is a (5) Lunatic and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Margaret Murdoch as a Patient into the (6) Public Asylum of Southern Counties Dumfries and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Margaret Murdoch which accompanied the said Petition.

DATED this First day of September One thousand eight hundred and Seventy three years

James Gordon

To the Superintendent of the (7) Public Asylum of Southern Counties Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

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800
Margaret Murdoch
1st September
1873
"
"

N. B.—This Form shall
Superintendent of th
the Sheriff is obtained

PETITION TO
RECEP

1 Sheriff or Steward.
2 Isles or Stewartry.

Unto the Honourable
of Dum

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humbly sheweth: t
Medical Certificates
your Petitioner's (3)
is at present in a st
Asylum for the Ins
mission of the said
Crichton
into the the said As

3 State degree of Relationship or other quality 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 9
eight hundred and

If any of the Parti

1. Christian Name and Surname of Pati
length, ...
2. Sex and Age, . . .
3. Married, Single, or Widowed, .
4. Condition of Life, and previous Occ
(if any), . . .
5. Religious Persuasion, so far as known,
6. Previous Place of Abode, . .
7. Place where Found and Examined,
8. Length of time Insane, . .
9. Whether first Attack, . .
10. Age (if known) on first Attack, .
11. When and where previously under Ex
tion and Treatment, .
12. Duration of existing Attack, .
13. Supposed Cause, . . .
14. Whether subject to Epilepsy, .
15. Whether Suicidal, . . .
16. Whether Dangerous to others, .
17. Parish or Union to which the Lunatic
Pauper) is Chargeable, . .
18. Date of becoming Chargeable, .
19. Christian Name and Surname, and P
Abode of nearest known Relative
Patient, and degree of Relationship
known), and whether any Member
Family known to be or to have be
sane, ...
20. Special circumstances (if any) preventi
insertion of any of the above particu

I certify, that, to the best of my k

Dated this 30th

(To be s

N. B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) Shire of Dumfries and his Substitutes,—

The Petition of John Little 92 Gloster Road Brighton humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Sarah Little 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 Sarah Little to the Crichton Royal Asylum and to sanction her admission into the the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

John Little

DATED this First (4) day of September One thousand eight hundred and Seventy three.

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Sarah Little
2. Sex and Age,	Female aged 26 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Farmers daughter
5. Religious Persuasion, so far as known,	Presbyterian
6. Previous Place of Abode,	Cumstone, Parish of Hutton
7. Place where Found and Examined,	Cumstone
8. Length of time Insane,	Twelve months
9. Whether first Attack,	First attack
10. Age (if known) on first Attack,	Twelve months ago — at home
11. When and where previously under Examination and Treatment,	
12. Duration of existing Attack,	continuous
13. Supposed Cause,	cannot be accounted for
14. Whether subject to Epilepsy,	not subject to Epilepsy
15. Whether Suicidal,	no
16. Whether Dangerous to others,	no
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Isabella Little Cumstone. Mother to the above Sarah Little No member of the family known to have been insane
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 30th day of August One thousand eight hundred and Seventy three

(*To be signed by Party applying*) John Little

P. P

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, James Thomson Nelson 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) Cumstone— in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Sarah Little Cumstone and that the said Sarah Little is a (5) Insane person and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) absence of recollection and memory

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, Jas. T. Nelson

Place of Abode, Lochrubre

DATED this 30th day of August One thousand eight hundred and Seventy three

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, William Ramsay McNab being a (1) graduate in Medicine of Edinburgh University and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Lochrubre Royal Institution. Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Sarah Little. Cumstone and that the said Sarah Little Parish of Hutton. 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) Is restless and quite incoherent. wandering about without object. and apparently without memory.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her sister informs me that she has been ill for a considerable period and in a good deal of distress in which I have myself seen her.

Name and Medical Designation, Wm. R. McNab M.D.

Place of Abode, 4 Vernon Parade Plantation

DATED this 1st day of September One thousand eight hundred and Seventy three years

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, James Gilchrist
being (1) A Graduate of the University of Edinburgh
hereby certify, on soul and conscience, that I have this day, at (2) Crichton Royal Inst
in the County of Dumfries, seen and personally examined
Sarah 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.

James Gilchrist

DATED this First day of September One thousand eight hundred and Seventy three

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, James Gordon (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) John Little
92 Gloster Road Brighton
Certificates under the hands of James Thomson Wilson
and William Ramsay McNab, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
Sarah Little, Cumstone, Mutton (Her Sister) and that the said
Sarah Little is a (5) ~~Lunatic~~ Insane person,
and a Lunatic
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Sarah Little as a Patient into the (6) Public Asylum of Crichton Royal Institution Dumfries and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Sarah Little which accompanied the said Petition. one and delete.

DATED this Second day of September One thousand eight hundred and Seventy three years.

James Gordon

E. & 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.

1299.

Miss Sarah Little

Sept. 1/73.

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.

(SIGNED) *Superintendent.*

DATED at this (4) day of

one thousand eight hundred and

To the Secretary of the
General Board of Lunacy.

REPORT.

I HAVE this day (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)

(SIGNED)

(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.)~~

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Shire of Dumfries *and his Substitutes,—*

The Petition of William Mann, Inspector of Poor Kirk humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Robert Kelly is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Robert Kelly to the Southern Counties Asylum and to sanction his admission into the said Asylum.

~~(Signed)~~ William Mann

(*) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Third (*) day of September 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,	Robert Kelly
2. Sex and Age,	Male - age 21 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Hostler
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Auchencairn
7. Place where Found and Examined,	Auchencairn & Lr Asylum Dumfries
8. Length of time Insane,	Since 28th August Last
9. Whether first Attack,	Yes
10. Age (if known) on first Attack,	21 years
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,	Yes
16. Whether Dangerous to others,	Yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Parish of Kirkcudbright By Castle Douglas
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 Kelly Labourer Auchencairn Father No
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

~~(Signed)~~* Name, Wm Mann

DATED this Third day of September one thousand eight hundred and Seventy Three

* To be Signed by the Party applying.

~~(Copies.)~~

MEDICAL CERTIFICATE, No. I.

I, the undersigned, James B Weir
being a (1) Doctor of Medicine & licentiate of the Royal College of Surgeons Edinburgh
and being in actual practice as a (2) Medical Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Auchencairn Parish of Kirkcudbright in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) Robert Kelly, Pauper and that the said Robert Kelly is a (5) Lunatic and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or *otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

1. Facts indicating Insanity observed by myself: (6)
His peculiar expressions and commissions. His threatening his own and other lives.

(6) *State the facts.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
His father states "he threatened to stab him"

(7) *State the information, and from whom derived.*

~~(Signed)~~ *Name and Medical Designation,* James B Weir, M.D. L.R.C.S.Ed.

Place of Abode, Auchencairn

DATED this 1st day of September One thousand eight hundred and Twenty three.

MEDICAL CERTIFICATE, No. II.

I, the undersigned, James Gilchrist M.D.
being a (1) graduate of the University Edinburgh
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Southern County Asylum Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Robert Kelly Pauper Auchencairn Parish Kirkcudbright and that the said Robert Kelly is a (5) Lunatic and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or *otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert 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)
Mental symptoms have been present for two months

(6) *State the facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

(7) *State the information, and from whom derived.*

~~(Signed)~~ *Name and Medical Designation,* James Gilchrist M.D.

Place of Abode Crichton House. Dumfries

DATED this Third day of September one thousand eight hundred and Twenty three.

(Copies.)

CERTIFICATE OF EMERGENCY.

(This Certificate shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a Second Medical Certificate.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that Robert Kelly is a (1) Lunatic hereby further certify that the Case of the said Robert Kelly is One of Emergency, and I recommend the immediate removal of the said Robert Kelly to an Asylum accordingly.

Name, James B Weir M.D. L.R.C.S.

Place of Abode, Auchencairn

DATED this 1st day of September one thousand eight hundred and Seventy three

(1) Lunatic, or an Insane person, or an Idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, James Corder (2) Sheriff Substitute of the (3) County of Dumfries having had produced to me, with a Petition at the instance of (4) William Mann Inspector of Poor, Kirkcudbright Certificates under the hands of James B Weir and James Litchfield, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and 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) Robert Kelly, Collier, Auchencairn (a pauper). and that the said Robert Kelly is a (6) Lunatic and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Robert Kelly as a Patient into the (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 Robert Kelly which accompanied the said Petition.

R.S.

(SIGNED) James Corder

DATED this Third day of September one thousand eight hundred and Seventy three

To the Superintendent of the (8) Public *Asylum of* Southern Counties Dumfries

(2) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(3) State whether a County or Stewartry.
(4) Insert Name and Designation.
(5) Describe him, and if a Pauper, state so.
(6) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(7) Public, District, or Private.
(8) Public, District, or Private.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) County *of* Dumfries *and his Substitutes,—*

The Petition of William Carlyle Inspector of Poor Gretna humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Robert Skeen 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 Skeen 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.

William Carlyle

DATED this Fifth (4) day of September One thousand eight hundred and Seventy three

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Robert Skeen
2. Sex and Age,	male - 34 years
3. Married, Single, or Widowed,	single
4. Condition of Life, and previous Occupation (if any),	a Gentleman's Servant
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Wooler
7. Place where Found and Examined,	Cranberry = Springfield Gretna
8. Length of time Insane,	
9. Whether first Attack,	Just
10. Age (if known) on first Attack,	
11. When and where previously under Examination and Treatment,	
12. Duration of existing Attack,	
13. Supposed Cause,	Drink
14. Whether subject to Epilepsy,	
15. Whether Suicidal,	Suicidal
16. Whether Dangerous to others,	
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Kirkpatrick Fleming
18. Date of becoming Chargeable,	September 4th 1873
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Fifth day of September One thousand eight hundred and Seventy three

(*To be signed by Party applying*) William Carlyle

P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, 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) L. Roy. Col: Physns: Edinr & Lic: Fac: Physic: & Surg: Glasg

and being in actual practice as a (2) Physician & Surgeon

hereby certify, on soul and conscience, that I have this day, at (3) Springfield in the parish of Lybia in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Robert Skeen and that the said Robert Skeen is a (5) person of unsound mind and a proper person to be detained 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 contradicts himself in conversation, says he had been attempting to cut his throat because he has to be hanged tomorrow & was found with his throat cut

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, William Carruthers Physician & Surgeon

Place of Abode, Kirkpatrick Fleming

DATED this 4th day of September One thousand eight hundred and Seventy three

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MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an Idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, James Carruthers being a (1) Licentiate of the Royal College of Surgeons of Edinburgh

and being in actual practice as a (2) Surgeon

hereby certify, on soul and conscience, that I have this day, at (3) Springfield in the Parish of Lybia in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Robert Skeen Springfield pauper and that the said Robert Skeen is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)
His mind is unsettled and he says he wished to take away his life as he is unhappy

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
His attendants even last night - W. Carruthers Foreman & James Hannah both of Springfield say he was found in a wood last evening with his throat cut & a razor beside him

Name and Medical Designation, James Carruthers Surgeon

Place of Abode, Kirkpatrick Fleming

DATED this Fifth day of September One thousand eight hundred and Seventy Three

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (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 Carlyle,
Inspector of Poor Gretna,
Certificates under the hands of William Carruthers
and James 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)
Robert Skeen Springfield Gretna, (a Pauper) and that the said
Robert Skeen, — is a (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 Skeen 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 Skeen, — which accompanied the said Petition.

DATED this Fifth day of September One thousand eight hundred and seventy three

David Boyle Hope

To the Superintendent of the (7) Public Asylum of Southern Counties Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1
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Robert Skeen
5th September
1873

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM 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* (*) Wigtun and Kirkcudbright ——— *and his Substitutes,*—

The Petition of ~~Mary Hepburn~~ James Spoat Inspector of Poor, County of Kirkcudbright humbly sheweth: That it appears from the subjoined Statement and accompanying Medical Certificates, that Janet Hepburn

(*) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (*) niece Pauper is at present in a state of Mental Derangement, and 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 Hepburn to the Southern Counties Asylum Dumfries and to sanction her admission into the said Asylum.

James Spoat
~~Mary Hepburn~~

(*) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this twelfth (*) day of September 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,	Janet Hepburn
2. Sex and Age,	Female age 23
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Servant
5. Religious Persuasion, so far as known,	Protestant (Free Church)
6. Previous Place of Abode,	Bridge of Dee Balmaghie
7. Place where Found and Examined,	Bridge of Dee Balmaghie
8. Length of time Insane,	Five days
9. Whether first attack,	First attack
10. Age (if known) on first Attack,	23 years
11. When and where previously under Examination and Treatment,	Not previously under examination Heart mout
12. Duration of existing Attack,	5 days
13. Supposed Cause,	Not Known
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Not suppose to be so
16. Whether Dangerous to others,	Probably
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Balmaghie
18. Date of becoming Chargeable,	12th September 1873
19. Christian Name and Surname, and Place of Abode of nearest known 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 Hepburn at Bridge of Dee aunt to Patient. 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 twelfth day of September One thousand eight hundred and seventy three.

James Spoat
~~Mary Hepburn~~

(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, Walter Lorraine 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) Bridge of D[illegible] in the County of [illegible] Trust and Crypt separately from any other Medical Practitioner, visited and personally examined (4) Samuel Hepburn Pauper and that the said Samuel Hepburn is a (5) Person of Unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Talk[illegible] incoherent by turns language in[illegible] demonstrational

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) He says the sleeps little talks continually an incoherent + unconnected man[illegible]

Name and Medical Designation, Walter Lorraine [illegible]

Place of Abode, Castle Douglas

DATED this 12 day of September One thousand eight hundred and Ninety three

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MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, *or an insane person, or an idiot, or a person of unsound mind.*

I, the undersigned, 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) Bridge of D[illegible] Kirkcudbright in the County of separately from any other Medical Practitioner, visited and personally examined (4) Saml Hepburn Pauper and that the said Saml Hepburn is a (5) person of Unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) From being quiet, well behaved and careful of her language. She talks incessantly & uses indecent + incoherent language

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her aunt says that she sleeps none continually - rambling from one subject to another & on most part unconnected [illegible]

Name and Medical Designation, John Nivison

Place of Abode, Castle Douglas

DATED this 12th day of September One thousand eight hundred and Ninety three

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Robert Macarthur Gordon. (1) Ge. Steward Substitute
of the (2) Stewartry of Kirkcudbright
having had produced to me, with a Petition at the instance of (3)
James Spoat
Certificates under the hands of Walter Breaine
and John Irvine , being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Hepburn, a Pauper and that the said
Janet Hepburn is a (5) state of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Janet Hepburn as a Patient into the (6) ~~Lunatic Asylum~~ Asylum of Dumfries and I authorize the Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Janet Hepburn which accompanied the said Petition.

DATED this Twelfth day of September One thousand eight hundred and Seventy three

Rob.t Gordon 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.

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803
Janet Hepburn
12th September
1873
"

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honorable the (1) Sheriff *of the* (2) Shire of Uuglotown *and his Substitutes,*—

The Petition of James Hanley Insp & Poor Kiltmaiden

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Chalmers 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 Chalmers to the Crighton Lunatic asylum Dumfries and to sanction his admission into the the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

James Hanley Insp & Poor Kiltmaiden

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 8th (4) day of September One thousand eight hundred and 73.

STATEMENT.

If any 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 Chalmers
2. Sex and Age,	Male 40 years
3. Married, Single, or Widowed,	married
4. Condition of Life, and previous Occupation (if any),	agricultural Labourer
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Kiltmaiden Parish
7. Place where Found and Examined,	High Drumroe Kiltmaiden
8. Length of time Insane,	~~Newly found insane~~ Buccleuch.
9. Whether first Attack,	40 years
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,	no
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	threatening
16. Whether Dangerous to others,	Kiltmaiden Parish
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	4th April 1873 as a pauper
18. Date of becoming Chargeable,	John Chalmers alias McClung
19. Christian Name and Surname, and Place of Abode of nearest known 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 High Drumroe Kiltmaiden.
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 8th day of September One thousand eight hundred and 73

(*To be signed by Party applying*) James Hanley Insp & Poor Kiltmaiden

P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or *otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Proper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Henry Dunbar
being a (1) Graduate of Edinburgh Univers
and being in actual practice as a (2) General Practitione
hereby certify, on soul and conscience, that I have this day, at (3) Neigh
Cromore
in the County
separately from any other Medical Practition
Invertown
visited and personally examined (4) James Chalmers
and th
the said James Chalmers is a (5) person by
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.:—

1. Facts indicating Insanity observed by myself: (6) Extremely ex
and unsettled, incoherent in his speech at ti
occasionally violent towards his wife & famil
very excitable - may break out into violence at a

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Informed by his wife that she has been threat
violence by him -

Name and Medical Designation, Henry Dunbar M
Place of Abode, Cromore

DATED this Sixth day of Sept One thousand eigh
hundred and Seventy three

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or *otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a proper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Charles Mackenzie Ross.
being a (1) Physician - Cand Surgeon 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) High Stre
23rd Cromdale
Invertown
in the County of
separately from any other Medical Practitioner
visited and personally examined (4) James Chalmers.
High Street 23rd Cromdale
and that
the said James Chalmers is a (5) Imbecile
& person of unsound Mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) That he is
absent in manner - deficient in
recollections - unsettled - and
strongly diseased nervous system

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
His wife states that he is found -
= times violent ~~and~~ & continues for
some hours - refusing to take food -

Name and Medical Designation, C. Mc - Ross M.D. & C.M.
Place of Abode, 18 Bothwick Land West

DATED this Eighth day of September One thousand eight
hundred and Seventy three

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) 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 Hanley
Inspector of Poor, Kirkmaiden
Certificates under the hands of Henry Dunbar
and Charles Morland Ross, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Chalmers (a Pauper) and that the said
James Chalmers is a (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 Chalmers as a Patient into the (6) Southern Counties Asylum of Dumfries and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said James Chalmers which accompanied the said Petition.

DATED this Seventh day of September One thousand eight hundred and Seventy three years

Wm Mackie

To the Superintendent of the (7) Southern Counties
Asylum of Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or 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 Chalmers
19th September
1873

N.B.—This Form shall
Superintendent of the
the Sheriff is obtained.

PETITION TO
RECEP

† Sheriff or Steward.
‡ Clerk or Secretary.

Unto the Honourable
of Kirkcu

The
humbly sheweth th
Medical Certificates
your Petitioner's (*)
is at present in a st
Asylum for the Ins
mission of the said
into the the said As

§ State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

§ The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this
eight hundred and

If any of the Parti

1. Christian Name and Surname of Pati
length, ...
2. Sex and Age, . . .
3. Married, Single, or Widowed, .
4. Condition of Life, and previous Occ
(if any), . . .
5. Religious Persuasion, so far as known,
6. Previous Place of Abode, . .
7. Place where Found and Examined,
8. Length of time Insane, . .
9. Whether first Attack, . .
10. Age (if known) on first Attack, .
11. When and where previously under Ex
tion and Treatment, . .
12. Duration of existing Attack, .
13. Supposed Cause, . . .
14. Whether subject to Epilepsy, .
15. Whether Suicidal, . . .
16. Whether Dangerous to others, .
17. Parish or Union to which the Lunati
Pauper) is Chargeable, . .
18. Date of becoming Chargeable, .
19. Christian Name and Surname, and P
Abode of nearest known Relative
Patient, and degree of Relations
known), and whether any Member
Family known to be or to have b
sane, ...
20. Special circumstances (if any) prevent
insertion of any of the above parti

I certify that, to the best of my k

DATED this

(To be

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(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 William Craig Inspector Poor Rolls

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Lockhart Hannah

(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 Lockhart Hannah to the Southern Counties Asylum Dumfries and to sanction his admission into the the said Asylum.

Wm Craig

(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 September 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,	Lockhart Hannah
2. Sex and Age,	Male 55
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Labourer
5. Religious Persuasion, so far as known,	Member of the Church of Scotland
6. Previous Place of Abode,	Carsphad, Parish of Kells
7. Place where Found and Examined,	Do.
8. Length of time Insane,	Three Months
9. Whether first Attack,	Now an inmate of the Southern Counties Asylum Dumfries since 18th July 1873
10. Age (if known) on first Attack,	54
11. When and where previously under Examination and Treatment,	Southern Counties Asylum Dumfries
12. Duration of existing Attack,	Not known
13. Supposed Cause,	Do.
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Does not threaten nor attempt
16. Whether Dangerous to others,	Has not been violent to any person
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Kells
18. Date of becoming Chargeable,	14th March 1870
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	William Hannah Carsphad Kells Brother
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	Don't know of any

I certify that, to the best of my knowledge, the above particulars are correctly stated.

Dated this Eighteenth day of September One thousand eight hundred and Seventy three

(*To be signed by Party applying*) Wm Craig

P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, *or* an Idiot, *or* a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Alfred McKinley Millman being a (1) Doctor of Medicine of the University of Edinburgh and a Member of the Royal College of Surgeons, 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) Carsphad in the Parish of Kells, in the County of Kirkcudbright separately from any other Medical Practitioner visited and personally examined (4) Lockart Hannah, a pauper belonging to the parish of Tongland and that the said Lockart Hannah is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Extremely loquacious talking incessantly on the value of an old sack which a few shabby hats, a small quantity of tea in packets a supply of blackings & two rabbit skins; considers his wearing apparel more than his natural one man before any has a wild aspect & is very irritable; misfortunes himself &c.

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His brother Wm Hannah & the housekeeper Agnes McClellan report that he is very restless and does not sleep at night; his character in general changed from being quiet and rather reserved has become boisterous: that he thinks himself immensely rich & that he is to have the farm & stock of Kells and Chalkets; that his fortunes are at times talked of and yet offers any violence but he imagines the surgeon who amputated his leg has prevented it and purposes to put it on again, Both consider him far wrong in his mind &)

Name and Medical Designation, Alfred McKinley Millman M.D. M.R.C.S. &c.

Place of Abode, New-Galloway

DATED this Sixteenth day of September One thousand eight hundred and seventy three years.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, *or* an Idiot, *or* a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Robert Trotter being a (1) Registered Medical Practitioner Edinburgh and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Carsphad in the County of Kirkcudbright — separately from any other Medical Practitioner, visited and personally examined (4) Lockhart Hannah and that the said Lockhart Hannah — is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) wandering from one subject to another, incoherent talk of abundance of old hats, horses &c with a wild raised look &c

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) restless at night thinking many attitudes preparing cash &c, talking loud most part of night, delusions at times &c

Name and Medical Designation, Robert Trotter Surgeon

Place of Abode, Dalry Galloway

DATED this 17th day of September One thousand eight hundred and Seventy three years

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William Hyacinth Dunbar (1) Steward Substitute of the (2) Stewartry of Kirkcudbright having had produced to me, with a Petition at the instance of (3) William Craig Inspector of Poor of the Parish of Kelles Certificates under the hands of Alfred McKinlay Millman and Robert Trotter, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Lockhart Hannah . A pauper and that the said Lockhart Hannah is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Lockhart Hannah as a Patient into the (6) ~~Asylum~~/~~Lunatic~~ 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 Lockhart Hannah, which accompanied the said Petition.

DATED this nineteenth day of September One thousand eight hundred and seventy three years

W H Dunbar

To the Superintendent of the (7)
~~Lunatic~~ Asylum of Dumfries

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1
805
Lockhart-Hannah
20th September
1873
11

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) County of Dumfries and his Substitutes,—

The Petition of John Dinwoodie Inspector of the Poor for the Parish of Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Elizabeth Dickson or Wilson. Murphies Close Queensberry 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 Elizabeth Dickson or Wilson to the Southern Counties Asylum and to sanction his admission into the the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

John Dinwoodie

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Twenty second (4) day of September One thousand eight hundred and Seventy three

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STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Elizabeth Dickson or Wilson
2. Sex and Age,	female 58 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,	S. C. Asylum
8. Length of time Insane,	not known
9. Whether first Attack,	no —
10. Age (if known) on first Attack,	55 years —
11. When and where previously under Examination and Treatment,	Dumfries & S. C. Asylum
12. Duration of existing Attack,	not known
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
18. Date of becoming Chargeable,	22 Sept. 1873.
19. Christian Name and Surname, and Place of Abode of nearest known 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 second day of Septr One thousand eight hundred and Seventy three

(*To be signed by Party applying*) John Dinwoodie, Insp.r

P. p

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an Idiot, *or* a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Thomas Anderson
being a (1) Graduate of the Univer
of Edinburgh
and being in actual practice as a (2) Physician & Sur
hereby certify, on soul and conscience, that I have this day, at (3)
Southern Counties Asylum in the County o
Dumfries separately from any other Medical Practitioner
visited and personally examined (4) Elizabeth Dickso
or Wilson Housewife Dumfries a pauper and that
the said Elizabeth Dickson or Wilson is a (5) person
of unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) She w
much excited and abus
her husband & friend
her enemies.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
The books of the Asylum
show that she was ad
four times previously & in the pre
time

Name and Medical Designation, Thomas Anderson

Place of Abode, Crichton Royal Hosp. D

DATED this 21st day of Septr One thousand eight
hundred and Seventy three years.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, William Marshall
being a (1) Graduate of the Faculty of Physicians and Surg
Glasgow and College of St Andrews
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Asylum
Dumfries in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Elizabeth Dickson or Wilson Ex
the said Elizabeth Dickson or Wilson is a (5) Lunatic
and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Talks incoherently
that Wilson or Dickson her husband being here
or Monday and that she is sorry for the loss of
after him says she'll come home with me &c &c

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Her friends state that she often becomes ver
excitable and speaks to self

Name and Medical Designation, William Marshall M.D. &c

Place of Abode, Dumfries

DATED this Twenty fifth day of Sept One thousand eight
hundred and Seventy three years

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, Thomas Anderson being (1) Graduate of the University of Edinburgh hereby certify, on soul and conscience, that I have this day, at (2) the Southern Counties Asylum 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.

Thomas Anderson M.B.

DATED this 21st day of September One thousand eight hundred and seventy three years.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Landsdale Maitland (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) John Dinwoodie, Inspector of Poor, Dumfries, Certificates under the hands of Thomas Anderson 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) Elizabeth Dickson or Wilson, Murphies Close, Dumfries (Pauper) and that the said Elizabeth Dickson or Wilson is a (5) person of unsound mind, and a Lunatic, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Elizabeth Dickson or Wilson as a Patient into the (6) Public Asylum of Southern Counties and I authorize her Transmission to the said Asylum accordingly ; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Elizabeth Dickson or Wilson which accompanied the said Petition.

DATED this twenty second day of September One thousand eight hundred and seventy three.

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.

806
Elizabeth Dickson
or Wilson
21st Sept 1873

25 and 26

APPLICATION TO THE GE

TRANSFER OF A PATIE

I, the undersigned Robert
being desirous to transfer Wilso
at present a Patient in the Ro
Asylum to my
Crichton Royal Ins

the Board to such transfer; and I w
William McKe
respect to his mental and

DATED at Stirling
One thousand eight hundred and

1. Christian Name and Surname of P
length,
2. Sex and Age,
3. Married, Single, or Widowed,
4. Condition of Life, and Previous O
(if any),
5. Religious Persuasion, so far as kno
6. Date of Admission into Asylum,
7. Length of time Insane,
8. Whether first Attack,
9. Age (if known) on first Attack,
10. Duration of existing Attack,
11. Supposed Cause,
12. Whether subject to Epilepsy,
13. Whether Suicidal,
14. Whether Dangerous to others,
15. Parish to which the Lunatic (if a P
Chargeable,
16. Christian Name and Surname,
of Abode of nearest known R
the Patient, and degree of re
(if known), and whether any M
his Family known to be, or to h
Insane,

I certify that, to the best of my k

(To be signed by the Applicant

DATED this twelfth day of
hundred and seventy th

N.B.—The foregoing particulars
whose care the Patient is to be transf

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[FORM B²]

25 and 26 Vict. Cap. 54, Sect. 16.

APPLICATION TO THE GENERAL BOARD OF LUNACY TO GRANT TRANSFER OF A PATIENT FROM ONE ASYLUM TO ANOTHER.

I, the undersigned Robert McNicol Brewer Stirling being desirous to transfer William McNicol at present a Patient in the Royal Lunatic Asylum Edin, and (¹) detained at my instance from the said Asylum to the Crichton Royal Institution Dumfries hereby request the authority of the Board to such transfer; and I subjoin a Statement of Particulars regarding the said William McNicol 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.

x Robert McNicol

(²) Father of Patient

(²) State degree of Relationship, or other capacity in which Applicant stands to Patient.

DATED at Stirling this tenth day of September One thousand eight hundred and seventy three

STATEMENT.

1. Christian Name and Surname of Patient at length,	William McNicol
2. Sex and Age,	Male - 28 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and Previous Occupation (if any),	Brewer
5. Religious Persuasion, so far as known,	Protestant
6. Date of Admission into Asylum,	4th December 1869
7. Length of time Insane,	Four years
8. Whether first Attack,	Yes
9. Age (if known) on first Attack,	Twenty four
10. Duration of existing Attack,	Four years
11. Supposed Cause,	Not Known
12. Whether subject to Epilepsy,	No
13. Whether Suicidal,	Not Known
14. Whether Dangerous to others,	No.
15. Parish to which the Lunatic (if a Pauper) is Chargeable,	Not a pauper
16. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of relationship (if known), and whether any Member of his Family known to be, or to have been Insane,	Robert McNicol Brewer Stirling Father of Patient. An Uncle of the Patient on the Father's side was insane

I certify that, to the best of my knowledge, the above particulars are correctly stated.

(*To be signed by the Applicant*) x Robert McNicol

DATED this tenth day of September One thousand eight hundred and seventy three.

N.B.—The foregoing particulars are required for the information of the authorities to whose care the Patient is to be transferred.

MEDICAL CERTIFICATE.

I, the undersigned Thomas Smith Clouston
being (1) a Doctor of Medicine of Edinburgh University
hereby certify that I have this day at (2) the Royal Edinburgh Asylum
personally examined William M'Nicol at present a
Patient in said Asylum, and with respect to his Mental State that he labours
under Dementia, not being able to tell whether
he has been in the Asylum a few months or a few years,
or how many Children and Sisters he has, and says that
"Reason he was born but there was an accident of
temporary Christianity"
; and with respect to his
Bodily Health [illegible] I am prd.

(1) State Medical Qualification.
(2) Name Asylum.

and I further certify that, in my opinion, there is nothing in the Mental or Bodily Condition of the Patient to contraindicate removal to the Asylum of Dumfries.

T. S. Clouston M.D.

DATED this eleven day of September One thousand eight hundred and seventy three.

...RIGHT HAND SIDE of the Letter. In Writing the Book be careful not to remove the Gummed

(*Under this Sanction a Patient may be Transferred without an Order of the Sheriff.*)

Application having been made to the Board by (1) Mr Robert M'Nicoll to authorize the transfer of William M'Nicoll from Edinburgh Royal Asylum to Dumfries Royal Asylum, and the Board having considered such application and the accompanying Medical Certificate, do hereby authorize the transfer of the said William M'Nicoll 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.

Arthur Mitchell *Commissioner.*

[illegible]

Date of Sheriff's Order 2 Dec. 1869.

1/300
William M'Nicol
26 Sept. 1873

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM 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 ~~City~~ Dumfries *and his Substitutes,—*

The Petition of Jane Anne Smith or Campbell and Mary Smith Stewarton Ayr

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Charles Smith, Grocer, Stewarton

(*) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (*) Father is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Charles Smith to the Crichton Royal Institution and to sanction his admission into the the said Asylum.

× Jane Ann Campbell
× Mary G. Smith

(*) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this fifteenth (*) day of October One thousand eight hundred and Seventy three say fifteenth October

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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 Smith
2. Sex and Age,	Male—50
3. Married, Single, or Widowed,	Widower
4. Condition of Life, and previous Occupation (if any),	Grocer & Provision Merchant
5. Religious Persuasion, so far as known,	Member of the Established Church of Scotland
6. Previous Place of Abode,	Stewarton
7. Place where Found and Examined,	Do
8. Length of time Insane,	One month
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,	One month
13. Supposed Cause,	Religious Melancholy & supposed derangement of pecuniary affairs
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Twice went into the Irvine River within the last month but came out again
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 Relatives residing in Stewarton are Daughters of Patient None
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

We certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this ~~fifteenth~~ day of October One thousand eight hundred and seventy three say fifteenth October

(To be signed by Party applying)

× Jane Ann Campbell
× Mary G. 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, Robert L. Rennie L.R.C.P.S.G.
being a (1)

and being in actual practice as a (2) General & Medical Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Fullerton Place Stevenston
in the County of Ayr
separately from any other Medical Practitioner, visited and personally examined (4) Charles Smith, Merchant
and that the said Charles Smith is a (5) person of Weak
and a proper person to be detained under Care and Treatment, 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 two or three times that I have visited him. He appears
to be more dull in Spirits and not willing to enter into Conversa

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
His Sister in law and other friends, State that some considerable time ago
he was deprived of the Sight of Both his Eyes by that he fancied he heard
something and kept Looking towards Him. And of late left to himself
a Strong Desire to Wander away from Home, and Shun Society
and the fact of him going
three into the Water within this
last Month —

Name and Medical Designation, Robert L. Rennie L.R.C.P.S.G.

Place of Abode Hamilton St. Saltcoats

DATED this Fourth day of October One thousand eight hundred and Seventy three

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MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Robert Wallace Junior
being a (1) Graduate of St Andrews
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Fullerton Place Stevenston
in the County of Ayr
separately from any other Medical Practitioner, visited and personally examined (4) Charles Smith Merchant
Fullerton Place Stevenston
and that the said Charles Smith is (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)
Excited appearance & Countenance
Would hold no conversation
Ordered me to leave the house

(7) *State the information, and from whom derived.*

Derived from his sister-in-law Alice Gray & Son-in-law James Campbell Esq. Bank Saltcoats

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Sleeplessness. Restlessness. Religious Melancholy. Hallucinations such as
Suppose that he has to undergo some dreadful
Punishment for crimes committed by him
Has twice within the last month been taken and
the water, have gone then will suicide intended

Name and Medical Designation, Robert Wallace Jr.

Place of Abode, Hamilton Street Saltcoats

DATED this Fourth day of October One thousand eight hundred and Seventy three years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, Robert S. Kinnier L.R.C.P.S.G. being (1) General Medical Practitioner Fullerton Place Stevenston hereby certify, on soul and conscience, that I have this day, at (2) in the County of Ayr seen and personally examined Charles Smith Merchant, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Robert S. Kinnier = Surgeon

DATED this Fifth day of October One thousand eight hundred and Seventy three

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope —— (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Jane Neoni Smith or Campbell and Mary Smith, Stevenston, Ayrshire, Certificates under the hands of Robert S. Kinnier, —— and Robert Wallace Service, —— ; being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Smith, Merchant, Stevenston (Petitioners Father) and that the said Charles Smith —— is a (5) person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Charles Smith —— 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 Smith, which accompanied the said Petition.

DATED this Sixth day of October One thousand eight hundred and seventy three

David Boyle Hope

To the Superintendent of the (7) Public Asylum of Crichton Royal Institution Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1301

Charles Smith v

5th October

1873

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap. 54, Sect. 14.*

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 Wigtown and Kirkcudbright and his Substitutes,—

The Petition of William Mackie, Inspector of Poor, Wigtown

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Jane Anderson or Muir wife of and residing with John Muir, Labourer, 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 Jane Anderson or Muir 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

(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-three years

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Jane Anderson or Muir
2. Sex and Age,	Female aged 71 years.
3. Married, Single, or Widowed,	married
4. Condition of Life, and previous Occupation (if any),	Labourer's wife
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Wigtown
7. Place where Found and Examined,	Wigtown
8. Length of time Insane,	Alleged insane on 23 Sept. last
9. Whether first Attack,	no
10. Age (if known) on first Attack,	not known
11. When and where previously under Examination and Treatment,	At Wigtown
12. Duration of existing Attack,	Since 23 Sept. last
13. Supposed Cause,	Is said to have been ill-treated by her husband but appears to be predisposed to insanity.
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	doubtful
16. Whether Dangerous to others,	doubtful
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Wigtown
18. Date of becoming Chargeable,	23 Sept. 1873
19. Christian Name 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,	Husband, John Muir, Labourer 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 fourth day of October One thousand eight hundred and seventy-three 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 Cumming Master of Surgery of the University of Glasgow being a (1) Doctor in Medicine & and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) High St Weytown in the County of Weytown separately from any other Medical Practitioner, visited and personally examined (4) Jane Anderson or Muir wife of and residing with John Muir, labourer, Weytown, a pauper and that the said Jane Anderson or Muir is a (5) Lunatic and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Incoherence of speech, talks incessantly, or rather jumbles words together has no connection with each other, talks violently, threatens violence.

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her nurse Mrs McKie & her own husband corroborate what I have observed myself, and say that at times she is very violent and pitches furniture and dishes about, without apparent reason

Name and Medical Designation, William Cumming MD

Place of Abode, Weytown

DATED this third day of October One thousand eight hundred and seventy three

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MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(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 of Glasgow and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) High St Weytown Weytownshire in the County of separately from any other Medical Practitioner, visited and personally examined (4) Jane Anderson or Muir wife of John Muir, High St, Weytown Pauper and that the said Jane Anderson or 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) During my visit, She talked incessantly, uttering the most unmeaning jargon, and gesticulating

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her nurse Mrs McKie stated that she sleeps little and that when awake she is incessantly occupied as described above

Name and Medical Designation, James Clark, Surgeon

Place of Abode, Newton Stewart

DATED this Fourth day of October One thousand eight hundred and seventy three years

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, John Grahame — (1) Sheriff Substitute
of the (2) County of Wigtown
having had produced to me, with a Petition at the instance of (3) William Mackie Inspector of Poor, Wigtown
Certificates under the hands of William Cumming
and James Clark , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
Jane Anderson or Muir, a Pauper and that the said
Jane Anderson or Muir is a (5) Lunatic

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Jane Anderson or Muir 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 Anderson or Muir which accompanied the said Petition.

DATED this Fourth day of October — One thousand eight hundred and Seventy three

J. Grahame

To the Superintendent of the (7) Southern Counties
Asylum of Dumfries

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1

508

Jane Anderson or Muir

7th October

1873

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap. 54, Sect. 14.*

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Sheriff or Steward, Shire or Stewartry.

Unto the Honourable the (*) Sheriff *of the* (*) County of Dumfries *and his Substitutes,—*

The Petition of John Dinwoodie Inspector of the Poor for the Parish of Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that William Broadfoot S. B. Asylum 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 William Broadfoot to the S. Counties Asylum and to sanction his admission into the the said Asylum.

(*) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

John Dinwoodie

DATED this Thirteenth (*) day of October One thousand eight hundred and Seventythree

(*) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

Christian Name and Surname of Patient at length,	William Broadfoot
Sex and Age,	Male 39 years
Married, Single, or Widowed,	Single
Condition of Life, and previous Occupation (if any),	Assistant Teacher
Religious Persuasion, so far as known,	Protestant
Previous Place of Abode,	Kingarth Isle of Bute
Place where Found and Examined,	Dumfries,
Length of time Insane,	12 years in Asylum
Whether first Attack,	yes
Age (if known) on first Attack,	about 27 years
When and where previously under Examination and Treatment,	Dumfries & S. B. Asylum
Duration of existing Attack,	about 12 years—
Supposed Cause,	not Known
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,	Dumfries Mainstime
Date of becoming Chargeable,	10th Octr 1873.
Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	not known
Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Thirteenth day of October One thousand eight hundred and Seventythree

(*To be signed by Party applying*) John Dinwoodie Inspector

P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, William Marshall being a (1) Graduate of the Faculty of Physicians Surgeons Glasgow and College of Edinburgh and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Asylum Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) William Broadfoot (a pauper) and that the said William Broadfoot is a (5) Lunatic and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Talks incoherently speaks in a language of his own altogether unintelligible to me, states that he was at times a soldier which is incorrect &c &c

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, Marshall M.D.

Place of Abode, Dumfries

DATED this 13th day of Oct One thousand eight hundred and Seventy three years

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MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Thomas Anderson being a (1) Graduate of the University of Edinburgh and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) the Lunatic Asylum. — — — — in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Wm Broadfoot, Pauper Isle of Bute, Asst Teacher & Lunatic and that the said William Broadfoot is a (5) Person of unsound mind and a proper person to be detained 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 much demented & quite incoherent in his conversation, and is frequently excited in a dangerous manner

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, Thomas Anderson

Place of Abode, Brechin Royal Asylum

DATED this 14th day of October One thousand eight hundred and Seventy three years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope Advocate (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) John Dinwoodie
Inspector of Poor Dumfries
Certificates under the hands of William Marshall
and Thomas Anderson , being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) William Broadfoot, Southern Counties Asylum Dumfries (a pauper) and that the said
William Broadfoot is a (5) Lunatic & person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said William Broadfoot 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 Broadfoot which accompanied the said Petition.

DATED this Thirtieth day of October 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.

No 9
William Broadfoot
10th October
1873

N.B.—This Form
Superintendent
the Sheriff is

PETITION
REC

Unto the Honour
of Di

(*) Sheriff or Steward.
(†) Sheriff or Stewartry.

T
humbly sheweth
Medical Certifica
is at present in a
Asylum for the
mission of the sa
Southe
into the said Asy

(*) The date of the Petition must be within fourteen clear days following the date of the Medical Certificate.

DATED this
eight hundred an

If any of

1. Christian Name and Surname of
length, . .
2. Sex and Age, . .
3. Married, Single, or Widowed,
4. Condition of Life, and previous
(if any), . .
5. Religious Persuasion, so far as kn
6. Previous Place of Abode,
7. Place where Found and Examine
8. Length of time Insane,
9. Whether First Attack,
10. Age (if known) on First Attack,
11. When and where previously unde
tion and Treatment,
12. Duration of Existing Attack,
13. Supposed Cause,
14. Whether subject to Epilepsy,
15. Whether Suicidal,
16. Whether Dangerous to others,
17. Parish or Union to which the L
Pauper) is Chargeable,
18. Date of becoming Chargeable,
19. Christian Name and Surname, a
Abode of nearest known Rel
Patient, and degree of Rela
known), and whether any M
Family known to be or to ha
sane, . .
20. Special circumstances (if any) pr
insertion of any of the above p

I certify, that, to the best of

DATED this twenty-third
three years

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

20 & 21 *Vict., Cap.* 71, *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) County of Dumfries *and his Substitutes.*

The Petition of Robert Moncrieff Rome, Inspector of Poor Langholm humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Weatherill is at present in a state of Mental Derangement and 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 Weatherill to the Southern Counties Asylum and to sanction his admission into the said Asylum.

(SIGNATURE) R. M. Rome

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Twenty third (3) day of October one thousand eight hundred and Seventy three 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,	John Weatherill
2. Sex and Age,	38 Yrs
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Mason
5. Religious Persuasion, so far as known,	Wesleyan
6. Previous Place of Abode,	Garlands Asylum Carlisle, formerly Whitby Yorkshire
7. Place where Found and Examined,	Langholm
8. Length of time Insane,	first known to me on or about 22nd Oct. Inst.
9. Whether First Attack,	no
10. Age (if known) on First Attack,	(Said to be 4 months ago) 38 years
11. When and where previously under Examination and Treatment,	Carlisle, Garlands Asylum
12. Duration of Existing Attack,	only known to me Yesterday
13. Supposed Cause,	
14. Whether subject to Epilepsy,	Say not
15. Whether Suicidal,	Yes
16. Whether Dangerous to others,	no
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Langholm
18. Date of becoming Chargeable,	22nd October Inst.
19. Christian Name 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,	Say his Wife Annie Maitland resides at Chit-Street Whitby Yorkshire
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	Discharged from Garlands Asylum on Monday last as Recovered from previous attack

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(SIGNATURE)* ~~Name~~ R. M. Rome

DATED this Twenty third day of October one thousand eight hundred and three 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.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, William Johnstone Bartyle being a (1) Licentiate of the Royal College of Physicians of Edinburgh and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) the Casual Poor House, Longtown in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) John Weatherill and that the said John Weatherill is a (5) Person of unsound Mines and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Evinces hostility towards the Persons employed in the House, imagines his wife and two men are constantly following him to do him some bodily injury. He has threatened to commit Suicide

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

The above facts have also been communicated by Mr Rome, Inspector

(SIGNED) *Name and Medical Designation,* W. J. Bartyle M. D. Licentiate

Place of Abode, Longtown

DATED this 23 day of October One thousand eight hundred and 73

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Aneas Macaulay being a (1) Member of the College of 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 Casual Side Poor House Rang-holm in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) John Weatherill and that the said John Weatherill is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Great excitement labouring under delusions, such as fancying his wife and neighbours are constantly following him for the purpose of baiting him in the streets and then burning him. Is evidently labouring under delusions.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Intimated by Mr Rome that he had attempted to procure poison and threatened to drown himself.

(SIGNED) *Name and Medical Designation,* Aneas Macaulay Surgeon

Place of Abode Roseval Rang holm

DATED this twenty third day of October one thousand eight hundred and Seventy three.

CERTIFICATE OF EMERGENCY.

(This certificate authorizes the detention of a Patient in an Asylum for a period of twenty-four hours without the Order of the Sheriff, and shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a second Medical Certificate and the Order of the Sheriff.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that John Weatherill is a (1) person of unsound mind, hereby further certify that the Case of the said John Weatherill is one of Emergency, and I recommend the immediate removal of the said John Weatherill to an Asylum accordingly.

Name, W. J. Carlyle M.D. Surgeon

Place of Abode, Langholm

DATED this 23rd day of October One thousand eight hundred and 73

(1) Lunatic or an insane person, or an idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Robert Menzies Rome, Inspector of Poor, Langholm Certificates under the hands of William Johnstone, Carlyle and Aneas Macaulay, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Weatherill Langholm (a Pauper) and that the said John Weatherill, is a (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 Weatherill 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 Weatherill which accompanied the said Petition.

(SIGNATURES) David Boyle Hope

DATED this twenty fifth day of October one thousand eight hundred and seventy three

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, or Private.

N.B.—This Form shall n
Superintendent of the
the Sheriff is obtained.

PETITION TO
RECEPT

[1] Sheriff or Steward, or Mayor or Sovereity.

Unto the Honourable
of Sumf
The P

humbly sheweth tha
Medical Certificates,
your Petitioner's (?)
is at present in a state
Asylum for the Insan
mission of the said
Royal C
into the the said Asyl

[2] State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

[3] The date of the Petition must be within fifteen clear days following the dates of the Medical Certificates.

Dated this
eight hundred and 7

If any of the Particu

1. Christian Name and Surname of Patient
   length, ...
2. Sex and Age, ...
3. Married, Single, or Widowed, .
4. Condition of Life, and previous Occupa
   (if any), ...
5. Religious Persuasion, so far as known,
6. Previous Place of Abode, . .
7. Place where Found and Examined,
8. Length of time Insane, . .
9. Whether first Attack, . .
10. Age (if known) on first Attack, .
11. When and where previously under Exami
    tion and Treatment, . .
12. Duration of existing Attack, .
13. Supposed Cause, . . .
14. Whether subject to Epilepsy, .
15. Whether Suicidal, . . .
16. Whether Dangerous to others, .
17. Parish or Union to which the Lunatic
    Pauper) is Chargeable, . .
18. Date of becoming Chargeable, .
19. Christian Name and Surname, and Plac
    Abode of nearest known Relative of
    Patient, and degree of Relationship
    known), and whether any Member of
    Family known to be or to have been
    case, ...
20. Special circumstances (if any) preventing
    mention of any of the above particula

I certify, that, to the best of my kno

Dated this 23rd

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(To be sign

1/
810
v. John Washbourne
24th October
1873

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(*) Sheriff or Steward.
(†) Shire or Stewartry.

Unto the Honourable the (*) Sheriff of the (†) County of Dumfries *and his Substitutes,—*

The Petition of Robert Christal High Street Kirkcudbright

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Isabella Marion Christal

(*) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (*) Daughter is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Isabella Marion Christal to the Royal Crichton Institution to sanction Her admission into the the said Asylum.

Rob^t Christals

(*) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 25th (*) day of Oct^r One thousand eight hundred and 73

STATEMENT.

If any 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 Marion Christal
2. Sex and Age,	Female, 28 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Living with Parents
5. Religious Persuasion, so far as known,	Presbyterian
6. Previous Place of Abode,	Kirkcudbright.
7. Place where Found and Examined,	Kirkcudbright.
8. Length of time Insane,	Five Weeks
9. Whether first Attack,	First attack
10. Age (if known) on first Attack,	
11. When and where previously under Examination and Treatment,	Five Weeks
12. Duration of existing Attack,	
13. Supposed Cause,	
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	Slightly so
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Petitioner Father ~~Son~~ High Street Kirkcudbright One Sister insane in Crichton 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 Oct^r One thousand eight hundred and Seventy three

(*To be signed by Party applying*) Rob^t Christals

P. p

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, 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 M.B. being a (1) Physician and Surgeon. Lunacy

and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Kirkcudbright Castle St, Kirkcudbrightshire in the County separately from any other Medical Practitioner visited and personally examined (4) Isabella Marion Christal and that the said Isabella Christal is a (5) Person of unsound Mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) From her ra incoherent talk - almost complete sleep and propensity to destroy them,

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her friends state that if not close watched she would take the sheets her night clothes &c.

Name and Medical Designation, Wm Johnstone M.B.

Place of Abode, Kirkcudbright

DATED this 25th day of October One thousand eight hundred and seventy three.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, James Mc. 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) My own house in Dumfries Dumfriesshire in the County of separately from any other Medical Practitioner, visited and personally examined (4) Isabella Marion Christal. and that the said Isabella Marion Cristal is a (5) person of unsound Mind and a proper person to be detained 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 states that all the p in her house are wrong in their minds, that she cannot control herself that she hears bells all night, that she wants to run out to the Street in her shi that she cannot sleep or rest &c.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) She attempts to run out to the Street in her shift only & when do last night is frequently very violent & unreasonable & requ to be sent into the Asylum, breaks the windows & tears her cloth

Name and Medical Designation, James Mc. McCulloch M. D.

Place of Abode, 16 Castle Street, Dumfries.

DATED this 25th day of October One thousand eight hundred and seventy three years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Robert Christal
Kirkendbright
Certificates under the hands of Wm Johnston M.D. and
and James M. McCulloch M.D., being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
Isabella Marion Christal — and that the said
Isabella Marion Christal 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 Isabella Marion Christal as a Patient into the (6) Private Asylum of Royal 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 Marion Christal which accompanied the said Petition.

DATED this 25th day of October One thousand eight hundred and seventy three

David Boyle Hope

To the Superintendent of the (7) Private
Asylum of Royal Crichton Institution

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1303
Isabella M. Ebrietal
25 October
1873

N.B.—This Form shall not be used without the previous sanction of the Superintendent of the Asylum, or of the Sheriff is obtained.

PETITION TO
RECEPTI

[1] Sheriff or Steward, or Bailie or Stewartry.

Unto the Honourable
of Dum
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Medical Certificates,
is at present in a state
Asylum for the Insan
mission of the said
into the the said Asyl

[2] State degree of Relationship or other connexion 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
eight hundred and

If any of the Particu

1. Christian Name and Surname of Patie
length, ...
2. Sex and Age, ...
3. Married, Single, or Widowed, .
4. Condition of Life, and previous Occu
(if any), ...
5. Religious Persuasion, so far as known,
6. Previous Place of Abode, . .
7. Place where Found and Examined,
8. Length of time Insane, . .
9. Whether first Attack, . .
10. Age (if known) on first Attack, .
11. When and where previously under Exa
tion and Treatment, . .
12. Duration of existing Attack, .
13. Supposed Cause, . . .
14. Whether subject to Epilepsy, .
15. Whether Suicidal, . . .
16. Whether Dangerous to others, .
17. Parish or Union to which the Lunatic
Pauper] is Chargeable, . .
18. Date of becoming Chargeable, .
19. Christian Name and Surname, and Pl
Abode of nearest known Relative
Patient, and degree of Relationsh
known), and whether any Member
Family known to be or to have be
sane, ...
20. Special circumstances (if any) prevent
insertion of any of the above partic

I certify that, to the best of my k

DATED this 31st

(To be s

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) County of Dumfries *and his Substitutes,*—

The Petition of Andrews Aitken Inspector of Poor, Eskdalemuir, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Janet Armstrong a pauper your Petitioner's (3) chargeable to the Parish of Eskdalemuir is at present in a state of Mental Derangement, and 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 Armstrong 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.

A. Aitken

Dated this 31st (4) day of October One thousand eight hundred and 73.

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Janet Armstrong
2. Sex and Age,	Female – 38 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Born imbecille
5. Religious Persuasion, so far as known,	Parents are Protestant
6. Previous Place of Abode,	Rowend Parish of Canonbie
7. Place where Found and Examined,	Whole lifetime (Imbecile)
8. Length of time Insane,	—
9. Whether first Attack,	—
10. Age (if known) on first Attack,	Rowend, Canonbie
11. When and where previously under Examination and Treatment,	—
12. Duration of existing Attack,	—
13. Supposed Cause,	—
14. Whether subject to Epilepsy,	Yes
15. Whether Suicidal,	Eskdalemuir
16. Whether Dangerous to others,	31st October 1873.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	George Armstrong Rowend Parish of Canonbie, Father
18. Date of becoming Chargeable,	None.
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 31st day of October One thousand eight hundred and 73

(*To be signed by Party applying*) A. Aitken

Insp. of Poor, E.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an Idiot, *or* a person of unsound mind.

I, the undersigned, Jas Rae Anderson
being a (1) Doctor of medicine & Licentiate of the Faculty of Physicians & Surgeons Glasgow
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Rowend Canonbie in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Janet Armstrong, Pauper Rowend Canonbie and that the said Janet Armstrong 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) She is very restless laughs & gesticulates, articulation imperfect and ~~[illegible]~~ conversation quite unintelligible in short she is almost quite void of intellect

(7) *State the information, and from whom derived.*

2, Other facts (if any) indicating Insanity communicated to me by others: (7)
Her Father says she is getting much more unmanageable of late a fact which I have heard myself

Name and Medical Designation, Jas Rae Anderson

Place of Abode, Eskbank Cemetery

DATED this 29th day of Oct. One thousand eight hundred and 73

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Physic and Licentiate of the Royal College of Surgeons Edinburgh
and being in actual practice as a (2) as Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Rowend in the parish of Canonbie in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Janet Armstrong Pauper and that the said Janet Armstrong 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) Patient is altogether devoid of intellect is incoherently moving & evidently requires to be constantly watched.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Relatives say she is getting more troublesome than formerly

Name and Medical Designation, W. J. Carlyle M.D. Surgeon

Place of Abode, Longholme

DATED this 29th day of October One thousand eight hundred and 73

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope — (1) Sheriff Substitute
of the (2) County of Dumfries,
having had produced to me, with a Petition at the instance of (3) Andrew Aitken,
Inspector of Poor, Kirkcudbright
Certificates under the hands of James Rae Anderson
and William Thurston Corbyn, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Janet Armstrong, Rowand, Lanarkshire, (a Pauper) and that the said Janet Armstrong, is an (5) Idiot

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Janet 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 Janet Armstrong which accompanied the said Petition.

DATED this First day of November One thousand eight hundred and seventy three.

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an Idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

N.B.—This Form shal
Superintendent of
the Sheriff is obtain

PETITION T
RECE

[1] Sheriff or Steward. [2] Mayor or Secretary.

Unto the Honourable

of

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Medical Certificate

your Petitioner (3)

[3] State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

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Asylum for the In

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Southern C

into the the said As

[4] The date of the Petition must be within fourteen clear days following the date of the Medical Certificate.

Dated this

eight hundred and

If any of the Parti

1. Christian Name and Surname of Pat
length, ...
2. Sex and Age, ...
3. Married, Single, or Widowed, .
4. Condition of Life, and previous Occ
(if any), ...
5. Religious Persuasion, so far as known
6. Previous Place of Abode, . .
7. Place where Found and Examined,
8. Length of time Insane, . .
9. Whether first Attack, . .
10. Age (if known) on first Attack, .
11. When and where previously under Ex
tion and Treatment, . .
12. Duration of existing Attack, . .
13. Supposed Cause, . . .
14. Whether subject to Epilepsy, .
15. Whether Suicidal, . . .
16. Whether Dangerous to others, .
17. Parish or Union to which the Lunati
Pauper) is Chargeable, . .
18. Date of becoming Chargeable, .
19. Christian Name and Surname, and P
Abode of nearest known Relative
Patient, and degree of Relations
known), and whether any Member
Family known to be or to have b
sane, ...
20. Special circumstances (if any) preven
insertion of any of the above partic

I certify, that, to the best of my k

Dated this 5th

(To be s

1/811
Lunel Armstrong
1st November
1873

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) Wigton & Kirkcudbright of _____ *and his Substitutes,*—

The Petition of John Stuart Bray Inspr of Poor Parish of Kirkcolm humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Annie McCoy residing at Dally Bay Kirkcolm ~~your Petitioner's~~ (3) a Pauper in said Parish of Kirkcolm is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Anne McCoy _____ to the Southern Counties District 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 Stuart Bray

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Tenth (4) day of November One thousand eight hundred and Seventy three

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STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Annie McCoy
2. Sex and Age,	Female Twenty eight years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Pauper – none
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Cairnbrack
7. Place where Found and Examined,	Dally Bay
8. Length of time Insane,	Eight or 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,	as above
13. Supposed Cause,	Obscure affection of the Brain,
14. Whether subject to Epilepsy,	Yes
15. Whether Suicidal,	Yes
16. Whether Dangerous to others,	Yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Kirkcolm Parish
18. Date of becoming Chargeable,	27th July 1870
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	John McCoy, Father. Margaret McCoy mother both residing at Dally Bay Parish of Kirkcolm –
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 November One thousand eight hundred and Seventy three

(*To be signed by Party applying*) John Stuart Bray
Inspr of Poor

P.P

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or an insane person, or an idiot, or a person of unsound mind.*

I, the undersigned, David Easton being a (1) Doctor of medicine of Easton College and a 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) Dally Bay Parish of Kirkcolm in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) Annie McCoy a pauper and that the said Annie McCoy is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, 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 eyes have a vacant stare. She keeps them generally fixed on some object or other and answers questions very absurdly. She says she wishes to the rogue and that the nearest road to Heaven is through the waves of the sea. On her father making his appearance she suddenly became excited, sprang from her seat, stared wildly at him and screamed "Oh you see I told you I would be dead before you got here." She says she will take no food but prays no prayers. She further states that her father knocked her down and jumped on her. (A groundless statement.)

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) John McCoy, her father, says that she has frequently attempted to take away her own life. He has known her try into the fire, knocked her head with violence against the floor, endeavoured to push into the sea and attempted to throw herself over the rocks, that when returning home she became very violent, cursing and swearing dreadfully, and threatening when she had an opportunity to take the lives of herself and mother. Her mother Mary ann McCoy corroborates the above and states that she does not speak to her daughter, as she becomes so outrageous & violent. Not only has she on one occasion sprung on her & knocked her down. &c &c

Name and Medical Designation, David Easton. M.D. L.R.C.S.E.

Place of Abode, Stranraer

DATED this tenth day of November One thousand eight hundred and seventy three.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, *or an insane person, or an idiot, or a person of unsound mind.*

I, the undersigned, John Orgill 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) Dally Bay Wigtown in the County of separately from any other Medical Practitioner, visited and personally examined (4) Annie McCoy a pauper residing at Dally Bay parish of Kirkcolm and that the said Annie McCoy is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, 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 saw her she was resting on her face and knees in bed; and in spite of all my endeavours of persuasion & entreaty I maintained an obstinate silence for a considerable time looking at me in a vacant manner and then scowling savagely at me & the others out in angry tone, "I'll go to no Doctor". She refused to say her name

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her father John McCoy states that for some days past she has been very violent and outrageous; that she threw herself into the fire and towards the sea with the intention of drowning herself; that she has cut her throat and that they are obliged to watch her every movement to prevent her from injuring herself and others. Her mother Mrs McCoy corroborates this statement

Name and Medical Designation, John Orgill Surgeon

Place of Abode, Stranraer

DATED this 14th day of November One thousand eight hundred and seventy three

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) 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 Stuart Bray, Inspector of the Poor, Parish of Kirkcolm Certificates under the hands of David Easton, Doctor of Medicine and John Orgill Surgeon, both in Stranraer, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Annie McCoy residing at Dally Bay, Kirkcol and that the said Annie McCoy is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Annie McCoy as a Patient into the (6) District Asylum of Southern Counties, Dumfries, and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Annie McCoy which accompanied the said Petition.

DATED this Fourteenth day of November One thousand eight hundred and seventy three.

P Maclean Sh Sub

To the Superintendent of the (7) District
Asylum of Southern Counties
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

812
Annie McCoy
15th November
1873

N.B.—This Form shall
Superintendent of the
the Sheriff is obtained.

PETITION TO
RECEPT

[1] Sheriff or Steward.
[2] Sister or Stewardry.

Unto the Honourabl
of County

The P

humbly sheweth th

Medical Certificates,

[3] State degree of Relationship or other quality in which Petitioner stands to Lunatic.

your Petitioner's ([3])

is at present in a sta

Asylum for the Insa

mission of the said

Co: Asylu

into the the said Asy

[4] The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this

eight hundred and

If any of the Parti

1. Christian Name and Surname of Pati
length, ...
2. Sex and Age, ...
3. Married, Single, or Widowed, .
4. Condition of Life, and previous Occ
(if any), ...
5. Religious Persuasion, so far as known,
6. Previous Place of Abode, .
7. Place where Found and Examined,
8. Length of time Insane, .
9. Whether first Attack, .
10. Age (if known) on first Attack, .
11. When and where previously under Ex
tion and Treatment, .
12. Duration of existing Attack, .
13. Supposed Cause, . . .
14. Whether subject to Epilepsy, .
15. Whether Suicidal, . . .
16. Whether Dangerous to others, .
17. Parish or Union to which the Lunat
Pauper) is Chargeable, .
18. Date of becoming Chargeable, .
19. Christian Name and Surname, and
Abode of nearest known Relative
Patient, and degree of Relation
known), and whether any Member
Family known to be or to have
sane, ...
20. Special circumstances (if any) prevent
insertion of any of the above parti

I certify, that, to the best of my

Dated this

Three years

(To be

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) County of Dumfries *and his Substitutes,—*

The Petition of Duncan Clapperton Insp: of Poor Annan

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Elizabeth Morris or Scott your Petitioner's (3) Pauper. is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Elizabeth Morris or Scott to the So.Co: Asylum and to sanction her admission into the the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

D. Mcglynn & Co. Duncan Clapperton

(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 November 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,	Elizabeth Morris or Scott
2. Sex and Age,	Female. 31 years.
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Mill-Worker.
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Port Street. Annan.
7. Place where Found and Examined,	Do Do
8. Length of time Insane,	Five days.
9. Whether first Attack,	Second
10. Age (if known) on first Attack,	28 years.
11. When and where previously under Examination and Treatment,	So.Co: Asylum
12. Duration of existing Attack,	5 days.
13. Supposed Cause,	Drinking
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	has made an attempt to cut her throat,
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Annan.
18. Date of becoming Chargeable,	15 November. 1873.
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	William Morris. Hilldale. Annan. Father of the patient. None of her Relations 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.

D. Mcglynn & Co.

Dated this ~~Eighteenth~~ day of November One thousand eight hundred and Seventy Three years

(*To be signed by Party applying*) D. Clapperton, Insp.

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, Willm Ewart being a (1) Licentiate of the Royal College of Surgeons Edinburgh and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Port Street Parish of Annan Dumfries in the County of separately from any other Medical Practitioner, visited and personally examined (4) Elizabeth Morris or Scott Spinster and that the said Elizabeth Morris or Scott is a (5) person of Unsound Mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Her General Appearance, her being previously violent, her refusal to answer questions &c.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Told by 3 of her neighbours that she is at times very violent, and has attempted to injure herself.

Name and Medical Designation, Willm Ewart, Surgeon

Place of Abode, Edenwater Foot Annan

DATED this eighteenth day of November One thousand eight hundred and seventy three

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MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

I, the undersigned, James Little being a (1) Doctor of Medicine & Licentiate of the Royal College of Surgeons of Edinburgh and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Port Street Parish of Annan Dumfries in the County of separately from any other Medical Practitioner, visited and personally examined (4) Elizabeth Morris or Scott Spinster and that the said Elizabeth Morris or Scott is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Her restlessness & excitement & her 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 her neighbour that she is continually in a state of excitement destroying her clothes and that she attempted to cut her throat

Name and Medical Designation, James Little M.D. Surgeon

Place of Abode, Mansfield Annan

DATED this seventeenth day of November One thousand eight hundred and seventy three

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute
of the (2) County of Dumfries,
having had produced to me, with a Petition at the instance of (3) Duncan Clapperton,
Inspector of Poor Annan
Certificates under the hands of William Ewart
and James Little , being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Elizabeth Morris or Scott, Port Street, Annan (a Pauper) and that the said Elizabeth Morris or Scott is a (5) person of unsound mind,
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Elizabeth Morris or Scott as a Patient into the (6) Public Asylum of Southern Counties, and 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 Nineteenth day of November One thousand eight hundred and seventy three.

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1
813
Elizabeth Sutton or Sally
19th November
1873

N.B.—This Form shall
Superintendent of the
the Sheriff is obtained.

PETITION TO
RECEPT

1. Sheriff or Steward.
2. Clerk or Surrogate.

Unto the Honourable
of Dumfr

The P

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Medical Certificates,
your Petitioner's (?)
is at present in a stat
Asylum for the Insur
mission of the said
Southwick
into the the said Asyl

3. State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

DATED this Nov
eight hundred and

4. The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

If any of the Particu

1. Christian Name and Surname of Patien
length, ...
2. Sex and Age, ...
3. Married, Single, or Widowed, .
4. Condition of Life, and previous Occup
(if any), ...
5. Religious Persuasion, so far as known,
6. Previous Place of Abode, . .
7. Place where Found and Examined,
8. Length of time Insane, . .
9. Whether first Attack, . .
10. Age (if known) on first Attack, .
11. When and where previously under Exam
tion and Treatment, . .
12. Duration of existing Attack, .
13. Supposed Cause, . . .
14. Whether subject to Epilepsy, .
15. Whether Suicidal, . . .
16. Whether Dangerous to others, .
17. Parish or Union to which the Lunatic
Pauper) is Chargeable, . .
18. Date of becoming Chargeable, .
19. Christian Name and Surname, and Pla
Abode of nearest known Relative o
Patient, and degree of Relationship
known), and whether any Member of
Family known to be or to have been
sane, ...
20. Special circumstances (if any) preventing
insertion of any of the above particu

I certify, that, to the best of my kn

DATED this Twenty-second

(To be sig

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) Shire of Dumfries and his Substitutes,—

The Petition of John Irving Inspector of Poor Cummertrees Dumfriesshire humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Margaret Graham or Rae 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 Graham or Rae to the Southern Counties Asylum and to sanction her admission into the the said Asylum.

John Irving

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

DATED this Twenty second (4) day of November One thousand eight hundred and Seventy three

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Margaret Graham or Rae
2. Sex and Age,	Female. 54
3. Married, Single, or Widowed,	Widowed
4. Condition of Life, and previous Occupation (if any),	Domestic
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Hill moor Kirkpatrick Fleming
7. Place where Found and Examined,	Southern Counties Asylum, Dumfries
8. Length of time Insane,	
9. Whether first Attack,	Fifth attack
10. Age (if known) on first Attack,	46
11. When and where previously under Examination and Treatment,	Southern Counties Asylum Dumfries
12. Duration of existing Attack,	
13. Supposed Cause,	Not Known
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Yes
16. Whether Dangerous to others,	no
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Cummertrees
18. Date of becoming Chargeable,	7 Dec 1871
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Son. William Rae Farm Servant
20. Special circumstances (if any) preventing the 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 November One thousand eight hundred and Seventy three

(*To be signed by Party applying*) John Irving

P. P

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, James Gilchrist being a (1) a graduate of the University of Edinburgh and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Southern Counties Asylum Dumfries separately from any other Medical Practitioner visited and personally examined (4) Margaret Graham or Rae a pauper and that the said Margaret Graham or Rae is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)
Is much depressed answers questions when spoken to left home yesterday but cannot tell for what was all night

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, J Gilchrist MD

Place of Abode, Crichton House Dumfries

DATED this Twenty first day of November One thousand eight hundred and Seventy-three

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MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, John Smith being a (1) Graduate of Edinburgh University and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Southern Counties Asylum Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Margaret Graham or Rae a pauper and that the said Margaret Graham or Rae is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Has a depressed melancholic appearance, Monosyllabic to endeavours to answer questions is Incoherent & defective memory Informs me that she left home ~~yesterday~~ but why she left or where she has been she cannot tell.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Dr Gilchrist tells me that she came to the Asylum yesterday morning alone. I was unable to explain the reason why she left home. She has been resident in the District & has friends in the Asylum

Name and Medical Designation, John Smith M.

Place of Abode, 14 Castle Street Dumfries

DATED this twenty second day of November One thousand eight hundred and Seventy three,

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, James Gilchrist being (1) a graduate of the University of Edinburgh hereby certify, on soul and conscience, that I have this day, at (2) Southern Counties Asylum in the County of Dumfries, seen and personally examined Margaret Graham or Rae, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

James Gilchrist M.D.

DATED this Twenty first day of November One thousand eight hundred and Seventy three

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope, (1) Sheriff Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) John Irving, Inspector of Poor, Commissioners, Certificates under the hands of James Gilchrist, 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 Graham or Rae Highmoor, Kirkpatrick Fleming, and that the said Margaret Graham or Rae is a (5) person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Margaret Graham or Rae 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 Graham or Rae which accompanied the said Petition.

DATED this Twenty second day of November One thousand eight hundred and seventy three.

David Boyle Hope

To the Superintendent of the (7) Public Asylum of Southern Counties Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an Idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

814
Mary Graham or Rae
21st November
1873
"

N.B.—This Form shall
Superintendent of th
the Sheriff is obtaine

PETITION T
RECEP

Sheriff or Steward.
Shire or Stewartry.

Unto the Honourab
of ~~Lanark~~ Renfrewshire

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humbly sheweth t
Medical Certificate
your Petitioner's (
is at present in a s
Asylum for the In
mission of the said
Southern ho
into the the said A

* State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

† The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this *
eight hundred and

If any of the Part

1. Christian Name and Surname of Pa
length, ...
2. Sex and Age, . . .
3. Married, Single, or Widowed, .
4. Condition of Life, and previous Oc
(if any), . . .
5. Religious Persuasion, so far as know
6. Previous Place of Abode, . .
7. Place where Found and Examined,
8. Length of time Insane, . .
9. Whether first Attack, . .
10. Age (if known) on first Attack,
11. When and where previously under E
tion and Treatment, . .
12. Duration of existing Attack,
13. Supposed Cause, . . .
14. Whether subject to Epilepsy,
15. Whether Suicidal, . . .
16. Whether Dangerous to others,
17. Parish or Union to which the Luna
Pauper) is Chargeable, .
18. Date of becoming Chargeable,
19. Christian Name and Surname, and
Abode of nearest known Relative
Patient, and degree of Relation
known), and whether any Membe
Family known to be or to have
sane, ...
20. Special circumstances (if any) gover
insertion of any of the above par

I certify that, to the best of my

Dated this twenty fou
three years

(To b

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Renfrewshire *of* ~~Clapton Hurbert Hughes~~ *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 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 the said Asylum. three words deleted.

(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 ~~fourth~~ (4) day of November One thousand eight hundred and seventy three Years.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Jemima Scott.
2. Sex and Age,	female. 35.
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	out door worker.
5. Religious Persuasion, so far as known,	protestant
6. Previous Place of Abode,	66 King Street, Newton Stewart
7. Place where Found and Examined,	three weeks
8. Length of time Insane,	no
9. Whether first Attack,	1st
10. Age (if known) on first Attack,	at home the attacks were slight
11. When and where previously under Examination and Treatment,	3 weeks
12. Duration of existing Attack,	occasional attacks since birth of illegitimate child 11 years ago.
13. Supposed Cause,	No
14. Whether subject to Epilepsy,	occasionally
15. Whether Suicidal,	no
16. Whether Dangerous to others,	
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Penninghame Parish
18. Date of becoming Chargeable,	24th November 1873.
19. Christian Name 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. William Scott 66 King Street. Newton Stewart — no.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this twenty fourth day of November One thousand eight hundred and Seventy three Years

(To be signed by Party applying) J. Johnston
Inspector of Poor
Penninghame

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, James Clark being a (1) Licentiate of the Faculty of Physicians Surgeons Glasgow and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 66, King Newton Stewart, Wigtown in the County of separately from any other Medical Practitioner, visited and personally examined (4) Jemima Scott, Pauper 66. King St - Newton Stewart and that the said Jemima Scott - is a (5) Person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6).

She says, that she felt an impulse to take her life at times, & frequently the other use of her hands. She desires to be put under re

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Her Parents have observed her make several attempts to take away her life by throw and by stuffing articles of clothing into

Name and Medical Designation, James Clark, L.F.P.S.

Place of Abode, Newton Stewart

Dated this 24th day of November One thousand eight hundred and seventy three years.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a proper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, James Gibbons Dickson being a (1) Doctor of Medicine and being in actual practice as a (2) Doctor of Medicine hereby certify, on soul and conscience, that I have this day, at (3) 66 King Street Newton Stewart in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) Jemima Scott, Pauper 66 King Street Newton Stewart and that the said Jemima Scott is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6).

Confuses & suicidal impulses & frequent loss of self control. Restless & desponding. Only delusion can discover is, as to cause of present condition which she attributes own bite from a dog.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

often violent and requiring restraint subject to attacks of great & causeless fear

Mother & Sister

Name and Medical Designation, James R. Dickson M.D.

Place of Abode, Newton Stewart

Dated this twenty fourth day of November One thousand eight hundred and seventy three years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, ~~Macduff Rhind~~ (3) Sheriff Substitute of the (4) ~~Sheriffdom of Haddington and Berwick~~ having had produced to me, with a Petition at the instance of (5) John Johnston, Inspector of Poor for the parish of Penninghame Certificates under the hands of James Clark and James Gibbons 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 (6) Jemima Scott, Pauper. and that the said Jemima Scott 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 Jemima Scott as a Patient into the (8) ~~District~~ Asylum of the Southern Counties, Dumfries and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Jemima Scott which accompanied the said Petition.

DATED this ~~fourth~~ fourth day of November One thousand eight hundred and Seventy three years ~~Eight~~ words deleted. Ja

David Boyle Stoppe

To the Superintendent of the (9) 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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Semina Doutt
25th November
1873
11

N.B.—This Form shall
Superintendent of the
the Sheriff is obtained.

PETITION TO
RECEP

Sheriff or Steward,
Mayor or Secretary.

Unto the Honoured
Hillsborough
Yorkshire
The
humbly sheweth t
Medical Certificate
your Petitioner's (
is at present in a s
Asylum for the In
mission of the said
Northern Co
into the the said A

* State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

Dated this
eight hundred and

† The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

If any of the Par

1. Christian Name and Surname of Pa
length, . . .
2. Sex and Age, . .
3. Married, Single, or Widowed,
4. Condition of Life, and previous Oc
(if any), . .
5. Religious Persuasion, so far as know
6. Previous Place of Abode, .
7. Place where Found and Examined,
8. Length of time Insane, .
9. Whether first Attack, .
10. Age (if known) on first Attack,
11. When and where previously under R
tion and Treatment, .
12. Duration of existing Attack,
13. Supposed Cause, . .
14. Whether subject to Epilepsy,
15. Whether Suicidal, . .
16. Whether Dangerous to others,
17. Parish or Union to which the Luna
Pauper) is Chargeable, .
18. Date of becoming Chargeable,
19. Christian Name and Surname, and
Abode of nearest known Relativ
Patient, and degree of Relation
known), and whether any Mem
Family known to be or to have
sane, . . .
20. Special circumstances (if any) prev
insertion of any of the above par

I certify that, to the best of my

Dated this twenty fourth

(To

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Sheriffdom of Peebleshire ~~of Selkirk and Peebles~~ *and his Substitutes,—*

The Petition of John Johnston, Inspector of Poor for Peninghame

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Susan Harrity —

(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 Susan Harrity to the Southern Counties Asylum, Dumfries and to sanction her admission into the the said Asylum. Three words deleted.

J Johnston
Inspector of Poor

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this twenty fourth day of November One thousand eight hundred and three years.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Susan Harrity
2. Sex and Age,	female, 27.
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,	40 Queen street Newton Stewart
7. Place where Found and Examined,	
8. Length of time Insane,	2 years
9. Whether first Attack,	Yes
10. Age (if known) on first Attack,	
11. When and where previously under Examination and Treatment,	at home with father. 2 years.
12. Duration of existing Attack,	
13. Supposed Cause,	
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	no
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Penninghame parish
18. Date of becoming Chargeable,	24 November 1873.
19. Christian Name and Surname, and Place of Abode of nearest known 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, Michael Harrity 40 Queen St. Newton Stewart
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this twenty fourth day of November One thousand eight hundred and Seventy three years

(*To be signed by Party applying*) J Johnston
Inspector of Poor P. P.
for Penninghame

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(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) 40 Queen Street Newton Stewart Wigtown in the County of separately from any other Medical Practitioner, visited and personally examined (4) Susan Harrity, pauper 40 Queen Street, Newton Stewart and that the said Susan Harrity is a (5) Person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)
She is of very dirty habits. Her clothes and ... are always in a filthy condition—

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Her mother states that she eats human excrements and that she resists all attempts at changing her clothes, which has to be done by force.

Name and Medical Designation, James Clark, L.

Place of Abode, Newton Stewart

DATED this 2 day of November One thousand eight hundred and Seventy three years

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MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, James Gibbons Dickson being a (1) Doctor of medicine and being in actual practice as a (2) Doctor of medicine hereby certify, on soul and conscience, that I have this day, at (3) 40 Queen St Newton Stewart ——— in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) Susan Harrity Pauper. 40 Queen Street, Newton Stewart and that the said Susan Harrity is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)
All the mental faculties more or less impaired. Total change in all her habits. Formerly cleanly & tidy has become filthy in the extreme

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
parents. Repulsive and violent. Unstructure Unbearably filthy.

Name and Medical Designation, James G. Dickson

Place of Abode, Newton Stewart

DATED this twenty fourth day of November One thousand eight hundred and seventy three years —

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Macduff Rhind, Sheriff Substitute (1)
of the (2) Sheriffdom of Ayrshire & Wigtown
having had produced to me, with a Petition at the instance of (3) John Johnston Inspector of Poor for the parish of Cummingham
Certificates under the hands of James Clark
and Samuel Gibbons 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)
Susan Harrity pauper, Parish Steward and that the said
Susan Harrity is a (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 Harrity as a Patient into the (6) District Asylum of Southern Counties 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 Susan Harrity which accompanied the said Petition.

DATED this Twenty fourth day of November One thousand eight hundred and Seventy three Nine words deleted

David Boyle Hope

To the Superintendent of the (7) Asylum of Southern Counties Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

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Susan Harrity
25th November
1873
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N.B.—This Form shall not be used unless the Superintendent of the Asylum or the Sheriff is obtained.

PETITION TO
RECEPTI

Unto the Honourable

Burgess,

The Pe
humbly sheweth that
Medical Certificates,
your Petitioner's (*)
is at present in a state
Asylum for the Insane
mission of the said
Crichton
into the the said Asyl

DATED this
eight hundred and

If any of the Particul

1. Christian Name and Surname of Patien
length, ...
2. Sex and Age, ...
3. Married, Single, or Widowed, .
4. Condition of Life, and previous Occup
(if any), ...
5. Religious Persuasion, so far as known,
6. Previous Place of Abode, . .
7. Place where Found and Examined,
8. Length of time Insane, . .
9. Whether first Attack, . .
10. Age (if known) on first Attack, .
11. When and where previously under Exam
tion and Treatment, . .
12. Duration of existing Attack, .
13. Supposed Cause, . . .
14. Whether subject to Epilepsy, .
15. Whether Suicidal, . . .
16. Whether Dangerous to others, .
17. Parish or Union to which the Lunatic
Pauper) is Chargeable, . .
18. Date of becoming Chargeable, .
19. Christian Name and Surname, and Plac
Abode of nearest known Relative of
Patient, and degree of Relationship
known), and whether any Member of
Family known to be or to have been
sane, ...
20. Special circumstances (if any) preventing
insertion of any of the above particulars

I certify, that, to the Best of my kno

DATED this 19th

(To be sig

(*) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

(†) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

N. B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 Agnes Williamson, Upper Lenwick, Borgue, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John 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 John Williamson to the Crichton Asylum and to sanction his admission into the the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

Dated this 29th day of Nov. (4) One thousand eight hundred and Seventy three.

Agnes Williamson
John Dinwoodie Witness

(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 Williamson
2. Sex and Age,	Male. 24
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,	Upper Lenwick - Borgue.
7. Place where Found and Examined,	Upper Lenwick
8. Length of time Insane,	Six Months.
9. Whether first Attack,	Yes.
10. Age (if known) on first Attack,	24.
11. When and where previously under Examination and Treatment,	
12. Duration of existing Attack,	Six Months.
13. Supposed Cause,	not Known.
14. Whether subject to Epilepsy,	no.
15. Whether Suicidal,	no.
16. Whether Dangerous to others,	rather.
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 29th day of Nov. One thousand eight hundred and Seventy three

(*To be signed by Party applying*) Agnes 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.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Jno Johnstone
being a (1) M.D. of Edinr &c
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Upper Sowerick – Boyne?
in the County of Kirkcudbright
separately from any other Medical Practitioner,
visited and personally examined (4) John Williamson
and that
the said John Williamson is a (5) person of
unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) From his complete change of disposition and habits. formerly active in his habits, now cannot be induced to leave his bed. will not allow his clothes or person to be washed, to no one. and occasionally refuses food for some days at a time &c &c.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
similar to the above

Name and Medical Designation, Jno Johnstone M.D.

Place of Abode, Kirkcudbright

Dated this 24 day of Nov. One thousand eight hundred and 73.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, James M'. M'Culloch M.D. &c.
being a (1) Graduate of the University of Edinburgh
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) the Royal Crichton Asylum Dumfries
in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) John Williamson
and that
the said John Williamson is a (5) person of
unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Taciturn, dazed & obstinate; answers when elicited stupid & irrelevant. Wont say why he refuses to rise, wash & perform other requisites & decencies of life &c.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Great change of habits & thoughts. Wont rise out of bed. Refuses food & otherwise unreasonable

Name and Medical Designation, James M'. M'Culloch M.D.

Place of Abode, 16 Castle Street, Dumfries.

Dated this 29th day of November One thousand eight hundred and Seventy three years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, James Gilchrist being (1) a Graduate of the University of Edinburgh hereby certify, on soul and conscience, that I have this day, at (2) Crichton Royal Institution in the County of Dumfries, seen and personally examined John Williamson, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

James Gilchrist M.D.

DATED this Twenty eighth day of November One thousand eight hundred and Seventy three

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope, —— (1) Sheriff Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) Agnes Williamson Upper Lenwick Borgue, and John Embrodie, Inspector of Poor Dumfries Certificates under the hands of William Johnstone, —— and James M. M'Culloch, ——, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) John Williamson Upper Lenwick Borgue (Gillstone's spot) and that the said John 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 John Williamson —— as a Patient into the (6) Public Asylum of Crichton Institution and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said John Williamson which accompanied the said Petition.

DATED this Second day of December One thousand eight hundred and seventy three years.

David Boyle Hope

To the Superintendent of the (7) Public Asylum of Crichton Royal Institution Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1308
John Williamson
28th November
1873
"

N.B.—This Form shall re
Superintendent of the A
the Sheriff is obtained.

PETITION TO
RECEPTI

† Sheriff or Steward.
‡ Mayor or Provost.

Unto the Honourable
of Dum

The Pe

humbly sheweth tha

Medical Certificates,

* State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (*)

is at present in a state

Asylum for the Insta

mission of the said

Crichton Roy

into the the said Asyl

§ The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 28

eight hundred and 7

If any of the Particu

1. Christian Name and Surname of Patie
length, ...
2. Sex and Age, ...
3. Married, Single, or Widowed, .
4. Condition of Life, and previous Occup
(if any), ...
5. Religious Persuasion, so far as known,
6. Previous Place of Abode, . .
7. Place where Found and Examined,
8. Length of time Insane, . .
9. Whether first Attack, . .
10. Age (if known) on first Attack, .
11. When and where previously under Exam
tion and Treatment, . .
12. Duration of existing Attack, .
13. Supposed Cause, . . .
14. Whether subject to Epilepsy, .
15. Whether Suicidal, . . .
16. Whether Dangerous to others, .
17. Parish or Union to which the Lunatic
Pauper] is Chargeable, . .
18. Date of becoming Chargeable, .
19. Christian Name and Surname, and pr
Abode of nearest known Relative
Patient, and degree of Relationsh
known), and whether any Member o
Family known to be or to have be
sane, ...
20. Special circumstances (if any) preventi
insertion of any of the above particu

I certify, that, to the best of my kn

DATED this 28

(To be si

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(*) Sheriff or Steward.
(*) Shire or Stewartry.

Unto the Honourable the (*) Sheriff *of the* (*) Shire of Dumfries *and his Substitutes,—*

The Petition of Jane Burn of Kranwell Morpeth humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that

(*) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (*) husband, George Burn is at present in a state of Mental Derangement, and 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 Burn to the Crichton Royal Institution Dumfries and to sanction his admission into the the said Asylum.

Jane Burn

(*) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this ~~28th~~ 25th (*) day of November One thousand eight hundred and 73.

STATEMENT.

If any 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 Burn
2. Sex and Age,	male 52 years of age
3. Married, Single, or Widowed,	married
4. Condition of Life, and previous Occupation (if any),	Farmer + Corn merchant
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Kranwell
7. Place where Found and Examined,	Kranwell near morpeth, Northumberland
8. Length of time Insane,	four weeks
9. Whether first Attack,	Had a similar attack but not so bad, ten years since
10. Age (if known) on first Attack,	Forty two years
11. When and where previously under Examination and Treatment,	was not sent to an Asylum at that time was treated by Dr Gibb of Newcastle upon Tyne
12. Duration of existing Attack,	~~About~~ four weeks
13. Supposed Cause,	Unknown
14. Whether subject to Epilepsy,	Yes. Had four Epileptic fits about 4 years since
15. Whether Suicidal,	No.
16. Whether Dangerous to others,	Yes. He has threatened his attendants + 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 the Family known to be or to have been Insane,	Jane Burn Kranwell, Morpeth wife of the above George Burn ~~his~~ husband not known if any member 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 28th day of November One thousand eight hundred and 73.

(*To be signed by Party applying*) Jane Burn

P. P

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, 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 Duncan Ross being a (1) Licentiate of the Royal College of Surgeons of Ed and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Framwell Fe parish of morpeth Northumberland in the County of separately from any other Medical Practitioner, visited and personally examined (4) George Burn Farmer Fra parish of morpeth and that the said George Burn is a (5) person of unsound mind and a proper person to be detained 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 u deep melancholia fear hallucinations & delusions such that he thinks he is a beggar when he really is rich. His gene appearance & great dejection is very marked. He will not speak when spoken to.

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Robert Watterston one of his attendants states that he put his with the fire head on one occasion when a servant was chopp a pigs head with an axe put his foot forward so that he might have cut off his foot, testing for sensibility of feeling

Name and Medical Designation, Robert Duncan Ross Licentiate of the Royal Col of Surgeons of Edinbu

Place of Abode, Morpeth

DATED this 28th day of November One thousand eight hundred and seventy three

---

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a proper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Matthew Brownell being a (1) Member of the Royal College of Surgeon England and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Framwell Morpeth Northumberland in the County of separately from any other Medical Practitioner, visited and personally examined (4) George Burn, Farmer of Framwell Morpeth and that the said George Burn is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) His melancholy and dejected expression, his apathy and indifference to every thing around him, during my examination of him he refused to answer questions & give any account of himself or nature of his illness

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) His great restlessness, has scarcely slept since Sunday, has tried to injure himself by pushing his foot in fire, and placing it in the way of an axe as stated by of his attendants was using —

Name and Medical Designation, Matthew Brownell M.R.C.S.E. and L.S.A.

Place of Abode, Morpeth

DATED this 28 day of November One thousand eight hundred and Seventy three —

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, James Gilchrist being (1) a graduate of the University of Edinburgh hereby certify, on soul and conscience, that I have this day, at (2) Crichton Royal Institution in the County of Dumfries, seen and personally examined George Burn, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

James Gilchrist M.D.

DATED this Twenty eighth day of November One thousand eight hundred and Seventy three

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope, — (3) Sheriff Substitute of the (4) County of Dumfries, having had produced to me, with a Petition at the instance of (5) Jane Burn of Trammell, Morpeth Northumberland, — Certificates under the hands of Robert Duncan Rose — and Matthias Brumell, —, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (6) George Burn, farmer, Trammell aforesaid, Widower and that the said George Burn, — 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 George Burn, — as a Patient into the (8) 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 George Burn which accompanied the said Petition.

DATED this First day of December One thousand eight hundred and seventy three

David Boyle Hope

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.

1309
George Burn
28th November
1873

N.B.—This Form shall
Superintendent of the
the Sheriff is obtained.

PETITION TO
RECEP

† Sheriff or Steward.
‡ Mayor or Secretary.

Unto the Honourable
Wigtownshire
for the Burgh of Wigtown
The P
humbly sheweth th

Medical Certificates

* State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

is at present in a st
Asylum for the Insa
mission of the said
Southern Co
into the the said As

† The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this
eight hundred and

If any of the Part

1. Christian Name and Surname of Pa
length, . . .
2. Sex and Age, . . .
3. Married, Single, or Widowed,
4. Condition of Life, and previous Oc
(if any), . . .
5. Religious Persuasion, so far as known
6. Previous Place of Abode, .
7. Place where Found and Examined,
8. Length of time Insane, .
9. Whether first Attack, .
10. Age (if known) on first Attack,
11. When and where previously under E
tion and Treatment, .
12. Duration of existing Attack,
13. Supposed Cause, . .
14. Whether subject to Epilepsy,
15. Whether Suicidal, . .
16. Whether Dangerous to others,
17. Parish or Union to which the Luna
Pauper) is Chargeable, .
18. Date of becoming Chargeable,
19. Christian Name and Surname, and
Abode of nearest known Relativ
Patient, and degree of Relation
known), and whether any Membe
Family known to be or to have
sane, . . .
20. Special circumstances (if any) prece
insertion of any of the above part

I certify that, to the best of my

DATED this Fifth

(To be

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(*) Sheriff or Steward.
(*) Shire or Stewartry.

Unto the Honorable the (*) Sheriff *of the* (*) Counties of Wigtown & Kirkcudbright and his Substitutes for the Stewartry of Kirkcudbright

The Petition of John Hannah Inspector of Poor for the Parish of Kirkcudbright

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Murray M'Gowan ~~your Petitioner's~~ (*) 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 Murray M'Gowan to the Southern Counties asylum and to sanction her admission into the the said Asylum.

(*) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

John Hannah

(*) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Fifth (*) day of December 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,	Murray M'Gowan
2. Sex and Age,	Female
3. Married, Single, or Widowed,	Single about 40 years.
4. Condition of Life, and previous Occupation (if any),	Teacher of music
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Kirkcudbright
7. Place where Found and Examined,	Kirkcudbright
8. Length of time Insane,	four days
9. Whether first Attack,	not known
10. Age (if known) on first Attack,	not known
11. When and where previously under Examination and Treatment,	— No
12. Duration of existing Attack,	four days
13. Supposed Cause,	not known
14. Whether subject to Epilepsy,	not known
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,	Fifth Dec. 1873
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Miss M'Gowan St Marys Kirkcudbright Sister Not known
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Fifth day of December One thousand eight hundred and Seventy Three

(*To be signed by Party applying*) John Hannah Insp

P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or an insane person, 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 Rand Fellow of the being a (1) College of Physicians 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 St. Kirkcudbright in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) Miss Murray McGowan and that the said Miss Murray McGowan is a (5) Person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)

Inability to answer any questions. Strong abusive & violent talking, & occasional disposition to violence

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, John Rand M.D.

Place of Abode, Kirkcudbright

Dated this 5th day of December One thousand eight hundred and Seventy three.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Wm Johnstone being a (1) Graduate of the University of Edinburgh and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) High Street Kirkcudbright in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) Miss Murray McGowan Pauper and that the said Miss Murray McGowan is a (5) Lunatic and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)

From her extreme violence - complete stupidness - refusing - or inability to answer questions.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, Wm Johnstone M.D.

Place of Abode, Kirkcudbright

Dated this fifth day of December One thousand eight hundred and Seventy three.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) 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) Advocate, Sheriff Substitute of the (2) Stewartry of Kirkcudbright having had produced to me, with a Petition at the instance of (3) John Hannah

Certificates under the hands of John Thomson and William Johnston, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Murray McGowan, a Pauper, and that the said Murray McGowan is a (5) pauper unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Murray McGowan 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 Murray McGowan which accompanied the said Petition.

DATED this Fifth day of December One thousand eight hundred and Seventy three.

Alex Nicolson

To the Superintendent of the (7) Southern Counties Asylum of Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

N.B.—This Form sh
Superintendent of
the Sheriff is obtai

PETITION
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Unto the Hono
of Bru

To Sheriff or Steward.
" Shire or Stewartry.

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Mary Lockerbie

Mary Lockerbie

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Medical Certific
is at present in
Asylum for the
mission of the s
Southern
into the said As

* The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this
eight hundred a

If any of the Pa

1. Christian Name and Surname of P
length, . . .
2. Sex and Age, . .
3. Married, Single, or Widowed, .
4. Condition of Life, and previous Oc
(if any), . .
5. Religious Persuasion, so far as know
6. Previous Place of Abode, .
7. Place where Found and Examined,
8. Length of time Insane, .
9. Whether first attack, .
10. Age (if known) on first Attack,
11. When and where previously under
tion and Treatment, .
12. Duration of existing Attack,
13. Supposed Cause, . .
14. Whether subject to Epilepsy,
15. Whether Suicidal, . .
16. Whether Dangerous to others,
17. Parish or Union to which the Luna
Pauper) is Chargeable, .
18. Date of becoming Chargeable, .
19. Christian Name and Surname, and
Abode of nearest known Relati
Patient, and degree of Relatio
known), and whether any Mem
Family known to be or to have
sane, . . .
20. Special circumstances (if any) pecu
insertion of any of the above par

I certify, that, to the best of my

DATED this 75

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817
Murray McGowan
5th Glenkin
1873

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

20 & 21 *Vict., Cap.* 71, *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) County *of* Dumfries *and his Substitutes,—*

The Petition of William Moffat Stodehill

Mary Lockerbie

Mary Lockerbie

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Grace Cunningham Stodehill is at present in a state of Mental Derangement, and 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 Cunningham to the Southern Counties Asylum and to sanction her admission into the said Asylum.

(SIGNATURE) William Moffat

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 8th (3) day of December One thousand eight hundred and Seventy three

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STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Grace Cunningham
2. Sex and Age,	Female - 53 yrs
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Domestic Servant
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Lockerbie
7. Place where Found and Examined,	Stod-a-hill Cottage, Lockerbie
8. Length of time Insane,	4 or 5 days
9. Whether first attack,	First
10. Age (if known) on first Attack,	53 years.
11. When and where previously under Examination and Treatment,	Never
12. Duration of existing Attack,	4 or 5 days
13. Supposed Cause,	Unknown - Perhaps fatigue
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	James Cunningham - Brother Carlisle - Ann Cunningham - sister died in Dumfries 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.

(SIGNATURE)* *Name,* William Moffat

DATED this 8th day of December One thousand eight hundred and Seventy 3

* To be signed by the Party applying.

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, William Buchanan being a (1) Doctor of Medicine (Glasgow University) and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Stobhill in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Grace Cunningham and that the said Grace 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) Violent excitement, refusing to take food. tears off her clothes

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her sister says she has not slept since coming here 2 days ago.

(SIGNED) *Name and Medical Designation,* William Buchanan M.B.

Place of Abode, Lochrubin

DATED this 6th day of December One thousand eight hundred and seventy three

---

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, John Smith being a (1) Graduate of Edinburgh University and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Counties Asylum Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4), Grace Cunningham, Domestic Servant, Lochrubin and that the said Grace 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) Violent excitement & restlessness & speech

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her attendant informs me that since she came to the Institution on Saturday last she has been suffering from great mental excitement leaving her clothes

(SIGNED) *Name and Medical Designation,* John Smith M.B.

Place of Abode, Dumfries

DATED this 8th day of December One thousand eight hundred and seventy three

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period of twenty-four hours without the Order of the Sheriff, and shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a Second Medical Certificate and the Order of the Sheriff.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that Grace Cunningham is a (1) person of unsound mind, hereby further certify that the Case of the said Grace Cunningham is One of Emergency, and I recommend the immediate removal of the said Grace Cunningham to an Asylum accordingly.

Name, William Macindoe M. D.

Place of Abode, Lochrubie

DATED this 6th day of December One thousand eight hundred and twenty three

(1) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope, — (1) Sheriff Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) William Moffat, Rodahill Cottage Lochrubie, Certificates under the hands of William Macindoe, 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 Cunningham, Rodahill Cottage, Lochrubie, and that the said Grace 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 Grace Cunningham, — 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 Cunningham which accompanied the said Petition.

(~~SIGNATURE~~) David Boyle Hope

DATED this Eighth day of December One thousand eight hundred and twenty three.

To the Superintendent of the (7) Public *Asylum of* Southern Counties Dumfries

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, or Private.
(7) Public, District, or Private.

25 and 26

APPLICATION TO THE GEN
TRANSFER OF A PATIE

I, the undersigned John
being desirous to transfer Ro
at present a Patient in the Roy
a Pauper Lunatic off
Inspector for Ballarat Counties A
the Board to such transfer; and I
Robert Gibson
respect to her mental and bod

DATED at Lynrowhirk
One thousand eight hundred and

1. Christian Name and Surname of
length, . . .
2. Sex and Age, . .
3. Married, Single, or Widowed,
4. Condition of Life, and Previous O
(if any), . .
5. Religious Persuasion, so far as kn
6. Date of Admission into Asylum,
7. Length of time Insane,
8. Whether first Attack,
9. Age (if known) on first Attack,
10. Duration of existing Attack,
11. Supposed Cause, . .
12. Whether subject to Epilepsy,
13. Whether Suicidal, .
14. Whether Dangerous to others,
15. Parish to which the Lunatic (if a
Chargeable, . .
16. Christian Name and Surname,
of Abode of nearest known
the Patient, and degree of
(if known), and whether any
the Family known to be, or to
Insane, . . .

I certify that, to the best of m

(To be signed by the Appli

DATED this first day
hundred and twenty-th

N.B.—The foregoing particul
whose care the Patient is to be tra

818
Grace Cunningham
6th December
1873

245

[Form B²]

25 and 26 Vict. Cap. 54, Sect. 16.

APPLICATION TO THE GENERAL BOARD OF LUNACY TO GRANT TRANSFER OF A PATIENT FROM ONE ASYLUM TO ANOTHER.

I, the undersigned John Laurie being desirous to transfer Robert Gibson Glasgow at present a Patient in the Royal Lunatic Asylum, Gartnavel and (¹) a Pauper Lunatic of the Parish of Which I am from the said Asylum to the Inspector Dodhum Counties Asylum, Dumfries hereby request the authority of the Board to such transfer; and I subjoin a Statement of Particulars regarding the said Robert Gibson 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 Laurie
Insp^r. of Poor, Tynron, Thornhill (Sam)

Dated at Tynronkirk this first day of December One thousand eight hundred and seventy three Years.

STATEMENT.

1. Christian Name and Surname of Patient at length,	Robert Gibson
2. Sex and Age,	Male, 21 years
3. Married, Single, or Widowed,	Single.
4. Condition of Life, and Previous Occupation (if any),	Coachman's son; Gardener
5. Religious Persuasion, so far as known,	Protestant
6. Date of Admission into Asylum,	25 September 1873
7. Length of time Insane,	About 10 weeks
8. Whether first Attack,	First
9. Age (if known) on first Attack,	21 years
10. Duration of existing Attack,	Not known
11. Supposed Cause,	Unknown
12. Whether subject to Epilepsy,	No.
13. Whether Suicidal,	Doubtful — suspected —
14. Whether Dangerous to others,	No —
15. Parish to which the Lunatic (if a Pauper) is Chargeable,	Tynron
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 the Family known to be, or to have been Insane,	John Gibson, Tynronkirk, — Father — not so far as known to Applicant

I certify that, to the best of my knowledge, the above particulars are correctly stated.

(*To be signed by the Applicant*) John Laurie

Dated this first day of December One thousand eight hundred and seventy three

N.B.—The foregoing particulars are required for the information of the authorities to whose care the Patient is to be transferred.

MEDICAL CERTIFICATE.

I, the undersigned Alexander Mackintosh M.B.

(1) State Medical Qualification.
(2) Name Asylum.

being (1) duly admitted a Member of the Royal College of Physicians Surgeons of Edinburgh hereby certify that I have this day at (2) the Glasgow Royal Asylum Gartnavel personally examined Robert Gibson at present a Patient in said Asylum, and with respect to his Mental State that he is delusional -

; and with respect to his Bodily Health and Condition that they are unwell

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 Southern Counties

Alexander Mackintosh M.B.

DATED this second day of December One thousand eight hundred and seventy three.

SANCTION BY THE BOARD OF LUNACY.

(Under this Sanction a Patient may be Transferred without an Order of the Sheriff.)

(1) Insert at whose instance the Lunatic is detained, or the nearest known Relative of the Lunatic, or the Inspector of the Parish by which the expense of the maintenance of the Lunatic is defrayed.

Application having been made to the Board by (1) the Inspector of Poor Tynron to authorize the transfer of Robert Gibson from Glasgow Royal Asylum to Dumfries Royal Asylum, and the Board having considered such application and the accompanying Medical Certificate, do hereby authorize the transfer of the said Robert Gibson as requested.

James Stone Commissioner.

DATED at Edinburgh, this 3 day of December One thousand eight hundred and seventy three.

Order cannot be acted on after 14 days -

Date of Sheriff's Order 25 Sept. 1873.

1/819
Robert Gibson
Dec 6th
1873

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap. 54, Sect. 14.*

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 Robert C. Lupton. Insp.r of Poor Newluce

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary Chalmers (M.S.) Gibb.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (3) Registered Pauper on Newluce Roll is at present in a state of Mental Derangement, and 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 Chalmers (M.S.) Gibb. to the Southern Counties Asylum, Dumfries and to sanction her admission into the the said Asylum.

Robert C. Lupton

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this Second (4) day of December One thousand eight hundred and Seventy three years.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Mary Chalmers (M.S.) Gibb
2. Sex and Age,	F. aged 71 years.
3. Married, Single, or Widowed,	Widowed
4. Condition of Life, and previous Occupation (if any),	Pauper. formerly Farm Servants Wife
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Most of life spent in Newluce and neighbouring Parishes of Wigtownshire
7. Place where Found and Examined,	Newluce
8. Length of time Insane,	observed her more or less out of her usual way at times – for 3 weeks or a month
9. Whether first Attack,	– Yes –
10. Age (if known) on first Attack,	71
11. When and where previously under Examination and Treatment,	–
12. Duration of existing Attack,	About ten days. much excited conversing
13. Supposed Cause,	Pride. poverty and lameness of diet – Tea continually
14. Whether subject to Epilepsy,	– No
15. Whether Suicidal,	– No
16. Whether Dangerous to others,	– Not yet.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Newluce
18. Date of becoming Chargeable,	24th April 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 her Family known to be or to have been Insane,	Mrs Finnedie. 24 Elderslie Street Anderston. Glasgow. is a Daughter. No. Her daughter states that the Patient's mother was similarly affected before her death.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify that, to the best of my knowledge, the above particulars are correctly stated.

Dated this Second day of December One thousand eight hundred and Seventy-three -

(*To be signed by Party applying*) Robert C. Lupton.
Insp.r 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, W^m McConnochie
being a (1) Licentiate of the Royal College of Physicians Edinburgh
and being in actual practice as a (2) a General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Hard Craft
Parish of New Luce in the County of
Wigtown separately from any other Medical Practitioner,
visited and personally examined (4) Mary Gibb or Chalmers
and that
the said ~~Mary Gibb or Chalmers~~ Mary Gibb or Chalmers is a (5) person of unsound
~~the said Mary Gibb or Chalmers~~ and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Has an overbearing appearance, wears gowns, States that her boots were taken out and dressed up again &c she is very wealthy and the whole Parish, except one, [illegible] upon her wealth, that a Splendid house is getting up for her at Dunragit
2. Other facts (if any) indicating Insanity communicated to me by others: (7)
James McKenzie Merchant States that he called upon him demanding the bags of Gold that he had locked up belonging to her

Name and Medical Designation, W^m McConnochie L.R.C.S.

Place of Abode, Glenluce

Dated this second day of December One thousand eight hundred and seventy three years.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, David Easton
being a (1) Doctor of medicine and Licentiate of the Royal College of Surgeons of Edinburgh
and being in actual practice as a (2) General practitioner
hereby certify, on soul and conscience, that I have this day, at (3) New Luce
in the County of Wigtown separately from any other Medical Practitioner,
visited and personally examined (4) Mary Gibb or Chalmers a pauper
and that
the said Mary Gibb or Chalmers is a (5) person of unsound mind.
and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) She talks in an excited and incoherent manner and labours under a variety of delusions. She thinks that her daughter has a large sum of money belonging to her, and that the hands of a number of farmers and that they are all plotting to take her life in order to secure the money for themselves. And that she has already been attacked by Knocked down, and fled but that some one always came to her assistance. On this occasion she became very much excited and almost unmanageable &c &c
2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Peter Gordon and his wife Elisabeth Gordon with whom Chalmers is staying, state that she does not sleep well at night but is constantly raving and muttering. That she imagines that her money &c &c are locked in a box, and kept by a merchant in the Village. That during the night she hears her enemies coming down the chimney &c &c and that they are keeping her son also locked up. and that sometimes she is very much excited &c &c

Name and Medical Designation, David Easton M.D. L.R.C.S.

Place of Abode, Stranraer

Dated this first day of December One thousand eight hundred and seventy three.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Macduff Rhind Esqre Advocate (1) Sheriff Substitute
of the (2) County of Wigtown
having had produced to me, with a Petition at the instance of (3) Robert C. Lupton Inspector of Poor of the Parish of New Luce
Certificates under the hands of William McCormack, Surgeon Glenluce
and David Easton, 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)
Mary Gibb or Chalmers a pauper on New Luce Roll and that the said
Mary Gibb or Chalmers is a (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 Gibb or Chalmers as a Patient into the (6) District Asylum of Southern Counties, Dumfries and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mary Gibb or Chalmers which accompanied the said Petition.

DATED this Fourth day of December One thousand eight hundred and seventy three years.

M. Rhind

To the Superintendent of the (7) District
Asylum of
Southern Counties
Dumfries

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1

1/820
Mary Gibbon Chalmers
10th December
1873

N.B.—This Form shall not
Superintendent of the A
the Sheriff is obtained.

PETITION TO
RECEPTI

* Sheriff or Steward.
† Sirs or Sheriffs.

Unto the Honourable
of

The Pe

humbly sheweth that

Medical Certificates,

* State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (*)
is at present in a state
Asylum for the Insan
mission of the said
into the the said Asyl

† The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this
eight hundred and

If any of the Particu

1. Christian Name and Surname of Patie
length, ...
2. Sex and Age, ...
3. Married, Single, or Widowed, .
4. Condition of Life, and previous Occu
(if any), ...
5. Religious Persuasion, so far as known,
6. Previous Place of Abode, . .
7. Place where Found and Examined,
8. Length of time Insane, . .
9. Whether first Attack, . .
10. Age (if known) on first Attack, .
11. When and where previously under Exa
tion and Treatment, . .
12. Duration of existing Attack, .
13. Supposed Cause, . . .
14. Whether subject to Epilepsy, .
15. Whether Suicidal, . . .
16. Whether Dangerous to others, .
17. Parish or Union to which the Lunatic
Pauper) is Chargeable, . .
18. Date of becoming Chargeable, .
19. Christian Name and Surname, and Pl
Abode of nearest known Relative
Patient, and degree of Relationsh
known), and whether any Member
Family known to be or to have be
sane, ...
20. Special circumstances (if any) prevenli
insertion of any of the above particu

I certify, that, to the best of my k

DATED this
Home Secre

(To be s

N. B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Shire of Dumfries *and his Substitutes,—*

The Petition of John Robertson, Baker, Right Hon ston Cumberland

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Caven, Wigton, Cumberland

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (3) Brother in law is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said James Caven to the Southern Counties Asylum and to sanction his admission into the the said Asylum.

John Robertson

(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 December One thousand eight hundred and Seventy three years

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	James Caven
2. Sex and Age,	male, aged 38 years.
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Clerk in an Office
5. Religious Persuasion, so far as known,	Roman Catholic
6. Previous Place of Abode,	Dumfries — Wigton, Cumberland, for the last 3 months
7. Place where Found and Examined,	High Street, Wigton Cumberland at the house of his sister Mrs Jane Robertson
8. Length of time Insane,	A few days — First attack.
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,	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,	Jane Robertson, wife of John Robertson, Baker & Grocer, High Street, Wigton — not known that any member of this family has previously 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 13th day of December One thousand eight hundred and Seventy three years.

(*To be signed by Party applying*) John Robertson

P. 9

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an Idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Robert Tiffen
being a (1) Doctor of Medicine of St Andrews Univ
Member of Royal College of Surgeons of England
and being in actual practice as a (2) General Medicine Practi
hereby certify, on soul and conscience, that I have this day, at (3) the house of Jo
Robertson, Baker, High St, Wigton,
Cumberland in the County o
separately from any other Medical Practitioner
visited and personally examined (4) James Caven, a pa
residing at the same place, Clerk in Asylum, and tha
the said James Caven is a (5) person of
unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Vacant
appearance of countenance, staring of the eyes, wide apart
if at all, incoherent in speech, the subject of one sa
from chronic mental depression.—

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Ja
Robertson, sister of the Lunatic, informs me that he a
best part of the window of her house yesterday, & that
what he was doing & that has not conversed rational
and that he distinctly refuses food or any nourishment
Fears of being afraid of molestation
by some unknown person

Name and Medical Designation, Robert Tiffen, M

Place of Abode, Wigton, Cumberland

DATED this Eleventh day of December One thousand eight
hundred and seventy three.—

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Hugh Cunningham
being a (1) Member of the Royal College of Physicians in Edinbu
and of the Faculty of Physicians and Surgeons in Glasg
and being in actual practice as a (2) Physician and Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Southern Asylum
Dumfries in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) James Caven, Clerk, A
Cumberland, and that
the said James Caven is a (5) person of unsou
mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) There is a vacant
appearance of the countenance, and he
cannot believe that he is in the Southern Co
Asylum, and forgets everything that has pass

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, Hugh Cunningham
L.R.C.S. Edin. L.R.C.P.

Place of Abode, Dumfries

DATED this Thirteenth day of December One thousand eight
hundred and seventy three years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, Thomas Anderson of the Dumfries & Galloway Royal Infirmary & Edenhall being (1) Bachelor of Medicine hereby certify, on soul and conscience, that I have this day, at (2) Southern Counties Asylum in the County of Dumfries, seen and personally examined James Caven, Moston, and that the said person is of unsound mind, and 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 Anderson MB

DATED this Eleventh day of December One thousand eight hundred and Seventy three years.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) John Robertson Baker High Street Wigton Cumberland Certificates under the hands of Robert Iffen and Hugh Cunningham, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) James Caven, Wigton, Cumberland, & Mr Robertson and that the said James Caven is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said James Caven as a Patient into the (6) Public Asylum of Southern Counties 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 Caven which accompanied the said Petition.

DATED this Thirteenth day of December One thousand eight hundred and Seventy three years

David Boyle Hope

To the Superintendent of the (6) Public *Asylum of* Southern Counties Dumfries

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an Idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

N.B.—This Form shall
Superintendent of t
the Sheriff is obtain

PETITION T
RECE

[a] Sheriff or Steward.
[b] Shire or Stewartry.

Unto the Honour
of [a] D

Th

humbly sheweth
Medical Certificat
your Petitioner's
is at present in a
Asylum for the
mission of the sai
Southern
into the the said

[c] State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

[d] The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this
eight hundred an

If any of the

1. Christian Name and Surname of length, . . .
2. Sex and Age, . . .
3. Married, Single, or Widowed,
4. Condition of Life, and previous (if any), . .
5. Religious Persuasion, so far as kn
6. Previous Place of Abode, .
7. Place where Found and Examined
8. Length of time Insane, .
9. Whether first Attack, .
10. Age (if known) on first Attack,
11. When and where previously under tion and Treatment, .
12. Duration of existing Attack,
13. Supposed Cause, . .
14. Whether subject to Epilepsy,
15. Whether Suicidal, . .
16. Whether Dangerous to others,
17. Parish or Union to which the L Pauper), is Chargeable, .
18. Date of becoming Chargeable,
19. Christian Name and Surname, a Abode of nearest known Rela Patient, and degree of Relat known), and whether any Me Family known to be or to ha sane, . . .
20. Special circumstances (if any) pro insertion of any of the above p

I certify, that, to the best of

DATED this 12th

(7

£21
v. James Cavers
11th December
1873

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) Shire of Dumfries *and his Substitutes,—*

The Petition of Peter Gordon Inspector of Poor Kirkcowan humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Ann Orr, Domestic Servant Kirkcowan your Petitioner's (3) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Ann Orr 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.

Peter Gordon Inspector of Poor Kirkcowan

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 12th (4) day of December One thousand eight hundred and Seventy three years.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Ann Orr
2. Sex and Age,	Female aged 41
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Poor Domestic Servant
5. Religious Persuasion, so far as known,	Protestant U. P.
6. Previous Place of Abode,	Kirkcowan
7. Place where Found and Examined,	Kirkcowan
8. Length of time Insane,	Say one week, decidedly Insane
9. Whether first Attack,	not the 3d Attack
10. Age (if known) on first Attack,	
11. When and where previously under Examination and Treatment,	Gartnavel Asylum
12. Duration of existing Attack,	observed coming on for over 2 weeks
13. Supposed Cause,	not Known
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	not as yet
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Kirkcowan Parish
18. Date of becoming Chargeable,	12th Dec. 1873
19. Christian Name 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 Orr, Kirkcowan, Father None of the Family known to be Insane or of having been so
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	none whatever

I certify, that, to the best of my knowledge, the above particulars are correctly stated

DATED this 12th day of December One thousand eight hundred and Seventy three

(*To be signed by Party applying*) Peter Gordon
Inspr. of Poor
Kirkcowan

P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Robert B. Selby being a (1) M.B. & Licentiate of the College of Surgeons and being in actual practice as a (2) Medical practitioner hereby certify, on soul and conscience, that I have this day, at (3) Kirkcowan in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) Anne Orr — pauper and that the said Anne Orr is a (5) person of unsound mind and a proper person to be detained 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 fancies other people lay them as suffering or to hear. Alteration in habits — sits without speaking or taking interest in household affairs — & again — moves about more bringing her hands
2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Sleeps little or none at night — by her mother. Can scarcely be persuaded to take food — that she thinks her soul is lost

Name and Medical Designation, Robert B. Selby M.B. & L.R.C.S.

Place of Abode, Kirkcowan

Dated this 12th day of December One thousand eight hundred and Seventy three

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MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.* Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Thomas Anderson being a (1) Bachelor of medicine of the University of Edinburgh and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) the Southern Counties Asylum in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Ann Orr, Domestic Servant. Kirkcowan. a pauper and that the said Ann Orr is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) (1) She refuses to answer questions. (2) She shakes in monosyllables & does not comprehend the situation in which she is placed. (3) Her aspect is one of great depression
2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, Thomas Anderson M.B.

Place of Abode, Crichton Royal Institution

Dated this twelfth day of December One thousand eight hundred and Seventy three years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, Robert B. Selby
being (1) M.D. & Licentiate of Royal College of Surgeons Edinburgh
hereby certify, on soul and conscience, that I have this day, at (2) Kirkconnan
in the County of Nytown, seen and personally examined Anne Orr
pauper, and that the said Anne Orr
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Robert B. Selby

DATED this 12th day of December One thousand eight hundred and Seventy three years

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

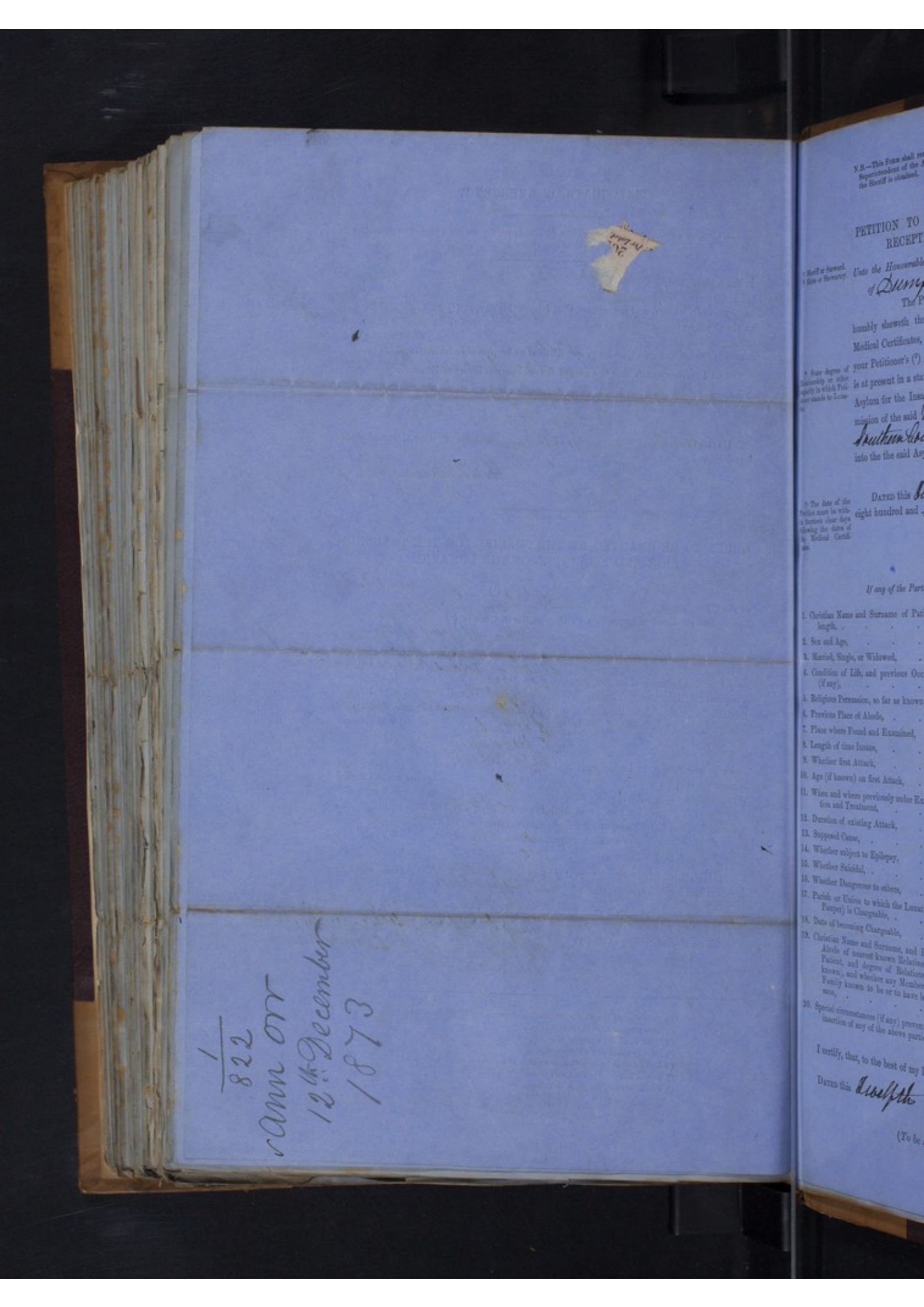
I, David Boyle Hope, Esq. (3) Sheriff Substitute
of the (4) County of Dumfries
having had produced to me, with a Petition at the instance of (5) Peter Gordon,
Inspector of Poor, Kirkconnan
Certificates under the hands of Robert B. Selby
and Thomas Anderson, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (6)
Ann Orr Domestic Servant, Kirkconnan (a pauper) and that the said
Ann Orr, 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 Orr 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 Orr which accompanied the said Petition.

DATED this Thirteenth day of December One thousand eight hundred and Seventy three years

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.



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Ann Orr
12th December
1873

N.B.—This Form shall re
Superintendent of the
the Sheriff is obtained.

PETITION TO
RECEPT

Sheriff or Steward.
Sire or Stewartry.

Unto the Honourable
of Dum
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Medical Certificates,

State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

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is at present in a sta
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The date of the Petition must be within fourteen clear days following the dates of the Medical Certificate.

DATED this
eight hundred and

If any of the Part

1. Christian Name and Surname of Pat
length, ...
2. Sex and Age, . . .
3. Married, Single, or Widowed, .
4. Condition of Life, and previous Occ
(if any), ...
5. Religious Persuasion, so far as known
6. Previous Place of Abode, . .
7. Place where Found and Examined,
8. Length of time Insane, . .
9. Whether first Attack, . .
10. Age (if known) on first Attack, .
11. When and where previously under Ex
tion and Treatment, . .
12. Duration of existing Attack, .
13. Supposed Cause, . . .
14. Whether subject to Epilepsy, .
15. Whether Suicidal, . . .
16. Whether Dangerous to others, .
17. Parish or Union to which the Lunat
Pauper) is Chargeable, . .
18. Date of becoming Chargeable, .
19. Christian Name and Surname, and
Abode of nearest known Relative
Patient, and degree of Relation
known), and whether any Member
Family known to be or to have
sane, ...
20. Special circumstances (if any) preven
insertion of any of the above parti

I certify, that, to the best of my

DATED this

(To be

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff — *of the* (2) County — of Dumfries — *and his Substitutes,*—

The Petition of Alex Ferguson, Insp. of Drs. Dryfesdale humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that William Gardiner a Pauper under your Petitioner's (3) charge as Inspector of Poor is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said William Gardiner — — 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.

Alex Ferguson Insp. of Poor

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this twelfth (4) day of December — One thousand eight hundred and twenty-three

---

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	William Gardiner
2. Sex and Age,	Male 60 years of age
3. Married, Single, or Widowed,	Single - Previous occupation Tailor
4. Condition of Life, and previous Occupation (if any),	
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Resided always in Lochrubin
7. Place where Found and Examined,	Lochrubin
8. Length of time Insane,	About two
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,	a few days
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,	Dryfesdale
18. Date of becoming Chargeable,	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,	Mary Gardiner, Sister in Lochrubin No member of the family known to have been insane —
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	— — — —

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this twelfth day of December — One thousand eight hundred and twenty-three

(*To be signed by Party applying*) Alex Ferguson, Insp.

P.P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.* Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or an insane person, 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 Macindoe
being a (1) Doctor of Medicine (Glasgow University)
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Lochrubin
in the County of Dumfries
separately from any other Medical Practitioner,
visited and personally examined (4) William Gardiner
and that
the said William Gardiner is a (5) person
of unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)
Refuses food - is the subject of delusions
and is suspicious of anything that is offered
him in the way of food -

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, William Macindoe
Doctor of Medicine

Place of Abode. Lochrubin

DATED this Twenty fifth day of December One thousand eight
hundred and seventy three

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.* Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, James Hogarth Wilson
being a (1) 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) Lochrubin
in the County of Dumfries
separately from any other Medical Practitioner,
visited and personally examined (4) William Gardiner
and that
the said William Gardiner is a (5) person
of unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Depression & Refusal of food & labouring under delusions, in regard to poisons, & suspicious of his friends

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, Jas J. Wilson
Surgeon

Place of Abode.

DATED this 12th day of December One thousand eight
hundred and 73

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) 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 Thom (1) Sheriff Substitute
of the (2) County of Dumfries,
having had produced to me, with a Petition at the instance of (3) Alexander Ferguson,
Inspector of Poor, Dryfesdale,
Certificates under the hands of William Macindoe,
and James Thomson Wilson, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
William Gardiner, Lochrerbie, a Pauper and that the said
William Gardiner is a (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 Gardiner 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 Gardiner which accompanied the said Petition.

DATED this Thirteenth day of December One thousand eight hundred and seventy three years.

James Thom

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or as insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

N.B.—This Form shall
Superintendent of the
the Sheriff is obtained.

PETITION TO
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† Sheriff or Steward.
‡ Side or Steward.

Unto the Honourable
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Medical Certificates

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Asylum for the In
mission of the said
Dumfries Southern
into the the said A

* State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

* The date of the Petition must be within fourteen clear days following the date of the Medical Certificates.

Dated this
eight hundred and

, any of the Par

1. Christian Name and Surname of Pa
length, . . .
2. Sex and Age, . . .
3. Married, Single, or Widowed,
4. Condition of Life, and previous Oc
(if any), . . .
5. Religious Persuasion, so far as know
6. Previous Place of Abode, .
7. Place where Found and Examined,
8. Length of time Insane, .
9. Whether first Attack, .
10. Age (if known) on first Attack,
11. When and where previously under E
tion and Treatment, .
12. Duration of existing Attack,
13. Supposed Cause, . .
14. Whether subject to Epilepsy,
15. Whether Suicidal, . .
16. Whether Dangerous to others,
17. Parish or Union to which the Luna
Pauper) is Chargeable, .
18. Date of becoming Chargeable,
19. Christian Name and Surname, and
Abode of nearest known Relativ
Patient, and degree of Relation
known), and whether any Membe
Family known to be or to have
sane, . . .
20. Special circumstances (if any) preven
insertion of any of the above part

I certify that, to the best of my

Dated this Sudenik

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823
William Gardiner
13th December
1873
"

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) County of Dumfriesshire *and his Substitutes,—*

The Petition of William Carlyle Inspector of Poor Gretney humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that William Steel Rigg of Gretney 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 Steel to the Dumfries 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.

William Carlyle

(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 December One thousand eight hundred and Seventy three

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STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	William Steel
2. Sex and Age,	42 Years
3. Married, Single, or Widowed,	married
4. Condition of Life, and previous Occupation (if any),	a Tailor
5. Religious Persuasion, so far as known,	a Protestant
6. Previous Place of Abode,	Kelhead.
7. Place where Found and Examined,	Rigg Gretna
8. Length of time Insane,	unknown first attack
9. Whether first Attack,	
10. Age (if known) on first Attack,	42 Years
11. When and where previously under Examination and Treatment,	not previously under treatment
12. Duration of existing Attack,	two month
13. Supposed Cause,	Dissipation
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	Suicidal
16. Whether Dangerous to others,	Dangerous
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Gretney
18. Date of becoming Chargeable,	15th December 73
19. Christian Name and Surname, and Place of Abode of nearest known 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 Steel Agnes Steel Rigg Gretna brother & 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 Sixteenth day of December One thousand eight hundred and Seventy three

(*To be signed by Party applying*) William Carlyle

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an Idiot, or a person of unsound mind.

I, the undersigned, James Carruthers being a (1) Licentiate of the Royal College of Surgeons of Edinburgh and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Rigg in the Parish of Gretna in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) William Steel, tailor at Rigg, pauper, and that the said William Steel is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Great depression of spirits he says unhappiness of mind prevent him from giving his attention to work he says he can get very little sleep but is restless

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) his wife and near neighbours, Robert Millar weaver & his wife told me that they are afraid murder will be committed and that he lies in bed mostly in the day time but at night is often in the room & moves

Name and Medical Designation, James Carruthers : Surgeon L.R.C.S.E

Place of Abode, Kirkpatrick Fleming

DATED this Fifteenth day of December One thousand eight hundred and Seventy three

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MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, William Carruthers being a (1) Lic: Roy: Coll: Phys: Edin: & Lic: Fac: Phys: & Surg: Glasg: 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 Steel - Rigg - Pauper and that the said William Steel is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He labours under great depression of spirits, so much that he cannot sit at his work; he is bed during the day he objects to neighbours or others going in to see him

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) his wife says he threatens to put end to his life - that he goes about the house during the night -

Name and Medical Designation, William Carruthers Phys: & Surg:

Place of Abode, Kirkpatrick Fleming

DATED this fifteenth day of December One thousand eight hundred and Seventy three

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (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 Carlyle Inspector of Poor Gretna
Certificates under the hands of James Carruthers
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 Steel Rigg of Gretna (a pauper) and that the said William Steel is a (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 Steel 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 Steel which accompanied the said Petition.

DATED this sixteenth day of December 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.

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William Steel
16th December
1873
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N.B.—This Form shall not
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PETITION TO
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† Sheriff or Steward.
‡ Shire or Stewartry.

Unto the Honourable
of Aberd

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your Petitioner's (?)
is at present in a state
Asylum for the Insan
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into the the said Asy

§ State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

§ The date of the Petition must be within a fourteen clear days following the dates of the Medical Certificates.

DATED this
eight hundred and

If any of the Particu

1. Christian Name and Surname of Patie
length, ...
2. Sex and Age, ...
3. Married, Single, or Widowed, .
4. Condition of Life, and previous Occup
(if any), ...
5. Religious Persuasion, so far as known,
6. Previous Place of Abode, . .
7. Place where Found and Examined,
8. Length of time Insane, . .
9. Whether first Attack, . .
10. Age (if known) on first Attack, .
11. When and where previously under Exam
tion and Treatment, . .
12. Duration of existing Attack, .
13. Supposed Cause, . . .
14. Whether subject to Epilepsy, .
15. Whether Suicidal, . . .
16. Whether Dangerous to others, .
17. Parish or Union to which the Lunatic
Pauper) is Chargeable, . .
18. Date of becoming Chargeable, .
19. Christian Name and Surname, and Plac
Abode of nearest known Relative o
Patient, and degree of Relationship
known), and whether any Member of
Family known to be or to have been
sane, ...
20. Special circumstances (if any) preventing
insertion of any of the above particul

I certify, that, to the best of my kno

DATED this 18th

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(To be sig

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(*) Sheriff or Steward.
(*) Shire or Stewartry.

Unto the Honourable the (*) Sheriff ~~Sub~~ *of the* (*) County *of* Inverness *and his Substitutes,—*

The Petition of James Love

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Margaret Love your Petitioner's (*) Sister is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Margaret Love to the Northern Counties Asylum Lunatic and to sanction her admission into the the said Asylum.

(*) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

James Love

(*) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 18th (*) day of December 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,	Margaret Love
2. Sex and Age,	Female 35
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Milliner
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Alva
7. Place where Found and Examined,	Alva
8. Length of time Insane,	Two and a half 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,	
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,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known 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 Love Brother Alva
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 18th day of December One thousand eight hundred and 73

(To be signed by Party applying) James Love

P. P

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Peter McMurtrie being a (1) Fellow of the Royal College of Surgeons Edinburgh and being in actual practice as a (2) Surgeon in Alloa hereby certify, on soul and conscience, that I have this day, at (3) Bank Street Alloa in the County of Clackmannan separately from any other Medical Practitioner, visited and personally examined (4) Margaret Lowe Bank Street Alloa and that the said Margaret Lowe is a (5) person of unsound mind and a proper person to be detained 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 excitable and has a decided monomania - of a religious

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her mother sister and brother state that she was

Name and Medical Designation, Peter McMurtrie MD

Place of Abode, Alloa

DATED this 18th day of December One thousand eight hundred and seventy three —

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, John Duncanson 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) Bank Street Alloa in the County of Clackmannan separately from any other Medical Practitioner, visited and personally examined (4) Margaret Lowe Millarton Bankhill Alloa and that the said Margaret Lowe is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) She is excitable in manner, labours under delusions, thinks special reference is made to her at prayer meetings, in sermons and in newspapers.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her mother and sister state that she is excitable, cannot attend to her work and tidy her hands &c

Name and Medical Designation, John Duncanson M

Place of Abode, The Walk Alloa

DATED this 17th day of December One thousand eight hundred and Seventy three

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and 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 Lowe

DATED this 19th day of Dec^r One thousand eight hundred and 73

(1) 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 Dennis Clark (3) Sheriff Substitute
of the (4) County of Clackmannan
having had produced to me, with a Petition at the instance of (5) James Lowe
Certificates under the hands of Peter Rotherston
and John Duncanson , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and 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 Lowe and that the said
Margaret Lowe is a (7) person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORISE you to receive the said Margaret Lowe as a Patient into the (8) Crichton 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 Margaret Lowe which accompanied the said Petition.

DATED this Eighteenth day of December One thousand eight hundred and Seventy three

W Dennis Clark

To the Superintendent of the (9)
Crichton 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.

N.B.—This Form shall
Superintendent of th
the Sheriff is examin

PETITION TO
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Unto the Honourab
of Dal

The
Maxwelltown
humbly sheweth
Medical Certificate
your Petitioner's (
is at present in a s
Asylum for the In
mission of the said
Crichton Ro
into the said Asyl

Dated this
eight hundred and

If any of the P

1. Christian Name and Surname of P
length, . . .
2. Sex and Age, . .
3. Married, Single, or Widowed,
4. Condition of Life, and previous O
(if any), . .
5. Religious Persuasion, so far as know
6. Previous Place of Abode, .
7. Place where Found and Examined,
8. Length of time Insane, .
9. Whether first attack, .
10. Age (if known) on first Attack,
11. When and where previously under P
tion and Treatment, .
12. Duration of existing Attack,
13. Supposed Cause, . .
14. Whether subject to Epilepsy,
15. Whether Suicidal, . .
16. Whether Dangerous to others,
17. Parish or Union to which the Lun
Pauper) is Chargeable, .
18. Date of becoming Chargeable,
19. Christian Name and Surname, and
Abode of nearest known Relati
Patient, and degree of Relatio
known), and whether any Mem
Family known to be or to have
sane, . . .
20. Special circumstances (if any) pecu
insertion of any of the above pa

I certify, that, to the best of my

Dated this Twenty-fi

(To be

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825
Margt Lowe
18 Dec
1873

A Sheriff or Steward.
A Sire or Stewartry.

A State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

A The date of the Petition must be within fourteen clear days following the date of the Medical Certificates.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 Dumbries and his Substitutes,—

The Petition of Janet Johnstone residing in Moorestown humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that William Johnstone, your Petitioner's (3) husband is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said William Johnstone to the Crichton Royal Institution and to sanction the admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

Janet Johnstone

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Twenty Eth (4) day of December One thousand eight hundred and Seventy three

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STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	William Johnstone
2. Sex and Age,	male 47
3. Married, Single, or Widowed,	married
4. Condition of Life, and previous Occupation (if any),	Gentleman
5. Religious Persuasion, so far as known,	Free Church
6. Previous Place of Abode,	Moorestown Dumbries
7. Place where Found and Examined,	Crichton Royal Institution
8. Length of time Insane,	a few days
9. Whether first attack,	yes
10. Age (if known) on first Attack,	17 Years
11. When and where previously under Examination and Treatment,	Crichton Royal Institution Dumbries
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 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,	For Thos R Johnstone 19 West Nile St Glasgow
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	—

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Twenty Eth day of December One thousand eight hundred and Seventy three

(*To be signed by Party applying*) Janet Johnstone

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Alexander Thomson being a (1) Doctor of Medicine of the University of Glasgow and Surgeon and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Crichton Royal Institution in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) William Johnstone Gentleman of 6 Douglas St Maxwell Town and that the said William Johnstone is a (5) person of Unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Great mental depression and want of confidence in himself to control his actions - has been at times here for similar attacks.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Nil else known.

Name and Medical Designation, Alex Thomson MD. &c

Place of Abode, Castle St Dumfries

DATED this twentieth day of December One thousand eight hundred and seventy three years.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, John Smith being a (1) Graduate 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) Crichton Royal Institution in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) William Johnstone Gentleman of 6 Douglas St Maxwell Town and that the said William Johnstone is a (5) person of Unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) His melancholy appearance & manner of conversation. Tells me he is suffering from great mental anxiety for which he can give no cause

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) His attendant informs me that he has been many times a patient in the Crichton Royal Institution

Name and Medical Designation, John Smith. M

Place of Abode, Crichton Royal Dumfries

DATED this 20 day of December One thousand eight hundred and 73 years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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 Edinburgh Universities &c. hereby certify, on soul and conscience, that I have this day, at (2) the Crichton Royal Institution in the County of Dumfries seen and personally examined William Johnstone Gardener, and that the said person is of unsound mind, and 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 20th day of December One thousand eight hundred and seventy three.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, James Gordon (3) Sheriff Substitute of the (4) County of Dumfries, having had produced to me, with a Petition at the instance of (5) David Johnstone residing in Maxwelltown Certificates under the hands of Alexander Thomson 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) William Johnstone, Maxwelltown, Dumfries, Gardener and that the said William Johnstone is a (7) person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said William Johnstone as a Patient into the (8) Public Asylum of Crichton Institution and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said William Johnstone which accompanied the said Petition.

DATED this Twenty second day of December One thousand eight hundred and seventy three.

James Gordon

To the Superintendent of the (9) Public *Asylum of* Crichton Royal Institution Dumfries.

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

N.B.—This Form sha
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PETITION T
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Dated this

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If any of the

1. Christian Name and Surname of
length, . . .
2. Sex and Age, . .
3. Married, Single, or Widowed,
4. Condition of Life, and previous
(if any), . .
5. Religious Persuasion, so far as kn
6. Previous Place of Abode, .
7. Place where Found and Examine
8. Length of time Insane, .
9. Whether first attack, .
10. Age (if known) on first Attack,
11. When and where previously under
tion and Treatment, .
12. Duration of existing Attack,
13. Supposed Cause, . .
14. Whether subject to Epilepsy,
15. Whether Suicidal, . .
16. Whether Dangerous to others,
17. Parish or Union to which the La
Pauper) is Chargeable, .
18. Date of becoming Chargeable,
19. Christian Name and Surname, an
Abode of nearest known Rela
Patient, and degree of Relat
known), and whether any Mem
Family known to be or to ha
sane, . . .
20. Special circumstances (if any) pec
insertion of any of the above p

I certify, that, to the best of m

Dated this 25

(To

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314
William Shuttleworth
20th December
1873

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 Mrs Annie Hall McCorkindale humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Peter Blackie McCorkindale 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 Peter Blackie McCorkindale 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.

Annie Hall McCorkindale

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this 25th (4) day of December 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,	Peter Blackie McCorkindale
2. Sex and Age,	Male. Age thirty one years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	educated for the Bar. given up that & studied Medicine passed with honours but now practised
5. Religious Persuasion, so far as known,	
6. Previous Place of Abode,	
7. Place where Found and Examined,	Easterlea House
8. Length of time Insane,	has been failing gradually for more than two years
9. Whether first attack,	
10. Age (if known) on first Attack,	
11. When and where previously under Examination and Treatment,	
12. Duration of existing Attack,	answered above
13. Supposed Cause,	
14. Whether subject to Epilepsy,	no.
15. Whether Suicidal,	
16. Whether Dangerous to others,	cannot say.
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 McCorkindale his mother residing at Easterlea House in the County of Lanark
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 Dec. One thousand eight hundred and 73 years

(*To be signed by Party applying*) Alex. McCorkindale

F. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, John Gibson Fleming being a (1) Fellow of the Faculty of Physicians and Surgeons 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) Gartcraig House Lanark in the County of separately from any other Medical Practitioner, visited and personally examined (4) Mr Peter McCaslond residing at Gartcraig and that the said Peter McCaslond is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, 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 suspicious, refuses to enter into conversation and when he does so it is vague & unconnected - Has exhibited violent threatening

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) He is joined by his Brother & Sister in his language that he is often threatening them with violence will not touch any article but as a plate Bible &c. has been touched by some person previously to his habits. He has gradually become weak. His mental powers otherwise remain entire

Name and Medical Designation, J. G. Fleming M.D.

Place of Abode, 155 Bath Street Glasgow

DATED this 25th day of Dec. One thousand eight hundred and seventy three.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, John Coats M.D being a (1) Fellow of the Faculty of Physicians and 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) Gartcraig House Lanark in the County of separately from any other Medical Practitioner, visited and personally examined (4) Mr Peter McCasland residing at Gartcraig House and that the said Peter McCasland is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, 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 greatly changed in aspect since I saw him 2 or 3 years since & refuses to go into a room with me & states he has no wish to have any connection with me. States that my son an old fellow Student & friend is his enemy &c &c

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) His Brother & Sister state he is greatly changed in appearance & disposition, his behaviour is threatening, he does not like his Mother touched on them or to use a Cup that for it they have touched that he has threatened violence I wished they were all dead at his port &c

Name and Medical Designation, John Coats M.D.

Place of Abode, 191 Bath St Glasgow

DATED this 25th day of December One thousand eight hundred and seventy three

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) 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 Lockhart Sheriff Substitute
of the (3) County of Lanark
having had produced to me, with a Petition at the instance of (4) ~~John Lockhart~~ Mr Angus Reid M'Castland &
Certificates under the hands of J. J. Fleming M.D.
and John Coats 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 (5)
the said Peter M'Castland and that ~~the said~~
the said Peter M'Castland is a (6) dangerous Lunatic
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Peter M'Castland as a Patient into the (7) 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 Peter Castland which accompanied the said Petition.

DATED this 25th day of December One thousand eight hundred and 73 years

James Lockhart SS

To the Superintendent of the (8) Asylum at Dumfries or the Crichton Royal Institution there

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1315
Peter McCausland
26 December
1873

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) County of Dumfries *and his Substitutes*—

The Petition of John Dinwoodie, Inspector of the Poor for the Parish of Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Johns Melbourne, 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 John Melbourne to the Southern Counties Asylum and to sanction his admission into the the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

John Dinwoodie

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Twentyfifth (4) day of December One thousand eight hundred and Seventythree

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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 Melbourne
2. Sex and Age,	Male 74 or 75 years
3. Married, Single, or Widowed,	Widower
4. Condition of Life, and previous Occupation (if any),	late Pig Dealer
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Dumfries
7. Place where Found and Examined,	Dumfries Poorhouse
8. Length of time Insane,	Cannot be correctly stated
9. Whether first Attack,	Yes
10. Age (if known) on first Attack,	not exactly known
11. When and where previously under Examination and Treatment,	Was never under treatment before
12. Duration of existing Attack,	not correctly known
13. Supposed Cause,	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,	25th Dec 1873.
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Has a son John Melbourne at present a patient 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 Twentyfifth day of December One thousand eight hundred and Seventythree

(To be signed by Party applying) John Dinwoodie, Inspector

P P

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an Idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, William Marshall
being a (1) Graduate of the Faculty of Physicians & Surgeons Glasgow and Fellow of Faculty
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Poor House Dumfries
in the County of Dumfries
separately from any other Medical Practitioner,
visited and personally examined (4) John Melbourne (a pauper)
and that
the said John Melbourne is a (5) person of unsound Mind
and a proper person to be detained
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 has not the slightest conception of the meaning of any question put to him, vacant look & all right as he

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
The Governor and Matron report much the same as above

Name and Medical Designation, William Marshall M.D. &c

Place of Abode, Dumfries

DATED this 25 day of December One thousand eight hundred and Seventy three years

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an Idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Hugh Cunningham
being a (1) Member of the Royal College of Physicians in Edinburgh and of the Faculty of Physicians and Surgeons in Glasgow
and being in actual practice as a (2) Physician and Surgeon.
hereby certify, on soul and conscience, that I have this day, at (3) Poor House, Dumfries
in the County of Dumfries
separately from any other Medical Practitioner,
visited and personally examined (4) John Melbourne, Pauper
and that
the said John Melbourne is a (5) person of unsound mind
and a proper person to be detained
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 does not understand the meaning of any question that may be put to him, and has an idiotic look.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
The Governor of the Poor House informs me that he is constantly wandering about, and does not know what he is doing.

Name and Medical Designation, Hugh Cunningham L.R.C.P.Edin. L.R.F.P.S.Glas.

Place of Abode, Dumfries

DATED this Twenty fifth day of December One thousand eight hundred and Seventy three years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, James Swan (1) Sheriff Substitute
of the (2) County of Dumfries,
having had produced to me, with a Petition at the instance of (3) John Primrose,
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)
John Melbourne, Dumfries Pantoun, (a Pauper) and that the said
John Melbourne, is a (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 Melbourne, 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 Melbourne which accompanied the said Petition.

DATED this Twenty fifth day of December One thousand eight hundred and seventy three. James Swan

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or 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
820
John Fyfe Gourlay
25 December
1873

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form 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 (*) Sheriff dom of Wigton & Kirkcudbright *and his Substitutes,*—

The Petition of William Campbell, baker, residing in Wigtown humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that George Campbell, Mercantile Clerk residing in Wigtown 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 George Campbell to the Crichton Institution, Dumfries and to sanction his admission into the the said Asylum.

(*) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

William Campbell

(*) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this thirtieth (*) day of November One thousand eight hundred and seventy one.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	George Campbell
2. Sex and Age,	male, ages 25 years
3. Married, Single, or Widowed,	single
4. Condition of Life, and previous Occupation (if any),	Mercantile Clerk
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,	about one year
9. Whether first Attack,	yes
10. Age (if known) on first Attack,	— 25 years
11. When and where previously under Examination and Treatment,	At Wigtown
12. Duration of existing Attack,	— about one year
13. Supposed Cause,	not known
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	yes. possibly
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	— not a pauper
18. Date of becoming Chargeable,	—
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	William Campbell, Wigtown, brother Had a brother who died about 4 years ago, aged 32, subject to deep melancholy which led to his death.
20. Special circumstances (if any) preventing the 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 November One thousand eight hundred and Seventy one

(*To be signed by Party applying*) William Campbell

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Cumming being a (1) Graduate in Medicine & 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) Main Street Wigtown in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) George Campbell and that the said George Campbell 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) Restless - moves about from one place to another quite aimlessly. His mind is weakened. He is difficulty in comprehending questions, and gives irrelevant answers. What answers are correct he takes an unusual length of time to give and utter them - frequently starts up and looks about him as if he saw or expected to see some one - and mutters to himself as if he was conversing with some one. He threatens to knock out my brains if I don't do as he wishes.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) William Campbell his brother, says that George has assaulted him several times, and has threatened to murder him - and believes he has made similar threats against the other members of the family, that he will have no control over him, and are obliged to let him do as he likes for the sake of quietness - That his temper is completely changed - That he is quarrelsome with objects that have no existence, and talks to himself in a very excited manner - That he is subject to sudden impulses which cause him to rush about from one place to another -

Name and Medical Designation, William Cumming M.D.

Place of Abode, Wigtown

DATED this thirtieth day of November One thousand eight hundred and seventy one.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Flegus MacKenna being a (1) Licentiate of the Faculty of Physicians & Surgeons and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Main Street Wigtown in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) George Campbell and that the said George Campbell 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)

Very restless - talks & mutters to himself incoherently & seems very excited

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Brother William Has threatened violence to one or more members of the family

Name and Medical Designation, Flegus MacKenna

Place of Abode, Newtonstewart

DATED this 30th day of November One thousand eight hundred and 71

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of , One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William Macrie Esquire (1) Sheriff Substitute
of the (2) County of Wigtown
having had produced to me, with a Petition at the instance of (3) William Campbell, Baker residing in Wigtown, and
Certificates under the hands of William Cumming
and Fergus McKenna , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
George Campbell, Mercantile Clerk, residing in Wigtown and that the said
George Campbell is a (5) Lunatic
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said George Campbell 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 George Campbell which accompanied the said Petition.

DATED this thirtieth day of November One thousand eight hundred and seventy one years, two printed words deleted. —

Wm Macrie

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.

(1228.) 1/827.

George Campbell.

Decemb. 1/21.

Transferred

to

L.C.A.

27/12/73

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Steward of the (2) Stewartry of Kirkcudbright *and his Substitutes,*—

The Petition of John Underwood

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Elizabeth Underwood your Petitioner's (3) daughter is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Elizabeth Underwood to the Crichton Institution and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

John Underwood

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this 26th (4) day of Dec One thousand eight hundred and 73

STATEMENT.

If any 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 Underwood
2. Sex and Age,	Female 36
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Farmers daughter
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	—
7. Place where Found and Examined,	—
8. Length of time Insane,	4 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,	—
13. Supposed Cause,	Overexertion & sunstroke during harvest
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Has shown no suicidal tendency
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	John Underwood Farmer Crofts Crossmichael 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 26 day of Dec One thousand eight hundred and seventy three

(*To be signed by Party applying*) John Underwood

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, 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 Univ: & M.R.C.S.E. and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Crofts-Crossmi in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) Elizabeth Underwood and that the said Elizabeth Underwood is a (5) person of unsound mind and a proper person to be detained 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 depressed - Speaks of being in great afflict with difficulty put to answer any questions put to her

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her friends say that she becomes [illegible] will take no medicine & is subject to consi occasional paroxysms of violence

Name and Medical Designation, Walter Lorraine M.D.

Place of Abode, Castle Douglas

Dated this 26 day of Dec. One thousand eight hundred and seventy three

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MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, John Rivison being a (1) Graduate of Edinburgh Univers and being in actual practice as a (2) General Practitione hereby certify, on soul and conscience, that I have this day, at (3) Crofts, Crossmi in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) Elizabeth Underwood and that the said Elizabeth Underwood is a (5) person of unsound mind and a proper person to be detained 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 gloomy melancholy & brooding expression, whic at times passes into a wild stare & in answ questions wanders from the subject but as a rul answers reasonable questions at all.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) At times her friends say she is almost u manageable wants to get out of the house & wanders away - refuses to take food or medicine and sleeps much

Name and Medical Designation, John Rivison M.B. C.M.

Place of Abode, Castle Douglas

Dated this 26th day of December One thousand eight hundred and Seventy three

No. 1.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of
, seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Alexander Nicholson (1) Sheriff Substitute
of the (2) Stewartry of Kirkcudbright
having had produced to me, with a Petition at the instance of (3) John Underwood
Farmer, Crofts, Crossmichael
Certificates under the hands of Walter Lorraine L.R.C.S. Edin.
and John Nicholson M.B. &c, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) John Underwood
Elizabeth Underwood, daughter of the said John Underwood and that the said
Elizabeth Underwood is a (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 Underwood as a Patient into the (6) Lunacy 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 which accompanied the said Petition.

DATED this 27th day of Dec. One thousand eight hundred and Seventy three

Alex Nicholson

To the Superintendent of the (7) Crichton Asylum
Asylum of Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

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Elizabeth Underwood

28th December

1873