Sheriff's Warrants

Publication/Creation

1911

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BOUND BY
J. MAXWELL & SON,
DUMFRIES.

10·280 Walter Nicholson Probation
24th October 1913 to 24th January 1914.

1028
ad 9 April 1911

DAH1/5/1/1/64/1

10275
ad. 30 March 1911

Procurator Fiscal's Office
Dumfries

18th August, 1911.

Alexander M'Farlane.

Dear Sir,

Referring to your letter of 9th current, I have now received instructions from Crown Counsel to consent to this man's discharge.

Yours faithfully,
C Stewart Phyn pf.

Dr. C. C. Easterbrook,
Physician,
Crichton Royal Institution,
Dumfries

FOR LIBERATION OF A

AL BOARD OF COMMISSIONERS

r the liberation on trial

a Patient

fries together with the

eby, by AUTHORITY OF THE

4th January 1914.

Thos MacPherson
Commissioner in Lunacy.

DATED at Edinburgh, this 24th day of October

One Thousand Nine Hundred and Thirteen.

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

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

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

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

See Rules on other side.

(63) Wt 4202-314 1000 1/13 M & G Ltd

BOUND BY J. MAXWELL & SON, DUMFRIES

BOUND BY
J. MAXWELL & SON,
DUMFRIES.

10·280 Walter Malcolmson Probation
24th October 1913 to 24th January 1914.

1028
ad 9 April 1911

GH1/5/1/1/64/2

No. 6834.

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

An Application having been made to the General Board of Commissioners in Lunacy, and having been duly considered, for the liberation on trial of Walter Malcolmson a Patient in Crichton Royal Institution, Dumfries together with the accompanying Statement and Medical Certificate, I hereby, by Authority of the Board, sanction the liberation of the said Patient until 24th January 1914.

John MacPherson
Commissioner in Lunacy.

Dated at Edinburgh, this 24th day of October One Thousand Nine Hundred and Thirteen.

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

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

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

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

See Rules on other side.

(43) Wt 4202-314 1000 1/13 M & G Ltd

BOUND AT J. MACKIE & SON, DUMFRIES

RULES FOR THE REMOVAL ON PROBATION OF PATIENTS IN ASYLUMS.

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

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

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

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

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

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

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

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

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

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

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

11. In the case of a Pauper Lunatic who, after the expiry of the period of Probation, remains insane, and in receipt of Parochial relief, and who is suitable for residence in a Private Dwelling, application must be made to the Board, according to Form D, for their sanction to whatever permanent arrangement may be proposed for the Patient's care. In the case of such Patients, one Medical Certificate only is required to accompany the application. (See Rule 24 of Board's Instructions.)

No. 10284 William Cuthbertson Wyllie
From 22nd. May to 22nd. Aug: 1912

XGH1/5/1/1/64/3

10284
ad. 19/5/1911

No. 6612.

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

An Application having been made to the General Board of Commissioners in Lunacy, and having been duly considered, for the liberation on trial of William Cuthbertson Wyllie a Patient in Crichton Royal Institution together with the accompanying Statement and Medical Certificate, I hereby, by Authority of the Board, sanction the liberation of the said Patient until 22nd August 1912.

Hamilton C. Marr

Commissioner in Lunacy.

Dated at Edinburgh, this 22nd day of May One Thousand Nine Hundred and Twelve.

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

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

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

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

See Rules on other side.

M & G Ltd—1000—11-06

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

RULES FOR THE REMOVAL ON PROBATION OF PATIENTS IN ASYLUMS.

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

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

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

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

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

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

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

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

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

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

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

11. In the case of a Pauper Lunatic who, after the expiry of the period of Probation, remains insane, and in receipt of Parochial Relief, and who is suitable for residence in a Private Dwelling, application must be made to the Board, according to Form D, for their sanction to whatever permanent arrangement may be proposed for the Patient's care. In the case of such Patients, one Medical Certificate only is required to accompany the application. (See Rule 24 of Board's Instructions.)

DAH/5/1/1/64/4

10329
od. 24 June 1911

Excerpt minute of Stoneykirk Parish Council meeting held in the Parish Council Office, Stoneykirk on 7th August 1912 - Present Messrs Bell, Blain, Chalmers, Chesney, Kenny McMaster, Rev. G.P. Robertson and Mr. Spence. Rev G.P. Robertson presiding.

"Idiot Asylum"

Agnes Bone.

The Inspector stated that this woman's relatives were anxious to have her removed from the Carlston Royal Institution, and that he had written to Dr Easterbrook, Superintendent of the Asylum asking him if she was in a condition to be removed, and in reply Dr Easterbrook stated in a letter dated 20th July "that she is now stronger physically, and although she has not recovered mentally, she is much more easy to manage than she was, as she has become weakminded." Miss Galloway, an aunt of the patient, was present at the meeting and satisfied the Council that she was willing and able to provide in a satisfactory manner for the patient's care and treatment. The Council therefore resolved that Agnes Bone be removed from the Poor Roll, and entrusted to the care of her Aunt Miss Galloway, Barmore, Cowhirk."

G Philip Robertson
Chairman

10367 Mrs. Eliza Barbour Sparrow. Probation.
1st March to 31st December 1912.

DGH/5/1/1/64/5

10367
ad. 18 August 1911
10361
ad. 8 August 1911

Excerpt from Minute of Meeting of Annan Parish Council held on 2nd. March 1914.

The Inspector submitted a letter he had today received from Mrs Annie Bowman, Murray St. asking the Council to reconsider the case of her husband David McLean Bowman, whereupon Mr Murray moved that he be handed over to his wife on her accepting all responsibility, and the Superintendent of the Institution being favourable to his discharge, which was seconded by Mr Thomson.

Mr Tweedie moved the previous question which was seconded by Mr Young. On a division the motion was carried.

John Milward
Clk.

Extract from Minute of Meeting of Annan Parish Council held on 2nd. March 1914.

The Inspector submitted a letter he had today received from Mrs Annie Bowman, Murray St. asking the Council to reconsider the case of her husband David McLean Bowman, whereupon Mr Murray moved that he be handed over to his wife on her accepting all responsibility, and the Superintendent of the Institution being favourable to his discharge, which was seconded by Mr Thomson.

Mr Tweedie moved the previous question which was seconded by Mr Young. On a division the motion was carried.

10367 Mrs. Eliza Barbour Sparrow. Probation.
from 7th March to 31st December 1912.

10367
ad. 18/3/1912

DGH1/5/1/1/04/6

No. 6584

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

An Application having been made to the General Board of Commissioners in Lunacy, and having been duly considered, for the liberation on trial of Mrs Eliza Barbour Sparrow a Patient in Crichton Royal Institution, Dumfries together with the accompanying Statement and Medical Certificate, I hereby, by Authority of the Board, sanction the liberation of the said Patient until 31st December 1912.

Hamilton E. Marr

Commissioner in Lunacy.

Dated at Edinburgh, this Seventh day of March One Thousand Nine Hundred and Twelve.

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

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

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

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

See Rules on other side.

M & G Ltd—1000—11-06

RULES FOR THE REMOVAL ON PROBATION OF PATIENTS IN ASYLUMS.

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

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

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

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

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

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

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

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

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

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

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

11. In the case of a Pauper Lunatic who, after the expiry of the period of Probation, remains insane, and in receipt of Parochial Relief, and who is suitable for residence in a Private Dwelling, application must be made to the Board, according to Form D, for their sanction to whatever permanent arrangement may be proposed for the Patient's care. In the case of such Patients, one Medical Certificate only is required to accompany the application. (See Rule 24 of Board's Instructions.)

10·871 Probation.

DG41/5/1/1/64/7

Georgina Jemima E. Tomasina Bell.

26th June 1914 to No. 1924 26th June 1915.

10371
od. 6 September 1915

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

AN Application having been made to the GENERAL BOARD OF ~~COMMISSIONERS IN LUNACY,~~ CONTROL and having been duly considered, for the liberation on trial of Georgina Jemima E. Tomasina Bell a Patient in Crichton Royal Institution, Dumfries together with the accompanying Statement and Medical Certificate, I hereby, by AUTHORITY OF THE BOARD, sanction the liberation of the said Patient until 26th June 1915.

John Macpherson
~~Commissioner in Lunacy~~ of the General Board of Control.

DATED at Edinburgh, this twenty sixth day of June

One Thousand Nine Hundred and fourteen.

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

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

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

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

See Rules on other side.

(43) Wt 4202-314 1500 1/13 M & G Ltd

RULES FOR THE REMOVAL ON PROBATION OF PATIENTS IN ASYLUMS.

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

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

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

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

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

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

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

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

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

11. In the case of a Pauper Lunatic who, after the expiry of the period of Probation, remains insane, and in receipt of Parochial relief, and who is suitable for residence in a Private Dwelling, application must be made to the Board, according to Form D, for their sanction to whatever permanent arrangement may be proposed for the Patient's care. In the case of such Patients, one Medical Certificate only is required to accompany the application. (See Rule 24 of Board's Instructions.)

10378 William Scott. (Trawler)
Probation from 24th June to 24th Dec. 1912.

10378
ad. 2 October 1911

DGH1/5/1/1/64/8

No. 6624.

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

An Application having been made to the General Board of Commissioners in Lunacy, and having been duly considered, for the liberation on trial of William Scott a Patient in Crichton Royal Institution together with the accompanying Statement and Medical Certificate, I hereby, by Authority of the Board, sanction the liberation of the said Patient until 24th December 1912.

Hamilton L. Harris
Commissioner in Lunacy.

Dated at Edinburgh, this 24th day of June One Thousand Nine Hundred and Twelve.

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

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

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

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

See Rules on other side.

M & G Ltd—1000—11-06

RULES FOR THE REMOVAL ON PROBATION OF PATIENTS IN ASYLUMS.

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

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

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

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

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

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

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

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

11. In the case of a Pauper Lunatic who, after the expiry of the period of Probation, remains insane, and in receipt of Parochial Relief, and who is suitable for residence in a Private Dwelling, application must be made to the Board, according to Form D, for their sanction to whatever permanent arrangement may be proposed for the Patient's care. In the case of such Patients, one Medical Certificate only is required to accompany the application. (See Rule 24 of Board's Instructions.)

10381 William Francis Walland.
12th January 1916 to 12th January 1917.

Probation.

10381
ad. 11 October 1911

DGH1/5/1/1/64/9

No. 4/30.

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

An Application having been made to the General Board of Control for Scotland, and having been duly considered, for the liberation on trial of William Francis Walland a Patient in Crichton Royal Institution, Dumfries, together with the accompanying Statement and Medical Certificate, I hereby, by Authority of the Board, sanction the liberation of the said Patient until 12th January 1917.

John Macpherson
Commissioner of the General Board of Control.

Dated at Edinburgh, this twelfth day of January One Thousand Nine Hundred and sixteen.

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

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

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

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

See Rules on other side.

(3286) Wt 343[2]-363 500 4/14 M & G Ltd

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

RULES FOR THE REMOVAL ON PROBATION OF PATIENTS IN ASYLUMS.

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

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

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

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

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

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

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

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

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

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

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

24/5/1/1/64/10 Probation

10384 Thomas Henry McCaw.

21st Oct. to 31st Dec. 1921 - No. 4686.

10384
as 15 October 1911



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

An Application having been made to the General Board of Control for Scotland, and having been duly considered, for the liberation on trial of Thomas Henry McCaw. a Patient in Crichton Royal Institution, Dumfries. together with the accompanying Statement and Medical Certificate, I hereby, by Authority of the Board, sanction the liberation of the said Patient until 31st December, 1921.

H. C. Marr

~~Deputy~~ Commissioner of the General Board of Control.

Dated at Edinburgh, this Twentyfirst day of October,

One Thousand Nine Hundred and Twentyone.

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

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

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

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

See Rules on other side.

(4377) Wt 1545-559 500 6/17 M & G Ltd G 12

RULES FOR THE REMOVAL ON PROBATION OF PATIENTS IN ASYLUMS.

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

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

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

3. Pauper Lunatics removed on Probation shall be visited, once in every three months, by a medical man appointed by the Parish Council, who shall record his visits in the Visiting Book for Pauper Patients in Private Dwellings, which may be procured from THE SUPERINTENDENT, H.M. Stationery Office, 25 Forth Street, Edinburgh. It is very desirable that the first visit should be made within three weeks after the removal of the Patient from the Asylum.

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

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

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

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

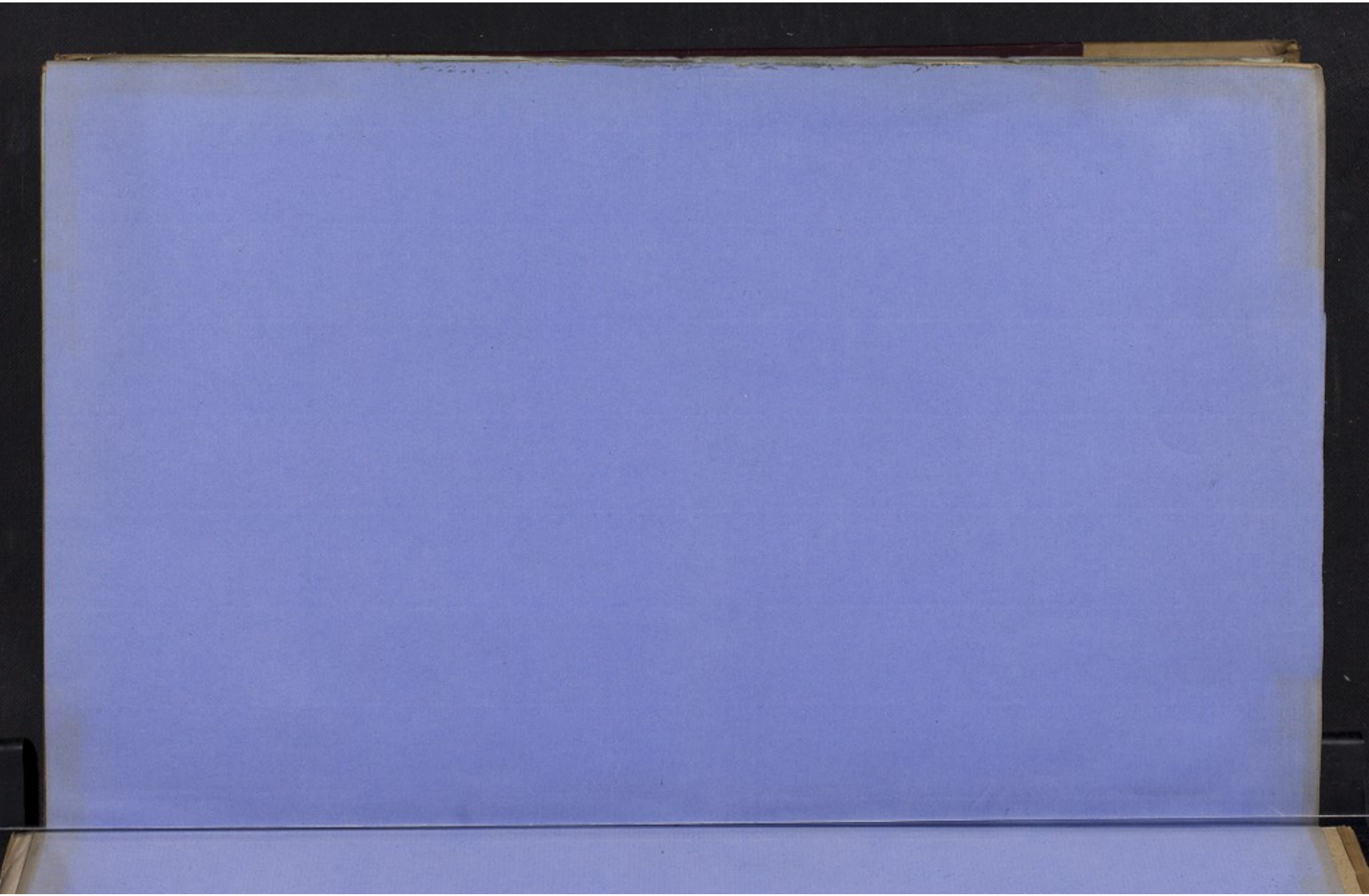
8. When a Patient on Probation, whether Private or Pauper, is certified recovered during the currency of the probationary period, a notice similar to what is required in the case of Lunatics in Private Dwellings under the Board's permanent sanction should at once be sent to the Board, and also to the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

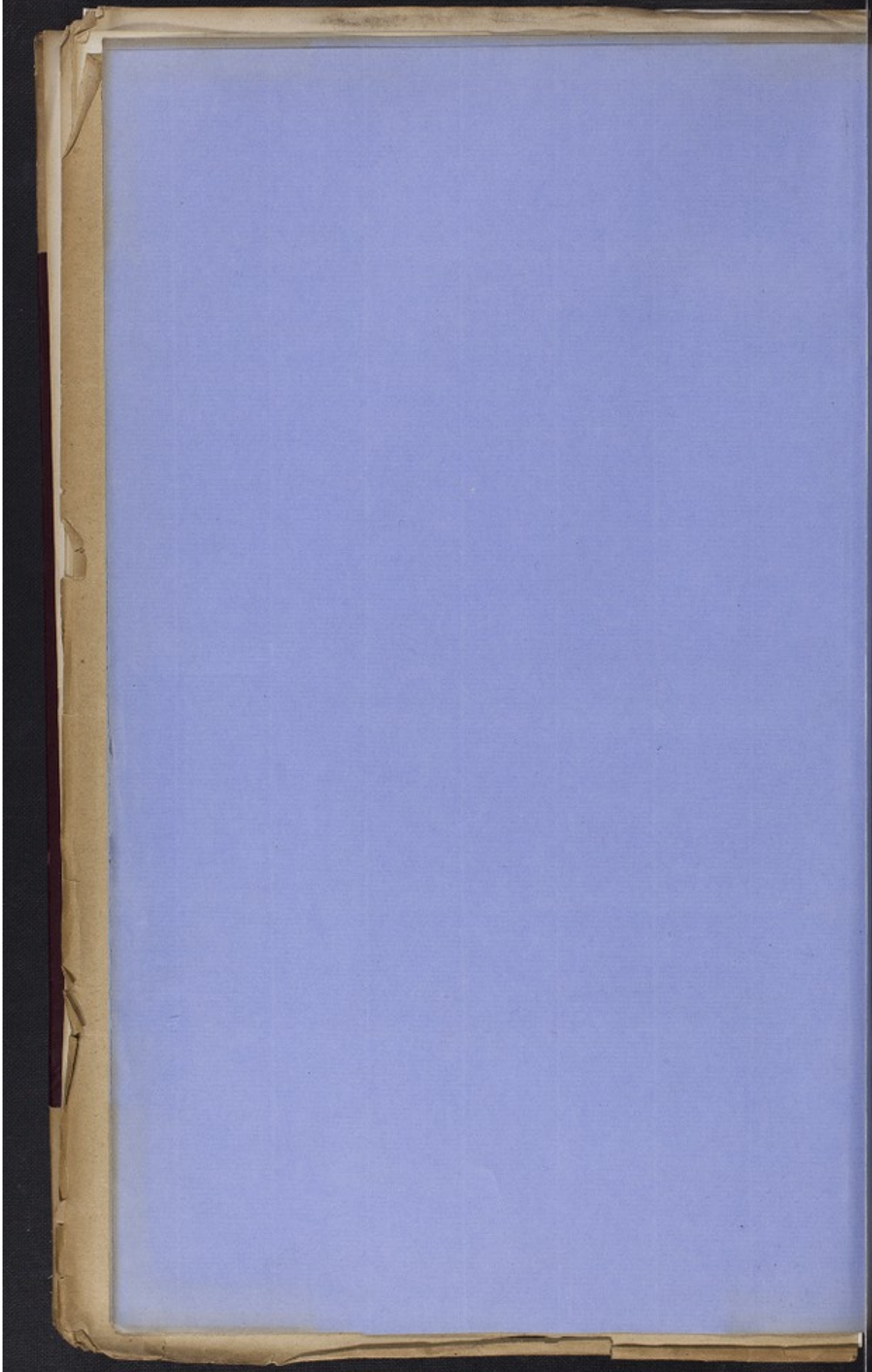
9. In the event of the death of a Patient taking place during the currency of the probationary period, intimation should be at once sent to the Medical Superintendent, with a Medical Certificate as to the cause of death.

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

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

DGHI/5/1/1/64





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

[FORM A]

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

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

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

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

The Petition of John Paterson Bonnar, Kirkconnel,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Annie Paterson or Gardiner your Petitioner's (3) sister J.P.

(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 Annie Paterson or Gardiner to the Crichton Royal Institution and to sanction the admission into the the said Asylum.

John Paterson

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

DATED this 6th (4) day of January One thousand nine ~~eight~~ hundred and Eleven.

STATEMENT.

If any 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 Paterson or Gardiner
2. Sex and Age,	Female 36
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,	Drummuebrennan
7. Place where Found and Examined,	Drummuebrennan
8. Length of time Insane,	Ill for 6 years or so
9. Whether first Attack,	No
10. Age (if known) on first Attack,	About 30.
11. When and where previously under Examination and Treatment,	Has been twice under treatment at Crichton Royal Institution
12. Duration of existing Attack,	1 month
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,	None
18. Date of becoming Chargeable,	—
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	John Gardiner Drummuebrennan Husband No
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	—

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

DATED this 6th day of January One thousand ~~eight~~ nine hundred and Eleven

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

P. P.

MEDICAL CERTIFICATE, No. I.

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

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

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

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

(5) Lunatic, or an insane person, 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 Stothart Wells being a (1) Licentiate of the Royal College of Physicians & Surgeons and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Drummicbrennan Wigtown in the County of separately from any other Medical Practitioner, visited and personally examined (4) Annie Paterson or Gardiner and that the said Annie Paterson or 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) She is incoherent in her talks and imagines that people (her husband relations) are ~~doing~~ treating her badly. She persistently refuses to speak to any one but talks to herself & sings up songs & verses of scripture

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her husband informs me that she refuses to take food & dances round the house & is incoherent in her conduct. She imagines people are speaking about her, when she is by herself.

Name and Medical Designation, Robert S. Wells. L.R.C.P. & S.Ed.

Place of Abode, Kirkcowan

DATED this 6th day of January One thousand ~~eight~~ nine hundred and Eleven

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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, Frederick Hugh Clarke. being a (1) Bachelor of Medicine & Master in Surgery of Glasgow University and being in actual practice as a (2) Physician & Surgeon 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) Annie Paterson or Gardiner. Housewife. Drummicbrennan. Kirkcowan. and that the said Annie Paterson or 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) She declines to answer any question, and mumbles incoherently to herself while you are speaking to her.

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

Name and Medical Designation, Fred. Hugh Clarke M.B.

Place of Abode, Charlotte Street. Dumfries.

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

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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 Stothard Wells
being (1) Licenciate of the Royal College of Physicians Surgeons
hereby certify, on soul and conscience, that I have this day, at (2) Drummelbrennan
in the County of Kirkcudbright, seen and personally examined
Annie Paterson or Gardiner, and that the said
person is of unsound mind, and 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. Wells L.R.C.P.S.

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

I hereby request the Superintendent of the Crichton Royal Institution, Dumfries, to receive therein (1) Annie Paterson or Gardiner to whom the foregoing Certificate of Emergency refers. (1) State Name of Patient in full.

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

**Signature of Petitioner or Applicant* (2) John Paterson (2) To be signed by the Party applying.

Address of Petitioner or Applicant, Barnod, Kirkcowan

DATED this Sixth day of January one thousand nine hundred and Eleven years.

of ~~Dumfries~~ Dumfries and Galloway at Dumfries.
having had produced to me, with a Petition at the instance of (3) John Paterson, Barnow, Kirkcowan.
Certificates under the hands of Robert S. Wells
and Fred Hugh Clarke, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Annie Paterson or Gardiner, Housewife, Drummelbrennan, Kirkcowan, Also Bales and that the said Annie Paterson or 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 Annie Paterson or Gardiner 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 Annie Paterson or Gardiner which accompanied the said Petition.

DATED this Ninth – day of January One thousand eight hundred and eleven

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

Geo. Simpson

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

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

I, the undersigned, Robert Stothart Wills being a (1) Licenciate 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) Drummiebrennan in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Annie Paterson or Gardiner and that the said Annie Paterson or Gardiner is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) [redacted]

(7) [redacted] from

Place of Abode, Kirkconnan

Dated this 6th day of January One thousand eight hundred and Eleven

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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, Frederick Hugh Clarke being a (1) Bachelor of Medicine & Master in Surgery of Glasgow University and being in actual practice as a (2) Physician & Surgeon 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) Annie Paterson or Gardiner. Housewife. Drummiebrennan. Kirkconnan. and that the said Annie Paterson or 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) She declines to answer any question, and mumbles incoherently to herself while you are speaking to her.

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

Name and Medical Designation, Fred. Hugh Clarke M.B.

Place of Abode, Charlotte Street. Dumfries

Dated this Sixth day of January One thousand eight hundred and Eleven years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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 Stothard Wells being (1) Licenciate of the Royal College of Physicians Surgeons hereby certify, on soul and conscience, that I have this day, at (2) Drummorebrennan in the County of Dumfries, seen and personally examined Annie Paterson or Gardiner, and that the said person is of unsound mind, and 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. Wells L.R.C.P.S.

DATED this 5th day of January One thousand ~~eight~~ nine hundred and eleven

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

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

I, George Campion, Esquire, (1) Sheriff Substitute of ~~Dumfries~~ Dumfries and Galloway at Dumfries, having had produced to me, with a Petition at the instance of (2) John Paterson, Barnow, Kirkconnan, Certificates under the hands of Robert S. Wells and Fred Hugh Clarke, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (3) Annie Paterson or Gardiner, Housewife, Drumorebrennan, Kirkconnan, Nithsdale and that the said Annie Paterson or Gardiner is a (3) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Annie Paterson or Gardiner as a Patient into the (4) Public Asylum of Brichton 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 Annie Paterson or Gardiner which accompanied the said Petition.

DATED this Ninth day of January One thousand eight hundred and eleven

To the Superintendent of the (5) Public Asylum of Brichton Royal Institution Dumfries

Geo. Campion

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

No. 10.248.

Annie Paterson or
Gardiner

Adm. 5th Jany 1911.

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

[FORM A.]

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

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

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

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

The Petition of James Menzies Austin, Inspector of Poor of the Parish of Urr, and residing in Dalbeattie humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that (Mrs) Jeanie Carruthers or McKie, Meikle Dalbeattie Cottage in the Parish of Urr your Petitioner's (2) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Jeanie Carruthers or McKie to the Crichton Royal Asylum, Dumfries and to sanction her admission into the said Asylum.

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

(To be signed by the Party applying) J. M. Austin

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

DATED this Ninth (3) day of January One thousand nine hundred and eleven

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Jeanie Carruthers or McKie
2. Sex and Age,	Female 26 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,	Meikle Dalbeattie Cottage Urr.
7. Place where Found and Examined,	Was under treatment in the Crichton Royal Asylum from July 1909 for about a year
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 (5)	as above
12. Duration of Existing Attack,	not known Has never been wholly removed since previously under treatment
13. Supposed Cause,	" according to her husband's Statement.
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	no.
16. Whether Dangerous to others,	Yes she might be
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Tongland
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,	Her husband John McKie Meikle Dalbeattie Cottage Dalbeattie
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	No

(5) If patient has previously in an Establishment, state Date of latest Admission or approximate thereto. If previously under Examination or Treatment state fact.

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

DATED this Ninth day of January One thousand nine hundred and eleven

(To be signed by the party applying) J. M. Austin

MEDICAL CERTIFICATE, No. I.

I, the undersigned, Robert Rochas M.B.C.M.
being a (1) Graduate of Edinburgh University
and being in actual practice as a (2) General Practitioner
do hereby certify, on soul and conscience, that I have this day, at (3) Mickle
Dalbeattie Cottage
Kirkcudbright in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) Jeanie Carruthers or McKie
(a pauper)
and that
the said Jeanie 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) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

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

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

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

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

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She is violent in speech & violent in her conduct. She tells me she does not sleep and that the house is haunted —

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her husband tells me she (between meals) delusions; that she has abused the children and that she neglects her domestic duties

Name and Medical Designation, R. Rochas M.B.C.M.

Place of Abode, Dalbeattie

Dated this Ninth day of January One thousand nine hundred and eleven

MEDICAL CERTIFICATE, No. II.

I, the undersigned, Samuel Archibald David Gillespie
being a (1) Bachelor of Medicine & Master in Surgery Edinburgh
and being in actual practice as a (2) general medical practitioner
do hereby certify, on soul and conscience, that I have this day, at (3) Mickle
Dalbeattie Cottage
Kirkcudbright in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) Jeanie McKie a pauper
and that
the said Jeanie 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) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

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

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

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

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

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Bursts out laughing for no apparent reason. Can answer questions reasonably. Has delusions of someone entering the roof of house &c

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her husband tells me she often sits for hours staring intently into the fire, with an occasional fit of laughter occasionally gets quite wild & intractable, and wants her children on the children throwing them about among them has at times wielded a hatchet threateningly &c

Name and Medical Designation, S. A. D. Gillespie M.B. Ed.

Place of Abode, Dalbeattie

Dated this ninth day of January One thousand nine hundred and eleven.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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 and D. Gillespie being (1) Bachelor of Medicine, Edinr Universty hereby certify, on soul and conscience, that I have this day, at (2) Mickle Dalbeattie Cottage in the County of Kirkcudbright, seen and personally examined Jeanie McKie, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Dumfries.

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

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

(3) State place at which Asylum is situated.

S. A. D. Gillespie

DATED this ninth day of January One thousand nine hundred and eleven.

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

I hereby request the Superintendent of the Crichton Royal Asylum to receive therein Jeanie Carruthers or McKie to whom the foregoing Certificate of Emergency refers.

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

Signature and Address J. M. Austin Dalbeattie

Date 9 January 1911

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

I, George Campion, Esquire (1) Sheriff Substitute of (2) Dumfries and Galloway at Dumfries having had produced to me, with a Petition at the instance of (3) James Mengies Austin, Inspector of Poor of the Parish of Urr, and residing in Dalbeattie Certificates under the hands of R. M'Kerchar and S. A. D. Gillespie being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Mr Jeanie Carruthers or McKie, Mickle Dalbeattie Cottage, Urr parish and that the said Mr Jeanie Carruthers or McKie is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Mr Jeanie Carruthers or McKie as a patient into the (6) public Asylum of Crichton Royal Institution and I authorize (7) her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mr Jeanie Carruthers or McKie which accompanied the said Petition.

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

DATED [at Dumfries] this Tenth day of January One thousand nine hundred and eleven

To the Superintendent of the (8) Public Asylum of Crichton Royal Institution Dumfries.

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

[*Signature*] Geo. Campion

No. 10.249

Jeanie Carruthers
or McKie.

(England)

Adm 9th January 1911.

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

[FORM A.]

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

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

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

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

The Petition of John Laurie. Inspector of Poor for the Parish of Annan humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Alexander Glass 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 Glass to the Crichton Royal Institution and to sanction his admission into the said Asylum.

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

(*To be signed by the Party applying*) John Laurie

DATED this 12 (4) day of January One thousand nine hundred and eleven

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

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Alexander Glass.
2. Sex and Age,	Sex Male. age 47 yrs.
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,	North Street. Annan
7. Place where Found and Examined,	Do. Do.
8. Length of time Insane,	about six months
9. Whether First Attack,	yes
10. Age (if known) on First Attack,	—
11. When and where previously under Examination and Treatment (5)	—
12. Duration of Existing Attack,	about six months
13. Supposed Cause,	unknown.
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	doubtful
16. Whether Dangerous to others,	Yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Annan
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Mrs Hannah Glass. North Street Annan (wife) no members of family known to be insane
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	none.

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

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

DATED this twelfth day of January One thousand nine hundred and eleven.

(*To be signed by the party applying*) John Laurie

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

I, the undersigned, William Elder being a (1) Bachelor of Medicine & Surgery Glasgow Univ and being in actual practice as a (2) General Practitioner do hereby certify, on soul and conscience, that I have this day, at (3) North St Annan in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Alexander Glass North Street Annan, Painter and that the said Alexander Glass is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, 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 inordinately jealous of his wife & very ready to make groundless accusations against her.
He is incapable of realizing his unfitness for work & resents unreasonably his dismissal from his

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
His wife states he is subject to violent outbursts & is afraid to have him any boy at home. Mr Gray, his friend, states he has grandiose ideas

Name and Medical Designation, William Elder M.B.

Place of Abode, Linda Villa Annan

DATED this twelfth day of January One thousand nine hundred and eleven.

MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

I, the undersigned, William Murdoch being a (1) Doctor of Medicine of Glasgow University and being in actual practice as a (2) Physician and Surgeon do hereby certify, on soul and conscience, that I have this day, at (3) North Street, Annan in the County of Dumfries, separately from any other Medical Practitioner, visited and personally examined (4) Alexander Glass, Clerk, North Street, Annan, a banker, and that the said Alexander Glass is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, 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 mental condition has changed for the worse for the last year or two; he is full of unwarranted suspicion & jealousy regarding his wife, accuses her of persistent & payment infidelity, & lays the blame of all his troubles on her, all this being untrue. He is quite unfit, mentally, for his occupation, & had to be dismissed from his situation; thus he was not really present. His speech & memory are both defective.

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
His wife corroborates above, & says he accuses her of prostitution & even intimate connection with their daughter. States that he is violent & strikes her & the children without cause. Sometimes carries a razor in his pocket, & situations to cut their throats; also says he will set the house on fire.

Name and Medical Designation, William Murdoch M.B.

Place of Abode, Friends Park, Annan.

DATED this twelfth day of January One thousand nine hundred and eleven.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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 Elder
being (1) a Bachelor of Medicine & Surgery
hereby certify, on soul and conscience, that I have this day, at (2) North St Annan
in the County of Dumfries, seen and personally examined
Alexander Glass, and that the said
person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Dumfries (Crichton Royal Institution)

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

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

William Elder Murdoch

DATED this twelfth day of January One thousand nine hundred and eleven.

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

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

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

Signature and Address John Laurie. Annan.

Date 12th January 1911.

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

I, George Campion, Esquire (1) Sheriff Substitute
of Dumfries and Galloway at Dumfries
having had produced to me, with a Petition at the instance of (2) John Laurie
Inspector of Poor for the Parish of Annan
Certificates under the hands of William Elder
and William Murdoch being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Alexander Glass North Street, Annan (Pauper) and that the said Alexander Glass is a (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 Glass as a patient into the (6) Public — Asylum of Crichton Royal Institution and I authorize (7) his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Alexander Glass which accompanied the said Petition.

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

DATED [at Dumfries —] this Fourteenth day of January
One thousand nine hundred and Eleven

To the Superintendent of the (8) Public
Asylum of Crichton Royal Institution
Dumfries

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

[*Signature*] Geo: Campion

No. 10.250.

Alexander Glass

(Annan)

Adm. 12 January 1911.

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

[FORM A.]

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

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

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

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

of at Dumfries

The Petition of Robert Beattie Toddyknowe ~~South~~ Canonbie (Jesus)

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that ~~John~~ Beattie ~~Grandfather~~ (Grandson)

(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 Beattie to the Southern Counties Asylum and to sanction his admission into the said Asylum.

(*To be signed by the Party applying*) Robert Beattie X

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

DATED this ~~Tenth~~ Fourteenth (4) day of January One thousand nine hundred and eleven

Robert Beattie

STATEMENT.

If any 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~~ Beattie
2. Sex and Age,	male 14 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	— none
5. Religious Persuasion, so far as known,	Protestant relations
6. Previous Place of Abode,	Toddyknowe Canonbie
7. Place where Found and Examined,	do do
8. Length of time Insane,	5 years
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	1st fit when 9 years.
11. When and where previously under Examination and Treatment (5)	Nowhere.
12. Duration of Existing Attack,	10 years & fits.
13. Supposed Cause,	
14. Whether subject to Epilepsy,	Yes
15. Whether Suicidal,	no
16. Whether Dangerous to others,	no
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Robert Beattie Toddyknowe Canonbie Grandfather — Mary Beattie or Thomson Broomholm Langholm mother.
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	

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

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

DATED this Twelfth day of January One thousand nine hundred and eleven

(*To be signed by the party applying*) Robert Beattie

MEDICAL CERTIFICATE, No. I.

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

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

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

(4) *Insert Designation and Residence, and 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, Geo Blackadam
being a (1) M.B. C.M. Edinb.
and being in actual practice as a (2) Physician
do hereby certify, on soul and conscience, that I have this day, at (3) Todsyke Cottage
in the County of Dumfries
separately from any other Medical Practitioner,
visited and personally examined (4) Jno Beattie
and that
the said Jno Beattie
is a (5) Insane person
and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

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

He patient is quite stupid. Will not answer any question.

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

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

Mrs Beattie - his grandmother says he is very excited at times. Has been violent to Mrs Beattie.

Name and Medical Designation, Geo Blackadam M.B.

Place of Abode, Canonbie N.B.

DATED this 12th day of January One thousand nine hundred and 11.

MEDICAL CERTIFICATE, No. II.

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

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

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

(4) *Insert Designation and Residence, and 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 Gill
being a (1) Bachelor of Medicine &c. of Edinr
and being in actual practice as a (2) Physician & Surgeon
do hereby certify, on soul and conscience, that I have this day, at (3) Todsyke h
Cottage, Canonbie
in the County of Dumfries
separately from any other Medical Practitioner,
visited and personally examined (4) John Beattie, Todsyke
Cottage, Canonbie
and that
the said John Beattie
is a (5) person of
unsound mind
and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) He had short before my visit had an epileptic seizure. I found him dull & stupid looking, and apparently unable answer any questions.

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

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

His grandmother Mrs Beattie, and aunt Miss Beattie with whom he lives, tell me that he has frequent epileptic seizures each day, & occasionally becomes very excited, however homicidal or suicidal symptoms so far.

Name and Medical Designation, John Gill M.B.

Place of Abode, Langholm N.B.

DATED this 12th day of January One thousand nine hundred and eleven.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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 Gill being (1) M.B., &c. Edin^r Univ. hereby certify, on soul and conscience, that I have this day, at (2) Todsykehead Canonbie in the County of Dumfries, seen and personally examined John Beattie, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Dumfries.

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

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

John Gill M.B., &c.

DATED this twelfth day of January One thousand nine hundred and eleven.

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

I hereby request the Superintendent of the Crichton Royal Asylum to receive therein John Beattie — to whom the foregoing Certificate of Emergency refers.

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

Signature and Address Robert Beattie

Date Fourteenth January 1911

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

I, George Campion Esquire (1) Sheriff Substitute of ~~Dumfries~~ and Galloway at Dumfries having had produced to me, with a Petition at the instance of (2) Robert Beattie, Todsykehead ~~Yetholm~~ Canonbie Certificates under the hands of Geo B. Anderson and John Gill being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) John Beattie, Todsykehead, Canonbie (Pat's Grandson) and that the said John Beattie 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 John Beattie 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 Beattie which accompanied the said Petition.

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

DATED [at Dumfries] this Sixteenth day of January One thousand nine hundred and eleven. ~~Two words deleted.~~

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

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

[Signature] Geo: Campion

No. 10.251
John Beattie
Adm 14th January
1911

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

[FORM A.]

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

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

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

The Petition of Henry B Reid Inspector of Poor Parish of Dumfries

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Thomas John Freeborn 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 John Freeborn to the Crichton Royal Asylum and to sanction his admission into the said Asylum.

(To be signed by the Party applying) Henry B Reid.

DATED this 18th (4) day of January One thousand nine hundred and Eleven Years.

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Thomas John Freeborn
2. Sex and Age,	Male. 33
3. Married, Single, or Widowed,	Single
4. Condition of Life and previous Occupation (if any),	Farm Labourer
5. Religious Persuasion, so far as known,	Presbyterian
6. Previous Place of Abode,	No fixed residence
7. Place where Found and Examined,	Burgh Police Office
8. Length of time Insane,	Not known
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	-
11. When and where previously under Examination and Treatment, (5)	Nowhere
12. Duration of Existing Attack,	-
13. Supposed Cause,	-
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dumfries.
18. Christian Name and Surname, and Place of Abode of nearest known 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 Ann Jane Brown or Freeborn mother residing at Golard Donegal Ireland Not known
19. Special Circumstances (if any) preventing the insertion of any of the above particulars,	None

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

DATED this 18th day of Jany One thousand nine hundred and Eleven Years.

(To be signed by the party applying) Henry B Reid.

P.S.

MEDICAL CERTIFICATE, No. 1.

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

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

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

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

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

I, the undersigned, Peter Murray Kerr and Master in Surgery the University of Edinburgh being a[1] Bachelor of Medicine and Master in Surgery and being in actual practice as a[2] Medical Practitioner do hereby certify, on soul and conscience, that I have this day, at[3] Burgh Police Office Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined[4] Thomas John Freeborn pauper and the said Thomas John Freeborn is a[5] person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself:[6]
He is silly in his conversation. does not appreciate his position. He is anxious & become a dictator in London, which is a delusion

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

2. Other facts (if any) indicating Insanity communicated to me by others:[7]
Police Constable Dickson informs me that he was apprehended at Dumfries station as he was leaving by London for Glasgow without a ticket.

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

Place of Abode 20 Castle Street Dumfries

DATED this eighteenth day of January One thousand nine hundred and eleven years.

MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

I, the undersigned, Walter Duncan Strong being a[1] Bachelor of Medicine & Master in Surgery University of Edinburgh and being in actual practice as a[2] Surgeon do hereby certify on soul and conscience, that I have this day, at[3] Burgh Police office, Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined[4] Thomas John Freeborn (pauper) the said Thomas John Freeborn is a[5] person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself:[6] He is excited and nervous, wishes to damage the room in which he is. States he has £1000 but seems destitute, also that he can't trust to people with me that.

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

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

Name and Medical Designation, W. D. Strong M.B.C.M.

Place of Abode Dumfries.

DATED this Eighteenth day of January One thousand nine hundred and eleven years.

CERTIFICATE OF EMERGENCY.

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

I, the undersigned Peter Murray Kerr being (1) Graduate of Medicine hereby certify on soul and conscience, that I have this day at (2) Burgh Police Office in the County of Dumfries, seen and personally examined Thomas John Freeborn, and that the said person is of unsound mind, is a proper patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Dumfries

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

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

P. Murray Kerr

DATED this nineteenth day of January One thousand nine hundred and eleven years

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

I hereby request the Superintendent of the Brichton Royal Asylum, ~~Asylum~~ and to receive therein Thomas John Freeborn to whom the foregoing Certificate of Emergency refers.

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

Signature and Address. Henry B Reid 28 Irving St. Dumfries

Date. 18th January 1911

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

I, George Campion, Esquire (1) Sheriff Substitute of ~~Dumfries~~ and Galloway at Dumfries, having had produced to me, with a Petition at the instance of (2) Henry B. Reid, Inspector of Poor, Parish of Dumfries Certificates under the hands of Peter Murray Kerr and W. D. Grieve being two Medical Persons duly qualified in terms of an Act entituled "An Act for the Regulation of the Care and Treatment 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 John Freeborn, of no fixed residence. (Pauper) and that the said Thomas John Freeborn is a (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 John Freeborn as a patient into the (6) Public Asylum of Brichton Royal Institution and I authorize (7) his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Thomas John Freeborn which accompanied the said petition.

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

DATED [at Dumfries] this nineteenth day of January One thousand nine hundred and eleven

To the Superintendent of the (8) Public *Asylum of* Brichton Royal Dumfries.

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

(Signature) Geo: Campion

No. 10.252

Thomas John Freeborn

Dumfries

Adm. 18th Jany 1911

No..... Name..... FORM A

Date of Admission.....

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

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

Petition to the Sheriff to grant Order for the Reception of a Patient into the Crichton Royal Institution, Dumfries.

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

The Petition of (1) William Oberaunt Clerk Watchmaker 50 St James Rd Carlisle humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that (2) Jane Cruikshank Oberaunt your Petitioner's (3) Husband 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 (4) Jane Cruikshank Oberaunt to the Crichton Royal Institution, Dumfries, and to sanction (5) her admission into the said Asylum.

(1) Insert Name, Designation, and Residence of the Party applying.

(2) Insert Name of Patient in full.

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

(4) Insert Name of Patient in full.

(5) His or her.

**Signature of Petitioner* (6) Wm Oberaunt

(6) To be signed by the Party applying.

Dated this (7) 20th day of January One thousand nine hundred and eleven

(7) N.B.—The Date of the Petition must be within fourteen clear days following the dates of the Medical Certificates Nos. I. and II., and not before.

STATEMENT.

If any 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 Cruikshank Oberaunt
2. Sex and Age,	female, fifty four
3. Married, Single, or Widowed,	married
4. Condition of life and previous Occupation (if any),	retired School Teacher
5. Religious Persuasion, so far as known,	Church of England
6. Previous Place of Abode,	50 St James Road Carlisle
7. Place where Found and Examined,	
8. Length of Time Insane,	since March
9. Whether First Attack,	No. fourth Attack
10. Age (if known) on First Attack,	46
11. When and Where previously under Examination and Treatment,	since 1902 & 1905 at the Crichton Royal Institution Dumfries & Sept 1910 at Cumberland Asylum
12. Duration of Existing Attack,	since March
13. Supposed Cause,	Worry over a deceased sister
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to Others,	No but impulsive
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,	Eliz Richardson sister 30 Dalston Rd Carlisle
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	

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

Dated this 20th day of January One thousand nine hundred and eleven Years

**Signature of Petitioner*, (1) Wm Oberaunt

(1) *To be signed by the Party applying.*

MEDICAL CERTIFICATE.—No. I.

(1) Name of Registered Medical person.
(2) *Set forth the registered qualification entitling the person certifying to grant the Certificate, e.g.*, Member of the Royal College of Physicians in Edinburgh.
(3) Physician, Surgeon, or otherwise, as the case may be.
(4) *Insert the Street, and Number of the House (if any), or other like particulars.*
(5) *Insert Name of Patient in full, Designation, and Residence, and if a Pauper, state so.*
(6) *State Name of Patient in full.*
(7) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned (1) Thomas Turpson
being a (2) Bachelor of Medicine of Edinburgh University
and being in actual practice as a (3) Physician & Surgeon
do hereby certify, on soul and conscience, that I have this day at (4) Crichton Royal Institution Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (5) Jane Couldson Obenauf 150 St James Road Carlisle
and that the said (6) Jane Couldson Obenauf
is a (7) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(8) *State the Facts, e.g.*, as indicated by the Patient's appearance, demeanour, conversation, writings, actions, conduct, etc.

1. Facts indicating Insanity observed by myself (8)
She is variable in her mode - at times excited & depressed - talking in monosyllables & disinterested in her surroundings -

(9) *State the Information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others (9)

(10) *To be signed by medical person certifying.*

Name and Medical Designation (10) Thomas Turpson M.B.C.M.
And Place of Abode 16 Castle St Dumfries

DATED this twentieth day of January One thousand nine hundred and eleven years.

MEDICAL CERTIFICATE.—No. II.

(1) Name of Registered Medical person.
(2) *Set forth the registered qualification entitling the person certifying to grant the Certificate, e.g.*, Member of the Royal College of Physicians in Edinburgh.
(3) Physician, Surgeon, or otherwise, as the case may be.
(4) *Insert the Street, and Number of the House (if any), or other like particulars.*
(5) *Insert Name of Patient in full, Designation and Residence, and if a Pauper, state so.*
(6) *State Name of Patient in full.*
(7) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned (1) George Robert Livingston
being a (2) Doctor of Medicine of Edinburgh University
and being in actual practice as a (3) Physician & Surgeon
do hereby certify, on soul and conscience, that I have this day at (4) Crichton Royal Institution, Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (5) Jane Couldson Obenauf 150 St James Road Carlisle
and that the said (6) Jane Couldson Obenauf
is a (7) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz :—

(8) *State the Facts, e.g.*, as indicated by the Patient's appearance, demeanour, conversation, writings, actions, conduct, etc.

1. Facts indicating Insanity observed by myself (8)
Her insane manner & appearance
She is restless, changes rapidly from one subject to another in conversation.
Tells me she has fits of great depression and gets much upset with little which ought not to affect her

(9) *State the Information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others (9)

(10) *To be signed by medical person certifying.*

Name and Medical Designation (10) George R Livingston M.D
And Place of Abode 67 Castle Street Dumfries

DATED this twentieth day of January One thousand nine hundred and eleven years.

CERTIFICATE OF EMERGENCY.

N.B.—This Certificate is necessary in the event of a Patient being sent to the Institution before the Sheriff's Order is obtained, and it authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any order by the Sheriff. During this period the Sheriff's Order is obtained. When the Certificate of Emergency is employed both parts should be filled, signed, and dated if possible on the day of removal of the Patient to the Asylum, or otherwise as near the day of removal as possible.

I, the undersigned (1) Thomas Ferguson
being a (2) Bachelor of Medicine of Edinburgh University

do hereby certify, on soul and conscience, that I have this day at (3) Carlisle
Royal Institution Dumfries in the County of Dumfries
seen and personally examined (4) Jane Coulston Ebenezer

and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at Dumfries.

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

**Signature of Certifier* (5) Thomas Ferguson
Address of Certifier 16 Castle St Dumfries

DATED this twentieth day of January One thousand nine hundred and eleven years.

(1) State Name of Registered Medical Person.
(2) State Registered Medical qualification.
(3) State place of Examination.
(4) State Name of Patient, in full, Designation, and Address.
(5) To be signed by Medical Person certifying.

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

I hereby request the Superintendent of the Crichton Royal Institution, Dumfries, to receive therein (1) Jane Coulston Ebenezer to whom the foregoing Certificate of Emergency refers.

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

**Signature of Petitioner or Applicant* (2) Wm Ebenezer
Address of Petitioner or Applicant, 50 St James's Road Carlisle

DATED this 20th day of January one thousand nine hundred and eleven.

(1) State Name of Patient in full.
(2) To be signed by the Party applying.

Order to be Granted by the Sheriff for the Transmission and Reception of the Lunatic.

I George Campion Esquire
(1) Sheriff Substitute of Dumfries and Galloway at Dumfries
having had produced to me, with a Petition at the instance of (3) William Ebenezer Clock Watchmaker 50 St James Road Carlisle
Certificates under the hands of Thomas Ferguson
and George Robert Livingston, being two Medical Persons duly qualified, in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Jane Coulston Ebenezer, 50 St James Road Carlisle Petitioner's wife
and that the said Jane Coulston Ebenezer
is a (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 Coulston Ebenezer as a Patient into the Crichton Royal Institution, Dumfries, and I authorize (6) her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Jane Coulston Ebenezer which accompanied the said Petition.

DATED [at Dumfries] this twenty first day of January One thousand nine hundred and eleven years.

(Signature) Geo. Campion

To the Superintendent 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 the Patient, and if a Pauper, state so.*
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) His or her

No. 10.253

Jane Couedson

Obenauf

Adm. 20th Jany 1911.

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

[Form A.]

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

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

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

The Petition of Henry B. Reid, ———
Inspector of Poor, Dumfries. ———
humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Hannah Neeson Wilson, your Petitioner's (3) pauper ———
is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Hannah Neeson Wilson ——— to the Crichton Royal Asylum and to sanction her admission into the said Asylum.

(To be signed by the Party applying) Henry B Reid.

Dated this Twenty Sixth day of January One thousand nine hundred and Eleven years.

STATEMENT.

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

1. Christian Name and Surname of Patient at length, ...	Hannah Neeson Wilson
2. Sex and Age, ...	Female - 52
3. Married, Single, or Widowed, ...	Widow
4. Condition of Life and previous Occupation (if any), ...	Outworker
5. Religious Persuasion, so far as known,	Presbyterian
6. Previous Place of Abode, ...	Douglas Villa, Lochabriggs, Dumfries.
7. Place where Found and Examined, ...	do. do.
8. Length of time Insane, ...	2 years
9. Whether First Attack, ...	no
10. Age (if known) on First Attack, ...	50
11. When and where previously under Examination and Treatment,(5)	Crichton Royal Asylum, Dumfries 14th December, 1908.
12. Duration of Existing Attack, ...	—
13. Supposed Cause, ...	—
14. Whether subject to Epilepsy, ...	no
15. Whether Suicidal, ...	no
16. Whether dangerous to others, ...	no
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, ...	Dumfries.
18. Christian Name 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.	—
19. Special Circumstances (if any) preventing the insertion of any of the above particulars, ...	Want of information.

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

Dated this Twenty Sixth day of January One thousand nine hundred and Eleven years.

(To be signed by the party applying) Henry B Reid.

P.S.

MEDICAL CERTIFICATE, No. 1.

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

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

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

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

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

I, the undersigned, Robert James Allsopp being a[1] Bachelor of Medicine & Bachelor of Surgery and being in actual practice as a[2] Physician do hereby certify, on soul and conscience, that I have this day, at[3] Douglas Villa Lochanbridge, in the County of Dumfries separately from any other Medical Practioner, visited and personally examined[4] Hannah Neeson Wilson, pauper, and that the said Hannah Neeson 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] Pauper is a boarded out lunatic, but her habits are filthy and she is unsuitable for boarding out longer. She suffers from delusions, and shows great cunning in pilfering money & other articles about the house.

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

2. Other facts (if any) indicating Insanity communicated to me by others:[7] Facts as to her habits communicated by Mr Patteson, her guardian, & corroborated by myself

Name and Medical Designation, R. J. Allsopp, M.B., Ch.B.

Place of Abode 20 Castle St, Dumfries

DATED this twenty fifth day of January One thousand nine hundred and eleven.

MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

I, the undersigned, Walter Duncan Irving being a[1] Bachelor of Medicine & Master in Surgery in the University of Edinburgh and being in actual practice as a[2] Surgeon do hereby certify on soul and conscience, that I have this day, at[3] Douglas Villa Lochanbridge in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined[4] Hannah Neeson Wilson pauper. the said Hannah Neeson Wilson is a[5] person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself:[6] She cannot carry on a sensible conversation, always wanders to one subject my Dilinquents, also making entirely different statements about same subject at different times.

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

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

Name and Medical Designation, W. D. Irving M.B. C.M.

Place of Abode Dumfries

DATED this twenty fifth day of January One thousand nine hundred and eleven years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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 James Allsopp, being (1) a Bachelor of Medicine & Bachelor of Surgery hereby certify on soul and conscience, that I have this day at (2) Douglas Villa, Lochabriggs in the County of Dumfries ——; seen and personally examined Hannah Neeson Wilson, Pauper —— , and that the said person is of unsound mind, is a proper patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) C. R. Asylum, Dumfries ——

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

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

R. J. Allsopp Jr.

DATED this Twenty fifth day of January One thousand nine hundred and eleven

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

I hereby request the Superintendent of the Crichton Royal Asylum and to receive therein Hannah Neeson Wilson to whom the foregoing Certificate of Emergency refers.

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

Signature and Address. Henry B. Reid. 28 Queen St Dumfries

Date. 26th January, 1911.

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

I, George Campion, Esquire, (1) Sheriff Substitute of Dumfries and Galloway at Dumfries having had produced to me, with a Petition at the instance of (2) Henry B. Reid, Inspector of Poor, Dumfries. Certificates under the hands of Robert James Allsopp and Walter Duncan Grieve being two Medical Persons duly qualified in terms of an Act entituled "An Act for the Regulation of the Care and Treatment 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 Neeson Wilson, Douglas Villa, Lochabriggs, Dumfries (Pauper) and that the said Hannah Neeson Wilson is a (5) person of unsound mind

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

and a proper person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Hannah Neeson Wilson — as a patient into the (6) Public — Asylum of Crichton Royal — and I authorize (7) her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Hannah Neeson Wilson —— which accompanied the said petition.

(6) Public, District, Parochial or Private.
(7) His, or her.

DATED [at Dumfries | this Twenty sixth day of January One thousand nine hundred and eleven

To the Superintendent of the (8) Public Asylum of Crichton Royal Dumfries.

(Signature) Geo: Campion

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

No. 10·254

Hannah Nelson
Wilson.

Dumfries

Adm 26th Jany 1911.

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

[FORM A.]

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

PETITION TO THE SHERIFF TO GRANT ORDER 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 *of the* (2) County *and his Substitutes—* at Dumfries

The Petition of John Lindsay Laprait Glenella, Cambuslang, Glasgow humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mrs Mary MacGregor or Laprait Widow your Petitioner's (3) Step 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 MacGregor or Laprait to the Crichton Royal Institution, Dumfries and to sanction her admission into the said Asylum.

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

(*To be signed by the Party applying*) J Lindsay Laprait

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

DATED this twenty Eighth (4) day of January One thousand nine hundred and Eleven

STATEMENT.

If any 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 MacGregor or Laprait
2. Sex and Age, ... Female age 42
3. Married, Single, or Widowed, . . Widow
4. Condition of Life, and previous Occupation (if any), ... Wife of St Thomas Laprait formerly Matron of Blind Asylum Glasgow
5. Religious Persuasion, so far as known, . Presbyterian - Church of Portland
6. Previous Place of Abode, . . Glenella Cambuslang
7. Place where Found and Examined, . 16 Regent Park Terrace Glasgow
8. Length of time Insane, . . . Has been in Mental trouble for one month or this has developed become acute within the last week
9. Whether First Attack, ...
10. Age (if known) on First Attack, . .

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

11. When and where previously under Examination and Treatment (5) . . Known Personally but do not think she has been previously Established under husband before present Illness Refer to answer 8, 9, & 10
12. Duration of Existing Attack, . .
13. Supposed Cause, ... Mrs may be prolonged Strain owing to her husband Mr Laprait (who died recently) through long illness
14. Whether subject to Epilepsy, . Do not Know
15. Whether Suicidal, ... Yes might be
16. Whether Dangerous to others, . . —
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, . . .
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, ... Mrs Lizzie Black, 38 Park Street Workington (sister) who is at present about to be confined) not Known of either any of the family has been insane
19. Special circumstances (if any) preventing the insertion of any of the above particulars,

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

DATED this 28th day of January One thousand nine hundred and eleven.

(*To be signed by the party applying*) J Lindsay Laprait

T. & A. C.—July 1910.

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

I, the undersigned, Harry Somerville Martyn being a (1) M.B., Ch.B. of Glasgow University, and being in actual practice as a (2) general practitioner do hereby certify, on soul and conscience, that I have this day, at (3) 16 Regent Pa in the County of Terrace Glasgow separately from any other Medical Practitioner, visited and personally examined (4) Mrs Laprairik late of Ibicella Cumberland know of above address and that the said Mrs Laprairik is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Entire change in ch of sudden onset, from courteous polite to discourteous & barbaric demeano Struggling & screaming in bed, exposure of her person (heedless of it), h talked previously of life not being worth the candle, and taken a very hopeless melancholic view of life.

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Has stated "Only prayer for her to drown herself" She "commit grave sins been leading a double life". "Past forgiveness" "no for her depression of little import. Frequently has stated h wish to Commit suicide

Name and Medical Designation, H. S. Martyn M.B., M.B.Ch.

Place of Abode, Cambuslang.

DATED this twenty-seventh day of January One thousand nine hundred and eleven

MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

I, the undersigned, (M.B.C being a (1) duly qualified Medical Practitioner and being in actual practice as a (2) G. Practitioner do hereby certify, on soul and conscience, that I have this day, at (3) 16 Regent in the County of Park Terrace Glasgow separately from any other Medical Practitioner, visited and personally examined (4) Mrs Laprairik. and that the said Mrs. Laprairik is a (5) person of unsound mind. and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
Throwing off the bedclothes and exposing her person in presence of friends.
Fights violently with and resists her nurse
Refuses to answer any questions

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
by conversation & wishes to die on account of her misspent life. would like to
Get on to a pinnacle & jump from it. Cannot converse freely

Name and Medical Designation, A. A. MacFarlane M.B.C.M.

Place of Abode, Holmecroft Shettleston

DATED this Twenty seventh day of January One thousand nine hundred and Eleven.

CERTIFICATE OF EMERGENCY.

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

I, the undersigned, Roger A. Rankine being (1) a graduate of the London University hereby certify, on soul and conscience, that I have this day, at (2) The Crichton Institution in the County of Dumfries, seen and personally examined Mary Macgregor or Laprairk, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3)

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

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

(3) State place at which Asylum is situated.

Roger A Rankine M.B. B.S London MRCS LRCP England.

DATED this 28th day of January One thousand nine hundred and Eleven.

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

I hereby request the Superintendent of the Crichton Royal Institution. Dumfries

Asylum to receive therein Mary Macgregor or Laprairk to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Nurse in Charge

Signature and Address Jane M Kennedy 18 Sardinia Terr Glasgow

Date 28th Jan. 1911.

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

I, George Campion, Esquire (1) Sheriff Substitute of Dumfries and Galloway at Dumfries having had produced to me, with a Petition at the instance of (2) John Lindsay Laprairk, Glenella, Cambuslang, Glasgow Certificates under the hands of Harry Somerville Martin and A. A. MacFarlane being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Macgregor or Laprairk, Widow, 16 Regent Park Terrace, Glasgow, (Petitioner's Stepmother) and that the said Mrs Mary Macgregor or Laprairk is a (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 Macgregor or Laprairk as a patient into the (6) public Asylum of Crichton Royal Institution and I authorize (7) her transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mrs Mary Macgregor or Laprairk which accompanied the said Petition.

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

DATED [at Dumfries —] this Thirtieth day of January One thousand nine hundred and eleven years

To the Superintendent of the (8) Public Asylum of Crichton Royal Institution Dumfries.

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

[Signature] Geo. Campion

No. 10555

Mary McGregor
of
Lapraick

Adm: 28th Jany 1911

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

[FORM A.]

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

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 B. Reid, Inspector of Poor, Parish of Dumfries, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Jane Graham 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 Graham to the Crichton Royal Asylum and to sanction her admission into the said Asylum.

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

(*To be signed by the Party applying*) Henry B Reid.

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

DATED this thirty first (4) day of January One thousand nine hundred and Eleven 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 Graham
2. Sex and Age,	Female - 60
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Seamstress
5. Religious Persuasion, so far as known,	Presbyterian
6. Previous Place of Abode,	Broad Chapel, Closeburn.
7. Place where Found and Examined,	38 Queen Street, Dumfries.
8. Length of time Insane,	4 years.
9. Whether First Attack,	—
10. Age (if known) on First Attack,	56
11. When and where previously under Examination and Treatment (5)	Crichton Royal Asylum, Dumfries. 1st August, 1907.
12. Duration of Existing Attack,	—
13. Supposed Cause,	—
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dumfries
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	—
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	Want of Information.

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

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

DATED this Thirtieth day of January One thousand nine hundred and Eleven years.

(*To be signed by the party applying*) Henry B Reid.

T. & A. C.—July 1910.

MEDICAL CERTIFICATE, No. I.

I, the undersigned, Robert James Allsopp.
being a (1) Bachelor of Medicine & Surgery.
and being in actual practice as a (2) Physician
do hereby certify, on soul and conscience, that I have this day, at (3) 28 Queen Street, Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Jane Graham, pauper and that the said Jane Graham is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) She has an insane and nervous appearance. She imagines that her guardian and another inmate of the household are in league against her. She has taken a house without having any prospect of being able to keep it up.

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, R. J. Allsopp M.B.

Place of Abode, 28 Castle St. Dumfries

DATED this Thirtieth day of January One thousand nine hundred and eleven

MEDICAL CERTIFICATE, No. II.

I, the undersigned, Walter Duncan Irving
being a (1) Bachelor of Medicine & Master in Surgery Edinburgh & University
and being in actual practice as a (2) Surgeon.
do hereby certify, on soul and conscience, that I have this day, at (3) 28 Queen Street, Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Jane Graham, Pauper and that the said Jane Graham is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)
She has a foolish, insane appearance. She has the delusion that she can rent & furnish a house for herself, she having no means of support.

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, W. D. Irving

Place of Abode, Dumfries.

DATED this thirtieth day of January One thousand nine hundred and eleven years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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 James Allsopp being (1) a Bachelor of Medicine & Surgery hereby certify, on soul and conscience, that I have this day, at (2) 28 Queen St. Dumfries in the County of Dumfries, seen and personally examined Jane Graham, pauper, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Dumfries

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

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

R. J. Allsopp M.B., B.S.

DATED this thirtieth day of January One thousand nine hundred and eleven

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

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

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

Signature and Address Henry B. Reid. 28 Queen St. Dfs.

Date 30th January, 1911.

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

I, George Campion Esquire (1) Sheriff Substitute of Dumfries and Galloway at Dumfries having had produced to me, with a Petition at the instance of (2) Henry B. Reid Inspector of Poor Dumfries Certificates under the hands of Robert James Allsopp and Walter Rennie Greve being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Graham. Broad Chapel Closeburn (Pauper) and that the said Jane Graham is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Jane Graham as a patient into the (6) Public Asylum of Crichton Royal and I authorize (7) her transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Jane Graham which accompanied the said Petition.

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

DATED [at Dumfries] this Thirty first day of January One thousand nine hundred and eleven

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

[*Signature*] Geo. Campion

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

No. 10256
Jane Graham
Dumfries
Adm. 30th Jany 1911.

No. ..... Name ..... FORM A

Date of Admission .....

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

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

Petition to the Sheriff to grant Order for the Reception of a Patient into the Crichton Royal Institution, Dumfries.

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

The Petition of (1) Stephen Patterson Farrier of Grenfell Rd Lancaster Rd Notting Hill London W.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that (2) Agnes Ann Benson or Patterson 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 (4) Agnes Ann Benson or Patterson to the Crichton Royal Institution, Dumfries, and to sanction (5) her admission into the said Asylum.

(1) Insert Name, Designation, and Residence of the Party applying.

(2) Insert Name of Patient in full.

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

(4) Insert Name of Patient in full.

(5) His or her.

*Signature of Petitioner (6) Stephen Patterson

(6) To be signed by the Party applying.

Dated this (7) Thirteenth day of January One thousand nine hundred and Eleven

(7) N.B.—The Date of the Petition must be within fourteen clear days following the dates of the Medical Certificates Nos. I. and II., and not before.

STATEMENT.

If any 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 Ann Benson or Patterson
2. Sex and Age,	Female 37 years
3. Married, Single, or Widowed,	Married
4. Condition of life and previous Occupation (if any),	Wife of petitioner
5. Religious Persuasion, so far as known,	Church of England
6. Previous Place of Abode,	Notting Hill. London
7. Place where Found and Examined,	Gatehouse of Flat.
8. Length of Time Insane,	one week
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	—
11. When and Where previously under Examination and Treatment,	—
12. Duration of Existing Attack,	Four Months
13. Supposed Cause,	Influenza
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to Others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is chargeable,	—
18. Christian Name and Surname and Place of Abode of Nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been insane,	John Benson Catherine St. Gatehouse of Flat (Father) None
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

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

Dated this Thirteenth day of January One thousand nine hundred and Eleven

*Signature of Petitioner, (1) Stephen Patterson

(1) *To be signed by the Party applying.*

MEDICAL CERTIFICATE.—No. I.

(1) Name of Registered Medical person.
(2) *Set forth the registered qualification entitling the person certifying to grant the Certificate, e.g.*, Member of the Royal College of Physicians in Edinburgh.
(3) Physician, Surgeon, *or otherwise, as the case may be.*
(4) *Insert the Street, and Number of the House (if any), or other like particulars.*
(5) *Insert Name of Patient in full, Designation, and Residence, and if a Pauper, state so.*
(6) *State Name of Patient in full.*
(7) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned (1) Peter Carruthers Watt
being a (2) L.R.C.S.E. L.R.C.P.E. L.R.F.P.S.G.
and being in actual practice as a (3) Physician & Surgeon
do hereby certify, on soul and conscience, that I have this day at (4) Gatehouse of Fleet in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (5) Agnes Ann Benson or Patterson of 9 Grenfell Road Lancaster Road Notting Hill London and that the said (6) Agnes Ann Benson or Patterson is a (7) Person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(8) *State the Facts, e.g.*, as indicated by the Patient's appearance, demeanour, conversation, writings, actions, conduct, etc.

1. Facts indicating Insanity observed by myself (8):
Cries almost Constantly. Talks in a wild Incoherent manner. always complaining that some person is trying to injure her has No interest in Life beyond dreading some illness

(9) *State the Information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others (9)
She cannot sleep at night Keeps the Members of the household from sleeping by her Constant talks which is Incoherent and incoherent

(10) *To be signed by medical person certifying.*

Name and Medical Designation (10) P Carruthers Watt L.R.C.P.
And Place of Abode Gatehouse of Fleet

DATED this Thirtieth day of June One thousand nine hundred and eleven

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MEDICAL CERTIFICATE.—No. II.

(1) Name of Registered Medical person.
(2) *Set forth the registered qualification entitling the person certifying to grant the Certificate, e.g.*, Member of the Royal College of Physicians in Edinburgh.
(3) Physician, Surgeon, *or otherwise, as the case may be.*
(4) *Insert the Street, and Number of the House (if any), or other like particulars.*
(5) *Insert Name of Patient in full, Designation and Residence, and if a Pauper, state so.*
(6) *State Name of Patient in full.*
(7) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned (1) George R. Livingston
being a (2) Doctor of Medicine of Edinburgh University
and being in actual practice as a (3) Physician & Surgeon
do hereby certify, on soul and conscience, that I have this day at (4) Crichton Royal Institution, Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (5) Agnes Ann Benson or Patterson of 9 Grenfell Road, Lancaster Road, Notting Hill London and that the said (6) Agnes Ann Benson or Patterson an unmarried Lunatic is a (7) Person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz :—

(8) *State the Facts, e.g.*, as indicated by the Patient's appearance, demeanour, conversation, writings, actions, conduct, etc.

1. Facts indicating Insanity observed by myself (8)
Her insane manner and appearance Her rambling incoherent conversation Burst into tears during conversation about such ordinary topics as the music in her neighbours house.

(9) *State the Information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others (9)

(10) *To be signed by medical person certifying.*

Name and Medical Designation (10) George R. Livingston M.D.
And Place of Abode 47 Castle Street, Dumfries

DATED this Thirtieth day of January One thousand nine hundred and eleven

CERTIFICATE OF EMERGENCY.

N.B.—This Certificate is necessary in the event of a Patient being sent to the Institution before the Sheriff's Order is obtained, and it authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any order by the Sheriff. During this period the Sheriff's Order is obtained. When the Certificate of Emergency is employed, both parts should be filled, signed, and dated if possible on the day of removal of the Patient to the Asylum, or otherwise as near the day of removal as possible.

I, the undersigned (1) Peter Carruthers Watt being a (2) L.R.C.S.E. L.R.C.P.E. L.R.F.P.S.G.

(1) State Name of Registered Medical Person.
(2) State Registered Medical qualification.

do hereby certify, on oath and conscience, that I have this day at (3) Crichton Street Institution in the County of Dumfries seen and personally examined (4) Agnes Ann Benson or Patterson 9 Grenfell Road Lancaster Road Notting Hill London W and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at Dumfries.

(3) State place of Examination.

(4) State Name of Patient, in full, Designation, and Address.

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

**Signature of Certifier* (5) Peter Carruthers Watt

Address of Certifier Crichton Royal Institution Dumfries

(5) To be signed by Medical Person certifying.

DATED this Thirtieth day of January One thousand nine hundred and eleven

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

I hereby request the Superintendent of the Crichton Royal Institution, Dumfries, to receive therein (1) Agnes Ann Benson or Patterson to whom the foregoing Certificate of Emergency refers.

(1) State Name of Patient in full.

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

**Signature of Petitioner or Applicant* (2) Stephen Patterson

Address of Petitioner or Applicant, 9 Grenfell Road Lancaster Road Notting Hill London W.

(2) To be signed by the Party applying.

DATED this Thirtieth day of January one thousand nine hundred and eleven

---

Order to be Granted by the Sheriff for the Transmission and Reception of the Lunatic.

I George Thompson Esquire

(1) Sheriff Substitute of Dumfries and Galloway at Dumfries

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

having had produced to me, with a Petition at the instance of (3) Stephen Patterson Solicitor, 9 Grenfell Road Lancaster Road Notting Hill London W

(2) *State whether a* County or Stewartry.

(3) *Insert Name and Designation*

Certificates under the hands of Peter Carruthers Watt and George R. Livingston, being two Medical Persons duly qualified, in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Agnes Ann Benson or Patterson 9 Grenfell Road Lancaster Road Notting Hill London W (Pers wife)

(4) *Describe the Patient, and if a Pauper, state so.*

and that the said Agnes Ann Benson or Patterson is a (5) person of unsound mind

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

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

(6) His or her

DATED [at Dumfries] this Thirty first day of January One thousand nine hundred and eleven

(Signature) Geo: Thompson

To the Superintendent of the Crichton Royal Institution, Dumfries.

No. 10.254

Agnes Ann Benson
or Patterson

Adm 30th Jany 1911.

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

[FORM A]

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

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

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

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

The Petition of Charles Breckenridge Inspector of Poor of the Parish of Minnigaff humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Elizabeth Shields your Petitioner's (3) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Elizabeth Shields to the Crichton Royal Institution and to sanction her admission into the said Asylum.

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

(To be signed by the Party applying) Charles Breckenridge

DATED this 9th (4) day of February One thousand eight hundred and eleven 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,	Elizabeth Shields
2. Sex and Age,	Female. 35.
3. Married, Single, or Widowed,	
4. Condition of Life, and previous Occupation (if any),	Married in 1896, previously Domestic Servant
5. Religious Persuasion, so far as known,	Prot. United Free Church
6. Previous Place of Abode,	Newton Stewart
7. Place where Found and Examined,	Broomisle Cottage Parish of Minnigaff
8. Length of time Insane,	two days
9. Whether First Attack,	yes
10. Age (if known) on First Attack,	as above
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	Not previously under treatment but was a little unsettled a year ago
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,	Penninghame admits liability
18. Date of becoming Chargeable,	1st Feby 1911
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Husband John Shields. Letter Carrier Broomisle Cottage Cereebridge 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 10th day of February One thousand nine hundred and eleven years

(To be signed by the party applying) Charles Breckenridge

P. p.

MEDICAL CERTIFICATE, No. 1.

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

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

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

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

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

I, the undersigned, Alexander Erskine Clark being a (1) Bachelor of Medicine and a Bachelor of Su of Glasgow University and being in actual practice as a (2) Physician do hereby certify, on soul and conscience, that I have this day, at (3) Broomisle, Creebridge, Newton Stewart in the County of Kirkudbright separately from any other Medical Practitioner, visited and personally examined (4) Elizabeth Shields of Broomisle, Creebridge, Newton Stewart and that the said Elizabeth Shields is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Mrs Shields is moody, at times silent & then very talkative. She looks w fired and depressed. She tells me that she has come in large fortune & which the moles on her cheek have always be the sign, that she is the spirit of God now. She has now Strange antipathy to her husband, with whom she tells me she h a compact that they are to separate, and marry whom she chooses now

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) John Shields, Postman of Broomisle Newton Stewart, states that his wife, seems unable to bear with him in the house. She objec him taking their baby in his arms, and snatched it from him. She w him to go away & leave her and marry some other woman. She is no sleeping well, and is always depressed, occasionally bursting out laughing wi cause or warning

Name and Medical Designation, Alexander Erskine Clark, M

Place of Abode, 17 Albert Street, Newton Stew

DATED this thirty first day of January One thousand eight hundred and eleven

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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, Francis Henry Pearce being a (2) Bachelor of Medicine of Cambridge Universit and being in actual practice as a (2) Physician. do hereby certify, on soul and conscience, that I have this day, at (3) The Crichton Royal Institution Dumfriesshire. in the County of separately from any other Medical Practitioner, visited and personally examined (4) Elizabeth Shields. (married woman) and that the said Elizabeth Shields. 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) Patient says she is "the Spirit." & God is going to marry her

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) John Shields of Broomisle Cottage Minnigaff. Kirkcudbr Elizabeth Shields tells me she accuses him wrongfully of infidelity & states that the little signs that she has co into a large fortune & the "mole" on her cheek is the proof

Name and Medical Designation, Francis Henry Pearce MA MB BC

Place of Abode Crichton Royal Institution

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

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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 Erskine Clark being (1) a Bachelor of Medicine & a Bachelor of Surgery of Glasgow University hereby certify, on soul and conscience, that I have this day, at (2) Broomisle, Crieff Bridge in the County of Kirkcudbright, seen and personally examined Elizabeth Shields, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

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

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

Alexander Erskine Clark M.B. Ch.B.

DATED this thirty first day of January One thousand eight nine hundred and eleven.

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

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

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

Signature and Address Charles Breckenridge Newton Stewart

Date 1st Febry 1911

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

I, George Campion, Esquire (1) Sheriff Substitute of Dumfries and Galloway at Dumfries having had produced to me, with a Petition at the instance of (3) Charles Breckenridge, Inspector of Poor of the Parish of Minnigaff Certificates under the hands of Alexander Erskine Clark and Francis Henry Pearce, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Shields, Broomisle, Creebridge, Newton Stewart (Pauper) and that the said Elizabeth Shields 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 Shields as a Patient into the (6) Public Asylum of Crichton Royal Institution and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Elizabeth Shields which accompanied the said Petition.

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

DATED this Second day of February One thousand eight nine hundred and eleven

Geo: Campion

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

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

No. 10258
Elizabeth Shields
Lenningham
Adm. 1st Jelxy 1911

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

[FORM A.]

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

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

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

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

The Petition of Alexander Hastie Burns Inspector of Poor Canonbie

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

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

(To be signed by the Party applying) A H Burns Inspector of Poor

DATED this 14th (4) day of February One thousand nine hundred Eleven

(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 Telfer
2. Sex and Age,	male 59 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Labourer
5. Religious Persuasion, so far as known,	Parents were protestants
6. Previous Place of Abode,	Rowanburn Canonbie
7. Place where Found and Examined,	Rowanburn Canonbie
8. Length of time Insane,	week minded all his life
9. Whether First Attack,	"
10. Age (if known) on First Attack,	"
11. When and where previously under Examination and Treatment (5)	none
12. Duration of Existing Attack,	all his life
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,	Canonbie
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Robert Beattie - Aurnlea Cottages Canonbie Brother in law I understand there has been insanity on both sides of Telfers relations
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	

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

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

DATED this Third day of February One thousand nine hundred & Eleven

(To be signed by the party applying) A H Burns

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

I, the undersigned, Geo Bell Anderson M.B. being a (1) Medical Graduate of Edin. University and being in actual practice as a (2) Physician Lowanburn do hereby certify, on soul and conscience, that I have this day, at (3) in the County of Dumfriesshire separately from any other Medical Practitioner, visited and personally examined (4) John Telfer, 40 Rowanburn and that the said John Telfer is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
The above named person. Wanders aimlessly about. Does not understand any question put to him. Said to himself. Sometimes gets very excited.

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Jean Beckbank (Housekeeper) Says that the above named John Telfer Wanders about during the night. Gets into a Theatening attitude

Name and Medical Designation, Geo B Anderson M.B.

Place of Abode, Eckbank Ednam

DATED this 2nd day of Feby One thousand nine hundred & Eleven

---

MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

I, the undersigned, John Gill being a (1) Bachelor of Medicine &c of Edin. Un and being in actual practice as a (2) Physician & Surgeon Lowanburn do hereby certify, on soul and conscience, that I have this day, at (3) in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) John Telfer, 40 Rowanburn and that the said John Telfer is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
When spoken to by me his answers were child Sometimes he would not speak at all. He has a wea imbecile appearance.

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Mr. Arthur King, Colliery manager, tells me h Sometimes threatens, but has not actually carried out any He is fond of getting straws and setting fire to it. He ha idea of decency & will urinate on the public road quite regardless observers. Wanders about at night.

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

Place of Abode Langholm

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

CERTIFICATE OF EMERGENCY.

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

I, the undersigned Geo B Anderson M.B. Edin.ª University being (1) Medical graduate hereby certify, on soul and conscience, that I have this day, at (2) 40 Nithsdale in the County of Dumfriesshire, seen and personally examined John Telfer, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Dumfries.

(1) State medical qualification.

(2) State place of examination.

(3) State place at which Asylum is situated.

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

Geo B Anderson M.B.

DATED this 2nd day of Feby. One thousand nine hundred & Eleven

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

I hereby request the Superintendent of the Crichton asylum Dumfries Asylum to receive therein John Telfer to whom the foregoing Certificate of Emergency refers.

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

Signature and Address A M Burns Holeandhirst Canonbie

Date 3rd February 1911

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

I, George Campion Esquire (1) Sheriff Substitute of ~~Dumfries~~ and Galloway at Dumfries having had produced to me, with a Petition at the instance of (2) Alexander Hastie Burns, Inspector of Poor, Canonbie Certificates under the hands of George B Anderson and John Gill being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) John Telfer, Labourer, Rowanburn, Canonbie (Pauper) and that the said John Telfer is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said John Telfer 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 Telfer which accompanied the said Petition.

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

(2) State whether a County or Stewartry.

(3) Insert Name and Designation.

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

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

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

DATED [at Dumfries] this Sixth day of February One thousand nine hundred eleven

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

[Signature] Geo: Campion

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

No. 10-259.

John Telfer.

(Canada)

Adm: 4 February 1911.

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

[FORM A.]

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

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

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

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

The Petition of Mrs Mary Calvert, 2 Park Terrace, Victoria Road, Annan

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Edward Herbert Calvert

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

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

(To be signed by the Party applying) Mary Calvert

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

DATED this fourth (4) day of February One thousand nine hundred and eleven.

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Edward Herbert Calvert.
2. Sex and Age,	male. 36 years.
3. Married, Single, or Widowed,	single.
4. Condition of Life, and previous Occupation (if any),	was a Divinity Student: now does a little work assisting a gardener.
5. Religious Persuasion, so far as known,	Protestant.
6. Previous Place of Abode,	2 Park Terrace, Victoria Road, Annan
7. Place where Found and Examined,	2 Park Terrace, Victoria Road, Annan.
8. Length of time Insane,	10 days.
9. Whether First Attack,	Has had 5 or 6 previous attacks.
10. Age (if known) on First Attack,	26 years.
11. When and where previously under Examination and Treatment (5)	Crichton Royal Institution: 3rd Feb: 1909.
12. Duration of Existing Attack,	10 days.
13. Supposed Cause,	He has been working too much at his books lately.
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	No.
16. Whether Dangerous to others,	Yes.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Mary Calvert. 2 Park Terrace, Victoria Road, Annan, his mother. No.
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	—

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

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

DATED this fourth day of February One thousand nine hundred and eleven

(To be signed by the party applying) Mary Calvert

MEDICAL CERTIFICATE, No. I.

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

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

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

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

(5) Lunatic, *or* an insane person, 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 Carmichael Pairman being a (1) Bachelor of Medicine and Surgery of Glasgow University and being in actual practice as a (2) physician and surgeon do hereby certify, on soul and conscience, that I have this day, at (3) 2 Park Terrace Victoria Road. Annan in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Edward Herbert Calvert, Divinity 2 Park Terrace, Victoria Road. Annan and that the said Edward Herbert Calvert is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) The patient came to yesterday, 3rd Feb. 1910, and told me that he was losing his things again. He is very low-spirited, absent-minded, refuses to answer questions. The most that he will say is he must get away again to Dumfries. He has been elected at the Crichton Asylum. his last stay dating from 3rd Feb: 1909.

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His mother, with whom he lives, says that he has been very low spirited for the last ten days, and that during that time he has had several outbursts of temper. He struck his sister, Miss Calvert, on the side of the head, simply because she went into the kitchen where he was stan

Name and Medical Designation, James C Pairman M.A. M.B. C.B.

Place of Abode, Park House. Annan

DATED this fourth day of February One thousand nine hundred and Eleven.

MEDICAL CERTIFICATE, No. II.

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

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

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

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

(5) Lunatic, *or* an insane person, *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 Lockerbie being a (1) Bachelor of Medicine and Surgery of Edinburgh University and being in actual practice as a (2) physician and surgeon do hereby certify, on soul and conscience, that I have this day, at (3) 2 Park Terrace Victoria Road, Annan in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Edward Herbert Calvert- Divinity Student, 2 Park Terrace Victoria Road, Annan and that the said Edward Herbert Calvert- is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Stands rubbing his hands with intent expression of face takes no notice of remarks addressed to him. Took himself off when I availed to question him further, refused not come back.

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Mother Mrs Calvert - states that the Crichton has been worrying him and that he said his head was going wrong again. He has been very low spirited, with periods of very quick temper. He struck his sister for no reason.

Name and Medical Designation, William Lockerbie M.B.C.A.B.E.

Place of Abode, Edwan House, Annan

DATED this fourth day of February One thousand nine hundred and eleven.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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 Carmichael Pairman being (1) Bachelor of Medicine and Surgery of Glasgow University hereby certify, on soul and conscience, that I have this day, at (2) 2 Park Terrace, Annan in the County of Dumfries, seen and personally examined Edward Herbert Calvert, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Dumfries

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

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

James C. Pairman M.A. M.B. Ch.B.

Dated this fourth day of February One thousand nine hundred and eleven.

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

I hereby request the Superintendent of the Crichton Royal (Dumfries) Asylum to receive therein Edward Herbert Calvert. to whom the foregoing Certificate of Emergency refers.

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

Signature and Address Mary Calvert

Date 4th Febuary. 1911.

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

I, George Campion, Esquire (1), Sheriff Substitute of Dumfries and Galloway at Dumfries having had produced to me, with a Petition at the instance of (2) Mrs Mary Calvert, 2 Park Terrace, Victoria Road, Annan. Certificates under the hands of James C. Pairman and William Lockerbie being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Edward Herbert Calvert, 2 Park Terrace, Victoria Road, Annan (Petr's son) and that the said Edward Herbert Calvert is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Edward Herbert Calvert — 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 Edward Herbert Calvert which accompanied the said Petition.

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

Dated [at Dumfries —] this Sixth — day of February One thousand nine hundred and eleven

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

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

[Signature] Geo: Campion

No. 10.260.

Edward Herbert Calvert

Adm: 4 February 1911.

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

[FORM A]

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

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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,*— at Dumfries

The Petition of John Craik Law Clerk The Bungalow Minnigaff Newton Stewart

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that William Craik 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 Craik to the Skielton Royal Institution and to sanction his admission into the said ~~Asylum.~~ asylum

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

(To be signed by the Party applying) John Craik

DATED this eighth (4) day of February One thousand nine ~~eight~~ hundred and eleven

(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 Craik
2. Sex and Age,	Male. 43 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Labourer
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	The Bungalow, Minnigaff, Newton Stewart N.B.
7. Place where Found and Examined,	The Bungalow, Minnigaff, Newton Stewart N.B.
8. Length of time Insane,	About five months
9. Whether First Attack,	Yes.
10. Age (if known) on First Attack,	43 years.
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	None
12. Duration of Existing Attack,	five months
13. Supposed Cause,	Has been upset about going into lodgings.
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	Yes.
16. Whether Dangerous to others,	Yes, threatens to be so.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Not chargeable
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	John Craik The Bungalow Newton Stewart NB Brother of the patient. Father had brain fever and had to be removed.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

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

DATED this eighth day of February One thousand ~~eight~~ nine hundred and eleven.

(To be signed by the party applying) John Craik

P. p.

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

I, the undersigned, Norman James McKie
being a (1) Doctor of Medicine and Master in Surgery of the University of Edinburgh
and being in actual practice as a (2) Doctor of Medicine
do hereby certify, on soul and conscience, that I have this day, at (3) The Bungalow, Minnigaff, Newton Stewart Kirkcudbright in the County of separately from any other Medical Practitioner, visited and personally examined (4) William Craik. The Bungalow Minnigaff. Newton Stewart and that the said William Craik 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) She is tremulous, and glances fixedly at his brother and visits from time to time Keeps working constantly with a piece of india rubber. That he is very wicked and will never be good again

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

His sister
Miss Craik
The Bungalow

2. Other facts (if any) indicating Insanity communicated to me by others: (7) She has completely altered in habits and character. Has threatened to take his life, and has attempted to do so several times

Name and Medical Designation, Norman James McKie M.D. C.M.

Place of Abode, 14 Victoria Street, Newton Stewart

DATED this eighth day of February One thousand ~~eight~~ nine hundred and eleven

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MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

I, the undersigned, Alexander Erskine Clark
being a (1) Bachelor of Medicine and a Bachelor of Surgery of the University of Glasgow
and being in actual practice as a (2) doctor of Medicine
do hereby certify, on soul and conscience, that I have this day, at (3) The Bungalow, Minnigaff, Newton Stewart, Kirkcudbright in the County of separately from any other Medical Practitioner, visited and personally examined (4) William Craik, The Bungalow, Minnigaff, Newton Stewart and that the said William Craik is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He is very restless now and the muscles more spasmodically. The knee jerks greatly increased. All movements are made in a hasty manner. On several occasions this morning he suddenly rose from his chair, and went towards his sister in a threatening manner.

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

John Craik
Brother
The Bungalow,
Newton Stewart N.B.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) He has also been working with his pocket knife in a suspicious manner till the knife was taken from him. He was got in bed with a razor with which he had made small cuts in his neck. He was got undressed with a handkerchief tied tightly round his neck, & his face

Name and Medical Designation, Alexander Erskine Clark.

Place of Abode 17 Albert Street, Newton Stewart

DATED this eighth day of February One thousand ~~eight~~ nine hundred and eleven.

CERTIFICATE OF EMERGENCY.

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

I, the undersigned, Francis Henry Pearce
being (1) a Bachelor of Medicine of Cambridge
hereby certify, on soul and conscience, that I have this day, at (2) Crichton Royal Dumfries
in the County of Dumfriesshire, seen and personally examined
William Craik, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

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

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

Francis Henry Pearce.

DATED this 8th day of February One thousand ~~eight~~ nine hundred and eleven.

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

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

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

Signature and Address John Craik The Bungalow Minnigaff Newton Stewart

Date 8th Feby 1911

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

I, George Campion, Esquire (1) Sheriff Substitute of ~~Dumfries~~ Dumfries and Galloway at Dumfries having had produced to me, with a Petition at the instance of (2) John Craik, law Clerk, The Bungalow, Minnigaff, Newton Stewart Certificates under the hands of Norman James McKie and Alexander Erskine 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) William Craik The Bungalow, Minnigaff, Newton Stewart (Alien, Settler) and that the said William Craik is a (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 Craik 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 Craik which accompanied the said Petition.

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

DATED this ninth day of February One thousand ~~nine~~ hundred and eleven

Geo: Campion

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

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

No. 10·261.

William Caich.

Adm: 8 February 1911.

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

[FORM A.]

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

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

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

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

The Petition of William Warwick Kelton Mill, Castle Douglas,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary Ann Warwick 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 Ann Warwick to the Crichton Asylum Dumfries, and to sanction her admission into the said Asylum.

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

(To be signed by the Party applying) William Warwick

(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 February One thousand nine hundred and Eleven

STATEMENT.

If any 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 Warwick
2. Sex and Age,	Female. 47 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Housewife
5. Religious Persuasion, so far as known,	Presbyterian
6. Previous Place of Abode,	over 30 years in present abode
7. Place where Found and Examined,	Kelton mill. Castle Douglas.
8. Length of time Insane,	3 years slightly affected
9. Whether First Attack,	yes
10. Age (if known) on First Attack,	44 yrs
11. When and where previously under Examination and Treatment (5)	at Kelton mill - Castle Douglas was in any establishment
12. Duration of Existing Attack,	2 years
13. Supposed Cause,	unknown
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	occasionally threatens Dumfries others
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	— not a pauper
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of her Family known to be or to have been Insane,	William Warwick - Kelton mill Castle Douglas - Brother no other member similarly affected
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	none

(5) If patient has previously in an asylum, state name of latest asylum; approximate date thereto. If previously under medical or treatment state fact.

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

DATED this Thirteenth day of February One thousand nine hundred and Eleven

(To be signed by the party applying) William Warwick

MEDICAL CERTIFICATE, No. I.

I, the undersigned, Robert B. Lorraine being a (1) M.B. C.M. Edin.

and being in actual practice as a (2) General Practitioner do hereby certify, on soul and conscience, that I have this day, at (3) Gilston Mill Castle Douglas in the County of Kirkcudbright. separately from any other Medical Practitioner visited and personally examined (4) Mary Warwick Gilston Mill Castle Douglas. and that the said Mary Warwick is a (5) person of unsound mind and a proper person to be detained 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 untidy hair not brushed for months. extremely excitable thus time. She does not answer coherently and runs in her speech making unfounded charges against her sister

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

Her sister says she has threatened to attack her with a knife. has outbreaks of violent temper shouting & swearing tries to get out at night and at times refuses to see me when I call for

Name and Medical Designation, Robert B. Lorraine

Place of Abode, Castle Douglas N.B.

DATED this 10th day of February One thousand nine hundred and eleven

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

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

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

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

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

(6) *State the facts.*

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

MEDICAL CERTIFICATE, No. II.

I, the undersigned, John Lowan being a (1) Duly: Qu

and being in actual practice as a (2) General Practitioner do hereby certify, on soul and conscience, that I have this day, at (3) Gilston Mill. Castle Douglas in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) Mary Warwick Gilston Mill Castle Douglas and that the said Mary Warwick is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

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

Patient is in a state of extreme nervous excitement. Has a maniacal aspect. Refuses to answer questions or answers incoherently

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

Her sister says – She has been mentally unsound for many years but acted about six months ago has been very violent. Latterly has been very violent and threatening bodily injury to those around her. Refuses to keep herself clean. Suffers from hallucinations.

Name and Medical Designation, John Lowan Duly: Qu

Place of Abode, New Galloway

DATED this 10th day of February One thousand nine hundred and eleven

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

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

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

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

(5) Lunatic, or 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, Francis Henry Pearce being (1) a Bachelor of Surgery of Cambridge Universal hereby certify, on soul and conscience, that I have this day, at (2) Crichton Royal Institution in the County of Dumfriesshire, seen and personally examined Mary Ann Warwick, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Dumfries.

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

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

Francis Henry Pearce.

DATED this 13th day of February One thousand nine hundred and eleven.

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

I hereby request the Superintendent of the Crichton Royal Institution, Asylum to receive therein Mary Ann Warwick to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Nurse in Charge

Signature and Address Janet Harrison Crichton Royal Institution

Date Feb. 13th 1911

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

I, George Campion, Esquire (1) Sheriff Substitute of ~~Dumfries~~ and Galloway at Dumfries, having had produced to me, with a Petition at the instance of (2) William Warwick, Kelton Mill, Castle Douglas, Certificates under the hands of Robert B. Lorraine and John Cowan, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Warwick, Kelton Mill, Castle Douglas (Petr's sister) and that the said Mary Ann Warwick is a (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 Warwick as a patient into the (6) Public Asylum of Crichton Royal Institution and I authorize (7) her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mary Ann Warwick which accompanied the said Petition.

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

DATED [at Dumfries] this Fourteenth day of February One thousand nine hundred and eleven

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

[Signature] Geo: Campion

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

No. 10·262.

Mary Ann Cranfield.

Adm: 13 February 1911.

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

[Form A.]

25 and 26 Vict., Cap. 54, Section 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) Lumfries and Galloway and his Substitutes, at Dumfries,

The Petition of Robert McCourtie, Inspector of Poor, Parish of Troqueer, Stewartry of Kirkcudbright, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that William 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 William Scott to the Crichton Royal Asylum, Dumfries and to sanction his admission into the said Asylum.

(To be signed by the Party applying) Robert McCourtie,

Dated this Seventeenth (4) day of February One thousand nine hundred and eleven.

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	William Scott.
2. Sex and Age,	Male - 55 years.
3. Married, Single, or Widowed,	Married.
4. Condition of Life and previous Occupation (if any),	Stonebreaker.
5. Religious Persuasion, so far as known,	Protestant.
6. Previous Place of Abode,	21. King Street Maxwelltown
7. Place where Found and Examined,	21 Knight St., & 27 Galloway St, Maxwelltown
8. Length of time Insane,	about a week.
9. Whether First Attack,	No.
10. Age (if known) on First Attack,	52 Years.
11. When and where previously under Examination and Treatment, (5)	From 24th Febry. 1908 to 16 May 1908. and from 19th Nov. 1908 to 28th May 1909. Crichton Royal Asylum, Dumfries
12. Duration of Existing Attack,	about a week.
13. Supposed Cause,	Not known
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	Yes.
16. Whether dangerous to others,	Yes.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Parish of Troqueer.
18. Christian Name and Surname, and Place of Abode of nearest known relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been insane.	Wife, Annie Scott, (55). Charwoman, 21. King Street, Maxwelltown. No.
19. Special Circumstances (if any) preventing the insertion of any of the above particulars,	None.

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

Dated this Seventeenth day of February One thousand nine hundred and eleven.

(To be signed by the party applying) Robert McCourtie, P.P.

MEDICAL CERTIFICATE, No. 1.

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

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

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

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

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

I, the undersigned, John Dewar Polson
being a[1] Graduate of Edinburgh University
and being in actual practice as a[2] Physician
do hereby certify, on soul and conscience, that I have this day, at[3] 21 King St
Maxwelltown in the County of
Kirkcudbright separately from any other Medical Practioner,
visited and personally examined[4] William Scott, pauper
and that
the said William Scott, pauper is a[5] person
of unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself :[6] He is constantly
urging me to give him poison; threatens to take
his life, & cutting his throat. Has two marks on
his throat, which he states were done by himself
on attempt. Has delusions that he has
gonorrhoea, there being no evidence of such a disease
~~Has been in the asylum before.~~

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

2. Other facts (if any) indicating Insanity communicated to me by others :[7]
His wife says that he is becoming
dangerous and threatens her with violence
& constantly attempting to take his life.

Name and Medical Designation, John Dewar Polson M

Place of Abode Hope Place Maxwelltown

DATED this seventeenth day of February One thousand
nine hundred and eleven

MEDICAL CERTIFICATE, No. II.

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

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

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

(4) *Insert Designation and Residence, 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 Maxwell Murray
being a[1] Graduate of Edinburgh University
and being in actual practice as a[2] Physician.
do hereby certify on soul and conscience, that I have this day, at[3] Parish Counc
Office, Maxwelltown in the County of
Kirkcudbright separately from any other Medical Practitioner,
visited and personally examined[4] William Scott, Stonebreaker,
21. King Street Maxwelltown, a pauper and that
the said William 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] Has attempted to
commit suicide; abused his wife yesterday; says
he would like to split my head. Great incoher
& very excitable.

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

2. Other facts (if any) indicating Insanity communicated to me by others :[7]
Mr. McCourtie informs me that he was for jum
over the Bridge into the River Nith, and that he
was in Mr. Nicholson's (Chemist) asking for Laudan
to poison himself

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

Place of Abode Castle Douglas

DATED this Seventeenth day of February One thousand
nine hundred and eleven

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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 Maxwell Murray being (1) a Graduate of Edinburgh University hereby certify on soul and conscience, that I have this day at (2) 27 Galloway Street in the County of Kirkcudbright, seen and personally examined William Scott, and that the said person is of unsound mind, is a proper patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Dumfries.

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

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

P. M. Murray M.D

DATED this Seventeenth day of February One thousand nine hundred and eleven.

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

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

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

Signature and Address, Robert McCourtie.

Date, 17th February, 1911

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

I, George Campion, Esquire (1) Sheriff Substitute of Dumfries and Galloway at Dumfries having had produced to me, with a Petition at the instance of (2) Robert McCourtie, Inspector of Poor, Parish of Iroquer, Stewartry of Kirkcudbright. Certificates under the hands of John Dewar Robson and P. M. Murray being two Medical Persons duly qualified in terms of an Act entituled "An Act for the Regulation of the Care and Treatment 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 Scott, 21 King Street, Maxwelltown. (Pauper) and that the said William Scott is a (5) person of unsound mind

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

and a proper person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said William Scott as a patient into the (6) Public Asylum of Crichton Royal and I authorize (7) his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said William Scott which accompanied the said petition.

(6) Public, District, Parochial or Private.
(7) His, or her.

DATED [at Dumfries] this Eighteenth day of February One thousand nine hundred and eleven

To the Superintendent of the (8) Public Asylum of Crichton Royal Dumfries

(Signature) Geo. Campion

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

No. 10-263.

William Scott.

(Trapeze)

Adm: 17th February 1911.

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

[FORM A.]

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

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

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

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

The Petition of Charles Breckenridge Inspector of Poor Parish of Penninghame Newton Stewart humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Grace Nelson Parker 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 Grace Nelson to the Crichton Royal Institution and to sanction his admission into the said Asylum.

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

(To be signed by the Party applying) Charles Breckenridge

(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 Feby One thousand nine hundred and eleven

STATEMENT.

If any 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 Nelson
2. Sex and Age,	Male 28
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Labourer
5. Religious Persuasion, so far as known,	Prot
6. Previous Place of Abode,	Barrage. parish of Penninghame
7. Place where Found and Examined,	H M Prison Wigtown
8. Length of time Insane,	two days
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	28
11. When and where previously under Examination and Treatment (5)	not previously under treatment
12. Duration of Existing Attack,	—
13. Supposed Cause,	—
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	no
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Penninghame
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	mother Mary Nelson. Single. resides at 8 Albert St Newton Stewart — no
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	—

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

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

DATED this 20 day of Feby One thousand nine hundred and eleven.

(To be signed by the party applying) Charles Breckenridge

T. & A. C.—July 1910.

MEDICAL CERTIFICATE, No. I.

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

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

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

(4) *Insert Designation and Residence, 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 Arnot Hunter
being a (1) Doctor of Medicine & Master of Surgery University of Edinburgh
and being in actual practice as a (2) Physician & Surgeon
do hereby certify, on soul and conscience, that I have this day, at (3) H.M. Prison Leyton. Leytonstone in the County of
visited and personally examined (4) separately from any other Medical Practitioner, George Nelson Labourer (Pauper) Barrack
the said George Nelson is a (5) and that person of unsound mind and a proper person to be detained under Care and Treatment, 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 regarding having enemies & people trying to keep him down. Is a very degenerate type with badly formed head, ears & palate & talks papish

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Police authorities state that he is charged with several cases of indecency & homosexual offences & was apprehended in the dock

Name and Medical Designation, John A Hunter M.B.

Place of Abode, Beechwood Leytonstone

DATED this 18th day of February One thousand nine hundred and eleven.

MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

I, the undersigned, James Gibbons Dickson
being a (1) Doctor of Medicine - University of Glasgow
and being in actual practice as a (2) Doctor of Medicine
do hereby certify, on soul and conscience, that I have this day, at (3) His Majesty's Prison, Wigtown Wigtown in the County of
visited and personally examined (4) separately from any other Medical Practitioner, George Nelson, Labourer, Barrack in the Parish of Penninghame
the said George Nelson is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
Of low type mentally and physically. admits indecent habits and want of will power to control himself.

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
From the Police Authorities I learn that there abundant evidence of habitual exposure of h person to girls of all ages and that this has been on for a considerable time past

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

Place of Abode, Woodlee, Newton Stewart

DATED this 19th day of February One thousand nine hundred and eleven.

CERTIFICATE OF EMERGENCY.

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

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

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

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

DATED this day of One thousand nine hundred and

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

I hereby request the Superintendent of the

Asylum to receive therein
to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient,

Signature and Address

Date

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

I, Edwin Shaw (1) Sheriff Substitute
of the (2) Dumfries and Galloway of
having had produced to me, with a Petition at the instance of (3) Charles Breckenridge Inspector of Poor Parish of Kenmuirhouse and County of Wigtown and Certificates under the hands of John Arnold Hunter M.B. C.M. Wigtown and James Gibbons Dickson M.D. Newton Stewart being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) George Nelson Pauper,
and that the said George Nelson is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said George Nelson as a patient into the (6) Southern Counties Asylum of Dumfries and I authorize (7) his transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said George Nelson which accompanied the said Petition.

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

DATED [at Wigtown] this twentieth day of February One thousand nine hundred and eleven.

To the Superintendent of the (6) Southern Counties *Asylum of* Dumfries

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

[*Signature*] Edwin Shaw

No. 10.264.

George Nelson.

(Pennington)

Admn: 20 February 1911.

No. 10265 Name William Mackie.

FORM A

Date of Admission 23rd February 1911.

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

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

Petition to the Sheriff to grant Order for the Reception of a Patient into the Crichton Royal Institution, Dumfries.

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

The Petition of (1) Mrs Maggie McKie or Mackie 7 Observatory Terrace Maxwelltown humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that (2) William Mackie 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 (4) William Mackie to the Crichton Royal Institution, Dumfries, and to sanction (5) his admission into the said Asylum.

(1) Insert Name, Designation, and Residence of the Party applying.

(2) Insert Name of Patient in full.

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

(4) Insert Name of Patient in full.

(5) His or her.

*Signature of Petitioner (6) Maggie Mackie

(6) To be signed by the Party applying.

Dated this (7) 23rd day of February One thousand nine hundred and eleven years

(7) N.B.—The Date of the Petition must be within fourteen clear days following the dates of the Medical Certificates Nos. I. and II., and not before.

STATEMENT.

If any 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 Mackie.
2. Sex and Age,	Male. 65 years
3. Married, Single, or Widowed,	Married
4. Condition of life and previous Occupation (if any),	Formerly a tailor
5. Religious Persuasion, so far as known,	Established Church of Scotland.
6. Previous Place of Abode,	Glasgow
7. Place where Found and Examined,	7 Observatory Terrace. Maxwelltown
8. Length of Time Insane,	12 years
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	53
11. When and Where previously under Examination and Treatment,	Garthmaved Dumfries, Glasgow 1898 at the Crichton Institution Dfs.
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,	Mrs Maggie Mackie wife 7 Observatory Terrace Maxwelltown 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.

Dated this 23rd day of February One thousand nine hundred and eleven.

*Signature of Petitioner, (1) Maggie Mackie (1) To be signed by the Party applying.

MEDICAL CERTIFICATE.—No. I.

(1) Name of Registered Medical person.
(2) *Set forth the registered qualification entitling the person certifying to grant the Certificate, e.g.*, Member of the Royal College of Physicians in Edinburgh.
(3) Physician, Surgeon, *or otherwise, as the case may be.*
(4) *Insert the Street, and Number of the House (if any), or other like particulars.*
(5) *Insert Name of Patient in full, Designation, and Residence, and if a Pauper, state so.*
(6) *State Name of Patient in full.*
(7) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned (1) Frederick Hugh Clarke
being a (2) Bachelor of Medicine & Master in Surgery of Glasgow University
and being in actual practice as a (3) Physician & Surgeon
do hereby certify, on soul and conscience, that I have this day at (4) 7 Observatory Terrace Maxwelltown in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (5) William Mackie, Tailor, 7 Observatory Terrace, Maxwelltown
and that the said (6) William Mackie
is a (7) Person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(8) *State the Facts, e.g.*, as indicated by the Patient's appearance, demeanour, conversation, writings, actions, conduct, etc.

1. Facts indicating Insanity observed by myself (8) He is Strange in behaviour, Wandering in Conversation, and very Excitable. I have on two or three occasions pre certified him as insane

(9) *State the Information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others (9) His wife Mrs Mackie, 7 Observatory Terrace Maxwelltown says he locks her out of the house, is Violent, and a terror to her and the neighbours.

(10) *To be signed by medical person certifying.*

Name and Medical Designation (10) Fred: Hugh Clarke M.B.
And Place of Abode, Charlotte Street Dumfries.

DATED this 23rd day of February One thousand nine hundred and eleven.

MEDICAL CERTIFICATE.—No. II.

(1) Name of Registered Medical person.
(2) *Set forth the registered qualification entitling the person certifying to grant the Certificate, e.g.*, Member of the Royal College of Physicians in Edinburgh.
(3) Physician, Surgeon, *or otherwise, as the case may be.*
(4) *Insert the Street, and Number of the House (if any), or other like particulars.*
(5) *Insert Name of Patient in full, Designation and Residence, and if a Pauper, state so.*
(6) *State Name of Patient in full.*
(7) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned (1) A. J. Gordon Hunter
being a (2) Bachelor of Medicine & Bachelor of Surgery of Edinburgh University
and being in actual practice as a (3) House Surgeon
do hereby certify, on soul and conscience, that I have this day at (4) 7 Observatory Terrace Maxwelltown in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (5) William Mackie formerly a tailor 7 Observatory Terrace maxwelltown
and that the said (6) William Mackie
is a (7) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(8) *State the Facts, e.g.*, as indicated by the Patient's appearance, demeanour, conversation, writings, actions, conduct, etc.

1. Facts indicating Insanity observed by myself (8) He is excited — but conversation is not connected nor to the point; his demeanour is peculiar, & his actions are very irrational

(9) *State the Information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others (9)

(10) *To be signed by medical person certifying.*

Name and Medical Designation (10) A. J. Gordon Hunter M.B. Cab.
And Place of Abode, Royal Infirmary Dumfries

DATED this 23 day of February One thousand nine hundred and eleven.

CERTIFICATE OF EMERGENCY.

N.B.—This Certificate is necessary in the event of a Patient being sent to the Institution before the Sheriff's Order is obtained, and it authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any order by the Sheriff. During this period the Sheriff's Order is obtained. When the Certificate of Emergency is employed, both parts should be filled, signed, and dated if possible on the day of removal of the Patient to the Asylum, or otherwise as near the day of removal as possible.

I, the undersigned (1) Frederick Hugh Clarke being a (2) M.B. & C.M. of Glasgow Univ. duly

(1) State Name of Registered Medical Person.
(2) State Registered Medical qualification.

to hereby certify, on soul and conscience, that I have this day at (3) 7 Observatory

(3) State place of Examination.

Terrace, Maxwelltown in the County of Kirkcudbright

seen and personally examined (4) William Mackie, formerly

(4) State Name of Patient, in full, Designation, and Address.

a Tailor, 7 Observatory Terrace, Maxwelltown

and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at Dumfries.

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

**Signature of Certifier* (5) Fred: Hugh Clarke M.B.C.M.

(5) To be signed by Medical Person certifying.

Address of Certifier Charlotte Street Dumfries

DATED this 23rd day of February One thousand nine hundred and eleven.

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

I hereby request the Superintendent of the Crichton Royal Institution, Dumfries, to receive therein (1) William Mackie to whom the foregoing Certificate of Emergency refers.

(1) State Name of Patient in full.

Relationship or other capacity in which Petitioner or Applicant stands to Patient, In charge of Patient on behalf of petitioner

**Signature of Petitioner or Applicant* (2) Robert Wright

(2) To be signed by the Party applying.

Address of Petitioner or Applicant, Police Buildings Maxwelltown.

DATED this 23rd day of February one thousand nine hundred and Eleven

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Order to be Granted by the Sheriff for the Transmission and Reception of the Lunatic.

I George Campion Esquire

(1) Sheriff Substitute

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

of ~~Dumfries~~ and Galloway at Dumfries

(2) *State whether a* County *or* Stewartry.

having had produced to me, with a Petition at the instance of (3) Mc Maggie Mckie or Mackie, 7 Observatory Terrace Maxwelltown

(3) *Insert Name and Designation*

Certificates under the hands of Frederick Hugh Clarke

and A. J. Gordon Hunter, being two Medical Persons duly qualified, in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Mackie, 7 Observatory Terrace, Maxwelltown (Tailor Unmarried)

(4) *Describe the Patient, and if a Pauper, state so.*

and that the said William Mackie

is a (5) persons of unsound mind

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

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

(6) His or her

DATED [at Dumfries] this Twenty fourth day of February One thousand nine hundred and eleven

(Signature) Geo: Campion

To the Superintendent of the Crichton Royal Institution, Dumfries.

No. 10-265.

William Mackie.

Adan: 23rd. February 1911.

No. 10266. Name Anne Loudon.

FORM A

Date of Admission 25th February 1911.

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

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

Petition to the Sheriff to grant Order for the Reception of a Patient into the Crichton Royal Institution, Dumfries.

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

The Petition of (1) David Cunningham Loudon, Tailor and Clothier, residing in Port Street, Annan

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that (2) Anne Loudon

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 (4) Anne Loudon to the Crichton Royal Institution, Dumfries, and to sanction (5) her admission into the said Asylum.

(1) Insert Name, Designation, and Residence of the Party applying.

(2) Insert Name of Patient in full.

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

(4) Insert Name of Patient in full.

(5) His or her.

*Signature of Petitioner (6) David C. Loudon

(6) To be signed by the Party applying.

Dated this (7) 25th day of February One thousand nine hundred and eleven.

(7) N.B.—The Date of the Petition must be within fourteen clear days following the dates of the Medical Certificates Nos. I. and II., and not before.

STATEMENT.

If any 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 Loudon
2. Sex and Age,	Female aged 79
3. Married, Single, or Widowed,	Single
4. Condition of life and previous Occupation (if any),	Retired Dressmaker
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	6 Sandringham Terrace, Bellevue Road Ayr
7. Place where Found and Examined,	Riverbank House Annan
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
12. Duration of Existing Attack,	Not known
13. Supposed Cause,	Not known
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	No. Refused to be examined
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,	David Cunningham Loudon, Tailor & Clothier Port Street, Annan, and Miss Helen Loudon 6 Sandringham Terrace Ayr brother and sister 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.

Dated this Twenty fifth day of February One thousand nine hundred and eleven.

*Signature of Petitioner, (1) David C. Loudon

(1) *To be signed by the Party applying.*

MEDICAL CERTIFICATE.—No. I.

(1) Name of Registered Medical person.
(2) *Set forth the registered qualification entitling the person certifying to grant the Certificate, e.g.*, Member of the Royal College of Physicians in Edinburgh.
(3) Physician, Surgeon, *or otherwise, as the case may be.*
(4) *Insert the Street, and Number of the House (if any), or other like particulars.*
(5) *Insert Name of Patient in full, Designation, and Residence, and if a Pauper, state so.*
(6) *State Name of Patient in full.*
(7) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned (1) William Murdoch
being a (2) Doctor of Medicine of Edinburgh University
and being in actual practice as a (3) Physician & Surgeon
do hereby certify, on soul and conscience, that I have this day at (4) Riverbank House, Cummertrees in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (5) Ann Lowden, Spinster - Patient at present residing at Crichton Royal Institution, Dumfries
and that the said (6) Ann Lowden
is a (7) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(8) *State the Facts, e.g.*, as indicated by the Patient's appearance, demeanour, conversation, writings, actions, conduct, etc.

1. Facts indicating Insanity observed by myself (8). She rambles in her conversation, has no proper sense of date, time or place, says there is the marks of Carpet - that she has been three months in child and that case she necessary is very deficient, especially for recent events.

(9) *State the Information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others (9). Nurse Stairs who has been some time in charge of her states that she is violent in behaviour & attacks her sisters unprovokedly when not guarded against. also that she is very filthy in her person & habits. She has had to be constantly watched or she would take alcohol to such an extent as to make her incapable of any reasonable behaviour.

(10) *To be signed by medical person certifying.*

Name and Medical Designation (10) Wm Murdoch M.D. C.M.
And Place of Abode, Friends Park, Cummertrees, Dumfriesshire.

Dated this 24th day of February One thousand nine hundred and Eleven.

MEDICAL CERTIFICATE.—No. II.

(1) Name of Registered Medical person.
(2) *Set forth the registered qualification entitling the person certifying to grant the Certificate, e.g.*, Member of the Royal College of Physicians in Edinburgh.
(3) Physician, Surgeon, *or otherwise, as the case may be.*
(4) *Insert the Street, and Number of the House (if any), or other like particulars.*
(5) *Insert Name of Patient in full, Designation and Residence, and if a Pauper, state so.*
(6) *State Name of Patient in full.*
(7) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned (1) John Pitcairn Henry Niven
being a (2) Bachelor of Medicine of Glasgow University
and being in actual practice as a (3) Physician & Surgeon
do hereby certify, on soul and conscience, that I have this day at (4) Riverbank, Cummertrees in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (5) Ann Lowden, Spinster, patient at present residing at Crichton Royal Institution
and that the said (6) Ann Lowden
is a (7) Lunatic and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz:—

(8) *State the Facts, e.g.*, as indicated by the Patient's appearance, demeanour, conversation, writings, actions, conduct, etc.

1. Facts indicating Insanity observed by myself (8). Thoroughly incoherent in mental process, delusions of persecution, wanders from subject and at times excited and violent and menacing.

(9) *State the Information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others (9). Mr Lord C. Lowden, Father has always had delusions of persecution and dislikes any who are kind to him. Thinks his brother dislikes her.

(10) *To be signed by medical person certifying.*

Name and Medical Designation (10) John Pitcairn Henry Niven
And Place of Abode, Crichton Royal Institution Dumfries

Dated this 24th day of February One thousand nine hundred and Eleven.

CERTIFICATE OF EMERGENCY.

N.B.—This Certificate is necessary in the event of a Patient being sent to the Institution before the Sheriff's Order is obtained, and it authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any order by the Sheriff. During this period the Sheriff's Order is obtained. When the Certificate of Emergency is employed, both parts should be filled, signed, and dated if possible on the day of removal of the Patient to the Asylum, or otherwise as near the day of removal as possible.

I, the undersigned (1) William Murdoch, being a (2) Doctor of Medicine of Edinburgh University, do hereby certify, on soul and conscience, that I have this day at (3) Riverbank House, Annan, in the County of Dumfries, seen and personally examined (4) Anne London, Retired Dressmaker residing there, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at Dumfries.

(1) State Name of Registered Medical Person.
(2) State Registered Medical qualification.
(3) State place of Examination.
(4) State Name of Patient, in full, Designation, and Address.

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

**Signature of Certifier* (5) Wm Murdoch M.D. (Edin.)
Address of Certifier Fruits Park, Annan, Dumfriesshire

(5) To be signed by Medical Person certifying.

DATED this twenty-fourth day of February One thousand nine hundred and eleven.

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

I hereby request the Superintendent of the Crichton Royal Institution, Dumfries, to receive therein (1) Anne London to whom the foregoing Certificate of Emergency refers.

(1) State Name of Patient in full.

Relationship or other capacity in which Petitioner or Applicant stands to Patient Brother
**Signature of Petitioner or Applicant* (2) David G. London
Address of Petitioner or Applicant 25 Port Street, Annan

(2) To be signed by the Party applying.

DATED this Twenty fifth day of February one thousand nine hundred and eleven.

Order to be Granted by the Sheriff for the Transmission and Reception of the Lunatic.

I George Campion Esquire
(1) Sheriff Substitute
of ~~Dumfries~~ and Galloway at Dumfries
having had produced to me, with a Petition at the instance of (3) David Armstrong Laudon, Tailor Clothier, Port Street, Annan
Certificates under the hands of William Murdoch
and John Picken Howie Muir, being two Medical Persons duly qualified, in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Anne London, Riverbank House, Annan (Petr's Sister)
and that the said Anne London,
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 Anne London as a Patient into the Crichton Royal Institution, Dumfries, and I authorize (6) her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Anne London which accompanied the said Petition.

(1) *State whether* Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) *State whether a* County *or* Stewartry.
(3) *Insert Name and Designation*
(4) *Describe the Patient, and if a Pauper, state so.*
(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.
(6) His or her

DATED [at Dumfries] this Twenty seventh day of February One thousand nine hundred and eleven

(Signature) Geo. Campion

To the Superintendent of the Crichton Royal Institution, Dumfries.

No. 10·266.

Anne London.

Adm: 25 February 1911.

No. 10·267. Name Hugh McCormick

Date of Admission Adm: 1st March 1911 -

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

FORM A

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

Petition to the Sheriff to grant Order for the Reception of a Patient into the Crichton Royal Institution, Dumfries.

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

The Petition of (1) Mrs Mary McCormick. 31 Edgemont Street. Langside. Glasgow.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that (2) Hugh McCormick 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 (4) Hugh McCormick to the Crichton Royal Institution, Dumfries, and to sanction (5) his admission into the said Asylum.

(1) Insert Name, Designation, and Residence of the Party applying.

(2) Insert Name of Patient in full.

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

(4) Insert Name of Patient in full.

(5) His or her.

**Signature of Petitioner* (6) Mary Mc Cormick

(6) To be signed by the Party applying.

Dated this (7) Second day of March One thousand nine hundred and Eleven

(7) N.B.—The Date of the Petition must be within fourteen clear days following the dates of the Medical Certificates Nos. I. and II., and not before.

STATEMENT.

If any 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 Mc Cormick
2. Sex and Age,	Male 41
3. Married, Single, or Widowed,	Married
4. Condition of life and previous Occupation (if any),	At present has no occupation, but formerly was a cashier.
5. Religious Persuasion, so far as known,	Presbyterian
6. Previous Place of Abode,	31 Edgemont Street, Langside. Glasgow.
7. Place where Found and Examined,	The Crichton Royal Institution Dumfries
8. Length of Time Insane,	about one week
9. Whether First Attack,	No, Second.
10. Age (if known) on First Attack,	40
11. When and Where previously under Examination and Treatment,	Crichton Royal Institution Dumfries. from 19th July 1910 — 29 Oct: 1910.
12. Duration of Existing Attack,	one week
13. Supposed Cause,	disappointment following want of work.
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to Others,	might be
17. Parish or Union to which the Lunatic (if a Pauper) is chargeable,	
18. Christian Name and Surname and Place of Abode of Nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been insane,	Mary Mc Cormick, 31 Edgemont Street Langside Glasgow. wife. None known to have been of unsound mind
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

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

Dated this Second day of March One thousand nine hundred and Eleven

**Signature of Petitioner*, (1) Mary Mc Cormick (1) *To be signed by the Party applying.*

MEDICAL CERTIFICATE.—No. I.

(1) Name of Registered Medical person.
(2) *Set forth the registered qualification entitling the person certifying to grant the Certificate, e.g.*, Member of the Royal College of Physicians in Edinburgh.
(3) Physician, Surgeon, *or otherwise, as the case may be.*
(4) *Insert the Street, and Number of the House (if any), or other like particulars.*
(5) *Insert Name of Patient in full, Designation, and Residence, and if a Pauper, state so.*
(6) *State Name of Patient in full.*
(7) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned (1) Thomas Ferguson
being a (2) Bachelor of Medicine & Licentiate of Edinburgh
and being in actual practice as a (3) physician & Surgeon
do hereby certify, on soul and conscience, that I have this day at (4) Auchen Royal Institution Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (5) Hugh Mc Cormick 31 Edgemont Street Langside Glasgow
and that the said (6) Hugh Mc Cormick
is a (7) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(8) *State the Facts, e.g.*, as indicated by the Patient's appearance, demeanour, conversation, writings, actions, conduct, etc.

1. Facts indicating Insanity observed by myself (8) He is excitable & violent, shouting about the Testaments one or two again. He believes that he has two millions of money at his disposal with which he is going to capture the "rest of Scotland"

(9) *State the Information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others (9) Informed me that last night he exhibited defiance, deposited on a blanket pear on the floor of his bed room after his return from the Lavatory.

Attendant Short of Auchen Royal Institution

(10) *To be signed by medical person certifying.*

Name and Medical Designation (10) Thomas Ferguson M.B.C.M.
And Place of Abode, 16 Castle St Dumfries

DATED this Second day of March One thousand nine hundred and eleven.

MEDICAL CERTIFICATE.—No. II.

(1) Name of Registered Medical person.
(2) *Set forth the registered qualification entitling the person certifying to grant the Certificate, e.g.*, Member of the Royal College of Physicians in Edinburgh.
(3) Physician, Surgeon, *or otherwise, as the case may be.*
(4) *Insert the Street, and Number of the House (if any), or other like particulars.*
(5) *Insert Name of Patient in full, Designation and Residence, and if a Pauper, state so.*
(6) *State Name of Patient in full.*
(7) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned (1) Frederick Hugh Clarke
being a (2) Bachelor of Medicine & Master in Surgery of Glasgow University
and being in actual practice as a (3) physician & Surgeon
do hereby certify, on soul and conscience, that I have this day at (4) The Crichton Royal Institution Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (5) Hugh McCormick Clerk. 31 Edgemont Street Glasgow
and that the said (6) Hugh McCormick
is a (7) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz :—

(8) *State the Facts, e.g.*, as indicated by the Patient's appearance, demeanour, conversation, writings, actions, conduct, etc.

1. Facts indicating Insanity observed by myself (8) He is loud and noisy in his behaviour, has exaggerated view of his own importance — saying for instance that he has been offered millions by the Rothschilds to conduct a business, and he has other delusions.

(9) *State the Information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others (9)

(10) *To be signed by medical person certifying.*

Name and Medical Designation (10) Fred: Hugh Clarke. M.B.C.M.
And Place of Abode, Charlotte Street Dumfries

DATED this Second day of March One thousand nine hundred and eleven.

CERTIFICATE OF EMERGENCY.

N.B.—This Certificate is necessary in the event of a Patient being sent to the Institution before the Sheriff's Order is obtained, and it authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any order by the Sheriff. During this period the Sheriff's Order is obtained. When the Certificate of Emergency is employed, both parts should be filled, signed, and dated if possible on the day of removal of the Patient to the Asylum, or otherwise as near the day of removal as possible.

I, the undersigned (1) George Rutherford Jeffrey
being a (2) doctor of Medicine of Glasgow University and a Member of the Royal College of Physicians, Edinburgh
do hereby certify, on soul and conscience, that I have this day at (3) the Crichton Royal Institution Dumfries in the County of Dumfries
seen and personally examined (4) Hugh Mc Cormick of 31 Edgemont Street, Langside, Glasgow
and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at Dumfries.

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

*Signature of Certifier (5) George R. Jeffrey M.D. M.R.C.P.E.

*Address of Certifier Crichton Royal Institution Dumfries

Dated this first day of March One thousand nine hundred and Eleven years.

(1) State Name of Registered Medical Person.
(2) State Registered Medical qualification.
(3) State place of Examination.
(4) State Name of Patient, in full, Designation, and Address.
(5) To be signed by Medical Person certifying.

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

I hereby request the Superintendent of the Crichton Royal Institution, Dumfries, to receive therein (1) Hugh Mc Cormick
to whom the foregoing Certificate of Emergency refers.

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

*Signature of Petitioner or Applicant (2) Mary Mc Cormick

Address of Petitioner or Applicant, 31 Edgemont street Langside Glasgow

Dated this 1st day of March one thousand nine hundred and eleven years

(1) State Name of Patient in full.
(2) To be signed by the Party applying.

Order to be Granted by the Sheriff for the Transmission and Reception of the Lunatic.

I George Campion, Esquire
(1) Sheriff Substitute
of Dumfries and Galloway at Dumfries
having had produced to me, with a Petition at the instance of (3) Mrs Mary Mc Cormick, 31 Edgemont Street, Langside, Glasgow.
Certificates under the hands of Thomas Ferguson and Frederick Hugh Clarke, being two Medical Persons duly qualified, in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Hugh McCormick, 31 Edgemont Street, Langside, Glasgow (Petr's Husband)
and that the said Hugh McCormick
is a (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 Mc Cormick as a Patient into the Crichton Royal Institution, Dumfries, and I authorize (6) his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Hugh McCormick which accompanied the said Petition.

Dated [at. Dumfries] this Third day of March One thousand nine hundred and eleven

(Signature) Geo: Campion

To the Superintendent 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 the Patient, and if a Pauper, state so.*
(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.
(6) His or her

No. 10.267.

Hugh McCormick.

Adm: 1st March 1911.

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

[FORM A.]

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

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

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

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

The Petition of Miss Alexina Blackstock

63 Dalrymple Street, Stranraer

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Samuel Withers

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

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

(*To be signed by the Party applying*) Alexina Blackstock

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

DATED this Seconde (4) day of March One thousand nine hundred and eleven

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STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Samuel Withers
2. Sex and Age,	Male 77.
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Farmer retired
5. Religious Persuasion, so far as known,	Protestant.
6. Previous Place of Abode,	63 Dalrymple St. Stranraer
7. Place where Found and Examined,	do
8. Length of time Insane,	unknown
9. Whether First Attack,	seconde
10. Age (if known) on First Attack,	68
11. When and where previously under Examination and Treatment (5)	Crichton Royal Institution 9 years ago
12. Duration of Existing Attack,	unknown
13. Supposed Cause,	unknown
14. Whether subject to Epilepsy,	No so far as known
15. Whether Suicidal,	unknown
16. Whether Dangerous to others,	unknown
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Private Patient
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Elizabeth Withers or Blackstock 960 Bellahouston Road, Glasgow his Sister, None of the family have been insane.
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	———

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

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

DATED this Seconde day of March One thousand nine hundred and eleven

(*To be signed by the party applying*) Alexina Blackstock

P p.

MEDICAL CERTIFICATE, No. I.

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

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

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

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

(5) Lunatic, *or* an insane person, *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 Harper
being a (1) Bachelor of Medicine & Master of Surgery Aberdeen University
and being in actual practice as a (2) physician & surgeon
do hereby certify, on soul and conscience, that I have this day, at (3) 63 Dalmuir West Stirling Road
in the County of Stirling
separately from any other Medical Practitioner,
visited and personally examined (4) Samuel Wilkie
and that
the said Samuel Wilkie is a (5) person of unsound mind
and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

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

(1) He suffers from delusions with uncertain fancies of break into his house & take his money -
(2) Depressed appearance
(3) Refuses to take food

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

Alexina Blackstock says who resides with him - says at times he becomes very melancholy, he will not at night for fear of being robbed & his house plundered

Name and Medical Designation, Thomas Harper MB-CM

Place of Abode, Hanover House Stirling

DATED this Second day of March One thousand nine hundred and eleven 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, David Duke Monro
being a (1) Bachelor of Medicine & Master of Surgery
of Aberdeen University & General Practitioner
and being in actual practice as a (2)
do hereby certify, on soul and conscience, that I have this day, at (3) 63 Dalmuir
Strl- Stirling Road
in the County of
Craigton
separately from any other Medical Practitioner,
visited and personally examined (4) Samuel Wilkie.
and that
the said Samuel Wilkie is a (5) person of
unsound mind
and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

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

He is very melancholy & has a depressed look. He wont enter into a conversation and imagines he is in great trouble &c

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

Miss Alexina Blackstock says he is afraid his house will be robbed. he has delusions. he wont proper food. & at times he has threatened to strike

Name and Medical Designation, D. Duke Monro MB

Place of Abode, 17 Lewis St Stirling

DATED this 2nd day of March One thousand nine hundred and eleven years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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 Harper Medical Practitioner & Member of Surgeons
being (1) a Bachelor of Medicine hereby certify, on soul and conscience, that I have this day, at (2) 63 Dalrymple St
in the County of Wigtown, seen and personally examined Samuel Wither, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Crichton Royal Institution Dumfries

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

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

Thomas Harper

DATED this Second day of March One thousand nine hundred and eleven

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

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

Relationship or other capacity in which Applicant stands to Patient, In charge of patient - Samuel Wither.

Signature and Address James Thompson 36 Sun Street Stranraer

Date 3 March 1911.

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

I, George Campion Esquire (1) Sheriff Substitute of the Dumfries and Galloway at Dumfries having had produced to me, with a Petition at the instance of (2) Mrs Alexina Blackstock 63 Dalrymple Street Stranraer Certificates under the hands of Thomas Harper and David Duke 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) Samuel Wither, 63 Dalrymple Street Stranraer, (Private patient) and that the said Samuel Wither is a (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 Wither as a patient into the (6) Public Asylum of Crichton Royal Institution and I authorize Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Samuel Wither which accompanied the said Petition.

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

DATED [at Dumfries] this Fourth day of March One thousand nine hundred and eleven years.

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

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

[Signature] Geo: Campion

No. 10268.

Samuel Wither.

Aden: 3rd March 1911.

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

[FORM A.]

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

PETITION TO 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 *Substitute and his Substitutes,*

The Petition of Thomas Th. Cleland Inspector of Lunatics

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Janet Newall, Glencaple Road

(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 Janet Newall to the Crichton Royal Asylum and to sanction her admission into the said Asylum.

(To be signed by the Party applying) Thos. Th. Cleland

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

DATED this 10th (4) day of March One thousand nine hundred and eleven.

STATEMENT.

If any 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 Newall
2. Sex and Age,	Female 43 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Domestic servant (Domestic) formerly Clerk to Hosiery Protestant
5. Religious Persuasion, so far as known,	
6. Previous Place of Abode,	Glencaple.
7. Place where Found and Examined,	Glencaple
8. Length of time Insane,	Insane for past two months
9. Whether First Attack,	No.
10. Age (if known) on First Attack,	about 35 years
11. When and where previously under Examination and Treatment (5)	Never before - Crichton Royal Inst^n 16 December 1901.
12. Duration of Existing Attack,	about two months
13. Supposed Cause,	Hereditary
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	No.
16. Whether Dangerous to others,	No.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Caerlaverock
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Mrs Stainton, The Lodge Brow House, Ulverston, Lancashire Sister
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	

(5) If patient has previously in an establishment, state date of latest admission or approximate thereto. If previously under examination or treatment state fact.

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

DATED this Tenth day of March One thousand nine hundred and eleven

(To be signed by the party applying) Thomas Th. Cleland.

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

I, the undersigned, George Douglas Cairns being a (1) Graduate of the University of Edenburg and being in actual practice as a (2) Physician do hereby certify, on soul and conscience, that I have this day, at (3) Cricklton in the County of Royal Institution Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Janet Newall and that the said Janet Newall 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)
Patient says that for the last 24 h
Since her mother's death her mothers Spirit has always
with her telling her what to do and that her
Spirit also appears and talks to her. She says
she sees her mothers Spirit especially in dark pe

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) the Reports from
The Rev. Mr McIlveen, says the
has behaved in a wild manner at Glencot

Name and Medical Designation, George D Cairns MB. CM.

Place of Abode, 31 Castle St. Dumfries

Dated this 10th day of March One thousand nine hundred and Eleven.

MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

I, the undersigned, Roger A. Rankine being a (1) graduate of the London University Cricklet and being in actual practice as a (2) Assistant Physician to the [illegible] Th do hereby certify, on soul and conscience, that I have this day, at (3) the Cricklet in the County of Royal Institution Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Janet Newall and that the said Janet Newall is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6).
(1) Patient says her whole life is governed & her ac
Spirit which never leaves her: the Spirit talks t
all day & tells her how to act & appears as a liv
(2) Patient says she has been to Hell & that the Devi
her that she might be burned in the furnace where
she saw there

(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, Roger A. Rankine M
M

Place of Abode, The Cricklet Royal Institut

Dated this 10th day of March One thousand nine hundred and Eleven

CERTIFICATE OF EMERGENCY.

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

I, the undersigned, George Douglas Cairns being (1) a Graduate of Edinburgh University hereby certify, on soul and conscience, that I have this day, at (2) Crichton Institution in the County of Dumfries, seen and personally examined Janet Newall, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Dumfries.

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

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

(3) State place at which Asylum is situated.

George D Cairns

DATED this 10th day of March One thousand nine hundred and Eleven.

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

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

Relationship or other capacity in which Applicant stands to Patient, Rlv. Ofc. Inspector.

Signature and Address Inspector of Poor, The Manse, Caerlaverock.

Date 10th March 1911.

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

I, George Campion, Esq. — (1) Sheriff Substitute of Dumfries and Galloway at Dumfries having had produced to me, with a Petition at the instance of (2) Thomas D. McIlwean, Inspector of Poor of Caerlaverock Certificates under the hands of George Douglas Cairns and Roger Aiken Rankine being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Newall, Glencaple, Dumfries (Pauper) — and that the said Janet Newall — 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 Janet Newall as a patient into the (6) Public — Asylum of Crichton Royal — and I authorize (7) her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Janet Newall which accompanied the said Petition.

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

DATED [at Dumfries —] this Thirteenth day of March One thousand nine hundred and eleven

To the Superintendent of the (8) Public Asylum of Crichton Royal Dumfries.

[*Signature*] Geo. Campion

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

No. 10·269.

Janet Rentall.

(Carlaverock)

Adm: 10 March 1911.

No. 10·270.

Date of Admission

Petition to the S
a Patient into

Date the Honourable
Substitutes,—at

The Petiti

humbly showeth that it
Certificates, that (2)...
your Petitioner's (3)...
Mental Derangement, a
May is therefore p
the said (4)... Hous
to the Crichton Royal
the said Asylum.

*Signature of Petitioner

Dated this (7)...
nine hundred and...

If any of the Particu

1. Christian Name and
at length, ...
2. Sex and Age,
3. Married, Single, or
4. Condition of life a
tion (if any),
5. Religious Persuasio
6. Previous Place of A
7. Place where Found
8. Length of Time Insa
9. Whether First Attac
10. Age (if known) on
11. When and Where
Examination and
12. Duration of Existi
13. Supposed Cause,
14. Whether subject to
15. Whether Suicidal,
16. Whether Dangerou
17. Parish or Union
(if a Pauper) in
18. Christian Name
Place of Abode
Relative of the
of Relationship
whether any M
known to be co
19. Special circumsta
the insertion of
tioners.

I certify that, to

Dated this...

...11...

*Signature of Petiti

No. 10270. Name Florence Maria Byng.

FORM A

Date of Admission 12th March 1911.

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

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

Petition to the Sheriff to grant Order for the Reception of a Patient into the Crichton Royal Institution, Dumfries.

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

The Petition of (1) Edmund G. P. J. Byng. St. Kierans Melrose

(1) Insert Name, Designation, and Residence of the Party applying.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that (2) Florence Maria Byng 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 (4) Florence Maria Byng to the Crichton Royal Institution, Dumfries, and to sanction (5) her admission into the said Asylum.

(2) Insert Name of Patient in full.

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

(4) Insert Name of Patient in full.

(5) His or her.

*Signature of Petitioner (6) G P J Byng Edmund

(6) To be signed by the Party applying.

Dated this (7) 11th day of March One thousand nine hundred and Eleven

(7) N.B.—The Date of the Petition must be within fourteen clear days following the dates of the Medical Certificates Nos. I. and II., and not before.

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Florence Maria Byng
2. Sex and Age,	Female 40 yrs 5 months
3. Married, Single, or Widowed,	Married
4. Condition of life and previous Occupation (if any),	No occupation
5. Religious Persuasion, so far as known,	Church of England
6. Previous Place of Abode,	Paris.
7. Place where Found and Examined,	St Kierans Melrose
8. Length of Time Insane,	About two months
9. Whether First Attack,	Yes.
10. Age (if known) on First Attack,	39 yrs.
11. When and Where previously under Examination and Treatment,	Never under treatment
12. Duration of Existing Attack,	About six months
13. Supposed Cause,	Not Known
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to Others,	No.
17. Parish or Union to which the Lunatic (if a Pauper) is chargeable,	—
18. Christian Name and Surname and Place of Abode of Nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been insane,	Henry S. L. Wilson Esq. Eaglton Hall Eaglton Nr Wakefield Yorkshire
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	—

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

Dated this 11th day of March One thousand nine hundred and 11.

*Signature of Petitioner, (1) G P J Byng Edmund

(1) *To be signed by the Party applying.*

MEDICAL CERTIFICATE.—No. I.

(1) Name of Registered Medical person.
(2) *Set forth the registered qualification entitling the person certifying to grant the Certificate, e.g.*, Member of the Royal College of Physicians in Edinburgh.
(3) Physician, Surgeon, or *otherwise, as the case may be.*
(4) *Insert the Street, and Number of the House (if any), or other like particulars.*
(5) *Insert Name of Patient in full, Designation, and Residence, and if a Pauper, state so.*
(6) *State Name of Patient in full.*
(7) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned (1) William Hall Palmer of
being a (2) Doctor of Medicine of the
Edinburgh University
and being in actual practice as a (3) General Practitioner
do hereby certify, on soul and conscience, that I have this day at (4) St Keira
Melrose, in the County of
Roxburghshire separately from any other Medical Practitioner,
visited and personally examined (5) Florence Maria
Byng,
and that the said (6) Florence Maria Byng
is a (7) Person of unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

(8) *State the Facts, e.g.*, as indicated by the Patient's appearance, demeanour, conversation, writings, actions, conduct, etc.

1. Facts indicating Insanity observed by myself (8) She tells me
that she has been told by God from
to take food, and that she has
refused it for four days, because
Colonel Byng, her husband, de-
to allow her to eat food in case
ade the Lord Lieutenant of
the

(9) *State the Information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others (9)
her husband, Colonel Byng, tells me she has
refused to see friends of hers, and has
dealt on account of disorders which she has
had long, especially during her
There are also about grounds for saying
or murdered dishes by the clothes, dresses, &c.

(10) *To be signed by medical person certifying.*

Name and Medical Designation (10) William Hall Palmer M.B.
And Place of Abode, The Cottage, Melrose

DATED this Eleventh day of March One thousand
nine hundred and eleven,

MEDICAL CERTIFICATE.—No. II.

(1) Name of Registered Medical person.
(2) *Set forth the registered qualification entitling the person certifying to grant the Certificate, e.g.*, Member of the Royal College of Physicians in Edinburgh.
(3) Physician, Surgeon, or *otherwise, as the case may be.*
(4) *Insert the Street, and Number of the House (if any), or other like particulars.*
(5) *Insert Name of Patient in full, Designation and Residence, and if a Pauper, state so.*
(6) *State Name of Patient in full.*
(7) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned (1) George Robert Livingston
being a (2) Doctor of Medicine of Edinburgh
University
and being in actual practice as a (3) Physician & Surgeon
do hereby certify, on soul and conscience, that I have this day at (4) Crichton
Royal Institution, Dumfries in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (5) Florence Maria Byng
of St. Keira's, Melrose at present an inmate of Crichton Royal
Institution, Dumfries
and that the said (6) Florence Maria Byng
is a (7) person of unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz:—

(8) *State the Facts, e.g.*, as indicated by the Patient's appearance, demeanour, conversation, writings, actions, conduct, etc.

1. Facts indicating Insanity observed by myself (8)
Her insane manner & appearance.
Tells me she has refused her food as she
wishes to save up food in time of war.
Tells me people have been saying
things about her, which are obviously absurd.
Calls King mentioned in the Bible refers to her

(9) *State the Information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others (9)

(10) *To be signed by medical person certifying.*

Name and Medical Designation (10) George R. Livingston M.D.
And Place of Abode 47 Castle Street Dumfries

DATED this Eleventh day of March One thousand
nine hundred and Eleven

CERTIFICATE OF EMERGENCY.

N.B.—This Certificate is necessary in the event of a Patient being sent to the Institution before the Sheriff's Order is obtained, and it authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any order by the Sheriff. During this period the Sheriff's Order is obtained. When the Certificate of Emergency is employed, both parts should be filled, signed, and dated if possible on the day of removal of the Patient to the Asylum, or otherwise as near the day of removal as possible.

I, the undersigned (1) William Hall Calvert ..... (1) State Name of Registered Medical Person.

being a (2) Doctor of Medicine ..... (2) State Registered Medical qualification.

.....

do hereby certify, on soul and conscience, that I have this day at (3) Melrose ..... (3) State place of Examination.

.....in the County of Roxburghshire

seen and personally examined (4) Florence Maria Byng ..... (4) State Name of Patient, in full, Designation, and Address.

.....

and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at Dumfries.

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

**Signature of Certifier* (5) William Hall Calvert, M.D ..... (5) To be signed by Medical Person certifying.

Address of Certifier The Cottage, Melrose .....

DATED this Eighth day of March One thousand nine hundred and eleven.

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

I hereby request the Superintendent of the Crichton Royal Institution, Dumfries, to receive therein (1) Mrs Florence Maria Byng ..... (1) State Name of Patient in full.

to whom the foregoing Certificate of Emergency refers.

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

**Signature of Petitioner or Applicant* (2) E.R.F. Byng Colonel ..... (2) To be signed by the Party applying.

Address of Petitioner or Applicant, St Kierans Melrose .....

.....

DATED this 11th day of March one thousand nine hundred and 11.

Order to be Granted by the Sheriff for the Transmission and Reception of the Lunatic.

I George Campion, Esquire .....

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

of Dumfries and Galloway at Dumfries ..... (2) *State whether a* County *or* Stewartry.

having had produced to me, with a Petition at the instance of (3) Colonel ..... (3) *Insert Name and Designation*

A.R.F. Byng, St Kierans, Melrose .....

Certificates under the hands of William Hall Calvert .....

and George Robert Livingston ....., being two Medical Persons duly qualified, in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Florence Maria Byng, St Kierans, Melrose (Petr's Wife) ..... (4) *Describe the Patient, and if a Pauper, state so.*

and that the said Florence Maria Byng .....

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

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

DATED [at Dumfries] this Thirteenth day of March One thousand nine hundred and eleven

(Signature) Geo. Campion

To the Superintendent of the Crichton Royal Institution, Dumfries.

No. 10.270.

Florence Maria Bigg.

Adm: 11th March 1911.

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

[FORM A.]

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

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

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

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

The Petition of William Elliot Armstrong Cochrane
4 Douglas ~~Square~~ Square, Newcastleton,

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

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

(To be signed by the Party applying) W. A. Cochrane

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

DATED this thirteenth (4) day of March One thousand nine hundred and Eleven.

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Euphemia Park
2. Sex and Age,	71 Female
3. Married, Single, or Widowed,	Widow
4. Condition of Life, and previous Occupation (if any),	no occupation
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Fairholme Newton Stewart
7. Place where Found and Examined,	4 Douglas Square Newcastleton
8. Length of time Insane,	Fortnight
9. Whether First Attack,	First attack
10. Age (if known) on First Attack,	—
11. When and where previously under Examination and Treatment (5)	—
12. Duration of Existing Attack,	Fortnight
13. Supposed Cause,	Family bereavement
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	no
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	John Park (Eldest Son) 120 Peterhill Road. Glasgow No member of family known to have been insane
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	—

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

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

DATED this thirteenth day of March One thousand nine hundred and Eleven

(To be signed by the party applying) W. A. Cochrane

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

I, the undersigned, Rufus Lassar Evans being a (1) Doctor of Medicine & master of Surgery Edinburgh University and being in actual practice as a (2) Physician do hereby certify, on soul and conscience, that I have this day, at (3) 4 Douglas Square, Newcastleton in the County of Roxburgh separately from any other Medical Practitioner, visited and personally examined (4) Euphemia Park, Lady, Re at 4 Douglas Square Newcastleton and that the said Euphemia Park is a (5) insane hers and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

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

She believes herself ruined & possessed of no money, is not the case. Her manner formerly affable is now reserve. Her memory is very defective, her conversation incoherent & she is quite unfit to manage her own affairs.

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

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

The above facts are confirmed by her Daughter Mrs W.E.A. Cochrane, wife of Capt

Name and Medical Designation, Rufus L. Evans M

Place of Abode, Newcastleton

DATED this Thirteenth day of March One thousand nine hundred and Eleven.

MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

I, the undersigned, Peter Murray Kerr being a (1) Bachelor of Medicine and Master in Surgery of the University of Edinburgh and being in actual practice as a (2) General Practitioner do hereby certify, on soul and conscience, that I have this day, at (3) Cricketer Royal Institution in the County of Fife separately from any other Medical Practitioner, visited and personally examined (4) Euphemia Park, widow 4 Douglas Square Newcastleton and that the said Euphemia Park is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

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

She is dull and stupid. Takes a long time to answer simple questions. Is very depressed and miserable. Believes herself penniless and lost.

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

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

Name and Medical Designation, Peter Murray Kerr

Place of Abode, 2 Castle Street Dum

DATED this Nineteenth day of March One thousand nine hundred and eleven years.

CERTIFICATE OF EMERGENCY.

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

I, the undersigned, Rufus Basson Evans being (1) M.B. & Ch (Edin.) hereby certify, on soul and conscience, that I have this day, at (2) 4 Douglas Square Newcastleton in the County of Roxburgh, seen and personally examined Euphemia Park, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Dumfries

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

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

Rufus B. Evans M.D.

DATED this Thirteenth day of March One thousand nine hundred and Eleven.

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

I hereby request the Superintendent of the Crichton Royal Institution Asylum to receive therein Euphemia Park to whom the foregoing Certificate of Emergency refers.

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

Signature and Address W. & W. Cochrane, 4 Douglas Sqr. Newcastleton

Date Thirteenth Day of March one thousand nine hundred & eleven.

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

I, George Campion, Esquire (1) Sheriff Substitute of ~~the~~ (2) Dumfries and Galloway at Dumfries having had produced to me, with a Petition at the instance of (3) William Elliot Armstrong Cochrane, 4 Douglas Square, Newcastleton Certificates under the hands of Rufus Basson Evans and Peter Murray Kerr being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Euphemia Park, 4 Douglas Square, Newcastleton (Miss Widow) and that the said Euphemia Park is ~~are~~ (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 Euphemia Park as a patient into the (6) Public Asylum of Crichton Royal Institution and I authorize (7) her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Euphemia Park which accompanied the said Petition.

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

DATED [at Dumfries] this Fourteenth day of March One thousand nine hundred and eleven

To the Superintendent of the (8) Public *Asylum of Crichton Royal Institution Dumfries.*

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

[Signature] Geo: Campion

No. 10-271.

Euphemia Park.

Adm: 13th March 1911.

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

[FORM A.]

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

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 Henry B. Reid, Inspector of Poor, Parish of Dumfries

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

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

(To be signed by the Party applying) Henry B. Reid.

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

DATED this Twentysecond (4) day of March One thousand nine hundred and Eleven year.

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Elizabeth Crawford Kerr
2. Sex and Age,	Female - 40
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Housekeeper
5. Religious Persuasion, so far as known,	Presbyterian
6. Previous Place of Abode,	54 Shakespeare Street, Dumfries.
7. Place where Found and Examined,	do do
8. Length of time Insane,	a few days
9. Whether First Attack,	yes
10. Age (if known) on First Attack,	40
11. When and where previously under Examination and Treatment (5)	Nowhere
12. Duration of Existing Attack,	a few days
13. Supposed Cause,	Not known
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	~~No~~ may be
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dumfries
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Robert Kerr, father residing at 54 Shakespeare Street, Dumfries. Not so far as known.
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

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

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

DATED this Twentyfirst day of March One thousand nine hundred and Eleven year.

(To be signed by the party applying) Henry B. Reid.

T & A. C.—February 1911.

MEDICAL CERTIFICATE. No. I.

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

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

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

(4) *Insert Designation and Residence, 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 James Allsopp,
being a (1) Bachelor of Medicine and Surgery
and being in actual practice as a (2) physician & Surgeon
do hereby certify, on soul and conscience, that I have this day, at (3) 57 Shakespeare
Street, Dumfries in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Elizabeth Crawford
Kerr, pauper. and that
the said Elizabeth Crawford 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.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Her insane
manner and appearance. She suffers from
delusions, partly of a persecutive nature.

(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, R. J. Allsopp, M.B.C.

Place of Abode, 20 Castle Street, Dumfries

DATED this twenty first day of March One thousand
nine hundred and eleven 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, Walter Duncan Irving
being a (1) Bachelor of Medicine & Master in Surgery
University of Edinburgh.
and being in actual practice as a (2) Surgeon
do hereby certify, on soul and conscience, that I have this day, at (3)
57 Shakespeare Street, Dumfries in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Elizabeth Crawford Kerr
Pauper and that
the said Elizabeth Crawford Kerr is a (5) pauper
& unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She suffers from
delusions e.g. that bands come through
ceiling & takes her, what the Nation
and people to persecute her.

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

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

Name and Medical Designation, W. D. Irving M.B. Edin

Place of Abode, Dumfries

DATED this twenty first day of March One thousand
nine hundred and eleven years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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 James Allsopp.
being (1) a Bachelor of Medicine & Surgery
hereby certify, on soul and conscience, that I have this day, at (2) 57 Shakespeare Street
in the County of Dumfries, seen and personally examined
Elizabeth Crawford Kerr, pauper, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Dumfries

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

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

R. J. Allsopp

DATED this Twenty first day of March One thousand nine hundred and eleven years.

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

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

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

Signature and Address Henry B. Reid., 28 Queen St, Dumfries.

Date 21st March 1911

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

I, George Campion, Esquire (1) Sheriff Substitute of Dumfries and Galloway at Dumfries
having had produced to me, with a Petition at the instance of (2) Henry B. Reid, Inspector of Poor, Parish of Dumfries
Certificates under the hands of Robert James Allsopp
and Walter Duncan Grieve being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Elizabeth Crawford Kerr, 54 Shakespeare Street, Dumfries (Pauper) – and that the said Elizabeth Crawford 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 Elizabeth Crawford Kerr as a patient into the (6) Public Asylum of Crichton Royal and I authorize (7) her transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Elizabeth Crawford Kerr which accompanied the said Petition.

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

DATED [at Dumfries –] this Twenty second day of March One thousand nine hundred and eleven

To the Superintendent of the (8) Public Asylum of Crichton Royal Dumfries

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

[Signature] Geo. Campion

No. 10-272.

Elizabeth Crawford Kerr.
(Burnfoot)
Adm: 21 March 1911.

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

[FORM A.]

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

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

(1) Sheriff or Steward. Shire or Stewartry.

Unto the Honourable the (1) Sheriff ~~of the (1) County~~ of Dumfries Stewartry and his Substitutes,—at Dumfries.

The Petition of Alexander Kirkpatrick Inspector of Poors for the Parish of Gretna

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Janet Irving your Petitioner's (2) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Janet Irving to the Crichton Royal Institute and to sanction her admission into the said Asylum.

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

(*To be signed by the Party applying*) Alex Kirkpatrick

DATED this twenty eighth (3) day of March One thousand nine hundred and eleven.

(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,	Janet Irving
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,	Haltwhistle
7. Place where Found and Examined,	Headlesscross, Gretna
8. Length of time Insane,	about six months.
9. Whether First Attack,	Second.
10. Age (if known) on First Attack,	21
11. When and where previously under Examination and Treatment (5)	Headlesscross, Gretna.
12. Duration of Existing Attack,	
13. Supposed Cause,	
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,	Gretna
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Agnes Irving or Waugh Headlesscross Gretna. Not Known
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	

(5) If patient has previously in an asylum, state date of latest admission approximately thereto. If previously under medical or treatment state fact.

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

DATED this twenty eighth day of March One thousand nine hundred and eleven

(*To be signed by the party applying*) Alex Kirkpatrick

MEDICAL CERTIFICATE, No. I.

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

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

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

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

(5) Lunatic, or an insane person, 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 Dunlop Goldie being a (1) Bachelor of medicine and Bachelor of Surgery the university of Glasgow and being in actual practice as a (2) physician do hereby certify, on soul and conscience, that I have this day, at (3) Headless Cross, Gretna Green in the County Dumfries separately from any other Medical Practitioner visited and personally examined (4) Janet Irving, domestic servant, Headless Cross Gretna - pauper and the said Janet Irving is a (5) Lunatic and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

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

The girl is elated and speaks of going up the chimney with the flames. Will write a bible. Will now become a nurse instead of a curse

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

The mother tells me the patient abused her and struck her on the shoulder without cause, has broken the window and thrown out dishes and water without reason. Abuses all other members of family.

Name and Medical Designation, Robert Dunlop Goldie, M.B., Ch.

Place of Abode, Woodhouse Mains by Ecclefechan

DATED this 28th day of March One thousand nine hundred and eleven.

MEDICAL CERTIFICATE, No. II.

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

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

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

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

(5) Lunatic, or an insane person, 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 Elder being a (1) Bachelor of medicine Surgery Glasgow University and being in actual practice as a (2) physician & Surgeon do hereby certify, on soul and conscience, that I have this day, at (3) Headless Gretna Green in the County Dumfries separately from any other Medical Practitioner visited and personally examined (4) Janet Irving, domestic servant, pauper, Headless Cross Gretna Green and the said Janet Irving is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

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

Patient rambles on incessantly and somewhat incoherently. She complains of being tripped by some unknown agency. She ran out of the house for no reason. Made excitation.

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

Per stf. - Father Richard Waugh she became in an extremely wild manner, a panes glass last night & my mind that to watch her.

Name and Medical Designation, William Elder M.

Place of Abode, Linden Villa Annan

DATED this twenty eighth day of March One thousand nine hundred and eleven.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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 Dunlop Goldie being (1) a Bachelor of Medicine and Bachelor of Surgery hereby certify, on soul and conscience, that I have this day, at (2) Headless Cross in the County of Dumfries, seen and personally examined Janet Irving, pauper —, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Dumfries

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

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

Robert Dunlop Goldie.

DATED this 28th day of March One thousand nine hundred and eleven

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

I hereby request the Superintendent of the Dumfries asylum Asylum to receive therein Janet Irving, headless cross, Gretna to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, } Doctor acting for Parish Council.

Signature and Address Robert Dunlop Goldie
Woodhouse Mains
Date 28th March, 1911. by Eaglesham.

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

I, George Campion, Esquire (7) Sheriff Substitute — of ~~Dumfries~~ and Galloway at Dumfries — having had produced to me, with a Petition at the instance of (8) Alexander — Kirkpatrick, Inspector of Poor for the Parish of Gretna — Certificates under the hands of Robert Dunlop Goldie — and William Elder — being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Irving, Headless Cross, Gretna Green (Pauper) — and that the said Janet Irving — 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 Irving — 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 Irving — which accompanied the said Petition.

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

DATED [at Dumfries —] this Twenty ninth day of March One thousand nine hundred and eleven

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

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

[*Signature*] Geo: Campion

No. 10·273.

Janet Irving.

(Gretta)

Adm: 28 March 1911.

No. 10-274 Name Jessie Lockhart Rankine or

FORM A

Date of Admission 30th March 1911.

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

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

Petition to the Sheriff to grant Order for the Reception of a Patient into the Crichton Royal Institution, Dumfries.

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

The Petition of (1) Alexander Lockhart, retired butcher, Kinmuckle Green, Stapleton Road, Annan

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that (2) Mrs Jessie ~~Lockhart~~ Rankine or Lockhart 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 (4) Mrs Jessie ~~Lockhart~~ Rankine or Lockhart to the Crichton Royal Institution, Dumfries, and to sanction (5) her admission into the said Asylum.

**Signature of Petitioner* (6) Alexander Lockhart

Dated this (7) thirtieth day of March One thousand nine hundred and eleven

(1) Insert Name, Designation, and Residence of the Party applying.

(2) Insert Name of Patient in full.

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

(4) Insert Name of Patient in full.

(5) His or her.

(6) To be signed by the Party applying.

(7) N.B.—The Date of the Petition must be within fourteen clear days following the dates of the Medical Certificates Nos. I. and II., and not before.

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Jessie ~~Lockhart~~ Rankine or Lockhart
2. Sex and Age,	Female: 44 years.
3. Married, Single, or Widowed,	Married.
4. Condition of life and previous Occupation (if any),	Housewife.
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Kinmuckle Green, Stapleton Road, Annan
7. Place where Found and Examined,	Kinmuckle Green, Stapleton Road, Annan
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,	4 months.
13. Supposed Cause,	Do not know.
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Yes
16. Whether Dangerous to Others,	No.
17. Parish or Union to which the Lunatic (if a Pauper) is chargeable,	—
18. Christian Name and Surname and Place of Abode of Nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been insane,	
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	

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

Dated this thirtieth day of March One thousand nine hundred and eleven

**Signature of Petitioner,* (1) Alexander Lockhart

(1) *To be signed by the Party applying.*

MEDICAL CERTIFICATE.—No. I.

(1) Name of Registered Medical person.
(2) *Set forth the registered qualification entitling the person certifying to grant the Certificate, e.g.*, Member of the Royal College of Physicians in Edinburgh.
(3) Physician, Surgeon, *or otherwise, as the case may be.*
(4) *Insert the Street, and Number of the House (if any), or other like particulars.*
(5) *Insert Name of Patient in full, Designation, and Residence, and if a Pauper, state so.*
(6) *State Name of Patient in full.*
(7) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned (1) James Carmichael Pairman
being a (2) Bachelor of Medicine and Surgery of the University of Glasgow
and being in actual practice as a (3) physician and surgeon
do hereby certify, on soul and conscience, that I have this day at (4) Kinmeter Green. Stapleton Road. Annan in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (5) Mrs Jessie Lockhart. Housewife. Kinmeter Green. Stapleton Road. Annan
and that the said (6) Mrs Jessie Lockhart
is a (7) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(8) *State the Facts, e.g.*, as indicated by the Patient's appearance, demeanour, conversation, writings, actions, conduct, etc.

1. Facts indicating Insanity observed by myself (8) Patient looks the picture of misery and apparently suffers from acute mental pain. She cannot look any one in the face for to say, she is the greatest sinner in the world. She can talk of nothing but her sins, and has constantly been asking me to give her something to poison her. She threatens to do away with herself, if I do not give her something. I have several times seen her in a frenzy, tossing her arms wildly

(9) *State the Information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others (9)
Her husband, Alexander Lockhart, and her sister Helen Rankine say that she has been attempting to strangle herself with a handkerchief and has often knocks her head against the wall, she has suffered from insomnia for nearly 4 months. On one occasion she has eluded their vigilance and has been found making for a trough in the field.

(10) *To be signed by medical person certifying.*

Name and Medical Designation (10) James Carmichael Pairman M.A. M.B.
And Place of Abode, Park House, Annan.

Dated this thirtieth day of March One thousand nine hundred and eleven.

MEDICAL CERTIFICATE.—No. II.

(1) Name of Registered Medical person.
(2) *Set forth the registered qualification entitling the person certifying to grant the Certificate, e.g.*, Member of the Royal College of Physicians in Edinburgh.
(3) Physician, Surgeon, *or otherwise, as the case may be.*
(4) *Insert the Street, and Number of the House (if any), or other like particulars.*
(5) *Insert Name of Patient in full, Designation and Residence, and if a Pauper, state so.*
(6) *State Name of Patient in full.*
(7) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned (1) Frederick Hugh Clarke Dunc
being a (2) Bachelor of Medicine & Master in Surg of Glasgow University
and being in actual practice as a (3) Physician & Surgeon
do hereby certify, on soul and conscience, that I have this day at (4) 3 Rosemount Terrace. Mary Hellbrae in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (5) Mrs Jessie Lockhart. House Kinmeter Green. Annan
and that the said (6) Mrs Jessie Lockhart
is a (7) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz:—

(8) *State the Facts, e.g.*, as indicated by the Patient's appearance, demeanour, conversation, writings, actions, conduct, etc.

1. Facts indicating Insanity observed by myself (8) She is very miserable and depressed. Thinks she is damned to all eternity. and prays to be given something to end her misery.

(9) *State the Information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others (9)

(10) *To be signed by medical person certifying.*

Name and Medical Designation (10) Fred: Hugh Clarke. M.B.C.M.
And Place of Abode, Charlotte Street Dumfries.

Dated this thirtieth day of March One thousand nine hundred and Eleven years.

CERTIFICATE OF EMERGENCY.

N.B.—This Certificate is necessary in the event of a Patient being sent to the Institution before the Sheriff's Order is obtained, and it authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any order by the Sheriff. During this period the Sheriff's Order is obtained. When the Certificate of Emergency is employed, both parts should be filled, signed, and dated if possible on the day of removal of the Patient to the Asylum, or otherwise as near the day of removal as possible.

, the undersigned (1) James Carmichael Pairman

eing a (2) Bachelor of Medicine and Surgery of the University of Glasgow

o hereby certify, on soul and conscience, that I have this day at (3) Kinmeter Green, Stapleton Road, Annan in the County of Dumfries

een and personally examined (4) Mrs Jessie Lockhart, Kinmeter Green, Stapleton Road, Annan

nd that the said person is of unsound mind, and a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to he Asylum at Dumfries.

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

Signature of Certifier (5) James Carmichael Pairman

Address of Certifier Park House, Annan

DATED this thirtieth day of March One thousand nine hundred and eleven.

(1) State Name of Registered Medical Person.
(2) State Registered Medical qualification.
(3) State place of Examination.
(4) State Name of Patient, in full, Designation, and Address.
(5) To be signed by Medical Person certifying.

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

I hereby request the Superintendent of the Crichton Royal Institution, Dumfries, to receive therein (1) Mrs Jessie Lockhart to whom the foregoing Certificate of Emergency refers.

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

Signature of Petitioner or Applicant (2) J. Lockhart

Address of Petitioner or Applicant, Kinmeter Green, Stapleton Road, Annan

DATED this thirtieth day of March one thousand nine hundred and eleven.

(1) State Name of Patient in full.
(2) To be signed by the Party applying.

Order to be Granted by the Sheriff for the Transmission and Reception of the Lunatic.

I George Campion, Esquire

(1) Sheriff Substitute

of Dumfries and Galloway at Dumfries

having had produced to me, with a Petition at the instance of (3) Alexander Lockhart, Retired Butcher, Kinmeter Green, Stapleton Road, Annan.

Certificates under the hands of James Carmichael Pairman

and Frederick Hugh Blake, being two Medical Persons duly qualified, in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Jessie Lockhart, Kinmeter Green, Stapleton Road, Annan (Peter's Wife)

and that the said Mrs Jessie Lockhart

is a (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 Jessie Lockhart as a Patient into the Crichton Royal Institution, Dumfries, and I authorize (6) her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mrs Jessie Lockhart which accompanied the said Petition.

DATED [at Dumfries] this Thirty first day of March One thousand nine hundred and eleven

(Signature) Geo. Campion

To the Superintendent 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 the Patient, and if a Pauper, state so.*
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) His or her

No. 10. 274.

Jessie Rankine or Lockhart

Adm: 30th March 1911.

Enc.

No. 10-275. Name Alexander Mc Farlane

Date of Admission 30th March 1911.

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

FORM A

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

Petition to the Sheriff to grant Order for the Reception of a Patient into the Crichton Royal Institution, Dumfries.

Into the Honourable the Sheriff of Dumfries and Galloway and his Substitutes, at Dumfries.

The Petition of (1) the Reverend Alexander Sinclair Neil Inspector of Poor of the Parish of Cummertrees

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that (2) Alexander Mc Farlane

your Petitioner's (3) ~~Grandson~~ Grandson is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said (4) Alexander Mc Farlane to the Crichton Royal Institution, Dumfries, and to sanction (5) his admission into the said Asylum.

(1) Insert Name, Designation, and Residence of the Party applying.

(2) Insert Name of Patient in full.

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

(4) Insert Name of Patient in full.

(5) His or her.

Signature of Petitioner (6) A Sinclair Neil

(6) To be signed by the Party applying.

Dated this (7) 30th day of March One thousand nine hundred and eleven

(7) N.B.—The Date of the Petition must be within fourteen clear days following the dates of the Medical Certificates Nos. I. and II., and not before.

STATEMENT.

If any 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 Farlane
2. Sex and Age,	Male. 28
3. Married, Single, or Widowed,	believed to be single
4. Condition of life and previous Occupation (if any),	Labourer
5. Religious Persuasion, so far as known,	not known
6. Previous Place of Abode,	Believed to be Dumfries
7. Place where Found and Examined,	Found Cummertrees examined Prison of 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,	Yes at times
17. Parish or Union to which the Lunatic (if a Pauper) is chargeable,	Cummertrees
18. Christian Name and Surname and Place of Abode of Nearest known Relative of the Patient, and degree of Relstionship (if known), and whether any Member of his Family known to be or to have been insane,	not known
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	The man has been apprehended for crime and nothing is known of him except as above

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

Dated this 29th day of March One thousand nine hundred and eleven

*Signature of Petitioner, (1) A Sinclair Neil

(1) *To be signed by the Party applying.*

MEDICAL CERTIFICATE.—No. I.

(1) Name of Registered Medical person.
(2) *Set forth the registered qualification entitling the person certifying to grant the Certificate, e.g.*, Member of the Royal College of Physicians in Edinburgh.
(3) Physician, Surgeon, *or otherwise, as the case may be.*
(4) *Insert the Street, and Number of the House (if any), or other like particulars.*
(5) *Insert Name of Patient in full, Designation, and Residence, and if a Pauper, state so.*
(6) *State Name of Patient in full.*
(7) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned (1) Thomas Ingram
being a (2) Bachelor of Medicine of Edinburgh University
and being in actual practice as a (3) Physician & Surgeon
do hereby certify, on soul and conscience, that I have this day at (4) H. M. Prison Dumfries in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (5) Alexander Mc Farlane Labourer of no fixed residence — Drayton
and that the said (6) Alexander Mc Farlane
is a (7) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(8) *State the Facts, e.g.*, as indicated by the Patient's appearance, demeanour, conversation, writings, actions, conduct, etc.

1. Facts indicating Insanity observed by myself (8) Has inane appearance — He has exacted ideas of a silly character about himself & his accomplishments so that he can carry a ton on his back & that he is considered the strongest man in Glasgow. He has delusions — & hearing the voices of unseen people & that people come round his cell door at night threatening him & depriving him

(9) *State the Information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others (9) By Mr Dyedale Governor of H. M. Prison Dumfries That he is at times violent & full of delusions so that he is a murderer — & that people are annoying him when such is not the case.

(10) *To be signed by medical person certifying.*

Name and Medical Designation (10) Thomas Ingram M.B.
And Place of Abode, 16 Castle St Dumfries

DATED this thirtieth day of March One thousand nine hundred and eleven years.

MEDICAL CERTIFICATE.—No. II.

(1) Name of Registered Medical person.
(2) *Set forth the registered qualification entitling the person certifying to grant the Certificate, e.g.*, Member of the Royal College of Physicians in Edinburgh.
(3) Physician, Surgeon, *or otherwise, as the case may be.*
(4) *Insert the Street, and Number of the House (if any), or other like particulars.*
(5) *Insert Name of Patient in full, Designation and Residence, and if a Pauper, state so.*
(6) *State Name of Patient in full.*
(7) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned (1) John Dewar Robson
being a (2) Bachelor of Edinburgh University
and being in actual practice as a (3) Physician
do hereby certify, on soul and conscience, that I have this day at (4) H. M. Prison Dumfries in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (5) Alexander Mc Farlane Labourer no fixed residence
and that the said (6) Alexander Mc Farlane
is a (7) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz :—

(8) *State the Facts, e.g.*, as indicated by the Patient's appearance, demeanour, conversation, writings, actions, conduct, etc.

1. Facts indicating Insanity observed by myself (8) He is restless in his movements. says he hears voices especially at night — saying "Put up the light" he has been in Dalbeth & Barlinnie Asylums & his birthplace. He states that he is able to lift a ton. That his age is 40 — being

(9) *State the Information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others (9) Mr Dyedale states that last time he was in prison he was violent.

(10) *To be signed by medical person certifying.*

Name and Medical Designation (10) John Dewar Robson M.B.
And Place of Abode, 11 Castle St Dumfries

DATED this 30th day of March One thousand nine hundred and eleven

CERTIFICATE OF EMERGENCY.

N.B.—This Certificate is necessary in the event of a Patient being sent to the Institution before the Sheriff's Order is obtained, and it authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any order by the Sheriff. During this period the Sheriff's Order is obtained. When the Certificate of Emergency is employed, both parts should be filled, signed, and dated if possible on the day of removal of the Patient to the Asylum, or otherwise as near the day of removal as possible.

I, the undersigned (1) Thomas Ferguson (1) State Name of Registered Medical Person.

being a (2) Bachelor of Medicine of Edinburgh University (2) State Registered Medical qualification.

do hereby certify, on soul and conscience, that I have this day at (3) H. M. Prison (3) State place of Examination.

Dumfries in the County of Kirkcudbright

seen and personally examined (4) Alexander Mc Farlane (4) State Name of Patient, in full, Designation, and Address.

and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at Dumfries.

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

Signature of Certifier (5) Thomas Ferguson M.B. (5) To be signed by Medical Person certifying.

Address of Certifier 16 Castle St Dumfries

DATED this Thirtieth day of March One thousand nine hundred and eleven

---

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

I hereby request the Superintendent of the Crichton Royal Institution, Dumfries, to receive therein (1) Alexander Mc Farlane (1) State Name of Patient in full.

to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Petitioner or Applicant stands to Patient Governor of Prison in which Patient is confined.

Signature of Petitioner or Applicant (2) A. D. Dryesdale (2) To be signed by the Party applying.

Address of Petitioner or Applicant H. M. Prison, Dumfries

DATED this thirtieth day of March one thousand nine hundred and eleven

---

Order to be Granted by the Sheriff for the Transmission and Reception of the Lunatic.

I George Campion Esquire

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

of Dumfries and Galloway at Dumfries (2) *State whether* a County or Stewartry.

having had produced to me, with a Petition at the instance of (3) The Reverend Alexander Sinclair Medical Inspector of Poor of the Parish of Lincluden (3) *Insert Name and Designation*

Certificates under the hands of Thomas Ferguson

and John Dewar Robson being two Medical Persons duly qualified, in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Alexander Mc Farlane, H.M. Prison, Dumfries (Pauper) (4) *Describe the Patient, and if a Pauper, state so.*

and that the said Alexander Mc Farlane

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

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Alexander Mc Farlane as a Patient into the Crichton Royal Institution, Dumfries, and I authorize (6) his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Alexander Mc Farlane, which accompanied the said Petition. (6) His or her

DATED [at Dumfries] this Thirty first day of March One thousand nine hundred and eleven

(Signature) Geo: Campion

To the Superintendent of the Crichton Royal Institution, Dumfries.

No. 10.275.

Alexander de Tarbare.

(Summerfield)

Adm: 30th March 1911.

No. 10276. Name Anne Holland.

FORM A

Date of Admission 1st April 1911.

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

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

Petition to the Sheriff to grant Order for the Reception of a Patient into the Crichton Royal Institution, Dumfries.

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

The Petition of (1) Miss Catherine Anne Sykes. Spinster. 36 Victoria Road. St Annes on Sea

(1) Insert Name, Designation, and Residence of the Party applying.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that (2) Anne Holland.

(2) Insert Name of Patient in full.

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.

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

May it therefore please your Lordship to authorize the transmission of the said (4) Anne Holland to the Crichton Royal Institution, Dumfries, and to sanction (5) her admission into the said Asylum.

(4) Insert Name of Patient in full.

(5) His or her.

Signature of Petitioner (6) C. A. Sykes

(6) To be signed by the Party applying.

Dated this (7) First day of April One thousand nine hundred and Eleven.

(7) N.B.—The Date of the Petition must be within fourteen clear days following the dates of the Medical Certificates Nos. I. and II., and not before.

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Mrs Anne Holland
2. Sex and Age,	Female 58
3. Married, Single, or Widowed,	Widow
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,	South America
7. Place where Found and Examined,	St Annes on Sea
8. Length of Time Insane,	4 days
9. Whether First Attack,	Second attack. One in July 1910
10. Age (if known) on First Attack,	57
11. When and Where previously under Examination and Treatment,	In a Nursing Home at St Annes
12. Duration of Existing Attack,	4 days
13. Supposed Cause,	Shock of husbands death 2 years ago
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Might be.
16. Whether Dangerous to Others,	Yes, at times, if opposed.
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,	Miss Sykes. (Sister) 36 Victoria Road St Annes-on-Sea.
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	~

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

Dated this First day of April One thousand nine hundred and Eleven.

*Signature of Petitioner, (1) C. A. Sykes

(1) *To be signed by the Party applying.*

MEDICAL CERTIFICATE.—No. I.

(1) Name of Registered Medical person.
(2) *Set forth the registered qualification entitling the person certifying to grant the Certificate, e.g.*, Member of the Royal College of Physicians in Edinburgh.
(3) Physician, Surgeon, *or otherwise, as the case may be.*
(4) *Insert the Street, and Number of the House (if any), or other like particulars.*
(5) *Insert Name of Patient in full, Designation, and Residence, and if a Pauper, state so.*
(6) *State Name of Patient in full.*
(7) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned (1) William Ruddock
being a (2) Doctor of Medicine & Mast. of Surg
and being in actual practice as a (3) Physician & Surgeon
do hereby certify, on soul and conscience, that I have this day at (4) 36 Victoria Rd St Annes-on-Sea in the County o Lancaster separately from any other Medical Practitioner visited and personally examined (5) Anne Holland widow 36 Victoria Rd St Annes-on-Sea
and that the said (6) Anne Holland
is a (7) Person of unsound Mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(8) *State the Facts, e.g.*, as indicated by the Patient's appearance, demeanour, conversation, writings, actions, conduct, etc.

1. Facts indicating Insanity observed by myself (8) Very restless wild manner - incoherent & pulls - Dances & jumps about room -

(9) *State the Information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others (9) Her Sister Catherine A. Sykes informs me that the said Anne Holland screams most of the night, breaks pictures & other articles of furniture & threatens to kill them with knives &c. Says she wants to strangle them.

(10) *To be signed by medical person certifying.*

Name and Medical Designation (10) Wm Ruddock M.D. Ch.B.
And Place of Abode, 17 Park St Lytham Lancs

Dated this 31st day of March One thousand nine hundred and eleven.

MEDICAL CERTIFICATE.—No. II.

(1) Name of Registered Medical person.
(2) *Set forth the registered qualification entitling the person certifying to grant the Certificate, e.g.*, Member of the Royal College of Physicians in Edinburgh.
(3) Physician, Surgeon, *or otherwise, as the case may be.*
(4) *Insert the Street, and Number of the House (if any), or other like particulars.*
(5) *Insert Name of Patient in full, Designation and Residence, and if a Pauper, state so.*
(6) *State Name of Patient in full.*
(7) Lunatic, *or* an insane person, *or* an idiot, or a person of unsound mind.

I, the undersigned (1) H. E. P. Wright
being a (2) Licentiate of the Royal Coll. of Physicians, Edinb. & Licentiate of the Royal Coll. of Surgeons, Dublin
and being in actual practice as a (3) Physician and Surgeon
do hereby certify, on soul and conscience, that I have this day at (4) 36, Victoria Rd St Anne-on-Sea in the County Lancashire separately from any other Medical Practitioner visited and personally examined (5) Anne Holland Widow. 36 Victoria Rd. St Annes
and that the said (6) Anne Holland
is a (7) Person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz:—

(8) *State the Facts, e.g.*, as indicated by the Patient's appearance, demeanour, conversation, writings, actions, conduct, etc.

1. Facts indicating Insanity observed by myself (8) Wild in her manner Rambling talk with no connection of ideas. Delusions concerning people, cannot be quite still for a few moments, screams at

(9) *State the Information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others (9) Struggles and screams loudly. Throwing furniture about; and cannot be controlled. These facts communicated to me by her sister Catherine A. Sykes

(10) *To be signed by medical person certifying.*

Name and Medical Designation (10) H. E. P. Wright, L.R.C.P. & S.
And Place of Abode, 33, Victoria Road, St Annes-on-Sea

Dated this 31st day of March One thousand nine hundred and eleven.

CERTIFICATE OF EMERGENCY.

N.B.—This Certificate is necessary in the event of a Patient being sent to the Institution before the Sheriff's Order is obtained, and it authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any order by the Sheriff. During this period the Sheriff's Order is obtained. When the Certificate of Emergency is employed, both parts should be filled, signed, and dated if possible on the day of removal of the Patient to the Asylum, or otherwise as near the day of removal as possible.

I, the undersigned (1) William Milligan
being a (2) Doctor of Medicine & Master of Surgery
(R.U.I.)
do hereby certify, on soul and conscience, that I have this day at (3) 36 Victoria Rd
St Anns-on-Sea in the County of Lancaster
seen and personally examined (4) Anne Sykes Holland
widow, of 36 Victoria Rd, St Annes-on-Sea
and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at Dumfries.

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

**Signature of Certifier* (5) William Milligan
Address of Certifier 17 Park St Lytham Lancs
DATED this 31st day of March One thousand nine hundred and Eleven

(1) State Name of Registered Medical Person.
(2) State Registered Medical qualification.
(3) State place of Examination.
(4) State Name of Patient, in full, Designation, and Address.
(5) To be signed by Medical Person certifying.

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

I hereby request the Superintendent of the Crichton Royal Institution, Dumfries, to receive therein (1) Anne Holland
to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Petitioner or Applicant stands to Patient, Sister
**Signature of Petitioner or Applicant* (2) C. A. Sykes
Address of Petitioner or Applicant, 36 Victoria Road
St Annes on Sea

DATED this First day of April one thousand nine hundred and 11

(1) State Name of Patient in full.
(2) To be signed by the Party applying.

Order to be Granted by the Sheriff for the Transmission and Reception of the Lunatic.

I George Campion, Esquire
(1) Sheriff Substitute
of Dumfries and Galloway at Dumfries
having had produced to me, with a Petition at the instance of (3) Miss
Catherine Anne Sykes, 36 Victoria Road, St Annes-on-Sea,
Certificates under the hands of William Milligan
and A. C. P. Wright, being two Medical Persons duly qualified, in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Anne Sykes or Holland, Widow, 36 Victoria Road St Annes-on-Sea (Private Means)
and that the said Mrs Anne Sykes or Holland
is a (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 Anne Sykes or Holland as a Patient into the Crichton Royal Institution, Dumfries, and I authorize (6) her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mrs Anne Sykes or Holland which accompanied the said Petition.

DATED [at. Dumfries] this Third day of April One thousand nine hundred and eleven

(Signature) Geo. Campion

To the Superintendent 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 the Patient, and if a Pauper, state so.*
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) His or her

No. 10276.

Ann. Case Holland.

Adm: 1st April 1911.

No. 10277 Name Emily Morrish.

FORM A

Date of Admission Adm: 3rd April 1911.

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

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

Petition to the Sheriff to grant Order for the Reception of a Patient into the Crichton Royal Institution, Dumfries.

Into the Honourable the Sheriff of Dumfries and Galloway and his Substitutes,— at Dumfries

The Petition of (1) Francis Alfred Baddeley, ship manager, 2 Olive Lane, Waverton, Liverpool

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that (2) Emily Morrish

your Petitioner's (3) aunt is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said (4) Emily Morrish to the Crichton Royal Institution, Dumfries, and to sanction (5) her admission into the said Asylum.

(1) Insert Name, Designation, and Residence of the Party applying.

(2) Insert Name of Patient in full.

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

(4) Insert Name of Patient in full.

(5) His or her.

Signature of Petitioner (6) F. A. Baddeley

(6) To be signed by the Party applying.

DATED this (7) 2nd day of April One thousand nine hundred and eleven

(7) N.B.—The Date of the Petition must be within fourteen clear days following the dates of the Medical Certificates Nos. I. and II., and not before.

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Emily Morrish.
2. Sex and Age,	Female — 64.
3. Married, Single, or Widowed,	Single.
4. Condition of life and previous Occupation (if any),	At present — no occupation formerly milliner.
5. Religious Persuasion, so far as known,	Plymouth Brethren
6. Previous Place of Abode,	8 Linbridge Road Birkenhead
7. Place where Found and Examined,	as above
8. Length of Time Insane,	Indeterminate more pronounced since beginning of this year.
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,	As above
13. Supposed Cause,	Considered due other self-adulation
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Consider the knife incident referred to overlies suspicious. Think not.
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,	Only surviving brother resident in Australia for many years. Daughter of dear brother (deceased) am present as the nearest relative.
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	—

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

DATED this 2nd day of April One thousand nine hundred and eleven.

*Signature of Petitioner, (1) F. A. Baddeley

(1) *To be signed by the Party applying.*

MEDICAL CERTIFICATE.—No. I.

(1) Name of Registered Medical person.
(2) *Set forth the registered qualification entitling the person certifying to grant the Certificate, e.g.*, Member of the Royal College of Physicians in Edinburgh.
(3) Physician, Surgeon, *or otherwise, as the case may be.*
(4) *Insert the Street, and Number of the House (if any), or other like particulars.*
(5) *Insert Name of Patient in full, Designation, and Residence, and if a Pauper, state so.*
(6) *State Name of Patient in full.*
(7) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned (1) Alfred Edward Hawkes
being a (2) Licentiate of the Royal College of Physicians of Edinburgh and a reg. M.D. Lon
and being in actual practice as a (3) Physician
do hereby certify, on soul and conscience, that I have ~~this day~~ on Tuesday March 30th 1911 at (4) 8 Livingston Road, Higher Tranmere in the County of Cheshire separately from any other Medical Practitioner, visited and personally examined (5) Emily Morrish, Spinster of 8 Livingston Road, Higher Tranmere
and that the said (6) Emily Morrish
is a (7) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(8) *State the Facts, e.g.*, as indicated by the Patient's appearance, demeanour, conversation, writings, actions, conduct, etc.

1. Facts indicating Insanity observed by myself (8) I saw her as far back as 1887 for shortness of manner, and have had her frequently all that year (1911). At times her demeanour was sullen and morose; she was always suspicious of apprehensive without reasonable grounds, not to go amongst strange people.

(9) *State the Information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others (9) Two nurses have watched her for many weeks. Mrs Dempsie Jones her present attendant says that she is impulsively fob asp, but for what purpose she does not know. She considers her strange and unsafe as regards ... She has recently cut to her sister with whom she lives that she would like dead. This sister found a table knife wrapped up in a duster. She subsequently admitted the fact to her sister. The said nurse

(10) *To be signed by medical person certifying.*

Name and Medical Designation (10) Alfred Ed. Hawkes M.D.Lon
And Place of Abode, 214 Rodney Street Liverpool

Dated this second day of April One thousand nine hundred and eleven

A daughter of eldest sister is detained now being of unsound mind

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MEDICAL CERTIFICATE.—No. II.

(1) Name of Registered Medical person.
(2) *Set forth the registered qualification entitling the person certifying to grant the Certificate, e.g.*, Member of the Royal College of Physicians in Edinburgh.
(3) Physician, Surgeon, *or otherwise, as the case may be.*
(4) *Insert the Street, and Number of the House (if any), or other like particulars.*
(5) *Insert Name of Patient in full, Designation and Residence, and if a Pauper, state so.*
(6) *State Name of Patient in full.*
(7) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned (1) George Sutcliffe Stansfield
being a (2) Member of the Royal College of Physicians of Edinburgh & Licentiate of the Royal College of Physicians Edinburgh
and being in actual practice as a (3) Physician
do hereby certify, on soul and conscience, that I have this day at (4) 8 Livingston Road, Birkenhead in the County of Cheshire separately from any other Medical Practitioner, visited and personally examined (5) Emily Morrish, Spinster of 8 Livingston Road, Higher Tranmere, Birkenhead
and that the said (6) Emily Morrish
is a (7) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz:—

(8) *State the Facts, e.g.*, as indicated by the Patient's appearance, demeanour, conversation, writings, actions, conduct, etc.

1. Facts indicating Insanity observed by myself (8) She is of a nervous disposition: refused to enter a room where I was present as a person entered before her: thinks that someone is going to injure: admits that she concealed a knife & thinks she would not hurt anybody else. She has much tendency to do something to herself: sometimes hears people talking about her: thinks her letters are read by other people.

(9) *State the Information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others (9) By Arthur Ernest Baddeley, her nephew, 2 Hope Lane, Warrington. She is completely dominated by the idea that everyone is persecuting her & has the intention of doing her harm: thinks people are trying to poison her: afraid to go out for fear of being run over: attaches undue importance to the most trivial acts: sometimes thinks she is not safe in her own room.

(10) *To be signed by medical person certifying.*

Name and Medical Designation (10) George Sutcliffe Stansfield M.D.Lon
And Place of Abode, 19 Hamilton Square Birkenhead

Dated this second day of April One thousand nine hundred and eleven

CERTIFICATE OF EMERGENCY.

N.B.—This Certificate is necessary in the event of a Patient being sent to the Institution before the Sheriff's Order is obtained, and it authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any order by the Sheriff. During this period the Sheriff's Order is obtained. When the Certificate of Emergency is employed, both parts should be filled, signed, and dated if possible on the day of removal of the Patient to the Asylum, or otherwise as near the day of removal as possible.

I, the undersigned (1) Alfred Edward Hawkes
being a (2) L.R.C.P. & S. Edin. & L.F.P.S. Glasgow
and M.D. Brux.
do hereby certify, on soul and conscience, that I have ~~this day~~ on March 30. 1911 at (3) Lightbody
Cowridge Road Hr Frankby in the County of Cheshire
have seen and personally examined (4) Emily Morrish
of Lightbody Cowridge Road Hr Frankby
and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at Dumfries.

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

Signature of Certifier (5) A. E. Hawkes

Address of Certifier 24 Rodney St. Liverpool

DATED this 2nd day of April One thousand nine hundred and eleven.

(1) State Name of Registered Medical Person.
(2) State Registered Medical qualification.
(3) State place of Examination.
(4) State Name of Patient, in full, Designation, and Address.
(5) To be signed by Medical Person certifying.

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

I hereby request the Superintendent of the Crichton Royal Institution, Dumfries, to receive therein (1) Emily Morrish to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Petitioner or Applicant stands to Patient, Nephew

Signature of Petitioner or Applicant (2) F. A. Baddeley

Address of Petitioner or Applicant, 2 Olive Lane, Wavertree Liverpool

DATED this 2nd day of April one thousand nine hundred and eleven.

(1) State Name of Patient in full.
(2) To be signed by the Party applying.

Order to be Granted by the Sheriff for the Transmission and Reception of the Lunatic.

George Campion, Esquire
(1) Sheriff Substitute
of Dumfries and Galloway at Dumfries
having had produced to me, with a Petition at the instance of (3) Francis Alfred Baddeley, Shipping Manager, 2 Olive Lane, Wavertree, Liverpool
certificates under the hands of Alfred Edward Hawkes
and George Sutcliffe Mansfield, being two Medical Persons duly qualified, in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Emily Morrish, 8 Liveridge Road, Higher Frankby, Birkenhead (Patient's Aunt)
and that the said Emily Morrish
is a (5) person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Emily Morrish as a Patient into the Crichton Royal Institution, Dumfries, and I authorize (6) her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Emily Morrish which accompanied the said Petition.

DATED [at Dumfries] this Fourth day of April One thousand nine hundred and eleven

(Signature) Geo: Campion

To the Superintendent 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 the Patient, and if a Pauper, state so.*
(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.
(6) His or her

No. 10.277.

Emily Morrish.

Adm: 3 April 1911.

No. 1078. Name Henry Alexander.

Date of Admission 4th April 1911.

FORM A

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

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

Petition to the Sheriff to grant Order for the Reception of a Patient into the Crichton Royal Institution, Dumfries.

Into the Honourable the Sheriff of Dumfries and Galloway and his Substitutes,— at Dumfries

The Petition of (1) Samuel E. Alexander Corhoney Cookstown

(1) Insert Name, Designation, and Residence of the Party applying.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that (2) Henry Alexander M.B., B.Ch. H.B., 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 (4) Henry Alexander M.B., C.H.B. to the Crichton Royal Institution, Dumfries, and to sanction (5) his admission into the said Asylum.

(2) Insert Name of Patient in full.

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

(4) Insert Name of Patient in full.

(5) His or her.

Signature of Petitioner (6) Samuel E. Alexander

(6) To be signed by the Party applying.

Dated this (7) 4th day of April One thousand nine hundred and eleven.

(7) N.B.—The Date of the Petition must be within fourteen clear days following the dates of the Medical Certificates Nos. I. and II., and not before.

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Henry Alexander M.B. Ch.B.
2. Sex and Age,	Male 39 years
3. Married, Single, or Widowed,	Single
4. Condition of life and previous Occupation (if any),	Doctor
5. Religious Persuasion, so far as known,	Presbyterian
6. Previous Place of Abode,	Cachar, India
7. Place where Found and Examined,	Calcutta
8. Length of Time Insane,	9 months
9. Whether First Attack,	First
10. Age (if known) on First Attack,	38 years
11. When and Where previously under Examination and Treatment,	Calcutta
12. Duration of Existing Attack,	9 months
13. Supposed Cause,	Syphilis contracted while performing a circumcision
14. Whether subject to Epilepsy,	
15. Whether Suicidal,	Not Suicidal
16. Whether Dangerous to Others,	Not dangerous as far as we Know
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,	S. E. Alexander, Corhoney, Cookstown Co. Tyrone. Father. Not any
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	

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

Dated this 3rd day of April One thousand nine hundred and eleven.

*Signature of Petitioner, (1) Samuel E. Alexander.

(1) *To be signed by the Party applying.*

MEDICAL CERTIFICATE.—No. I.

(1) Name of Registered Medical person.
(2) *Set forth the registered qualification entitling the person certifying to grant the Certificate, e.g.*, Member of the Royal College of Physicians in Edinburgh.
(3) Physician, Surgeon, *or otherwise, as the case may be.*
(4) *Insert the Street, and Number of the House (if any), or other like particulars.*
(5) *Insert Name of Patient in full, Designation, and Residence, and if a Pauper, state so.*
(6) *State Name of Patient in full.*
(7) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned (1) John Smyth Morrow
being a (2) Doctor of Medicine of the Queen's University of Belfast
and being in actual practice as a (3) physician
do hereby certify, on soul and conscience, that I have this day at (4) 36 Carlton Gardens Belfast in the County of Antrim separately from any other Medical Practitioner, visited and personally examined (5) Henry Alexander, Medical Practitioner, 36 Carlton Gardens
and that the said (6) Henry Alexander
is a (7) Person of Unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(8) *State the Facts, e.g.*, as indicated by the Patient's appearance, demeanour, conversation, writings, actions, conduct, etc.

1. Facts indicating Insanity observed by myself (8) He is restless, hyperactive talks volubly, is at times incoherent. He affirms that he has orders from God commanding him to cease taking any Medical treatment. He affirms that he took ill in April 1910 and that he has been ill for five years, and that the present year is the year 1915 not 1911 36

(9) *State the Information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others (9) His sister Mrs Elizabeth Drum on whose knee he has been living since his return from India under a nurse for some weeks ago informs me that he talks to himself when alone pretending that he is being martyred. Also to day when out walking with her he suddenly and without provocation pushed

(10) *To be signed by medical person certifying.*

Name and Medical Designation (10) J. S. Morrow M.D. (If the Medical Practitioner is a Registered Medical Practitioner, he must sign his name as registered in the Medical Register.)
And Place of Abode, 184 Antrim Road Belfast

DATED this Second day of April One thousand nine hundred and Eleven.

MEDICAL CERTIFICATE.—No. II.

(1) Name of Registered Medical person.
(2) *Set forth the registered qualification entitling the person certifying to grant the Certificate, e.g.*, Member of the Royal College of Physicians in Edinburgh.
(3) Physician, Surgeon, *or otherwise, as the case may be.*
(4) *Insert the Street, and Number of the House (if any), or other like particulars.*
(5) *Insert Name of Patient in full, Designation and Residence, and if a Pauper, state so.*
(6) *State Name of Patient in full.*
(7) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned (1) ~~John Smyth Morrow~~ Joseph Hunter
being a (2) Bachelor of Medicine and Surgery of the University of Edinburgh
and being in actual practice as a (3) General Practitioner
do hereby certify, on soul and conscience, that I have this day at (4) the Cavehill Royal Hospital Belfast in the County of Dublin separately from any other Medical Practitioner visited and personally examined (5) Henry Alexander Medical Practitioner late of Cachar India
and that the said (6) Henry Alexander
is a (7) Person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz:—

(8) *State the Facts, e.g.*, as indicated by the Patient's appearance, demeanour, conversation, writings, actions, conduct, etc.

1. Facts indicating Insanity observed by myself (8) He gives way to violent expressions of excitement and says that God is speaking to him and putting him through special forms of martyrdom. He also states that he has been Napoleon Bonaparte and was offered the title of King of Kings. He maintains that the present year is 1915 and that the Calendars are wrong

(9) *State the Information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others (9)

(10) *To be signed by medical person certifying.*

Name and Medical Designation (10) Joseph Hunter M.B. M.B.C.S.
And Place of Abode, 316 Cashel Street Belfast

DATED this Fourth day of April One thousand nine hundred and Eleven.

CERTIFICATE OF EMERGENCY.

N.B.—This Certificate is necessary in the event of a Patient being sent to the Institution before the Sheriff's Order is obtained, and it authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any order by the Sheriff. During this period the Sheriff's Order is obtained. When the Certificate of Emergency is employed, both parts should be filled, signed, and dated if possible on the day of removal of the Patient to the Asylum, or otherwise as near the day of removal as possible.

I, the undersigned (1) John Smyth Morrow ..... (1) State Name of Registered Medical Person.

being a (2) Doctor of Medicine of the Queen's University of Belfast ..... (2) State Registered Medical qualification.

do hereby certify, on soul and conscience, that I have this day at (3) 36 Carleton Gardens Belfast in the County of Antrim (3) State place of Examination.

seen and personally examined (4) Henry Alexander a medical practitioner, 36 Carleton Gardens, Belfast ..... (4) State Name of Patient, in full, Designation, and Address.

and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at Dumfries.

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

*Signature of Certifier (5) J. S. Morrow M.D. ..... (5) To be signed by Medical Person certifying.

Address of Certifier 187 Cavehill Road Belfast

DATED this Second day of April One thousand nine hundred and eleven.

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

I hereby request the Superintendent of the Crichton Royal Institution, Dumfries, to receive therein (1) Henry Alexander M.B.B.Ch.B. ..... (1) State Name of Patient in full.

to whom the foregoing Certificate of Emergency refers.

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

*Signature of Petitioner or Applicant (2) Samuel E. Alexander ..... (2) To be signed by the Party applying.

Address of Petitioner or Applicant, Corhoney Cookstown Co. Tyrone

DATED this 3rd day of April one thousand nine hundred and eleven.

Order to be Granted by the Sheriff for the Transmission and Reception of the Lunatic.

I George Campion, Esquire

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

of Dumfries and Galloway at Dumfries (2) *State whether a* County or Stewartry.

having had produced to me, with a Petition at the instance of (3) Samuel E. Alexander Corhoney Cookstown Co. Tyrone (3) *Insert Name and Designation*

Certificates under the hands of John Smyth Morrow

and Joseph Hunter ..... being two Medical Persons duly qualified, in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Henry Alexander, M.B.Ch.B, 36 Carleton Gardens, Belfast (Pt's son) ..... (4) *Describe the Patient, and if a Pauper, state so.*

and that the said Henry Alexander

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

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

DATED [at Dumfries] this Fifth day of April One thousand nine hundred and eleven

(Signature) Geo: Campion

To the Superintendent of the Crichton Royal Institution, Dumfries.

No. 10·278.
Henry Alexander.
Adm: 4 April 1911.

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

[FORM A.]

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

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 Henry B. Reid, Inspector of Poor, Dumfries.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Thomas 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 Thomas Hannah to the Brichton Royal asylum and to sanction his admission into the said Asylum.

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

(*To be signed by the Party applying*) Henry B Reid.

(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 nine hundred and Eleven 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 Hannah
2. Sex and Age,	Male - 38
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	General Dealer
5. Religious Persuasion, so far as known,	R. Catholic
6. Previous Place of Abode,	76 Queensberry St, Dumfries
7. Place where Found and Examined,	Burgh Police Office, Do.
8. Length of time Insane,	a few days
9. Whether First Attack,	Yes.
10. Age (if known) on First Attack,	38
11. When and where previously under Examination and Treatment (5)	Nowhere
12. Duration of Existing Attack,	a few days
13. Supposed Cause,	not known.
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	maybe.
16. Whether Dangerous to others,	maybe
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dumfries.
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Relatives Unknown. Co-habits with Margaret Hannah, 76. Queensberry St, Dumfries
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

(5) If patient has been previously in an Asylum or Hospital for the Insane, state the name and date of latest Asylum or approximate thereto. If previously under Examination or treatment state fact.

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

DATED this Sixth day of april One thousand nine hundred and Eleven years.

(*To be signed by the party applying*) Henry B Reid.

T & A. C.—February 1911.

MEDICAL CERTIFICATE. No. I.

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

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

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

(4) *Insert Designation and Residence, 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 James Allsopp,
being a (1) bachelor of Medicine & Surgery.
and being in actual practice as a (2) Physician & Surgeon
do hereby certify, on soul and conscience, that I have this day, at (3) Burgh Police office, Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Thomas Hannah, pauper, and that the said Thomas 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.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He was jumping about the cell in a childish manner. His manner was excited & happy & then he fell into a sullen silence & would not answer question and stared in a strange & insane manner.

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) He threatened to cut the arteries in his arm & had a razor in his possession (Communicated by his Paramour.)

Name and Medical Designation, R. J. Allsopp M.B.C.M.

Place of Abode, 20 Castle St, Dumfries

DATED this sixth day of April One thousand nine hundred and eleven 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, Walter Duncan Irving
being a (1) Bachelor of Medicine, Graduate in Surgery, University of Edinburgh
and being in actual practice as a (2) Surgeon
do hereby certify, on soul and conscience, that I have this day, at (3) Victoria Royal Infirmary in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Thomas Hannah, pauper and that the said Thomas 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.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He has an insane appearance, is very depressed, he tells me he cannot sleep, & that he attempted to take his life a few days ago.

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

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

Name and Medical Designation, W. D. Irving M.B.C.M. Edin.

Place of Abode, Dumfries

DATED this Seventh day of April One thousand nine hundred and eleven years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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 James allsopp, being (1) Bachelor of Medicine & Surgery, Edin. Univ. hereby certify, on soul and conscience, that I have this day, at (2) Duty & Police Office, in the County of Dumfries, seen and personally examined Thomas Hannah, pauper, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Dumfries.

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

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

R. J. Allsopp.

DATED this Sixth day of April One thousand nine hundred and eleven years.

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

I hereby request the Superintendent of the The Crichton Royal Asylum to receive therein Thomas Hannah to whom the foregoing Certificate of Emergency refers.

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

Signature and Address Henry B Reid. Dumfries

Date 6th April 1911

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

I, George Campion, Esquire (1) Sheriff Substitute of Dumfries and Galloway at Dumfries having had produced to me, with a Petition at the instance of (2) Henry B. Reid, Inspector of Poor, Dumfries. Certificates under the hands of Robert James allsopp and Walter Duncan Greive being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Hannah, 46 Queensberry Street, Dumfries (Pauper), and that the said Thomas 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 Thomas Hannah as a patient into the (6) Public Asylum of Crichton Royal and I authorize (7) his transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Thomas Hannah which accompanied the said Petition.

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

DATED [at Dumfries] this Seventh day of April One thousand nine hundred and eleven

To the Superintendent of the (8) Public Asylum of Crichton Royal, Dumfries

[Signature] Geo: Campion

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

No. 10.279.

Thomas Hannah.

(Dumfries)

Adm: 6 April 1911.

Enc.

No. 10280 Name Walter Malcomson

FORM A

Date of Admission 9th April 1911.

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

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

Petition to the Sheriff to grant Order for the Reception of a Patient into the Crichton Royal Institution, Dumfries.

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

The Petition of (1) Herbert Malcomson (merchant) Holywood - Co Down humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that (2) Walter Malcomson 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 (4) Walter Malcomson to the Crichton Royal Institution, Dumfries, and to sanction (5) his admission into the said Asylum.

(1) Insert Name, Designation, and Residence of the Party applying.

(2) Insert Name of Patient in full.

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

(4) Insert Name of Patient in full.

(5) His or her.

*Signature of Petitioner (6) Herbert Malcomson

(6) To be signed by the Party applying.

Dated this (7) 2nd day of April One thousand nine hundred and eleven

(7) N.B.—The Date of the Petition must be within fourteen clear days following the dates of the Medical Certificates Nos. I. and II., and not before.

STATEMENT.

If any 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 Malcomson
2. Sex and Age, - - - - - - — Male - 47 yrs 3 months
3. Married, Single, or Widowed, - - — single
4. Condition of life and previous Occupation (if any), - - - - - — engaged in mining in australia for past 10 & 11 yrs has had no occupation but
5. Religious Persuasion, so far as known, - — Presbyterian
6. Previous Place of Abode, ... - - — Holywood - Co Down
7. Place where Found and Examined, - — Holywood - Co Down
8. Length of Time Insane, - - - — I have noticed a change in him for two months ago
9. Whether First Attack, - - - - — yes - I think only he has been insane 2 months
10. Age (if known) on First Attack, - - — 47
11. When and Where previously under Examination and Treatment, — not examined or treated before this occasion
12. Duration of Existing Attack, - - — 2 months or thereabouts —
13. Supposed Cause, - - - - - — Has been drinking for some time - may have had sunstroke in Australia
14. Whether subject to Epilepsy, - - — no
15. Whether Suicidal, - - - - - — no
16. Whether Dangerous to Others, - - — not so far as I know
17. Parish or Union to which the Lunatic (if a Pauper) is chargeable, - - — Holywood - Co Down
18. Christian Name and Surname and Place of Abode of Nearest known Relative of the Patient, and degree of Relstionship (if known), and whether any Member of his Family known to be or to have been insane, — Mrs Harriet Malcomson - Holywood. Co Down. his mother - no other member insane
19. Special circumstances (if any) preventing the insertion of any of the above particulars, - - - - - - —

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

Dated this 2nd day of April One thousand nine hundred and eleven

*Signature of Petitioner, (1) Herbert Malcomson (1) *To be signed by the Party applying.*

MEDICAL CERTIFICATE.—No. I.

(1) Name of Registered Medical person.
(2) *Set forth the registered qualification entitling the person certifying to grant the Certificate, e.g.*, Member of the Royal College of Physicians in Edinburgh.
(3) Physician, Surgeon, *or otherwise, as the case may be.*
(4) *Insert the Street, and Number of the House (if any), or other like particulars.*
(5) *Insert Name of Patient in full, Designation, and Residence, and if a Pauper, state so.*
(6) *State Name of Patient in full.*
(7) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned (1) Michael James Nolan
being a (2) Licentiate of the Royal College of Surgeons, and Physician in Ireland
and being in actual practice as a (3) Physician
do hereby certify, on soul and conscience, that I have this day at (4) Down District Asylum Downpatrick in the County of Down Ireland separately from any other Medical Practitioner visited and personally examined (5) Walter Malcomson
and that the said (6) Walter Malcomson
is a (7) Lunatic and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(8) *State the Facts, e.g.*, as indicated by the Patient's appearance, demeanour, conversation, writings, actions, conduct, etc.

1. Facts indicating Insanity observed by myself (8) Patient assumes an exalted manner, declaring he was endowed with special powers of controlling the minds of others he (illegible) was rendered impervious to all mental or physical injury; that his teeth and his drugged; That he hears and sees things which are not audible to others;

(9) *State the Information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others (9) Mr Alex Mc Donald the Head attendant of the Asylum informs me That Walter Malcomson acts in a most unusual manner; that he has been very violent at times both to Patients and Officers; that his general Conduct is silly and insane to an extreme degree

(10) *To be signed by medical person certifying.*

Name and Medical Designation (10) M. J. Nolan L.R.C.S.I.
And Place of Abode, Down District Asylum, Downpatrick

Dated this Thirty First day of March One thousand nine hundred and eleven

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MEDICAL CERTIFICATE.—No. II.

(1) Name of Registered Medical person.
(2) *Set forth the registered qualification entitling the person certifying to grant the Certificate, e.g.*, Member of the Royal College of Physicians in Edinburgh.
(3) Physician, Surgeon, *or otherwise, as the case may be.*
(4) *Insert the Street, and Number of the House (if any), or other like particulars.*
(5) *Insert Name of Patient in full, Designation and Residence, and if a Pauper, state so.*
(6) *State Name of Patient in full.*
(7) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned (1) Thomas Marshall Tate
being a (2) Doctor of Medicine of Trinity College Dublin
and being in actual practice as a (3) Physician
do hereby certify, on soul and conscience, that I have this day at (4) Down District Asylum Downpatrick in the County of Down separately from any other Medical Practitioner visited and personally examined (5) Walter Malcomson
and that the said (6) Walter Malcomson
is a (7) Lunatic and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz:—

(8) *State the Facts, e.g.*, as indicated by the Patient's appearance, demeanour, conversation, writings, actions, conduct, etc.

1. Facts indicating Insanity observed by myself (8) Patient talks incoherently & is unable to explain the means by which he is supported. He is of a suspicious & mistrustful disposition, refuses to converse with the Medical Officers, that attempts were made to poison him, that he was surrounded by spies, & enemies, that attempts were made to poison him that he was able to resist them attempts only by his will

(9) *State the Information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others (9) Mr Alex Mc Donald, the Head Attendant of the Asylum informs me that Walter Malcomson, frowns & looks around the room, frowning them and his manner is odd, and that at night he talks to himself & [illegible] under the bed clothes

(10) *To be signed by medical person certifying.*

Name and Medical Designation (10) T. M. Tate Doctor of Medicine
And Place of Abode, Infirmary House Downpatrick

Dated this Tenth day of April One thousand nine hundred and eleven

CERTIFICATE OF EMERGENCY.

N.B.—This Certificate is necessary in the event of a Patient being sent to the Institution before the Sheriff's Order is obtained, and it authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any order by the Sheriff. During this period the Sheriff's Order is obtained. When the Certificate of Emergency is employed, both parts should be filled, signed, and dated if possible on the day of removal of the Patient to the Asylum, or otherwise as near the day of removal as possible.

I, the undersigned (1) Michael James Nolan

being a (2) Member of the Royal College of Surgeons, & Physicians (Ireland)

do hereby certify, on soul and conscience, that I have this day at (3) Down District Asylum, in the County of Down Ireland seen and personally examined (4) Walter Malcomson, a Patient in said Asylum,

and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at Dumfries.

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

(1) State Name of Registered Medical Person.
(2) State Registered Medical qualification.
(3) State place of Examination.
(4) State Name of Patient, in full, Designation, and Address.

**Signature of Certifier* (5) M. J. Nolan M.R.C.S.I.

Address of Certifier Down District Asylum, Downpatrick

(5) To be signed by Medical Person certifying.

DATED this Thirty first day of March One thousand nine hundred and eleven.

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

I hereby request the Superintendent of the Crichton Royal Institution, Dumfries, to receive therein (1) Walter Malcomson to whom the foregoing Certificate of Emergency refers.

(1) State Name of Patient in full.

Relationship or other capacity in which Petitioner or Applicant stands to Patient brother

**Signature of Petitioner or Applicant* (2) Herbert Malcomson

Address of Petitioner or Applicant, Holywood - Co Down Ireland

(2) To be signed by the Party applying.

DATED this 2nd day of April one thousand nine hundred and eleven

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Order to be Granted by the Sheriff for the Transmission and Reception of the Lunatic.

I, George Campion, Esquire

(1) Sheriff Substitute of Dumfries and Galloway at Dumfries

having had produced to me, with a Petition at the instance of (3) Herbert Malcomson, Merchant, Holywood, Co Down,

Certificates under the hands of Michael James Nolan and Thomas Marshall Yate, being two Medical Persons duly qualified, in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Walter Malcomson, Holywood, Co Down, (Peter's Brother)

and that the said Walter Malcomson

is a (5) Lunatic

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

(1) *State whether* Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) *State whether a* County or Stewartry.
(3) *Insert Name and Designation*
(4) *Describe the Patient, and if a Pauper, state so.*
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) His or her

DATED [at Dumfries] this Fifth day of April One thousand nine hundred and eleven

(Signature) Geo: Campion

To the Superintendent of the Crichton Royal Institution, Dumfries.

No. 10-280.

Walter Falconnoor.

Adm: 9 April 1911.

No. 10 281 Name William Cuthbert.

FORM A

Date of Admission 12th April 1911.

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

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

Petition to the Sheriff to grant Order for the Reception of a Patient into the Crichton Royal Institution, Dumfries.

Into the Honourable the Sheriff of Dumfries and Galloway and his Substitutes,— at Dumfries

The Petition of (1) James Paterson Inspector of Poor, Dalmakethar, Applegarth

(1) Insert Name, Designation, and Residence of the Party applying.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that (2) William Cuthbert our 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 (4) William Cuthbert to the Crichton Royal Institution, Dumfries, and to sanction (5) his admission into the said Asylum.

(2) Insert Name of Patient in full.

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

(4) Insert Name of Patient in full.

(5) His or her.

Signature of Petitioner (6) James Paterson

(6) To be signed by the Party applying.

Dated this (7) twelfth day of April One thousand nine hundred and eleven

(7) N.B.—The Date of the Petition must be within fourteen clear days following the dates of the Medical Certificates Nos. I. and II., and not before.

STATEMENT.

If any 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 Cuthbert
2. Sex and Age,	male, 34 years
3. Married, Single, or Widowed,	Single
4. Condition of life and previous Occupation (if any),	Marine Engineer
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Cardiff
7. Place where Found and Examined,	Millhouse Bridge
8. Length of Time Insane,	Nine months
9. Whether First Attack,	First attack in July 1910
10. Age (if known) on First Attack,	34 yrs.
11. When and Where previously under Examination and Treatment,	Cardiff. Welsh Calvinistic Mental Hospital from July to December 1910
12. Duration of Existing Attack,	Never been well since December
13. Supposed Cause,	Wanted to attend communion, but not fit.
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	No
16. Whether Dangerous to Others,	Threatened & struck last Sunday
17. Parish or Union to which the Lunatic (if a Pauper) is chargeable,	Applegarth
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,	Wife Janet Cuthbert or Beck Millhousebridge, Sister. Paternal aunt insane.
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	

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

Dated this twelfth day of April One thousand nine hundred and eleven

*Signature of Petitioner, (1) James Paterson

(1) *To be signed by the Party applying.*

MEDICAL CERTIFICATE.—No. I.

(1) Name of Registered Medical person.
(2) *Set forth the registered qualification entitling the person certifying to grant the Certificate, e.g.*, Member of the Royal College of Physicians in Edinburgh.
(3) Physician, Surgeon, *or otherwise, as the case may be.*
(4) *Insert the Street, and Number of the House (if any), or other like particulars.*
(5) *Insert Name of Patient in full, Designation, and Residence, and if a Pauper, state so.*
(6) *State Name of Patient in full.*
(7) Lunatic, *or* an insane person, *or* an idiot, or a person of unsound mind.

I, the undersigned (1) J. F. Bell
being a (2) Bachelor of Medicine & Master in Surgery of Edinburgh University
and being in actual practice as a (3) Physician & Surgeon
do hereby certify, on soul and conscience, that I have this day at (4) Millhouse Bridge in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (5) William Cuthbert, Marine Engineer, Millhouse Bridge, Pauper
and that the said (6) William Cuthbert
is a (7) Person of unsound Mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(8) *State the Facts, e.g.*, as indicated by the Patient's appearance, demeanour, conversation, writings, actions, conduct, etc.

1. Facts indicating Insanity observed by myself (8) He says that he has angels in the clouds, and that voices are continually warning him not to work until God tells him to do so. He says that God is present at the time when a minister of the Gospel speaks to him. He says that men continually looking through the Ceiling at him.

(9) *State the Information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others (9) His Sister Mrs Janet Cuthbert or Beck, Millhouse Bridge informs me that he comes at times home violent, smashing the chairs & Tables before him, meals & letting a shout & threatening to strike her. He speaks to voices of God at the time & listens to voices of God at the other times.

(10) *To be signed by medical person certifying.*

Name and Medical Designation (10) J. F. Bell M. B. C. M.
And Place of Abode, Lockerbie

DATED this twelfth day of April One thousand nine hundred and Eleven

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MEDICAL CERTIFICATE.—No. II.

(1) Name of Registered Medical person.
(2) *Set forth the registered qualification entitling the person certifying to grant the Certificate, e.g.*, Member of the Royal College of Physicians in Edinburgh.
(3) Physician, Surgeon, *or otherwise, as the case may be.*
(4) *Insert the Street, and Number of the House (if any), or other like particulars.*
(5) *Insert Name of Patient in full, Designation and Residence, and if a Pauper, state so.*
(6) *State Name of Patient in full.*
(7) Lunatic, *or* an insane person, or an idiot, or a person of unsound mind.

I, the undersigned (1) Thomas Reid
being a (2) Doctor of Medicine of Glasgow University
and being in actual practice as a (3) General Medical Practitioner
do hereby certify, on soul and conscience, that I have this day at (4) Millhouse Bridge Lockerbie in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (5) William Cuthbert Marine Engineer, Millhouse Bridge Lockerbie Pauper
and that the said (6) William Cuthbert
is a (7) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz:—

(8) *State the Facts, e.g.*, as indicated by the Patient's appearance, demeanour, conversation, writings, actions, conduct, etc.

1. Facts indicating Insanity observed by myself (8) He says that he has lots of Jones's talking to him and urging him to do things that he knows is wrong. There are great numbers of Speaking and singing at the same time. He also says many Jews and Jesus in the Clouds and that there many worlds he has been to & where all of which are delusions.

(9) *State the Information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others (9) Mrs Beck, Millhouse bridge, Lockerbie his sister says that he is very quiet and docile in general but that at times he becomes violent and threatening and breaking things about without any cause & frequently and at other times he will not speak for days

(10) *To be signed by medical person certifying.*

Name and Medical Designation (10) Barnacastle, Dalbeattie
And Place of Abode, Barnacastle, Dalbeattie

DATED this twelfth day of April One thousand nine hundred and eleven

CERTIFICATE OF EMERGENCY.

N.B.—This Certificate is necessary in the event of a Patient being sent to the Institution before the Sheriff's Order is obtained, and it authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any order by the Sheriff. During this period the Sheriff's Order is obtained. When the Certificate of Emergency is employed, both parts should be filled, signed, and dated if possible on the day of removal of the Patient to the Asylum, or otherwise as near the day of removal as possible.

I, the undersigned (1) J. S. Bell (1) State Name of Registered Medical Person.

being a (2) Bachelor of Medicine & Master in Surgery of Edinburgh University (2) State Registered Medical qualification.

do hereby certify, on soul and conscience, that I have this day at (3) Millhousebridge (3) State place of Examination. in the County of Dumfries seen and personally examined (4) William Cuthbert, Millhouse Bridge, Inspector, Pauper, Millhousebridge (4) State Name of Patient, in full, Designation, and Address.

and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at Dumfries.

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

**Signature of Certifier* (5) J. S. Bell (5) To be signed by Medical Person certifying.

Address of Certifier Lockerbie

DATED this twelfth day of April One thousand nine hundred and Eleven.

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

I hereby request the Superintendent of the Crichton Royal Institution, Dumfries, to receive therein (1) William Cuthbert (1) State Name of Patient in full. to whom the foregoing Certificate of Emergency refers.

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

**Signature of Petitioner or Applicant* (2) Jenny Patterson (2) To be signed by the Party applying.

Address of Petitioner or Applicant, Dalmakethar Lockerbie

DATED this twelfth day of April one thousand nine hundred and Eleven.

Order to be Granted by the Sheriff for the Transmission and Reception of the Lunatic.

I George Campion Esquire

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

of ~~Dumfries~~ and Galloway at Dumfries (2) *State whether a* County or Stewartry.

having had produced to me, with a Petition at the instance of (3) James Patterson, Inspector of Poor, Dalmakethar, Applegarth, Lockerbie (3) *Insert Name and Designation*

Certificates under the hands of J. S. Bell

and Thomas Reid, being two Medical Persons duly qualified, in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) William Cuthbert, Millhouse Bridge, Lockerbie (Pauper) (4) *Describe the Patient, and if a Pauper, state so.*

and that the said William Cuthbert

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

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

DATED [at Dumfries] this thirteenth day of April One thousand nine hundred and eleven

(Signature) Geo. Campion

To the Superintendent of the Crichton Royal Institution, Dumfries.

No. 10.281.

William Cuthbert.
(Applegarth)
Adm: 12th April 1911.

No. 10282. Name Francis William Bonis.

FORM A

Date of Admission 16th April 1911.

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

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

Petition to the Sheriff to grant Order for the Reception of a Patient into the Crichton Royal Institution, Dumfries.

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

The Petition of (1) Robert James Bonis, Medical Practitioner, The Cottage, Great Glenn Leicester

(1) Insert Name, Designation, and Residence of the Party applying.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that (2) Francis William Bonis

(2) Insert Name of Patient in full.

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 (4) Francis William Bonis

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

(4) Insert Name of Patient in full.

to the Crichton Royal Institution, Dumfries, and to sanction (5) his admission into the said Asylum.

(5) His or her.

*Signature of Petitioner (6) Robt James Bonis

(6) To be signed by the Party applying.

Dated this (7) Seventh day of April One thousand nine hundred and eleven.

(7) N.B.—The Date of the Petition must be within fourteen clear days following the dates of the Medical Certificates Nos. I. and II., and not before.

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Francis William Bonis
2. Sex and Age,	Male 38 years
3. Married, Single, or Widowed,	Single
4. Condition of life and previous Occupation (if any),	Formerly Medical Practitioner
5. Religious Persuasion, so far as known,	Episcopalian Church of Ireland
6. Previous Place of Abode,	Cobhill, Mullingar, Ireland.
7. Place where Found and Examined,	Brought to Royal Institution Dumfries
8. Length of Time Insane,	Has been ill mentally for seven years,
9. Whether First Attack,	was enquired for years ago in Ireland
10. Age (if known) on First Attack,	33 years
11. When and Where previously under Examination and Treatment,	In 1906–7. in Feralen House, Finglas to Dublin since 4th April 1908 for him a Voluntary Boarder at Crichton Royal Institution Dumfries
12. Duration of Existing Attack,	See P.P. 8 & 9.
13. Supposed Cause,	Overwork & weak constitution
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Yes
16. Whether Dangerous to Others,	Yes
17. Parish or Union to which the Lunatic (if a Pauper) is chargeable,	
18. Christian Name and Surname and Place of Abode of Nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been insane,	Robert James Bonis Brother, The Cottage, Great Glen Leicester. John Bonis Father Cobhill Mullingar Ireland. No
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

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

Dated this Seventh day of April One thousand nine hundred and eleven.

*Signature of Petitioner, (1) R. J. Bonis.

(1) To be signed by the Party applying.

MEDICAL CERTIFICATE.—No. I.

(1) Name of Registered Medical person.
(2) *Set forth the registered qualification entitling the person certifying to grant the Certificate, e.g.*, Member of the Royal College of Physicians in Edinburgh.
(3) Physician, Surgeon, *or otherwise, as the case may be.*
(4) *Insert the Street, and Number of the House (if any), or other like particulars.*
(5) *Insert Name of Patient in full, Designation, and Residence, and if a Pauper, state so.*
(6) *State Name of Patient in full.*
(7) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned (1) Frederick Hugh Clarke,
being a (2) Bachelor of Medicine & Licentiate in Surgery & Midwifery
and being in actual practice as a (3) Physician & Surgeon
do hereby certify, on soul and conscience, that I have this day at (4) the Crichton Institution, Dumfries in the County of Dumfries, separately from any other Medical Practitioner, visited and personally examined (5) Francis William Bonis,
Doctor of Medicine, Colchill, Mullengan
and that the said (6) Francis William Bonis
is a (7) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(8) *State the Facts, e.g.*, as indicated by the Patient's appearance, demeanour, conversation, writings, actions, conduct, etc.

1. Facts indicating Insanity observed by myself (8) Morbid delusions has the idea that great wrongs have been done him, but could make no definite complaint about anything or against anyone; repeats again and again that he has paid, and always returns to the same topic about his incarceration & grievances.

(9) *State the Information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others (9) His brother, Robert James Bonis, L.R.C.P. & S. The Lodge, Leicester Asylum, Leicester State that he is suicidal, and has shown himself to be dangerous to others.

(10) *To be signed by medical person certifying.*

Name and Medical Designation (10) Fred. Hugh Clarke, M.B.
And Place of Abode, Charlotte Street, Dumfries

DATED this Twenty seventh day of April One thousand nine hundred and eleven years.

MEDICAL CERTIFICATE.—No. II.

(1) Name of Registered Medical person.
(2) *Set forth the registered qualification entitling the person certifying to grant the Certificate, e.g.*, Member of the Royal College of Physicians in Edinburgh.
(3) Physician, Surgeon, *or otherwise, as the case may be.*
(4) *Insert the Street, and Number of the House (if any), or other like particulars.*
(5) *Insert Name of Patient in full, Designation and Residence, and if a Pauper, state so.*
(6) *State Name of Patient in full.*
(7) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned (1) Thomas Ferguson
being a (2) Bachelor of Medicine of Edinburgh University
and being in actual practice as a (3) physician & surgeon
do hereby certify, on soul and conscience, that I have this day at (4) the Crichton Royal Institution Dumfries in the County of Dumfries, separately from any other Medical Practitioner, visited and personally examined (5) Francis William Bonis
Doctor of Medicine Colchill Mullengan
and that the said (6) Francis William Bonis
is a (7) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz:—

(8) *State the Facts, e.g.*, as indicated by the Patient's appearance, demeanour, conversation, writings, actions, conduct, etc.

1. Facts indicating Insanity observed by myself (8) He repeats over & over again statements implying that wrong has been done him - will not explain what the wrong is but from a document recently written by him which I have seen I believe he is subject to insane delusions that he is the victim of persecution & subject to unseen agency -

(9) *State the Information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others (9) the Brother Robert James Bonis LRCS ie informs me that Dr Francis William Bonis has been under his continuously under medical supervision for upwards for about four years & was in a private asylum in Leicester as a certified patient - during his present

(10) *To be signed by medical person certifying.*

Name and Medical Designation (10) Thomas Ferguson M.B.
And Place of Abode, 16 Castle Street Dumfries

DATED this twenty seventh day of April One thousand nine hundred and eleven years -

CERTIFICATE OF EMERGENCY.

N.B.—This Certificate is necessary in the event of a Patient being sent to the Institution before the Sheriff's Order is obtained, and it authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any order by the Sheriff. During this period the Sheriff's Order is obtained. When the Certificate of Emergency is employed, both parts should be filled, signed, and dated if possible on the day of removal of the Patient to the Asylum, or otherwise as near the day of removal as possible.

I, the undersigned (1) Frederick Hugh Clarke
being a (2) Bachelor of Medicine & Master in Surgery of the Supreme University
do hereby certify, on soul and conscience, that I have this day at (3) The Crichton Institution in the County of Dumfries seen and personally examined (4) Francis William Bonis M.D. Edehill, Mullingar, Ireland (Private Boarder)
and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at Dumfries.

(1) State Name of Registered Medical Person.
(2) State Registered Medical qualification.
(3) State place of Examination.
(4) State Name of Patient, in full, Designation, and Address.

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

**Signature of Certifier* (5) Frederick Hugh Clarke M.B.C.M.
Address of Certifier Charlotte Street Dumfries

(5) To be signed by Medical Person certifying.

DATED this Sixteenth day of April One thousand nine hundred and eleven years.

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

I hereby request the Superintendent of the Crichton Royal Institution, Dumfries, to receive therein (1) Francis William Bonis to whom the foregoing Certificate of Emergency refers.

(1) State Name of Patient in full.

Relationship or other capacity in which Petitioner or Applicant stands to Patient, Brother
**Signature of Petitioner or Applicant* (2) Robert James Bonis
Address of Petitioner or Applicant, The Cottage, Great Glenn, Leicester

(2) To be signed by the Party applying.

DATED this sixteenth day of April one thousand nine hundred and eleven.

Order to be Granted by the Sheriff for the Transmission and Reception of the Lunatic.

I George Campion, Esquire
(1) Sheriff Substitute
of Dumfries and Galloway at Dumfries
having had produced to me, with a Petition at the instance of (3) Robert James Bonis, J.P. &c. The Cottage, Great Glenn, Leicester
Certificates under the hands of Frederick Hugh Clarke
and Thomas Ferguson being two Medical Persons duly qualified, in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Francis William Bonis M.D. Edehill, Mullingar, Ireland (Private Boarder)
and that the said Francis William Bonis
is a (5) person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Francis William Bonis as a Patient into the Crichton Royal Institution, Dumfries, and I authorize (6) his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Francis William Bonis which accompanied the said Petition.

(1) *State whether* Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) *State whether a* County or Stewartry.
(3) *Insert Name and Designation*
(4) *Describe the Patient, and if a Pauper, state so.*
(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.
(6) His or her

DATED [at Dumfries] this Seventeenth day of April One thousand nine hundred and eleven

(Signature) Geo. Campion

To the Superintendent of the Crichton Royal Institution, Dumfries.

No. 10·282.

Francis William Bonis.

Adm: 16 April 1911.

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

[FORM A.]

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

PETITION TO THE SHERIFF TO GRANT ORDER 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 of Galloway *and his Substitutes,—*

The Petition of James Johnstone, carter, Squarepoint by Dalbeattie

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary Scott or Johnstone your Petitioner's (2) Wife is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Mary Scott or Johnstone to the Crichton Royal Asylum, Dumfries and to sanction her admission into the said Asylum.

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

(To be signed by the Party applying) James Johnstone

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

DATED this 18th (4) day of April One thousand nine hundred & eleven

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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 Scott or Johnstone
2. Sex and Age,	Female: 38
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Carters Wife
5. Religious Persuasion, so far as known,	Presbyterian
6. Previous Place of Abode,	Squarepoint Dalbeattie
7. Place where Found and Examined,	College Hospital Castle Douglas
8. Length of time Insane,	14 days
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	- 37
11. When and where previously under Examination and Treatment (3)	-
12. Duration of Existing Attack,	
13. Supposed Cause,	Pneumonia & Childbirth
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	- Kirkpatrick Durham
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	James Johnstone, Husband (Petitioner) No member of family ever insane
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	-

(3) If patient has previously in an Asylum, state name and date of latest admission or approximation thereto. If previously under Examination or treatment, state fact.

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

DATED this 14th day of April One thousand nine hundred & eleven

(To be signed by the party applying) James Johnstone

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

I, the undersigned, Dunrost S. Forde being a (1) M.R.C.S. Eng.

and being in actual practice as a (2) Physician & Surgeon do hereby certify, on soul and conscience, that I have this day, at (3) Castle Douglas in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) Mary Johnstone and that the said Mary Johnstone is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
She has a vacant stony look talks a great deal with sudden lapses of silence: talks incoherently & sees black dogs in room

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
The matron of hospital tells me that she tries to get out of bed at the window & will not take her food. She eats ravenously

Name and Medical Designation, Dunrost S. Forde

Place of Abode, Castle Douglas

DATED this 18th day of April One thousand nine hundred and eleven.

MEDICAL CERTIFICATE, No. II.

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

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

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

(4) *Insert Designation and Residence, 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 Wigleworth being a (1) L.R.C.P. & L.R.C.S. Ed.

and being in actual practice as a (2) Physician do hereby certify, on soul and conscience, that I have this day, at (3) Cottage Hospital Castle Douglas in the County of Kirkcudbrightshire separately from any other Medical Practitioner, visited and personally examined (4) Mary Johnstone and that the said Mary 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)
Patient has a vacant look, suffers from loss of memory, forgetting the day & month, when she was confined

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
The matron tells me that she talks seeing visions, & screams out at night seeing people in the room. The patient refuses to be washed & has lost all her habits of personal cleanliness & refuses to take her food.

Name and Medical Designation, John Wigleworth L.R.C.S. Ed.

Place of Abode Kirkpatrick-Durham

DATED this 18th day of April One thousand nine hundred eleven.

CERTIFICATE OF EMERGENCY.

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

I, the undersigned, Ernest S. Forde being (1) L.R.C.P. Ed. hereby certify, on soul and conscience, that I have this day, at (2) Castle Douglas in the County of Kirkcudbright, seen and personally examined Mary Johnstone, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Dumfries

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

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

Ernest S. Forde

DATED this 18th day of April One thousand nine hundred & eleven

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

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

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

Signature and Address James Johnstone Squarepoint

Date 18th April 1911

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

I, William Primrose — (1) Honorary Sheriff Substitute of ~~Dumfries~~ and Galloway at Dumfries having had produced to me, with a Petition at the instance of (2) James Johnstone, Carter, Squarepoint, by Dalbeattie Certificates under the hands of Ernest S. Forde and John Wigglesworth being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Mary Scott or Johnstone, Squarepoint, by Dalbeattie (Plain Wife) and that the said Mary Scott or Johnstone is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Mary Scott or Johnstone as a patient into the (6) Public Asylum of Crichton Royal and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mary Scott or Johnstone which accompanied the said Petition.

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

DATED [at Dumfries] this nineteenth day of April One thousand nine hundred eleven

Wm Primrose

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

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

[Signature]

No. 10·283.

Mary Scott or Johnstone.

Adm: 18 April 1911.

Enc.

No. 10284 Name Wm. C. Wyllie

FORM A

Date of Admission ~~11th January 1911~~ 19th April 1911

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

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

Petition to the Sheriff to grant Order for the Reception of a Patient into the Crichton Royal Institution, Dumfries.

Unto the Honourable the Sheriff of Dumfries and Galloway and his Substitutes,—at Dumfries

The Petition of (1) John J. F. Wyllie 22 Park Circus Ayr, Grain Merchant

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that (2) William Cuthbertson Wyllie 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 (4) William Cuthbertson Wyllie to the Crichton Royal Institution, Dumfries, and to sanction (5) his admission into the said Asylum.

(1) Insert Name, Designation, and Residence of the Party applying.

(2) Insert Name of Patient in full.

(3) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

(4) Insert Name of Patient in full.

(5) His or her.

*Signature of Petitioner (6) J. F. Wyllie

(6) To be signed by the Party applying.

Dated this (7) Eighteenth day of April One thousand nine hundred and eleven years.

(7) N.B.—The Date of the Petition must be within fourteen clear days following the dates of the Medical Certificates Nos. I. and II., and not before.

STATEMENT.

If any 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 Cuthbertson Wyllie
2. Sex and Age,	Male 39
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,	Barnhill by Patna
7. Place where Found and Examined,	Barnhill by Patna
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,	Crichton Royal Institution (about 12 years ago)
12. Duration of Existing Attack,	Not known
13. Supposed Cause,	Not known
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to Others,	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,	Mrs Wyllie, Barnhill by Patna Wife None of his Family insane
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify that, to the best of my knowledge, the above particulars are correctly stated.

Dated this Eighteenth day of April One thousand nine hundred and eleven years.

*Signature of Petitioner, (1) J. F. Wyllie

(1) *To be signed by the Party applying.*

MEDICAL CERTIFICATE.—No. I.

(1) Name of Registered Medical person.
(2) *Set forth the registered qualification entitling the person certifying to grant the Certificate, e.g.*, Member of the Royal College of Physicians in Edinburgh.
(3) Physician, Surgeon, *or otherwise, as the case may be.*
(4) *Insert the Street, and Number of the House (if any), or other like particulars.*
(5) *Insert Name of Patient in full, Designation, and Residence, and if a Pauper, state so.*
(6) *State Name of Patient in full.*
(7) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned (1) Peter Murray Keir
being a (2) Bachelor of Medicine and Master in Surgery of the University of Edinburgh
and being in actual practice as a (3) General Practitioner
do hereby certify, on soul and conscience, that I have this day at (4) Creighton Royal Institution in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (5) William Cuthbertson Wyllie Farmer Barnhill By Patna
and that the said (6) William Cuthbertson Wyllie
is a (7) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(8) *State the Facts, e.g.*, as indicated by the Patient's appearance, demeanour, conversation, writings, actions, conduct, etc.

1. Facts indicating Insanity observed by myself (8) He has delusions of unseen agency Believes that he is acted on by electricity & that he is constantly pressed & shocked. He attributes this to persons having a spite against him

(9) *State the Information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others (9)

(10) *To be signed by medical person certifying.*

Name and Medical Designation (10) Peter Murray Keir M.B.
And Place of Abode, 31 Castle Street Dumfries

DATED this Eighteenth day of April One thousand nine hundred and Eleven years

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MEDICAL CERTIFICATE.—No. II.

(1) Name of Registered Medical person.
(2) *Set forth the registered qualification entitling the person certifying to grant the Certificate, e.g.*, Member of the Royal College of Physicians in Edinburgh.
(3) Physician, Surgeon, *or otherwise, as the case may be.*
(4) *Insert the Street, and Number of the House (if any), or other like particulars.*
(5) *Insert Name of Patient in full, Designation and Residence, and if a Pauper, state so.*
(6) *State Name of Patient in full.*
(7) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned (1) Joseph Hunter
being a (2) Bachelor of Medicine and Surgeon University of Edinburgh
and being in actual practice as a (3) General Practitioner
do hereby certify, on soul and conscience, that I have this day at (4) The Creighton Royal Institution in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (5) William Cuthbertson Wyllie Farmer Barnhill By Patna
and that the said (6) William Cuthbertson Wyllie
is a (7) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(8) *State the Facts, e.g.*, as indicated by the Patient's appearance, demeanour, conversation, writings, actions, conduct, etc.

1. Facts indicating Insanity observed by myself (8) He is facile and of weak will and judgment. He has delusions to the effect that he is surrounded by electricity which makes him do whatever those in charge of him desire. He states that the atmosphere is so charged that when any one speaks or breathes it affects everyone in the vicinity.

(9) *State the Information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others (9)

(10) *To be signed by medical person certifying.*

Name and Medical Designation (10) Joseph Hunter
And Place of Abode, 31 Castle Street Dumfries M.B. Ch.B. (Edin.)

DATED this Eighteenth day of April One thousand nine hundred and Eleven.

CERTIFICATE OF EMERGENCY.

N.B.—This Certificate is necessary in the event of a Patient being sent to the Institution before the Sheriff's Order is obtained, and it authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any order by the Sheriff. During this period the Sheriff's Order is obtained. When the Certificate of Emergency is employed, both parts should be filled, signed, and dated if possible on the day of removal of the Patient to the Asylum, or otherwise as near the day of removal as possible.

I, the undersigned (1) Peter Murray Kerr

being a (2) Registered Medical Practitioner
(Edinburgh)

do hereby certify, on soul and conscience, that I have this day at (3) Carlyle Royal Institution in the County of Dumfries

seen and personally examined (4) William Cuthbertson Wyllie Farmer Barnhill by Ecclefechan

and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at Dumfries.

And I further certify that the case of the said person is one of emergency.

**Signature of Certifier* (5) Peter Murray Kerr

Address of Certifier 20 Castle Street Dumfries

DATED this Nineteenth day of April One thousand nine hundred and Eleven.

(1) State Name of Registered Medical Person.
(2) State Registered Medical qualification.
(3) State place of Examination.
(4) State Name of Patient, in full, Designation, and Address.
(5) To be signed by Medical Person certifying.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution, Dumfries, to receive therein (1) ..... to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Petitioner or Applicant stands to Patient, ...

**Signature of Petitioner or Applicant* (2) .....

Address of Petitioner or Applicant, ...

DATED this .....day of .....one thousand nine hundred and .....

(1) State Name of Patient in full.
(2) To be signed by the Party applying.

Order to be Granted by the Sheriff for the Transmission and Reception of the Lunatic.

I, William Primrose,
(1) Honorary Sheriff Substitute
of Dumfries and Galloway at Dumfries
having had produced to me, with a Petition at the instance of (3) John G. G. Wyllie, Grain Merchant, 22 Park Circus, Ayr
Certificates under the hands of Peter Murray Kerr
and Joseph Hunter, being two Medical Persons duly qualified, in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Cuthbertson Wyllie, Farmer Barnhill by Ecclefechan (Blind Both)
and that the said William Cuthbertson Wyllie
is a (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 Cuthbertson Wyllie as a Patient into the Crichton Royal Institution, Dumfries, and I authorize (6) his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said William Cuthbertson Wyllie which accompanied the said Petition.

DATED [at Dumfries] this nineteenth day of April One thousand nine hundred and eleven.

(Signature) Wm Primrose

To the Superintendent 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 the Patient, and if a Pauper, state so.*
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) His or her

No. 10284.

William Cuthbertson Wyllie.

Adm: 19 April 1911.

No. 10285 Name Charlotte Ada Rainy

FORM A

Date of Admission 19th April 1911

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum after the Order of the Sheriff is obtained.

25 and 26 Vict., Cap. 54, Sect. 14.

Petition to the Sheriff to grant Order for the Reception of a Patient into the Crichton Royal Institution, Dumfries.

Unto the Honourable the Sheriff of Dumfries and Galloway and his Substitutes,— at Dumfries

The Petition of (1) A. Rolland Rainy Esq M.P. 24 Church Row, Hampstead humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that (2) Charlotte Ada Rainy 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 (4) Charlotte Ada Rainy to the Crichton Royal Institution, Dumfries, and to sanction (5) her admission into the said Asylum.

(1) Insert Name, Designation, and Residence of the Party applying.

(2) Insert Name of Patient in full.

(3) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

(4) Insert Name of Patient in full.

(5) His or her.

*Signature of Petitioner (6) A. Rolland Rainy

(6) To be signed by the Party applying.

Dated this (7) nineteenth day of April One thousand nine hundred and eleven

(7) N.B.—The Date of the Petition must be within fourteen clear days following the dates of the Medical Certificates Nos. I. and II., and not before.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Charlotte Ada Rainy
2. Sex and Age,	Female, age 52 years
3. Married, Single, or Widowed,	Single.
4. Condition of life and previous Occupation (if any),	Independent.
5. Religious Persuasion, so far as known,	United Free Church of Scotland
6. Previous Place of Abode,	Craiglockhart Hydropathic
7. Place where Found and Examined,	Craiglockhart Hydropathic
8. Length of Time Insane,	Mental disturbance has been coming on gradually
9. Whether First Attack,	No
10. Age (if known) on First Attack,	Many years ago (about 25 years since first attack).
11. When and Where previously under Examination and Treatment,	When she has required treatment she has always hitherto been placed under Sir John & Dr. Batty Tuke at Saughton & Mrs Saughton, which she finally left about [illegible] years
12. Duration of Existing Attack,	Same under at least of definitely increasing symptoms.
13. Supposed Cause,	Unknown
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Yes
16. Whether Dangerous to Others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is chargeable,	
18. Christian Name and Surname and Place of Abode of Nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been insane,	Dr. Harry Rainy 16 Great Stuart Street is a cousin, and is also a Trustee for Miss C. A. Rainy. One brother of Miss Rainy's was insane & died [illegible] of Tuberculous Insanity occurred not long before development of [illegible]
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

I certify that, to the best of my knowledge, the above particulars are correctly stated.

Dated this nineteenth day of April One thousand nine hundred and eleven

*Signature of Petitioner, (1) A. Rolland Rainy

(1) *To be signed by the Party applying.*

MEDICAL CERTIFICATE.—No. I.

(1) Name of Registered Medical person.
(2) *Set forth the registered qualification entitling the person certifying to grant the Certificate, e.g.*, Member of the Royal College of Physicians in Edinburgh.
(3) Physician, Surgeon, *or otherwise, as the case may be.*
(4) *Insert the Street, and Number of the House (if any), or other like particulars.*
(5) *Insert Name of Patient in full, Designation, and Residence, and if a Pauper, state so.*
(6) *State Name of Patient in full.*
(7) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned (1) Matty Lyle
being a (2) Doctor of Medicine
and being in actual practice as a (3) Physician
do hereby certify, on soul and conscience, that I have this day at (4) 2 Charlotte Square Edinburgh in the County of Midlothian separately from any other Medical Practitioner, visited and personally examined (5) Miss Charlotte Ada Rainy Spinster, 27 Charlotte Square Edinburgh
and that the said (6) Charlotte Ada Rainy
is a (7) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(8) *State the Facts, e.g.*, as indicated by the Patient's appearance, demeanour, conversation, writings, actions, conduct, etc.

1. Facts indicating Insanity observed by myself (8) Have known delusions of Confinement, &c, symptoms that she is being watched &c by hypnotism & telepathy, also other morbid and apprehensive states that the threats life is in danger & that the Government Canada &c to transport her family

(9) *State the Information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others (9) Have known Miss Rainy for 25 years, & the last for more than 20 years am myself & Surgeon to Sir Harry Rainy (Brother) & from one that the delusions & Government Canada

(10) *To be signed by medical person certifying.*

Name and Medical Designation (10) Matty Lyle M.B. F.R.C.P.E.
And Place of Abode, 2 Charlotte Square Edinburgh

DATED this Nineteenth day of April One thousand nine hundred and Eleven.

MEDICAL CERTIFICATE.—No. II.

(1) Name of Registered Medical person.
(2) *Set forth the registered qualification entitling the person certifying to grant the Certificate, e.g.*, Member of the Royal College of Physicians in Edinburgh.
(3) Physician, Surgeon, *or otherwise, as the case may be.*
(4) *Insert the Street, and Number of the House (if any), or other like particulars.*
(5) *Insert Name of Patient in full, Designation and Residence, and if a Pauper, state so.*
(6) *State Name of Patient in full.*
(7) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned (1) James Ritchie
being a (2) Doctor of Medicine
and being in actual practice as a (3) General Practitioner
do hereby certify, on soul and conscience, that I have this day at (4) The Edinburgh Hydropathic, Craiglockhart in the County of Edinburgh separately from any other Medical Practitioner, visited and personally examined (5) Miss Charlotte Ada Rainy
and that the said (6) Charlotte Ada Rainy
is a (7) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz :—

(8) *State the Facts, e.g.*, as indicated by the Patient's appearance, demeanour, conversation, writings, actions, conduct, etc.

1. Facts indicating Insanity observed by myself (8) Have known Miss Rainy for many years & she looks more depressed. She tells me that she is not sleeping well, that persons at a distance are suffocating unworthy motives, that the King should interfere in some business, that she is not at present thinking & doing herself [illegible] & that she is suffering much trouble in her head

(9) *State the Information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others (9) that she recently wrote a letter to the King that she is taking very little food, that she has been restless & wandering about

(10) *To be signed by medical person certifying.*

Name and Medical Designation (10) James Ritchie
And Place of Abode, 27 Charlotte Square Edinburgh

DATED this Nineteenth day of April One thousand nine hundred and Eleven years

CERTIFICATE OF EMERGENCY.

N.B.—This Certificate is necessary in the event of a Patient being sent to the Institution before the Sheriff's Order is obtained, and it authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any order by the Sheriff. During this period the Sheriff's Order is obtained. When the Certificate of Emergency is employed, both parts should be filled, signed, and dated if possible on the day of removal of the Patient to the Asylum, or otherwise as near the day of removal as possible.

I, the undersigned (1) J. Batty Yuke
being a (2) Doctor of Medicine

(1) State Name of Registered Medical Person.
(2) State Registered Medical qualification.

do hereby certify, on soul and conscience, that I have this day at (3) 24 Charlotte Square Edinburgh in the County of Midlothian seen and personally examined (4) Charlotte Ada Rainy Spinster, Craiglockhart Hydropathic Edinburgh and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at Dumfries.

(3) State place of Examination.
(4) State Name of Patient, in full, Designation, and Address.

And I further certify that the case of the said person is one of emergency.

*Signature of Certifier (5) J. Batty Yuke M.D. F.R.C.P.Ed.
Address of Certifier 24 Charlotte Square Edinburgh

(5) To be signed by Medical Person certifying.

DATED this 19th day of April One thousand nine hundred and eleven.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution, Dumfries, to receive therein (1) Charlotte Ada Rainy to whom the foregoing Certificate of Emergency refers.

(1) State Name of Patient in full.

Relationship or other capacity in which Petitioner or Applicant stands to Patient Alex R. Melrose Agent for Principals

*Signature of Petitioner or Applicant (2) Agent for Principals

(2) To be signed by the Party applying.

Address of Petitioner or Applicant Rainy Trustees (Executors of Rainy was Miss Rainy's father) 10 Albyn Place Edinburgh

DATED this Nineteenth day of April one thousand nine hundred and eleven.

Order to be Granted by the Sheriff for the Transmission and Reception of the Lunatic.

I William Primrose Esquire
(1) Honorary Sheriff Substitute
of Dumfries and Galloway at Dumfries
having had produced to me, with a Petition at the instance of (3) A. Holland Rainy Esq. M.P. 24 Church Row Hampstead
Certificates under the hands of J. Batty Yuke
and James Ritchie, being two Medical Persons duly qualified, in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Charlotte Ada Rainy, Craiglockhart Hydropathic, Edinburgh (Retains Dress)
and that the said Charlotte Ada Rainy
is a (5) person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Charlotte Ada Rainy as a Patient into the Crichton Royal Institution, Dumfries, and I authorize (6) her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Charlotte Ada Rainy which accompanied the said Petition.

(1) *State whether* Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) *State whether a* County *or* Stewartry.
(3) *Insert Name and Designation*
(4) *Describe the Patient, and if a Pauper, state so.*
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) His or her

DATED [at Dumfries] this twenty first day of April One thousand nine hundred and eleven.

(Signature) Wm Primrose

To the Superintendent of the Crichton Royal Institution, Dumfries.

No. 10-285.

Charlotte Ada Rainey.

Ada: 19 April 1911.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) County of Dumfries Galloway and his Substitutes,—at Dumfries.

The Petition of Agnes Tannock Castle Views, Irvine,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Elizabeth Tannock daughter your Petitioner's (3) is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Elizabeth Tannock to the Crichton Royal Institution and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(*To be signed by the Party applying*) Agnes Tannock

(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 nine hundred and eleven

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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 Tannock
2. Sex and Age,	Female
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	residing at home, no occupation
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Castle Views Irvine
7. Place where Found and Examined,	Castle Views Irvine
8. Length of time Insane,	2 days
9. Whether First Attack,	Second attack
10. Age (if known) on First Attack,	26 years
11. When and where previously under Examination and Treatment (5)	Crichton Royal Institution Sept 1908 to Jan 1909
12. Duration of Existing Attack,	2 days
13. Supposed Cause,	Shock at her father's death
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Yes
16. Whether Dangerous to others,	No
~~17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,~~	
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Agnes Tannock Castle Views Irvine Mother No other members of family
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	

(5) If patient has previously in an Asylum, state name of latest Asylum or approximate date thereto. If not previously under observation or treatment, so state as a fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 20th day of April One thousand nine hundred and eleven

(*To be signed by the party applying*) Agnes Tannock

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and 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 Thomson being a (1) doctor of medicine & member of Royal College of Surgeons of Glasgow and being in actual practice as a (2) Physician & Surgeon do hereby certify, on soul and conscience, that I have this day, at (3) Castle Terrace Irvine in the County of Ayr separately from any other Medical Practitioner visited and personally examined (4) Elizabeth Yannock Smith Castle Terrace Irvine and that the said Elizabeth Yannock Spinster is a (5) Person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)

very much excited and suffering from fear. Says that she has lost her soul on account of Electricity.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Her mother Mrs Yannock informs me that she escaped from her bedroom window this morning. Also that she is being pursued the devil on account of her sins

Name and Medical Designation, James Thomson

Place of Abode, 168 Byth Street Irvine

DATED this twentieth day of April One thousand nine hundred and eleven

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MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

(6) *State the facts.*

I, the undersigned, William Adam Paterson. being a (1) Fellow of Glasgow University and being in actual practice as a (2) physician do hereby certify, on soul and conscience, that I have this day, at (3) Castle Terr Irvine in the County of Ayr. separately from any other Medical Practitioner, visited and personally examined (4) Elizabeth Yannock and that the said Elizabeth Yannock is a (5) person of unsound mind and a proper person to be detained 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 unduly excited & agitated. Appears afraid that she has committed a secret unpardonable sin.

(7) *State the information and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Her mother informs me that she kept from a window this mo

Name and Medical Designation, Will. A. Paterson M.

Place of Abode, Elmbank Irvine

DATED this twentieth day of April One thousand nine hundred and eleven

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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 Thomson being (1) doctor of medicine Matriculated Glasgow University hereby certify, on soul and conscience, that I have this day, at (2) Castle View in the County of Ayr seen and personally examined Elizabeth Yannock Spinster Castle View Irvine, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Crichton Royal Asylum Dumfries.

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

And I further certify that the case of the said person is one of Emergency.

James Thomson M D 78 Mk

DATED this twenty-first day of April One thousand nine hundred and eleven

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Asylum Dumfries to receive therein Elizabeth Yannock to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, daughter Agnes Yannock

Signature and Address Castle View Irvine

Date 20th April 1911

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William Primrose, Esquire (1) Honorary Sheriff Substitute of ~~Dumfries~~ Dumfries and Galloway at Dumfries having had produced to me, with a Petition at the instance of (2) Agnes Yannock, Castle View, Irvine Certificates under the hands of James Thomson and William Adam Paterson being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Elizabeth Yannock, Castle View, Irvine (Petr's daughter) and that the said Elizabeth Yannock is a (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 Yannock as a Patient into the (6) Public Asylum of Crichton Royal and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Elizabeth Yannock which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.

DATED [at Dumfries] this Twenty first day of April One thousand nine hundred and eleven

To the Superintendent of the (7) Public *Asylum of* Crichton Royal. Dumfries.

(7) Public, District, Parochial, or Private.

[*Signature*] Wm Primrose

No. 10.286.

Elizabeth Lunock.

Adm: 20 April 1911.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER 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 of the (2) and Galloway *and his Substitutes,—*

The Petition of George Geddes Inspector of Poor of the Parish of Crossmichael humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Elizabeth Jane Tait Pauper your Petitioner's (3) is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Elizabeth Jane Tait to the Southern Counties Asylum and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(To be signed by the Party applying) George Geddes

DATED this Twentieth (4) day of April One thousand nine hundred and eleven

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Elizabeth Jane Tait G.G.
2. Sex and Age,	F. 36.
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Shepherds Daughter
5. Religious Persuasion, so far as known,	Protestant. E.C.
6. Previous Place of Abode,	Maxwellfield Crossmichael
7. Place where Found and Examined,	do do
8. Length of time Insane,	20 years
9. Whether First Attack,	no
10. Age (if known) on First Attack,	16.
11. When and where previously under Examination and Treatment (5)	never under treatment
12. Duration of Existing Attack,	20 years
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,	Crossmichael
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	James Tait. Shepherd Maxwellfield Crossmichael (Father.)
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	-

(5) If patient has been previously in an Asylum, state name and date of latest discharge or approval thereto. If never previously under examination or treatment, state the fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Twentieth day of April One thousand nine hundred and eleven

(To be signed by the party applying) George Geddes

MEDICAL CERTIFICATE, No I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Robert B. Lorraine being a (1) Physician & Surgeon, (MRCS. & LRCP. Edin.) and being in actual practice as a (2) General Practitioner do hereby certify, on soul and conscience, that I have this day, at (3) Macmerry Poor Communicant Parish in the County of Haddington. separately from any other Medical Practitioner, visited and personally examined (4) Jane Tait Pauper Macmerry Poor Communicant and that the said Elizabeth Jane Tait is a (5) Person of Unsound Mind and a proper Person to be detained 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 entirely in ignorance. evidently grossly sensual and very obscene in language habitually and incoherently on certain subjects and showing symptoms of violent temper and occasionally homicidal

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Her Father states that she has violent outbreaks of temper threatens to kill him and children next door. Has fits of laughing at times and during the night. This is corroborated by neighbours

Name and Medical Designation, Robert B. Lorraine MRCS. LRCP. Edin.

Place of Abode, Castle Douglas

Dated this 18th day of April One thousand nine hundred and Eleven

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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, Robert Brownlee Shaw being a (1) Physician & Surgeon. (LRCP & SEdin) and being in actual practice as a (2) General Practitioner do hereby certify, on soul and conscience, that I have this day, at (3) Lasswade Poor Communicant Parish in the County of Midlothian separately from any other Medical Practitioner, visited and personally examined (4) Jane Tait Pauper Lasswade Poor Parish and that the said Elizabeth Jane Tait is a (5) Lunatic and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) She is very excitable talking incessantly without the slightest provocation raging at the friends who are not present also swearing at the Doctor. Has delusions of the Highest Being as against the Doctor listening at windows etc. Caught at table knife from Waitress at night. Several times has threatened

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Doctor informed me about Dr Easton being burned with Gas & Lamp & that he would not sign the Certificate on account of this

Name and Medical Designation, D. B. Shaw LRCP

Place of Abode Balmoral House Penicuik

Dated this Nineteenth day of April One thousand nine hundred and eleven

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3)

And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

DATED this day of One thousand nine hundred

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the
Asylum to receive therein
to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient,

Signature and Address

Date

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Lawrence Leventyman Napier(1) Esquire Advocate, Sheriff Substitute of ~~the~~ (2) Dumfries and Galloway at Kirkcudbright having had produced to me, with a Petition at the instance of (3) George Gedder Inspector of Poor of the Parish of Crossmichael Certificates under the hands of Robert P. Lorraine. M.B., C.M. and Robert Brown Le Mac. M.B.C.M. being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Jane Tait (Pauper?) and that the said Jane Tait is a (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 Tait as a patient into the ~~Southern Counties~~ Asylum of Dumfries and I authorize the Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Jane Tait which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.

DATED [at Kirkcudbright] this Forty first day of April One thousand nine hundred and eleven.

To the Superintendent of the (7)
~~Southern Counties~~ Asylum of
Dumfries.

(7) Public, District, Parochial, or Private.

[Signature] Lawrence J. Napier

No. 10. 284.

Elizabeth Jane Tait.

(Cossmichael)

Adm: 23 April 1911.

No. 10288 Name Jessie Helen Payne Muir

Date of Admission 24th April 1911

25 and 26 Vict., Cap. 54, Sect. 14.

FORM A

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum after the Order of the Sheriff is obtained.

Petition to the Sheriff to grant Order for the Reception of a Patient into the Crichton Royal Institution, Dumfries.

Unto the Honourable the Sheriff of Dumfries and Galloway and his Substitute at Dumfries

The Petition of (1) ~~Anthony M'Dick the Inspector of~~ Rockcutton Parish Council in the Stewartry of Kirkcudbright

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that (2) Jessie Muir

your Petitioner's (3) ~~Son~~ pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said (4) Jessie Muir to the Crichton Royal Institution, Dumfries, and to sanction (5) her admission into the said Asylum.

(1) Insert Name, Designation, and Residence of the Party applying.

(2) Insert Name of Patient in full.

(3) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

(4) Insert Name of Patient in full.

(5) His or her.

*Signature of Petitioner (6) Anthony M'Dick, Inspector of Poor.

(6) To be signed by the Party applying.

Dated this (7) 23rd day of April One thousand nine hundred and eleven.

(7) N.B.—The Date of the Petition must be within fourteen clear days following the dates of the Medical Certificates Nos. I. and II., and not before.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Jessie Helen Payne Muir
2. Sex and Age,	Female 15½ 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,	Carswadda Cross m/s, Rockcutton.
7. Place where Found and Examined,	Carswadda Cross m/s. Rockcutton
8. Length of Time Insane,	Since Thursday 20th April.
9. Whether First Attack,	Carswadda Crossm/s
10. Age (if known) on First Attack,	In 16th year.
11. When and Where previously under Examination and Treatment,	—
12. Duration of Existing Attack,	Three days.
13. Supposed Cause,	?
14. Whether subject to Epilepsy,	No!
15. Whether Suicidal,	Yes!
16. Whether Dangerous to Others,	Yes!
17. Parish or Union to which the Lunatic (if a Pauper) is chargeable,	Rockcutton Parish Council.
18. Christian Name and Surname and Place of Abode of Nearest known Relative of the Patient, and degree of Relstionship (if known), and whether any Member of his Family known to be or to have been insane,	Robert Muir, Carswadda Cross m/s. 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.

Dated this Twenty third day of April One thousand nine hundred and eleven

*Signature of Petitioner, (1) Anthony M'Dick Inspector of Poor. Rockcutton

(1) To be signed by the Party applying.

MEDICAL CERTIFICATE.—No. I.

(1) Name of Registered Medical person.
(2) *Set forth the registered qualification entitling the person certifying to grant the Certificate, e.g.*, Member of the Royal College of Physicians in Edinburgh.
(3) Physician, Surgeon, *or otherwise, as the case may be.*
(4) *Insert the Street, and Number of the House (if any), or other like particulars.*
(5) *Insert Name of Patient in full, Designation, and Residence, and if a Pauper, state so.*
(6) *State Name of Patient in full.*
(7) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned (1) George Robert Livingston being a (2) Doctor of Medicine of Edinburgh University and being in actual practice as a (3) Physician & Surgeon do hereby certify, on soul and conscience, that I have this day at (4) Corsewalls Railway Crossing, Lochanhead in the County of Kirkcudbright separately from any other Medical Practitioner visited and personally examined (5) Jessie Helen Payne Muir pauper, Corsewalls Crossing, Lochanhead and that the said (6) Jessie Helen Payne Muir is a (7) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(8) *State the Facts, e.g.*, as indicated by the Patient's appearance, demeanour, conversation, writings, actions, conduct, etc.

1. Facts indicating Insanity observed by myself (8) Her insane manner & appearance. She says she has been left money that is in a wood & she must go for it. During examination attempted to force a knife down her throat. Says she will certainly take her life.

(9) *State the Information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others (9) Has smashed as much crockery as she could. Has kicked her mother, and on one occasion upon a younger brother. Her father & mother tell me that she is quite beyond their control that she treats them like strangers & they are in terror that she will [illegible] of a night.

(10) *To be signed by medical person certifying.*

Name and Medical Designation (10) Geo. R. Livingston M.B.
And Place of Abode 47 Castle Street, Dumfries

Dated this Twenty Third day of April One thousand nine hundred and Eleven

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MEDICAL CERTIFICATE.—No. II.

(1) Name of Registered Medical person.
(2) *Set forth the registered qualification entitling the person certifying to grant the Certificate, e.g.*, Member of the Royal College of Physicians in Edinburgh.
(3) Physician, Surgeon, *or otherwise, as the case may be.*
(4) *Insert the Street, and Number of the House (if any), or other like particulars.*
(5) *Insert Name of Patient in full, Designation and Residence, and if a Pauper, state so.*
(6) *State Name of Patient in full.*
(7) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned (1) John Dewar Robson being a (2) Graduate of Edinburgh University in Medicine and being in actual practice as a (3) Physician do hereby certify, on soul and conscience, that I have this day at (4) 1 Hope Terrace Maxwell Town in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (5) Jessie Helen Payne Muir pauper, Corsewalls Crossing, Lochanhead and that the said (6) Jessie Helen Payne Muir, Pauper is a (7) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(8) *State the Facts, e.g.*, as indicated by the Patient's appearance, demeanour, conversation, writings, actions, conduct, etc.

1. Facts indicating Insanity observed by myself (8) She is unconversational. Refuses to answer questions. Her mother says she is trying to drown her brother & sister.

(9) *State the Information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others (9) Her mother says she is morally perverted. That she would kill her mother.

(10) *To be signed by medical person certifying.*

Name and Medical Designation (10) John Dewar Robson M.B.
And Place of Abode 1 Hope Place Maxwell Town

Dated this 23rd April day of April One thousand nine hundred and Eleven

Enc.

All communications should be addressed to—
"The Secretary,
General Board of Lunacy,
Edinburgh."

TELEGRAPHIC ADDRESS—
Lunacy, Edinburgh.

GENERAL BOARD OF LUNACY FOR SCOTLAND,
EDINBURGH,

Dr Easterbrook,
C. R. I.

& MACDONALD.
WRITERS.
ONS.
C. MACDONALD.
SYMONS, DUMFRIES.
DUMFRIES AREA No. 90.

84 Irish Street,
Dumfries, 5th July 1911.

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ition in
ard to
e under-
ncurs in

Sir,

Petition Muir.

We have seen the Sheriff Clerk Depute who quite
ees with your criticism. He has altered the Petition,
if any one is to authenticate the alteration it should be
Petitioner himself, and not the Sheriff. If you think
General Board will want this, you might get Mr. Dick to
ial the interlineation. The Petition is herewith returned.

Yours faithfully,
Symons Macdonald

Dr Easterbrook,
Crichton Royal Institution,
DUMFRIES.

MEDICAL CERTIFICATE.—No. 1.

(1) Name of Registered Medical person.
(2) *Set forth the registered qualification entitling the person certifying to grant the Certificate, e.g.*, Member of the Royal College of Physicians in Edinburgh.
(3) Physician, Surgeon, *or otherwise, as the case may be.*
(4) *Insert the Street, and Number of the House (if any), or other like particulars.*
(5) *Insert Name of Patient in full, Designation, and Residence, and if a Pauper, state so.*
(6) *State Name of Patient in full.*
(7) Lunatic, or an insane person, or an idiot, or a person of unsound mind

I, the undersigned (1) George Robert Livingston
being a (2) Doctor of Medicine of Edinburgh University
and being in actual practice as a (3) Physician & Surgeon
do hereby certify, on soul and conscience, that I have this day at (4) Corswaddie Railway Crossing, Lochanhead, Kirkcudbright separately from any other Medical Practitioner visited and personally examined (5) Jessie Helen Payne Muir pauper, Corswaddie Crossing, Lochanhead
and that the said (6) Jessie Helen Payne Muir
is a (7) person of unsound mind and a proper person to be detained

(8) *State the Facts* (8) *State the Facts*

(9) *State the Information, and from whom derived.*

2. Other Facts (if any) influencing Medical Opinion:—She is morally perverted. That she would kill her mother.

(10) *To be signed by medical person certifying.*

Name and Medical Designation (10) John Edward Nolan
And Place of Abode 1 Hope Place Castle Maxwell Crescent

DATED this 23rd April day of April One thousand nine hundred and Eleven.

Enc.

All communications should be addressed to—
"The Secretary,
General Board of Lunacy,
Edinburgh."

TELEGRAPHIC ADDRESS—
Lunacy, Edinburgh.

GENERAL BOARD OF LUNACY FOR SCOTLAND,
EDINBURGH,
4th July, 1911.

Sir,

With reference to your letter of the 13th May referring to a proposed alteration of the wording to the petition in the case of Jessie H. P. Muir, I am directed by the Board to return the copy document herewith for alteration, on the understanding that the Sheriff has been made aware of and concurs in the proposed change.

I am,

Sir,

Your obedient Servant,

W. A. Spence

Secretary.

Dr Easterbrook,
Crichton Royal Institution,
DUMFRIES.

CERTIFICATE OF EMERGENCY.

N.B.—This Certificate is necessary in the event of a Patient being sent to the Institution before the Sheriff's Order is obtained, and it authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any order by the Sheriff. During this period the Sheriff's Order is obtained. When the Certificate of Emergency is employed, both parts should be filled, signed, and dated if possible on the day of removal of the Patient to the Asylum, or otherwise as near the day of removal as possible.

I, the undersigned (1) George Robert Livingston
being a (2) Doctor of Medicine of Edinburgh University

(1) State Name of Registered Medical Person.
(2) State Registered Medical qualification.

do hereby certify, on soul and conscience, that I have this day at (3) Carswaddie Railway Cottage in the County of Kirkcudbright seen and personally examined (4) Jessie Helen Payne Muir Carswaddie Railway Crossing, Lochanhead

(3) State place of Examination.
(4) State Name of Patient, in full, Designation, and Address.

and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at Dumfries.

And I further certify that the case of the said person is one of emergency.

Signature of Certifier (5) George Robert Livingston M.D.
Address of Certifier 47 Castle Street Dumfries

(5) To be signed by Medical Person certifying.

DATED this twenty third day of April One thousand nine hundred and eleven

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The following should be filled up in every case in which a Certificate of Emergency is acted on.

I hereby request the Superintendent of the Crichton Royal Institution, Dumfries, to receive therein (1) Jessie Helen Payne Muir
to whom the foregoing Certificate of Emergency refers.

(1) State Name of Patient in full.

Relationship or other capacity in which Petitioner or Applicant stands to Patient Inspector of Poor

Signature of Petitioner or Applicant (2) Anthony McDick

Address of Petitioner or Applicant Inspector of Poor Lochrutton Dumfries

(2) To be signed by the Party applying.

DATED this twenty third day of April one thousand nine hundred and eleven

---

Order to be Granted by the Sheriff for the Transmission and Reception of the Lunatic.

I William Primrose Esquire
(1) Honorary Sheriff Substitute
of Dumfries and Galloway at Dumfries
having had produced to me, with a Petition at the instance of (3) Anthony McDick, Inspector of Poor, Lochrutton Dumfries
Certificates under the hands of George Robert Livingston
and John Dewar Robson, being two Medical Persons duly qualified, in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Jessie Helen Payne Muir, Carswadda Crossing, Lochanhead (Pauper)
and that the said Jessie Helen Payne Muir
is a (5) person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Jessie Helen Payne Muir as a Patient into the Crichton Royal Institution, Dumfries, and I authorize (6) her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Jessie Helen Payne Muir which accompanied the said Petition.

(1) *State whether* Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) *State whether a* County or Stewartry.
(3) *Insert Name and Designation*
(4) *Describe the Patient, and if a Pauper, state so.*
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) His or her

DATED [at Dumfries] this twenty fifth day of April One thousand nine hundred and eleven

(Signature) Wm Primrose

To the Superintendent of the Crichton Royal Institution, Dumfries.

No. 10·288.

Jessie Helen Payne Muir.
(Lockerbie)

Adm. 24 April 1911.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A.]

25 and 26 Vict., Cap. 54, Section 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Unto the Honourable the (1) Sheriff of Dumfries & Galloway and his Substitutes, ~~of the (2) County~~ at Dumfries

The Petition of Mrs Kate Maud Petrie, High Street Gatehouse

humbly sheweth, that it appears from the subjoined Statement and accompanying Medical Certificates, that Samuel Petrie 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 Samuel Petrie to the Crichton and to sanction his admission into the said Asylum.

(To be signed by the Party applying) Kate Maud Petrie

Dated this 24th (4) day of April One thousand nine hundred and eleven

STATEMENT.

If any 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 Petrie
2. Sex and Age, ...	Male 34 years
3. Married, Single, or Widowed, ...	married
4. Condition of Life and previous Occupation (if any), ...	Baker
5. Religious Persuasion, so far as known,	Presbyterian
6. Previous Place of Abode, ...	Gatehouse
7. Place where Found and Examined, ...	Gatehouse
8. Length of time Insane, ...	one month
9. Whether First Attack, ...	Yes
10. Age (if known) on First Attack, ...	
11. When and where previously under Examination and Treatment, (5)	one month
12. Duration of Existing Attack, ...	now away
13. Supposed Cause, ...	~~No~~
14. Whether subject to Epilepsy, ...	no
15. Whether Suicidal, ...	no
16. Whether dangerous to others, ...	
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, ...	
18. Christian Name and Surname, and Place of Abode of nearest known 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 Petrie (father) Gatehouse
19. Special Circumstances (if any) preventing the insertion of any of the above particulars, ...	

I certify that to the best of my knowledge, the above particulars are correctly stated.

Dated this 24th day of April One thousand nine hundred and eleven

(To be signed by the party applying) Kate Maud Petrie P.p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic or an insane person, 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 Dott being a[1] Graduate of Edinburgh University and being in actual practice as a[2] Physician do hereby certify, on soul and conscience, that I have this day, at[3] High St. Gatehouse in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined[4] Samuel Petrie and that the said Samuel Petrie is a[5] Person of unsound mind and a proper person to be detained 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 talk, He state he is a lost person, that he has a Devil inside & that he has sinned a The Holy Ghost

2. Other facts (if any) indicating Insanity communicated to me by others:[7]

His wife tells me that he says he h Commited unpardonable sins against t Holy Ghost. That devils are tormenting

Name and Medical Designation, Alexander Dott MB. Ch

Place of Abode Gatehouse

DATED this Twenty fourth day of April One thousand nine hundred and eleven

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic or an insane person, 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 Carruthers Watt being a[1] L R C P S & L R C P E. and being in actual practice as a[2] Physician & surgeon do hereby certify on soul and conscience, that I have this day, at[3] Hyth Stree Gatehouse & Flat in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined[4] Samuel Petrie the said Samuel Petrie is a[5] Person and that of unsound mind and a proper person to be detained 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 wild incoherently about Sin & blasphemy. Complains of a hard heart having committed unpardonable sin & Complains of Lord having pushed him entirely back while walking up the road

2. Other facts (if any) indicating Insanity communicated to me by others:[7] By his Wife: tells of unpardonable Sin because he had lost his bible one day when a friend was ill. that he complains of Christ being — he

Name and Medical Designation. P Carruthers Watt L R C

Place of Abode Gatehouse & Flat.

DATED this Twenty fourth day of April One thousand nine hundred and eleven

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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 Dott being (1) a Graduate of Edinburgh University hereby certify on soul and conscience, that I have this day at (2) Gatehouse in the County of Kirkcudbright, seen and personally examined Samuel Petrie, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Dumfries

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

And I further certify that the case of the said person is one of Emergency.

Alexander Dott

DATED this Twenty fourth day of April One thousand nine hundred and eleven

(The following should be filled up in every case in which a Certificate of Emergency is acted on.

I hereby request the Superintendent of the Crichton Asylum and to receive therein Samuel Petrie to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient. Wife

Signature and Address, Kate Maud Petrie

Date, 24 April 1911

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William Primrose Esquire (1) Honorary Sheriff Substitute of ~~Dumfries~~ and Galloway at Dumfries having had produced to me, with a Petition at the instance of (3) Mrs Kate Maud Petrie, High Street, Gatehouse Certificates under the hands of Alexander Dott and Peter Carruthers Watt being two Medical Persons duly qualified in terms of an Act intituled "An Act for the Regulation of the Care and Treatment 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 Petrie, Baker, High Street, Gatehouse (Kirkcudbright) and that the said Samuel Petrie is a (5) person of unsound mind

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic or an Insane Person, or an Idiot, or a Person of unsound mind.

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Samuel Petrie as a patient into the (6) Public Asylum of Crichton Royal Institution and I authorize (7) his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Samuel Petrie which accompanied the said Petition.

(6) Public, District, Parochial or Private.
(7) His, or her.

DATED [at Dumfries] this twenty fifth day of April One thousand nine hundred and eleven

To the Superintendent of the (8) Public *Asylum of* Crichton Royal Institution, Dumfries

(8) Public, District Parochial, or Private.

(Signature) Wm Primrose

No. 10-289.

Samuel Petrie.

Adm: 24 April 1911.

N.B.—This FORM shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

25 and 26 Vict., Cap. 54, Section 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Unto the Honourable the[1] Sheriff of ~~this~~[2] Dumfries Galloway of and his Substitutes,— at Dumfries

The Petition of James Morrison, Inspector of Poor, Wrysdale, Lockerbie.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Margaret Graham Bell 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 Bell to the Crichton Royal Institution Dumfries and to sanction her admission into the said Asylum.

(To be signed by the Party applying) James Morrison

DATED this Twenty fourth[4] day of April One thousand nine hundred and eleven 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 Graham Bell
2. Sex and Age, ...	Female 26 years
3. Married, Single, or Widowed, ...	Single
4. Condition of Life, and previous Occupation (if any), ...	Farm Servant
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode, ...	Bush of Craigs Dumfries.
7. Place where Found and Examined, ...	Raggiehat, near Lockerbie
8. Length of time Insane, ...	a few days
9. Whether First Attack, ...	First attack
10. Age (if known) on First Attack, ...	26 years
11. When and where previously under Examination and Treatment[5]	not previously treated
12. Duration of Existing Attack, ...	a few days
13. Supposed Cause, ...	not known
14. Whether subject to Epilepsy, ...	no
15. Whether Suicidal, ...	no
16. Whether Dangerous to others, ...	no
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable	Dryfesdale
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, ...	Mrs Alexander Kirkpatrick Raggiehat. Lockerbie. aunt. An Aunt a Congenital imbecile
19. Special circumstances (if any) preventing the insertion of any of the above particulars, ...	✓

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Twenty fourth day of April One thousand nine hundred and eleven years

(To be signed by the party applying) James Morrison P.p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

I, the undersigned, George Irving
being a [1] Doctor of Medicine and Master in Surgery
and being in actual practice as a [2] Physician & Surgeon
do hereby certify, on soul and conscience, that I have this day, at [3] Raggenbut near Locketbie in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined [4] Margaret Graham Bell, Pauper Raggenbut, Locketbie and that the said Margaret Graham Bell 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. :—

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

1. Facts indicating Insanity observed by myself : [6] She has hallucinations of hearing, as she thinks she hears persons saying dirty things about her. Besides she is always talking in a rambling manner & her conduct and behaviour are unnatural.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others : [7] Mrs Hutchinson, her aunt, Raggenbut tells me that Margaret Graham Bell is always going on as stated above

Name and Medical Designation, George Irving M.B.

Place of Abode, Locketbie

DATED this Twenty fourth day of April One thousand nine hundred and eleven

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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.

I, the undersigned, John Stothart Bell
being a [1] Bachelor of Medicine and Master in Surgery of Edinburgh University
and being in actual practice as a [2] Physician & Surgeon
do hereby certify, on soul and conscience, that I have this day, at [3] Raggenbut, in the Parish of Dryfesdale, Lockerbie in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined [4] Margaret Graham Bell, Domestic Servant, Raggenbut, Pauper and that the said Margaret Graham 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. :—

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

1. Facts indicating Insanity observed by myself : [6] Has subjective disorders of hearing, saying she hears voices saying that if she does not get her illegitimate "father" there is nothing for her but "Hell fire". She continually talking in an incoherent manner about matters & in a somewhat filthy way—

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others : [7] Her aunt Mrs Janet Bell or Kirkpatrick, Raggenbut informs me that during the night she hears voices telling people to leave her alone & not torment her

Name and Medical Designation, J. S. Bell, M.B., C.M.

Place of Abode, Lockerbie.

DATED this twenty second day of April One thousand nine hundred and Eleven.

CERTIFICATE OF EMERGENCY.

(This Certificate authorises the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, George Irving
being (1) Physician & Surgeon M.D.
hereby certify, on soul and conscience, that I have this day, at (2) Raggenhat
in the County of Dumfries, seen and personally examined
Margaret Graham Bell Pauper, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Dumfries

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

And I further certify that the case of the said person is one of Emergency.

George Irving M.D.

Dated this Twenty fourth day of April One thousand nine hundred and eleven

(The following should be filled up in every case in which a Certificate of Emergency is acted on).

I hereby request the Superintendent of the Crichton Royal Institution Asylum to receive therein Margaret Graham Bell to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Inspector of Poor

Signature and Address, James Morrison, Lockerbie

Date, 24th April 1911

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William Primrose, Esquire, (1) Honorary Sheriff Substitute of Dumfries and Galloway at Dumfries
having had produced to me, with a Petition at the instance of (3) James Morrison, Inspector of Poor, Dryfesdale, Lockerbie
Certificates under the hands of George Irving and John Stothart Bell being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Margaret Graham Bell, Raggenhat, near Lockerbie (Pauper) and that the said Margaret Graham Bell is a (5) person of unsound mind

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Margaret Graham Bell as a patient into the (6) Public Asylum of Crichton Royal Institution and I authorize (7) her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Margaret Graham Bell which accompanied the said Petition.

(6) Public, District, Parochial, or Private.
(7) His, or her.

Dated [at Dumfries] this twenty fifth day of April One thousand nine hundred and eleven

To the Superintendent of the (8) Public Asylum of Crichton Royal Institution, Dumfries

(8) Public, District, Parochial or Private.

(Signature), Wm Primrose

No. 10290.

Margaret Graham Rae
(Dryfesdale)

Adm: 24 April 1911.

No. 1029.1 Name Bernard Stapleton

FORM A

Date of Admission 28th April 1911

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum after the Order of the Sheriff is obtained.

25 and 26 Vict., Cap. 54, Sect. 14.

Petition to the Sheriff to grant Order for the Reception of a Patient into the Crichton Royal Institution, Dumfries.

Unto the Honourable the Sheriff, of Dumfries and Galloway and his Substitutes,—at Dumfries.

The Petition of (1) Rev. Henry Stapleton Calverley Vicarage, near Leeds,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that (2) Bernard Stapleton

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 (4) Bernard Stapleton to the Crichton Royal Institution, Dumfries, and to sanction (5) his admission into the said Asylum.

(1) Insert Name, Designation, and Residence of the Party applying.

(2) Insert Name of Patient in full.

(3) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

(4) Insert Name of Patient in full.

(5) His or her.

*Signature of Petitioner (6) H Stapleton

(6) To be signed by the Party applying.

Dated this (7) 28th day of April One thousand nine hundred and eleven.

(7) N.B.—The Date of the Petition must be within fourteen clear days following the dates of the Medical Certificates Nos. I. and II., and not before.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Bernard Stapleton
2. Sex and Age,	Male, 23
3. Married, Single, or Widowed,	Single
4. Condition of life and previous Occupation (if any),	Student of the Institution of Civil Engineers - articled to Civil Engineer
5. Religious Persuasion, so far as known,	Church of England
6. Previous Place of Abode,	Calverley Vicarage, Nr. Leeds England.
7. Place where Found and Examined,	Calverley
8. Length of Time Insane,	Began to be treated in February this year
9. Whether First Attack,	Yes.
10. Age (if known) on First Attack,	22 yrs. & 11 Months.
11. When and Where previously under Examination and Treatment,	No where.
12. Duration of Existing Attack,	Since February this year.
13. Supposed Cause,	Over-Study
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	No,
16. Whether Dangerous to Others,	No,
17. Parish or Union to which the Lunatic (if a Pauper) is chargeable,	—
18. Christian Name 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,	Rev. Henry Stapleton (Father) Calverley Vicarage Nr. Leeds, England No Member of family known to be insane
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	—

I certify that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 28th day of April One thousand nine hundred and eleven.

*Signature of Petitioner, (1) H Stapleton

(1) *To be signed by the Party applying.*

MEDICAL CERTIFICATE.—No. I.

(1) Name of Registered Medical person.
(2) *Set forth the registered qualification entitling the person certifying to grant the Certificate, e.g.*, Member of the Royal College of Physicians in Edinburgh.
(3) Physician, Surgeon, *or otherwise, as the case may be.*
(4) *Insert the Street, and Number of the House (if any), or other like particulars.*
(5) *Insert Name of Patient in full, Designation, and Residence, and if a Pauper, state so.*
(6) *State Name of Patient in full.*
(7) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned (1) Henry James Mackenzie
being a (2) M.B.C.M. (Edin)
and being in actual practice as a (3) Physician
do hereby certify, on soul and conscience, that I have this day at (4) 6 Park Row Leeds in the County of Yorkshire separately from any other Medical Practitioner, visited and personally examined (5) Bernard Stapleton (Student of Engineering) of Calverley Vicarage near Leeds and that the said (6) Bernard Stapleton is a (7) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(8) *State the Facts, e.g.*, as indicated by the Patient's Appearance, demeanour, conversation, writings, actions, conduct, etc.

1. Facts indicating Insanity observed by myself (8) His appearance & expression are demental vacant & lacking in proper intelligence. He tells me that there is a worm and bird in his skin which he feels moving about, sometimes in abdomen, sometimes in the leg. He talks & mutters to himself & does not seem to be aware that he is addressing me.

(9) *State the Information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others (9) John Wilson, Male Nurse, Throxenby Hall Scarboro, tells that he is often seeing vacant patients & having a chat with him. That he is noisy & talkative at nights & that he does not seem to be aware of this. That he must be watched & followed all during the day.

(10) *To be signed by medical person certifying.*

Name and Medical Designation (10) Henry J. Mackenzie M.B.
And Place of Abode, The Retreat, York

Dated this 28th day of April One thousand nine hundred and eleven.

MEDICAL CERTIFICATE.—No. II.

(1) Name of Registered Medical person.
(2) *Set forth the registered qualification entitling the person certifying to grant the Certificate, e.g.*, Member of the Royal College of Physicians in Edinburgh.
(3) Physician, Surgeon, *or otherwise, as the case may be.*
(4) *Insert the Street, and Number of the House (if any), or other like particulars.*
(5) *Insert Name of Patient in full, Designation and Residence, and if a Pauper, state so.*
(6) *State Name of Patient in full.*
(7) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned (1) George Robert Livingston
being a (2) Doctor of Medicine of Edinburgh University
and being in actual practice as a (3) Physician & Surgeon
do hereby certify, on soul and conscience, that I have this day at (4) Crichton Royal Institution Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (5) Bernard Stapleton at present Inmate of Crichton Royal Institution and that the said (6) Bernard Stapleton is a (7) person of Unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz:—

(8) *State the Facts, e.g.*, as indicated by the Patient's appearance, demeanour, conversation, writings, actions, conduct, etc.

1. Facts indicating Insanity observed by myself (8) His insane manner & appearance. Stares vacantly out of the window. His lips move as if he was talking but no sounds are produced. When interrupted he stops & then answers questions indicating lack of mental concentration.

(9) *State the Information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others (9)

(10) *To be signed by medical person certifying.*

Name and Medical Designation (10) George Robert Livingston M.D.
And Place of Abode, Crichton Royal Institution Dumfries

Dated this Twenty-eighth day of April One thousand nine hundred and Eleven.

CERTIFICATE OF EMERGENCY.

N.B.—This Certificate is necessary in the event of a Patient being sent to the Institution before the Sheriff's Order is obtained, and it authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any order by the Sheriff. During this period the Sheriff's Order is obtained. When the Certificate of Emergency is employed, both parts should be filled, signed, and dated if possible on the day of removal of the Patient to the Asylum, or otherwise as near the day of removal as possible.

I, the undersigned (1) Henry James Mackenzie (1) State Name of Registered Medical Person.

being a (2) M. B. C. M. (Edin) (2) State Registered Medical qualification.

do hereby certify, on soul and conscience, that I have this day at (3) 6 Park Square (3) State place of Examination.

Leeds in the County of Yorkshire

seen and personally examined (4) Bernard Stapleton (4) State Name of Patient, in full, Designation, and Address.

and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at Dumfries.

And I further certify that the case of the said person is one of emergency.

Signature of Certifier (5) Henry J. Mackenzie (5) To be signed by Medical Person certifying.

Address of Certifier 7a Petergate York

DATED this 28th day of April One thousand nine hundred and eleven.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution, Dumfries, to receive therein (1) Bernard Stapleton (1) State Name of Patient in full.

to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Petitioner or Applicant stands to Patient, Father

Signature of Petitioner or Applicant (2) H Stapleton (2) To be signed by the Party applying.

Address of Petitioner or Applicant, Calverley Vicarage nr. Leeds England

DATED this 28th day of April one thousand nine hundred and eleven.

Order to be Granted by the Sheriff for the Transmission and Reception of the Lunatic.

I, William Primrose, Esquire

(1) Honorary Sheriff Substitute (1) *State whether* Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.

of Dumfries and Galloway at Dumfries (2) *State whether a* County or Stewartry.

having had produced to me, with a Petition at the instance of (3) Reverend (3) *Insert Name and Designation*

Henry Stapleton, Calverley Vicarage, near Leeds

Certificates under the hands of Henry James Mackenzie

and George Robert Livingston, being two Medical Persons duly qualified, in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Bernard Stapleton, Calverley Vicarage, near Leeds (Peter's Son) (4) *Describe the Patient, and if a Pauper, state so.*

and that the said Bernard Stapleton

is a (5) person of unsound mind (5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Bernard Stapleton as a Patient into the Crichton Royal Institution, Dumfries, and I authorize (6) his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Bernard Stapleton which accompanied the said Petition. (6) His or her

DATED [at Dumfries] this twenty ninth day of April One thousand nine hundred and eleven

(Signature) Wm Primrose

To the Superintendent of the Crichton Royal Institution, Dumfries.

No. 10·291.

Bernard Stapleton

Adm: 28 April 1911.

No. 10292 Name Matilda Sara Kingan

FORM A

Date of Admission 29th April 1911

25 and 26 Vict., Cap. 54, Sect. 14.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum after the Order of the Sheriff is obtained.

Petition to the Sheriff to grant Order for the Reception of a Patient into the Crichton Royal Institution, Dumfries.

Into the Honourable the Sheriff of Dumfries and Galloway and his Substitutes,—at Dumfries

The Petition of (1) Samuel Kingan 12 Glen St Holywood Co Down

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that (2) Matilda Sarah Kingan 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 (4) Matilda Sara Kingan to the Crichton Royal Institution, Dumfries, and to sanction (5) her admission into the said Asylum.

(1) Insert Name, Designation, and Residence of the Party applying.

(2) Insert Name of Patient in full.

(3) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

(4) Insert Name of Patient in full.

(5) His or her.

*Signature of Petitioner (6) Samuel Kingan

(6) To be signed by the Party applying.

Dated this (7) 26th day of April One thousand nine hundred and eleven.

(7) N.B.—The Date of the Petition must be within fourteen clear days following the dates of the Medical Certificates Nos. I. and II., and not before.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Matilda Sara Kingan
2. Sex and Age,	Female aged 30 years
3. Married, Single, or Widowed,	Married
4. Condition of life and previous Occupation (if any),	Married
5. Religious Persuasion, so far as known,	Presbyterian
6. Previous Place of Abode,	12 Glen St Holywood
7. Place where Found and Examined,	12 Glen St Holywood
8. Length of Time Insane,	Between nine & ten 1910
9. Whether First Attack,	First attack
10. Age (if known) on First Attack,	29
11. When and Where previously under Examination and Treatment,	was at St Malachi's Private Home in Belfast from February 1910 till Christmas
12. Duration of Existing Attack,	Since January
13. Supposed Cause,	after Birth of an Anencephalic Foetus
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Yes
16. Whether Dangerous to Others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is chargeable,	—
18. Christian Name and Surname and Place of Abode of Nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been insane,	Samuel Kingan 12 Glen St. Holywood Husband None
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 26th day of April One thousand nine hundred and eleven

*Signature of Petitioner, (1) Samuel Kingan

(1) *To be signed by the Party applying.*

MEDICAL CERTIFICATE.—No. I.

(1) Name of Registered Medical person.
(2) *Set forth the registered qualification entitling the person certifying to grant the Certificate, e.g.*, Member of the Royal College of Physicians in Edinburgh.
(3) Physician, Surgeon, *or otherwise, as the case may be.*
(4) *Insert the Street, and Number of the House (if any), or other like particulars.*
(5) *Insert Name of Patient in full, Designation, and Residence, and if a Pauper, state so.*
(6) *State Name of Patient in full.*
(7) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned (1) Thomas Phillips Greenfield
being a (2) Bachelor of Medicine & Licentiate of the Royal College of Physicians Edinburgh
and being in actual practice as a (3) Physician
do hereby certify, on soul and conscience, that I have this day at (4) 12 Shore Street Holywood in the County of Down Ireland separately from any other Medical Practitioner, visited and personally examined (5) Mrs Matilda Sarah Kingan of 12 Shore St Holywood in the Co Down
and that the said (6) Matilda Sarah Kingan
is a (7) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz :—

(8) *State the Facts, e.g.*, as indicated by the Patient's appearance, demeanour, conversation, writings, actions, conduct, etc.

1. Facts indicating Insanity observed by myself (8) She has delusions as to the state of her brain viz:- She has a submarine & little race in them was passed, also she is short etc marks & will be cast into the sea & that she will live for ever in this awful state of punishment &c

(9) *State the Information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others (9) Nothing beyond facts stated above

(10) *To be signed by medical person certifying.*

Name and Medical Designation (10) T. H. Greenfield M.B. L.R.C.P.I.
And Place of Abode, 8 Myrtle St Holywood Co Down

DATED this 26th day of April One thousand nine hundred and eleven

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MEDICAL CERTIFICATE.—No. II.

(1) Name of Registered Medical person.
(2) *Set forth the registered qualification entitling the person certifying to grant the Certificate, e.g.*, Member of the Royal College of Physicians in Edinburgh.
(3) Physician, Surgeon, *or otherwise, as the case may be.*
(4) *Insert the Street, and Number of the House (if any), or other like particulars.*
(5) *Insert Name of Patient in full, Designation and Residence, and if a Pauper, state so.*
(6) *State Name of Patient in full.*
(7) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned (1) Richard Armstrong Shackleton
being a (2) Doctor of Medicine Trinity College Dublin
and being in actual practice as a (3) Doctor of Medicine
do hereby certify, on soul and conscience, that I have this day at (4) 12 Shore Holywood
in the County of Down Ireland separately from any other Medical Practitioner, visited and personally examined (5) Mrs Matilda Sara Kingan 12 Shore St Holywood Co Down
and that the said (6) Matilda Sarah Kingan
is a (7) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz :—

(8) *State the Facts, e.g.*, as indicated by the Patient's appearance, demeanour, conversation, writings, actions, conduct, etc.

1. Facts indicating Insanity observed by myself (8) That she has delusions & imagines that different parts of her body are changing & that it is an outcast & cannot be redeemed & is always thinking of bad things In some matters she is quite rational she says

(9) *State the Information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others (9) Cannot eat as the throat is changing
2 Pulse

(10) *To be signed by medical person certifying.*

Name and Medical Designation (10) R. Armstrong Shackleton M.D.
And Place of Abode, Rose Bank High St Holywood Co Down

DATED this 26th day of April One thousand nine hundred and eleven

CERTIFICATE OF EMERGENCY.

N.B.—This Certificate is necessary in the event of a Patient being sent to the Institution before the Sheriff's Order is obtained, and it authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any order by the Sheriff. During this period the Sheriff's Order is obtained. When the Certificate of Emergency is employed, both parts should be filled, signed, and dated if possible on the day of removal of the Patient to the Asylum, or otherwise as near the day of removal as possible.

I, the undersigned (1).....
being a (2).....
.....
do hereby certify, on soul and conscience, that I have this day at (3).....
.....in the County of.....
seen and personally examined (4).....
.....
and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at Dumfries.

And I further certify that the case of the said person is one of emergency.

**Signature of Certifier* (5).....
Address of Certifier.....

DATED this.....day of.....One thousand nine hundred and.....

(1) State Name of Registered Medical Person.
(2) State Registered Medical qualification.
(3) State place of Examination.
(4) State Name of Patient, in full, Designation, and Address.
(5) To be signed by Medical Person certifying.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution, Dumfries, to receive therein (1).....
to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Petitioner or Applicant stands to Patient, ...
**Signature of Petitioner or Applicant* (2).....
Address of Petitioner or Applicant,.....
.....

DATED this.....day of.....one thousand nine hundred and.....

(1) State Name of Patient in full.
(2) To be signed by the Party applying.

Order to be Granted by the Sheriff for the Transmission and Reception of the Lunatic.

I, William Primrose, Esquire
(1) Honorary Sheriff Substitute
of Dumfries and Galloway at Dumfries
having had produced to me, with a Petition at the instance of (3) Samuel Kingan, 12 Shore Street, Holywood, Co Down
Certificates under the hands of Thomas Killips Greenfield
and Richard Auchmuty Skeleton, being two Medical Persons duly qualified, in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Matilda Sara Kingan, 12 Shore Street, Holywood, Co Down (Peter's Wife)
and that the said Mrs Matilda Sara Kingan
is a (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 Matilda Sara Kingan as a Patient into the Crichton Royal Institution, Dumfries, and I authorize (6) her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mrs Matilda Sara Kingan which accompanied the said Petition.

DATED [at Dumfries] this twenty eighth day of April One thousand nine hundred and eleven

(Signature) Wm Primrose

To the Superintendent 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 the Patient, and if a Pauper, state so.*
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) His or her

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of Dumfriesshire and Galloway, *and his Substitutes,*—at Dumfries

The Petition of John Thomas Inspector of Poor for the Parish of Annan

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that William Milroy 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 Milroy to the Crichton Royal Institution and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(*To be signed by the Party applying*) John Thomas

DATED this 29th (4) day of April One thousand nine hundred and eleven.

(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 Milroy.
2. Sex and Age,	Male. Age 31 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,	2 George Street. Annan.
7. Place where Found and Examined,	2 George Street. Annan.
8. Length of time Insane,	
9. Whether First Attack,	No
10. Age (if known) on First Attack,	17 years
11. When and where previously under Examination and Treatment (5)	Crichton Royal Institution
12. Duration of Existing Attack,	About 3 months
13. Supposed Cause,	unknown
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	Doubtful
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Annan.
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Robert Milroy. Tailor. 2 George Street. Annan. father. No other member of family known to have been insane.
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

(5) If patient has been previously in an Establishment, state fact and date of latest admission or approximation thereto. If never previously under examination or treatment state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 29th day of April One thousand nine hundred and eleven.

(*To be signed by the party applying*) John Thomas

T. & A. C.—May 1908.

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Elder
being a (1) Bachelor of medicine & Surgery Glasgow Univ
and being in actual practice as a (2) medical practitioner
do hereby certify, on soul and conscience, that I have this day, at (3) 2 George St Annan in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) William Milroy, 2 George St Annan, labourer pauper and that the said William Milroy 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)

Patient gives as reason for not working that he is too old.
(He is only 30 ?? yrs)

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

His father states he thinks people come at night with lights, knocking at the door to annoy him

Name and Medical Designation, William Elder MB

Place of Abode, Linda Villa Annan

DATED this twenty ninth day of April One thousand nine hundred and eleven

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Carmichael Pairman
being a (1) Bachelor of Medicine & Surgery of Glasgow University
and being in actual practice as a (2) medical practitioner
do hereby certify, on soul and conscience, that I have this day, at (3) 2 George Street Annan in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) William Milroy, labourer, 2 George St Annan, pauper and that the said William Milroy is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) When patient is sitting by the fire, he is talking to himself all the time, rubbing his hands in an excited fashion. When spoken to, he laughs and sometimes answers in a nonsensical way. I have seen him on the street, armed with a heavy stick, with a wild look in his face, talking to himself as he walked, and frightening people with them.

(7) *State the information and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

His mother says that he does not sleep well. Some nights he seems to talk to himself all the time. He sometimes sees monkeys and other animals round him. Several times in the middle of the night he has escaped from the back of the house, climbed a high wall and been found, at the end of the house.

Name and Medical Designation, James C. Pairman M.B., Ch.B.

Place of Abode, Park House, Annan

DATED this twenty-ninth day of April One thousand nine hundred and eleven

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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 Elder
being (1) a Bachelor of Medicine & Surgery
hereby certify, on soul and conscience, that I have this day, at (2) Annan
in the County of Dumfries, seen and personally examined
William Milroy, and that the said
person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Dumfries (Crichton Royal Institution)
And I further certify that the case of the said person is one of Emergency.

William Elder

DATED this twenty ninth day of April One thousand nine hundred and eleven

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal
Asylum to receive therein William Milroy
to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Inspector of Poor

Signature and Address Whitelaurel, Annan.

Date 29th April. 1911.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, George Campion, Esquire (1) Sheriff Substitute
of ~~Dumfries~~ and Galloway at Dumfries
having had produced to me, with a Petition at the instance of (2) John Laurie,
Inspector of Poor for the Parish of Annan.
Certificates under the hands of William Elder
and James Carmichael Pairman being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Milroy, labourer, 2 George Street, Annan (Pauper) and that the said William Milroy 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 Milroy as a patient into the (6) Public Asylum of Crichton Royal Institution and I authorize (7) his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said William Milroy which accompanied the said Petition.

DATED [at Dumfries] this second day of May One thousand nine hundred and eleven

To the Superintendent of the (6) Public Asylum of Crichton Royal Institution Dumfries.

[Signature] Geo: Campion

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) His, or her.
(6) Public, District, Parochial, or Private.

No. 10293.

William Airey.

(Aman)

Adm: 29th April 1911.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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,—at Dumfries

The Petition of John M'Innes, Mechanic, Glebe St. Campbeltown, Argyll

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Rebecca Walker M'Innes 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 Walker M'Innes, to the Crichton Royal Institution and to sanction her admission into the said Asylum.

(2) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(*To be signed by the Party applying*) John M'Innes

(1) The date of the Petition must be within fourteen clear days (not eight) following the dates of the Medical Certificates.

DATED this 30th (1) day of April One thousand nine hundred and eleven

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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,	Rebecca Walker M'Innes,
2. Sex and Age,	Female, 39 years,
3. Married, Single, or Widowed,	Single,
4. Condition of Life, and previous Occupation (if any),	Housekeeper.
5. Religious Persuasion, so far as known,	Presbyterian (United Free Church),
6. Previous Place of Abode,	10 Glebe Street, Campbeltown, Argyll,
7. Place where Found and Examined,	10 Glebe Street, Campbeltown, Argyll,
8. Length of time Insane,	About four or five months,
9. Whether First Attack,	A somewhat similar attack 4 years,
10. Age (if known) on First Attack,	35 years or thereby,
11. When and where previously under Examination and Treatment (3)	Never,
12. Duration of Existing Attack,	See answer to 8 above,
13. Supposed Cause,	Unknown,
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	No.
16. Whether Dangerous to others,	Very slightly so.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Not a pauper,
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	John M'Innes, Glebe St Campbeltown Father, None,
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

(3) If patient has been previously in an Asylum, Hospital, or Licensed House, state the date of latest admission or approximate thereto. If previously under Observation or Treatment, state that fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 28th day of April One thousand nine hundred and eight eleven

(*To be signed by the party applying*) John M'Innes

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Frederick Hugh Clarke.
being a (1) Bachelor of Medicine and Master in Surg
of Glasgow University
and being in actual practice as a (2) physician and Surgeon.
do hereby certify, on soul and conscience, that I have this day, at (3) The Crichto
Institution. Dumfries in the County of
Dumfries.
separately from any other Medical Practitioner,
visited and personally examined (4) Rebecca Walker McKinnes.
Spinster. Housekeeper. Glebe Street Campbelltown that
the said Rebecca Walker McKinnes is a (5) person of
unsound mind and a proper Person to be detained
under Care and Treatment, 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 rambling and incoherent in her statements. Says she hears the voices of spirits telling her to do certain things. Also that it is the present Gov ment and the want of a vote which has pu her present position.

(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, Frederick Hugh Clarke.

Place of Abode, Charlotte Street Dumfr

DATED this thirtieth day of April One thousand eight hundred and eleven years.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, John Cunningham
being a (1) Bachelor of Medicine of the University of Glas
and being in actual practice as a (2) Physician
do hereby certify, on soul and conscience, that I have this day, at (3) Glebe Street
Campbeltown
Argyll in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) Rebecca Walker M'Innes,
Glebe Street Campbeltown Argyll and that
the said Rebecca Walker M'Innes is a (5) person of
unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She says she is sleepless hears voices urging her to throw a brick through the window, to visit houses and to call on persons but little known to her She thinks there is a conspiracy to "Keep her down"

(7) *State the information and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Her father John M'Innes & her sister Nelly M'Inn
say That the above named Rebecca W. M'Innes is
sleepless, restless, talkative, and says that she is
Called out voices unknown to do many acts of a
strange and unusual kind

Name and Medical Designation, J. Cunningham M.B., &c

Place of Abode Campbeltown, Argyllshire

DATED this 28th day of April One thousand eight hundred and Eleven.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, John Cunningham being (1) a Bachelor of Medicine of the University of Glasgow hereby certify, on soul and conscience, that I have this day, at (2) Glebe St Campbeltown in the County of Argyll, seen and personally examined Miss Rebecca Walker M'Innes, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Dumfries

And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

J Cunningham

DATED this 28th day of April One thousand ~~eight~~ nine hundred and eleven

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution Asylum to receive therein Rebecca Walker M'Innes to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Father

Signature and Address John M'Innes 10 Glebe St Campbeltown

Date 28th April 1911

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, George Campion, Esquire (1) Sheriff Substitute of ~~Dumfries~~ and Galloway at Dumfries having had produced to me, with a Petition at the instance of (2) John M'Innes, Mechanic, 10 Glebe Street, Campbeltown, Argyll Certificates under the hands of Frederick Hugh Clarke and John Cunningham being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Rebecca Walker M'Innes, 10 Glebe Street, Campbeltown (Mr's daughter) and that the said Rebecca Walker 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 Rebecca Walker M'Innes 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 Rebecca Walker M'Innes which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.

DATED [at Dumfries] this second day of May One thousand ~~eight~~ nine hundred and eleven

To the Superintendent of the (6) Public Asylum of Crichton Royal Institution, Dumfries.

[Signature] Geo: Campion

(6) Public, District, Parochial, or Private.

No. 10294.
Rebecca Walker Holmes.
Adm: 29th April 1911.

No. 10295. Name Elizabeth McMillan.

FORM A

Date of Admission 1st May 1911.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum after the Order of the Sheriff is obtained.

25 and 26 Vict., Cap. 54, Sect. 14.

Petition to the Sheriff to grant Order for the Reception of a Patient into the Crichton Royal Institution, Dumfries.

Into the Honourable the Sheriff of Dumfries and Galloway and his Substitutes,—at Dumfries.

The Petition of (1) Alex. M. McMillan Medical Practitioner, Lomal Wood Wordsley England

(1) Insert Name, Designation, and Residence of the Party applying.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that (2) Elizabeth McMillan Spinster, your Petitioner's (3) [illegible] is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said (4) Elizabeth McMillan to the Crichton Royal Institution, Dumfries, and to sanction (5) her admission into the said Asylum.

(2) Insert Name of Patient in full.

(3) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

(4) Insert Name of Patient in full.

(5) His or her.

Signature of Petitioner (6) Alex. M. McMillan

(6) To be signed by the Party applying.

Dated this (7) 1st day of May One thousand nine hundred and eleven.

(7) N.B.—The Date of the Petition must be within fourteen clear days following the dates of the Medical Certificates Nos. I. and II., and not before.

STATEMENT.

If any 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 McMillan
2. Sex and Age,	Female 63.
3. Married, Single, or Widowed,	Single
4. Condition of life and previous Occupation (if any),	Housewife.
5. Religious Persuasion, so far as known,	Free Church.
6. Previous Place of Abode,	Shaptan Drummore near Stranraer
7. Place where Found and Examined,	do " "
8. Length of Time Insane,	3 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,	3 months
13. Supposed Cause,	worry.
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to Others,	Not so far as has yet been observed.
17. Parish or Union to which the Lunatic (if a Pauper) is chargeable,	Kirkmaiden.
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,	Jeanie McMillan. Shaptan Drummore. Sister. No other member ever been insane
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	—

I certify that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 1st day of May One thousand nine hundred and eleven.

Signature of Petitioner, (1) Alex. M. McMillan. (1) *To be signed by the Party applying.*

MEDICAL CERTIFICATE.—No. I.

(1) Name of Registered Medical person.
(2) *Set forth the registered qualification entitling the person certifying to grant the Certificate, e.g.*, Member of the Royal College of Physicians in Edinburgh.
(3) Physician, Surgeon, *or otherwise, as the case may be.*
(4) *Insert the Street, and Number of the House (if any), or other like particulars.*
(5) *Insert Name of Patient in full, Designation, and Residence, and if a Pauper, state so.*
(6) *State Name of Patient in full.*
(7) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned (1) Ronald G. Clark
being a (2) M.B. Univ. of Edinburgh 1911
and being in actual practice as a (3) Physician Surgeon
do hereby certify, on soul and conscience, that I have this day at (4) Stragu-
-lan, Drummore
in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (5) Elizabeth McMillan
Spinster, Stragulan
and that the said (6) Elizabeth McMillan
is a (7) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(8) *State the Facts, e.g.*, as indicated by the Patient's appearance, demeanour, conversation, writings, actions, conduct, etc.

1. Facts indicating Insanity observed by myself (8) Patient has
an excited appearance, suffers from
hallucinations, delusions regarding water, also
the drainage of the land. All water is poison-
-ous according to patient & telling the people
around. Has delusions she repeats con-
-stantly from morning to night.

(9) *State the Information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others (9)
Mary Gorman states the patient has de-
-lusions regarding the doors windows
& the windows the patient states are fall-
-ing out & the doors are off the hinges, cannot be replaced. Mary Gorman has been in at-
-tendance on patient many weeks.

(10) *To be signed by medical person certifying.*

Name and Medical Designation (10) Ronald Clark M.B. Edin
And Place of Abode, Gladsome Villa, Drummore

DATED this First day of May One thousand nine hundred and eleven.

MEDICAL CERTIFICATE.—No. II.

(1) Name of Registered Medical person.
(2) *Set forth the registered qualification entitling the person certifying to grant the Certificate, e.g.*, Member of the Royal College of Physicians in Edinburgh.
(3) Physician, Surgeon, *or otherwise, as the case may be.*
(4) *Insert the Street, and Number of the House (if any), or other like particulars.*
(5) *Insert Name of Patient in full, Designation and Residence, and if a Pauper, state so.*
(6) *State Name of Patient in full.*
(7) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned (1) James R. Mahaffy
being a (2) Bachelor of Medicine
and being in actual practice as a (3) general practitioner
do hereby certify, on soul and conscience, that I have this day at (4) Stragulan
Drummore in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (5) Elizabeth McMillan
and that the said (6) Elizabeth McMillan
is a (7) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz :—

(8) *State the Facts, e.g.*, as indicated by the Patient's appearance, demeanour, conversation, writings, actions, conduct, etc.

1. Facts indicating Insanity observed by myself (8)
Patient was delusions about sewer gas believes that it
is killing the trees in grounds of house, and considers
hinges of doors in house and years consequence of
not having repaired same

(9) *State the Information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others (9)

(10) *To be signed by medical person certifying.*

Name and Medical Designation (10) James R. Mahaffy M.B., C.M.
And Place of Abode, Drummore

DATED this 1st day of May One thousand nine hundred and eleven

CERTIFICATE OF EMERGENCY.

N.B.—This Certificate is necessary in the event of a Patient being sent to the Institution before the Sheriff's Order is obtained, and it authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any order by the Sheriff. During this period the Sheriff's Order is obtained. When the Certificate of Emergency is employed, both parts should be filled, signed, and dated if possible on the day of removal of the Patient to the Asylum, or otherwise as near the day of removal as possible.

I the undersigned (1) Walter Drummond Crawford ..... (1) State Name of Registered Medical Person.

being a (2) Fellow of Medicine & of Surgery of Edinburgh ..... (2) State Registered Medical qualification.

do hereby certify, on soul and conscience, that I have this day at (3) Crichton ..... (3) State place of Examination.

the Royal Institution ..... in the County of Dumfries .....

have seen and personally examined (4) ..... (4) State Name of Patient, in full, Designation, and Address.

Elizabeth McMillan wife of Duncan McMillan

and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at Dumfries.

And I further certify that the case of the said person is one of emergency.

Signature of Certifier (5) W. P. Crawford M.B.Ch.B. ..... (5) To be signed by Medical Person certifying.

Address of Certifier Crichton Royal Institution, Dumfries ....

DATED this First day of May One thousand nine hundred and eleven .....

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution, Dumfries, to receive therein (1) Elizabeth McMillan ..... (1) State Name of Patient in full.

in whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Petitioner or Applicant stands to Patient, Nurse (accompanying patient) .....

Signature of Petitioner or Applicant (2) Agnes McMillan ..... (2) To be signed by the Party applying.

Address of Petitioner or Applicant, Crichton Royal Institution Dumfries .....

DATED this ~~Twenty~~ 1st day of May one thousand nine hundred and ~~eleven~~ .....

Order to be Granted by the Sheriff for the Transmission and Reception of the Lunatic.

I George Campion, Esquire ..... (1) *State whether* Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.

(1) Sheriff Substitute ..... (2) *State whether a* County or Stewartry.

of Dumfries and Galloway at Dumfries ..... (3) *Insert Name and Designation*

having had produced to me, with a Petition at the instance of (3) Alex. M. McMillan, Medical Practitioner, Gornal Wood, near Dudley .....

Certificates under the hands of Ronald Clark .....

and James A. Dalrymple ....., being two Medical Persons duly qualified, in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 McMillan, Stagehall, Drumcross, near Stranraer (Sister's Aunt) ..... (4) *Describe the Patient, and if a Pauper, state so.*

and that the said Elizabeth McMillan .....

is a (5) person of unsound mind ..... (5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Elizabeth McMillan .....as a Patient into the Crichton Royal Institution, Dumfries, and I authorize (6) her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Elizabeth McMillan ..... which accompanied the said Petition. (6) His or her

DATED [at Dumfries] this second day of May One thousand nine hundred and eleven .....

(Signature) Geo: Campion .....

To the Superintendent of the Crichton Royal Institution, Dumfries.

No. 10296.

Date of Admission

Petition to the
a Patient into

I, the Reverend

Solicitor, of

The Pet

Jointly sheweth that

Caledonia, this (2)

our Petitioner's (3)

Mental Derangement,

May it therefore

the said (4)

in the Caledon Royal

the said Asylum.

(Signature of Petitioner)

Sworn this (7)

true to the best

If any of the Particulars

1. Christian Name and
at length.

2. Sex and Age.

3. Married, Single, or

4. Condition of life
him (if any).

5. Religious Persuasion

6. Previous Place of A

7. Place where Found

8. Length of Time last

9. Whether First Attac

10. Age (if known) of

11. Whether Suicidal,
Examination and

12. Decision of Medici

13. Supposed Cause,

14. Whether subject to

15. Whether Suicidal,

16. Whether Dangerous

17. Fetch or Under to
(If a Pauper) is al

18. Civilian Name
Place of Abode
Relative of the
of Relationship
whether any Me
known to be or
Special Circumstances
the discretion of
tioner.

I certify that, to t

Sworn this

(Signature of Petitioner)

No 10.295.
Elizabeth McMillan.
Adm: 1st May 1911.

No. 10296. Name John White.

FORM A

Date of Admission 3rd May 1911.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum after the Order of the Sheriff is obtained.

25 and 26 Vict., Cap. 54, Sect. 14.

Petition to the Sheriff to grant Order for the Reception of a Patient into the Crichton Royal Institution, Dumfries.

Into the Honourable the Sheriff of Dumfries and Galloway and his Substitutes,— at Dumfries

The Petition of (1) Miss Agnes White Sandside Kirkcudbright

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that (2) John White

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 (4) John White to the Crichton Royal Institution, Dumfries, and to sanction (5) His admission into the said Asylum.

(1) Insert Name, Designation, and Residence of the Party applying.

(2) Insert Name of Patient in full.

(3) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

(4) Insert Name of Patient in full.

(5) His or her.

Signature of Petitioner (6) Agnes White

(6) To be signed by the Party applying.

Dated this (7) 3rd day of May One thousand nine hundred and eleven

(7) N.B.—The Date of the Petition must be within fourteen clear days following the dates of the Medical Certificates Nos. I. and II., and not before.

STATEMENT.

If any 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 White
2. Sex and Age, - - - - - Male Aged 82
3. Married, Single, or Widowed, - - Married
4. Condition of life and previous Occupation (if any), - - - - - Butler to the late Earl of Selkirk
5. Religious Persuasion, so far as known, - Protestant Church of Scotland
6. Previous Place of Abode, ... - - Sandside Kirkcudbright
7. Place where Found and Examined, - Sandyde Kirkcudbright
8. Length of Time Insane, - - - Eighteen months
9. Whether First Attack, - - - - First Attack
10. Age (if known) on First Attack, - - 80 Years
11. When and Where previously under Examination and Treatment, -
12. Duration of Existing Attack, - - 18 months
13. Supposed Cause, - - - - - Old age
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, Margaret White (Wife) Sandside Kirkcudbright No member of family insane or known to have been insane
19. Special circumstances (if any) preventing the insertion of any of the above particulars, -

I certify that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 3rd day of May One thousand nine hundred and eleven

Signature of Petitioner, (1) Agnes White

(1) *To be signed by the Party applying.*

MEDICAL CERTIFICATE.—No. I.

(1) Name of Registered Medical person.
(2) *Set forth the registered qualification entitling the person certifying to grant the Certificate, e.g.*, Member of the Royal College of Physicians in Edinburgh.
(3) Physician, Surgeon, *or otherwise, as the case may be.*
(4) *Insert the Street, and Number of the House (if any), or other like particulars.*
(5) *Insert Name of Patient in full, Designation, and Residence, and if a Pauper, state so.*
(6) *State Name of Patient in full.*
(7) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned (1) Murray Babington Stewart
being a (2) M.B. C.M. of Edinburgh University
and being in actual practice as a (3) Physician
do hereby certify, on soul and conscience, that I have this day at (4) Sandside Kirkcudbright
in the County of Kirkcudbright separately from any other Medical Practitioner visited and personally examined (5) John White
and that the said (6) John White
is a (7) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(8) *State the Facts, e.g.*, as indicated by the Patient's appearance, demeanour, conversation, writings, actions, conduct, etc.

1. Facts indicating Insanity observed by myself (8). He cannot answer any question in an intelligent way – he seems to forget the question after he has started to answer it. While I was examining his foot he took hold of my hand apparently mistaking it for a shoe & tried to put it on his foot as such – He has complete loss of memory

(9) *State the Information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others (9). Agnes White daughter of the above John White tells me that he is apt to be violent & dangerous to others if thwarted in any way. He went along the public road recently without a coat, carrying a cushion & a billet of wood & with a handkerchief tied round his foot. – There was no reason for any of these actions.

(10) *To be signed by medical person certifying.*

Name and Medical Designation (10). Murray B Stewart M.B. C.M.
And Place of Abode, Oakley Kirkcudbright

DATED this Second day of May One thousand nine hundred and Eleven

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MEDICAL CERTIFICATE.—No. II.

(1) Name of Registered Medical person.
(2) *Set forth the registered qualification entitling the person certifying to grant the Certificate, e.g.*, Member of the Royal College of Physicians in Edinburgh.
(3) Physician, Surgeon, *or otherwise, as the case may be.*
(4) *Insert the Street, and Number of the House (if any), or other like particulars.*
(5) *Insert Name of Patient in full, Designation and Residence, and if a Pauper, state so.*
(6) *State Name of Patient in full.*
(7) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned (1) John Mac Myn
being a (2) Doctor of Medicine and Master in Surgery of Edinburgh University
and being in actual practice as a (3) General Practitioner
do hereby certify, on soul and conscience, that I have this day at (4) Sandside Kirkcudbright
in the County of Kirkcudbright, separately from any other Medical Practitioner, visited and personally examined (5) John White; retired Butler, Sandside, Kirkcudbright
and that the said (6) John White
is a (7) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz :—

(8) *State the Facts, e.g.*, as indicated by the Patient's appearance, demeanour, conversation, writings, actions, conduct, etc.

1. Facts indicating Insanity observed by myself (8). Rambles in his conversation with incoherent sentences and disconnected words; seems unable to answer questions: when asked to put on his sock he wiped his foot with it and used as a handkerchief to wipe his nose.

(9) *State the Information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others (9). His daughter Isabella White living at Sandside informed me that he went out in the storm this morning with no on his feet excepting a sock on one foot only. He refused to put on his shoes or slippers. He has threatened often to beat her with the poker without any provocation.

(10) *To be signed by medical person certifying.*

Name and Medical Designation (10). John Mac Myn M.D.
And Place of Abode, Kirkcudbright

DATED this third day of May One thousand nine hundred and eleven years.

CERTIFICATE OF EMERGENCY.

B.—This Certificate is necessary in the event of a Patient being sent to the Institution before the Sheriff's Order is obtained, and it authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any order by the Sheriff. During this period the Sheriff's Order is obtained. When the Certificate of Emergency is employed, both parts should be filled, signed, and dated if possible on the day of removal of the Patient to the Asylum, or otherwise as near the day of removal as possible.

the undersigned (1) Murray Babington Stewart

ing a (2) M.B. Cm of Edinburgh University

hereby certify, on soul and conscience, that I have this day at (3) Sandside Kirkcudbright in the County of Kirkcudbright

en and personally examined (4) John White

d that the said person is of unsound mind, and a proper Patient to be placed in an sylum, and is in a sufficiently good state of bodily health at this date to be removed to e Asylum at Dumfries.

And I further certify that the case of the said person is one of emergency.

Signature of Certifier (5) Murray Babington Stewart M.B. Cm

ddress of Certifier Oakley Kirkcudbright

DATED this the Second day of May One thousand ine hundred and Eleven

(1) State Name of Registered Medical Person.
(2) State Registered Medical qualification.
(3) State place of Examination.
(4) State Name of Patient, in full, Designation, and Address.
(5) To be signed by Medical Person certifying.

The following should be filled up in every case in which a Certificate of Emergency is acted on.)

hereby request the Superintendent of the Crichton Royal Institution, Dumfries, to ceive therein (1) John W. White

whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Petitioner or Applicant stands to Patient, Friend accompanying patient

Signature of Petitioner or Applicant (2) William Taylor

ddress of Petitioner or Applicant, Sandside, Kirkcudbright

DATED this 3rd day of May one thousand ine hundred and eleven

(1) State Name of Patient in full.
(2) To be signed by the Party applying.

Order to be Granted by the Sheriff for the Transmission and Reception of the Lunatic.

George Campion, Esquire

1) Sheriff Substitute

f Dumfries and Galloway at Dumfries

aving had produced to me, with a Petition at the instance of (3) Miss Agnes White, Sandside, Kirkcudbright

Certificates under the hands of Murray Babington Stewart

nd John MacIlyn, being two Medical Persons ally qualified, in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 White, Sandside, Kirkcudbright (Patient's Father)

nd that the said John White

s a (5) person of unsound mind

nd a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive he said John White as a Patient into the Crichton Royal Institution, Dumfries, and I authorize (6) his Transmission to he said Asylum accordingly; and I transmit you herewith the said Medical Certificates, nd a Statement regarding the said John White which accompanied the said Petition.

DATED [at Dumfries] this fourth day of May One thousand nine hundred and eleven

(Signature) Geo. Campion

To the Superintendent 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 the Patient, and if a Pauper, state so.*
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) His or her

No. 12,397

Date of Admis

Petition to the
a Patient into

To the Honourable
Substitute.—M

The Peti
Ballyna
humbly sheweth that it
Certificates, that (2)...
your Petitioner's (3)...
Mental Derangement,
Key is therefore
the said (4).....
to the Crichton Royal
the said Asylum.

*Signature of Petition

Dated this (7)...
nine hundred and.....

If any of the Parti

1. Christian Name an
at length,
2. Sex and Age,
3. Married, Single,
4. Condition of life
tion (if any),
5. Religious Persua
6. Previous Place of
7. Place where Found
8. Length of Time In
9. Whether First Att
10. Age (if known) on
11. When and Wher
Examination and
12. Duration of Existi
13. Supposed Cause,
14. Whether subject to
15. Whether Suicidal,
16. Whether Dangerou
17. Parish or Union
(if a Pauper) in
18. Christian Name
Place of Abode
Relative of the
of Relationship
whether any M
known to be co
19. Special circumstan
the insertion of
ticulars.

I certify that, to

Dated this.....

.....

*Signature of Petitio

No. 10297

Name John Henry Ellis

FORM A

Date of Admission 4th May 1911.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum after the Order of the Sheriff is obtained.

25 and 26 Vict., Cap. 54, Sect. 14.

Petition to the Sheriff to grant Order for the Reception of a Patient into the Crichton Royal Institution, Dumfries.

Into the Honourable the Sheriff of Dumfries and Galloway and his Substitutes,—at Dumfries

The Petition of (1) Florence Ellis

Ballynalurach Co Donor Spinster

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that (2) John Henry Ellis

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 (4) John Henry Ellis to the Crichton Royal Institution, Dumfries, and to sanction (5) his admission into the said Asylum.

(1) Insert Name, Designation, and Residence of the Party applying.

(2) Insert Name of Patient in full.

(3) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

(4) Insert Name of Patient in full.

(5) His or her.

Signature of Petitioner (6) Florence Ellis

(6) To be signed by the Party applying.

Dated this (7) 25th day of April One thousand nine hundred and eleven.

(7) N.B.—The Date of the Petition must be within fourteen clear days following the dates of the Medical Certificates Nos. I. and II., and not before.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	John Henry Ellis
2. Sex and Age,	male
3. Married, Single, or Widowed,	Widower
4. Condition of life and previous Occupation (if any),	Clerk
5. Religious Persuasion, so far as known,	Episcopalian
6. Previous Place of Abode,	Ballynalurach Co Donor
7. Place where Found and Examined,	Donorkatrick Lunatic Asylum
8. Length of Time Insane,	August 1910
9. Whether First Attack,	first attack
10. Age (if known) on First Attack,	52
11. When and Where previously under Examination and Treatment,	no place before Donorkatrick Asylum
12. Duration of Existing Attack,	9 months
13. Supposed Cause,	unknown
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to Others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is chargeable,	Donorkatrick
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,	Florence Ellis of Ballynalurach Daughter Victoria next of kin of both
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 25th day of April One thousand nine hundred and eleven.

*Signature of Petitioner, (1) Florence Ellis

(1) *To be signed by the Party applying.*

MEDICAL CERTIFICATE.—No. I.

(1) Name of Registered Medical person.
(2) *Set forth the registered qualification entitling the person certifying to grant the Certificate, e.g.*, Member of the Royal College of Physicians in Edinburgh.
(3) Physician, Surgeon, *or otherwise, as the case may be.*
(4) *Insert the Street, and Number of the House (if any), or other like particulars.*
(5) *Insert Name of Patient in full, Designation, and Residence, and if a Pauper, state so.*
(6) *State Name of Patient in full.*
(7) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned (1) Michael Neven Shaw —
being (2) Licentiate of the Royal College of Physicians & Surgeons Ireland
and being in actual practice as a (3) Physician —
do hereby certify, on soul and conscience, that I have this day at (4) Dumfriesshire Lunatic Asylum
Dumfries
separately from any other Medical Practitioner visited and personally examined (5) John Henry Ellis —
late of Ballynahinch Co Down —
and that the said (6) John Henry Ellis
is a (7) Lunatic and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(8) *State the Facts, e.g.*, as indicated by the Patient's appearance, demeanour, conversation, writings, actions, conduct, etc.

1. Facts indicating Insanity observed by myself (8) He refuses food declaring that it can do him no harm; that he is better so; that he is destroyed, & that during by-gone times his family and friends have persecuted him. That such acts of his early life have been forgiven and are discussed in Public & that he is persecuted in Belfast. That Satan has conveyed to him in the

(9) *State the Information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others (9)
W. E. Watson (Hospital attendant) informed me that patient is constantly agitated and restless that he is unable to apply his mind to any thing that he cannot keep one condition; that he has to be forced to take food.

(10) *To be signed by medical person certifying.*

Name and Medical Designation (10) M. Shaw Ran. M.D.
And Place of Abode, Down District Asylum Downpatrick

DATED this Twenty Eleventh day of April One thousand nine hundred and eleven —

MEDICAL CERTIFICATE.—No. II.

(1) Name of Registered Medical person.
(2) *Set forth the registered qualification entitling the person certifying to grant the Certificate, e.g.*, Member of the Royal College of Physicians in Edinburgh.
(3) Physician, Surgeon, *or otherwise, as the case may be.*
(4) *Insert the Street, and Number of the House (if any), or other like particulars.*
(5) *Insert Name of Patient in full, Designation and Residence, and if a Pauper, state so.*
(6) *State Name of Patient in full.*
(7) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned (1) Thomas Marshall Tate
being a (2) Doctor of Medicine of Dublin University —
and being in actual practice as a (3) Physician
do hereby certify, on soul and conscience, that I have this day at (4) Downshire Female Asylum
Down
separately from any other Medical Practitioner visited and personally examined (5) John Henry Ellis
late of Ballynahinch Co Down
and that the said (6) John Henry Ellis
is a (7) Lunatic and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz :—

(8) *State the Facts, e.g.*, as indicated by the Patient's appearance, demeanour, conversation, writings, actions, conduct, etc.

1. Facts indicating Insanity observed by myself (8) He refuses to take food. That he has a delusion that he is destroyed. That nothing could be done for him. That his acts of his early life had caused his present condition. That he believes these facts of his early life were now being discussed in Public Halls

(9) *State the Information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others (9)
Alex McDonald (Head attendant) informed me that he is always depressed. That he has to be fed sometimes by a tube or spoon. That he thinks he is going to die and that he will never leave the Padded Room

(10) *To be signed by medical person certifying.*

Name and Medical Designation (10) T. M. Tate M.D.
And Place of Abode, Downpatrick Asylum Downpatrick

DATED this 22nd day of April One thousand nine hundred and eleven

CERTIFICATE OF EMERGENCY.

N.B.—This Certificate is necessary in the event of a Patient being sent to the Institution before the Sheriff's Order is obtained, and it authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any order by the Sheriff. During this period the Sheriff's Order is obtained. When the Certificate of Emergency is employed, both parts should be filled, signed, and dated if possible on the day of removal of the Patient to the Asylum, or otherwise as near the day of removal as possible.

I, the undersigned (1) Michael James Nolan ..... (1) State Name of Registered Medical Person.

being a (2) Licentiate of the Royal Colleges and Physicians of Edinburgh ..... (2) State Registered Medical qualification.

do hereby certify, on soul and conscience, that I have this day at (3) ..... (3) State place of Examination.

Dumfries Lunatic Asylum in the County of Down

seen and personally examined (4) Hon. Henry Ellis ..... (4) State Name of Patient, in full, Designation, and Address.

late of Ballynalinch ——

and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at Dumfries.

And I further certify that the case of the said person is one of emergency.

Signature of Certifier (5) M. J. Nolan ..... (5) To be signed by Medical Person certifying.

Address of Certifier Down District Asylum, Downpatrick.

DATED this twenty second day of April One thousand nine hundred and eleven.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution, Dumfries, to receive therein (1) John Henry Ellis ..... (1) State Name of Patient in full.

the person to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Petitioner or Applicant stands to Patient, daughter

Signature of Petitioner or Applicant (2) Florence Ellis ..... (2) To be signed by the Party applying.

Address of Petitioner or Applicant, Ballynalinch Co. Down.

DATED this 25 day of April one thousand nine hundred and eleven.

Order to be Granted by the Sheriff for the Transmission and Reception of the Lunatic.

I, William Primrose, Esquire,

(1) Honorary Sheriff Substitute (1) *State whether* Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.

of Dumfries and Galloway at Dumfries (2) *State whether a* County or Stewartry.

having had produced to me, with a Petition at the instance of (3) Florence Ellis Ballynalinch, Co. Down (3) *Insert Name and Designation*

Certificates under the hands of Michael James Nolan

and Thomas Marshall Yate, being two Medical Persons duly qualified, in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Henry Ellis, Ballynalinch, Co. Down (Petr's Father) (4) *Describe the Patient, and if a Pauper, state so.*

and that the said John Henry Ellis

is a (5) Lunatic (5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said John Henry Ellis as a Patient into the Crichton Royal Institution, Dumfries, and I authorize (6) his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said John Henry Ellis which accompanied the said Petition. (6) His or her

DATED [at Dumfries] this twenty eighth day of April One thousand nine hundred and eleven.

(Signature) Wm Primrose

To the Superintendent of the Crichton Royal Institution, Dumfries.

No. 10.297.

John Henry Ellis.

Adm: 4 May 1911.

No. 10.297

Date of Admis

Petition to the
a Patient into

To the Hon

Victoria Ro

humbly sheweth that

Certificates, that (2)

your Petitioner's (3)

Mental Derangement,

May it therefore

the said (4)

to the Crichton Roya

the said Asylum.

*Signature of Petitio

Dated this (7)

nine hundred and

If any of the Part

1. Christian Name a
at length,

2. Sex and Age,

3. Married, Single,

4. Condition of Hou
tion (If any),

5. Religious Persua

6. Previous Place of

7. Place where Foun

8. Length of Time I

9. Whether First Ad

10. Age (if known) or

11. When and Whe
Examination wa

12. Duration of Exist

13. Supposed Cause,

14. Whether subject t

15. Whether Suicidal,

16. Whether Dangero

17. Parish or Union
(If a Pauper) is

18. Christian Name
Place of Abod
Relative of the
of Relationshi
whether any M
known to be co

19. Special circumsta
the insertion of
tionary,

I certify that, to

Dated this

eleven

*Signature of Petiti

No. 10298 Name Lilian Bell Moore

FORM A

Date of Admission 4th May 1911.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum after the Order of the Sheriff is obtained.

25 and 26 Vict., Cap. 54, Sect. 14.

Petition to the Sheriff to grant Order for the Reception of a Patient into the Crichton Royal Institution, Dumfries.

Into the Honourable the Sheriff of Dumfries and Galloway and his Substitutes,—

The Petition of (1) Matthew Moore of Bawno Victoria Road Cobh. Ireland

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that (2) Lilian Bell Moore 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 (4) Lilian Bell Moore to the Crichton Royal Institution, Dumfries, and to sanction (5) her admission into the said Asylum.

(1) Insert Name, Designation, and Residence of the Party applying.

(2) Insert Name of Patient in full.

(3) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

(4) Insert Name of Patient in full.

(5) His or her.

*Signature of Petitioner (6) Matthew Moore

(6) To be signed by the Party applying.

Dated this (7) ~~Second~~ Second day of May One thousand nine hundred and eleven.

(7) N.B.—The Date of the Petition must be within fourteen clear days following the dates of the Medical Certificates Nos. I. and II., and not before.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Lilian Bell Moore
2. Sex and Age,	Female aged 37.
3. Married, Single, or Widowed,	Single
4. Condition of life and previous Occupation (if any),	Teacher
5. Religious Persuasion, so far as known,	Methodist
6. Previous Place of Abode,	Victoria Road Cobh. Ireland.
7. Place where Found and Examined,	Dunham House Finglas Dublin.
8. Length of Time Insane,	One month
9. Whether First Attack,	Second attack.
10. Age (if known) on First Attack,	29.
11. When and Where previously under Examination and Treatment,	The Crichton Royal Institution Dumfries. 1903-4 Dunham House, Finglas Dublin April 1911
12. Duration of Existing Attack,	One month.
13. Supposed Cause,	Fright.
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	No.
16. Whether Dangerous to Others,	Has not hitherto been
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,	Matthew Moore of Bawno. Victoria Road Cobh. Ireland. Father. another daughter has been under treatment.
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	—

I certify that, to the best of my knowledge, the above particulars are correctly stated.

Dated this Second day of May One thousand nine hundred and eleven

*Signature of Petitioner, (1) Matthew Moore

(1) *To be signed by the Party applying.*

MEDICAL CERTIFICATE.—No. I.

(1) Name of Registered Medical person.
(2) *Set forth the registered qualification entitling the person certifying to grant the Certificate, e.g.*, Member of the Royal College of Physicians in Edinburgh.
(3) Physician, Surgeon, *or otherwise, as the case may be.*
(4) *Insert the Street, and Number of the House (if any), or other like particulars.*
(5) *Insert Name of Patient in full, Designation, and Residence, and if a Pauper, state so.*
(6) *State Name of Patient in full.*
(7) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned (1) John Walker Lamb.
being a (2) Bachelor of Medicine of Dublin University
and being in actual practice as a (3) Physician
do hereby certify, on soul and conscience, that I have this day at (4) Marguerite Private Asylum Douglas in the County of Dublin separately from any other Medical Practitioner visited and personally examined (5) Lilian Bell Moore Teacher formerly of Bayno Victoria Road Cobh
and that the said (6) Lilian Bell Moore
is a (7) Person of Unsound Mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(8) *State the Facts, e.g.*, as indicated by the Patient's appearance, demeanour, conversation, writings, actions, conduct, etc.

1. Facts indicating Insanity observed by myself (8) She is excited called her father and mother damned devils + called the RM a pig + struck him on the face with a jug unprovoked. She wants to be exempt from her addressing the note from "the Viceregal Lodge Dublin with Love + Ashes Jesus" around her.

(9) *State the Information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others (9) I am informed by the matron that she masturbates and tears her clothes and requires to be kept in a strong dress.

(10) *To be signed by medical person certifying.*

Name and Medical Designation (10) John Walker Lamb M.B. (Univ. Dub.)
And Place of Abode, Farnham House Douglas Dublin

Dated this 1st day of May One thousand nine hundred and eleven.

MEDICAL CERTIFICATE.—No. II.

(1) Name of Registered Medical person.
(2) *Set forth the registered qualification entitling the person certifying to grant the Certificate, e.g.*, Member of the Royal College of Physicians in Edinburgh.
(3) Physician, Surgeon, *or otherwise, as the case may be.*
(4) *Insert the Street, and Number of the House (if any), or other like particulars.*
(5) *Insert Name of Patient in full, Designation and Residence, and if a Pauper, state so.*
(6) *State Name of Patient in full.*
(7) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned (1) Orlando Burgoyne Pasley
being a (2) Fellow of the Royal College of Surgeons in Ireland
and being in actual practice as a (3) Physician
do hereby certify, on soul and conscience, that I have this day at (4) Marguerite Private Asylum Douglas Dublin in the County of separately from any other Medical Practitioner, visited and personally examined (5) Lilian Bell Moore Teacher, formerly of Bayno Victoria Rd (Cobh)
and that the said (6) Lilian Bell Moore
is a (7) Person of Unsound Mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz :—

(8) *State the Facts, e.g.*, as indicated by the Patient's appearance, demeanour, conversation, writings, actions, conduct, etc.

1. Facts indicating Insanity observed by myself (8) She is very excited, States she was sent here by "Jesus Christ" States that the "Damned Nurses" bring her + empty her urinal into her bed + accuse her of doing it.

(9) *State the Information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others (9) I am informed she states she is pregnant by the "Holy Ghost"

(10) *To be signed by medical person certifying.*

Name and Medical Designation (10) Orlando Burgoyne Pasley
And Place of Abode, 66 Dalymount Rd Glasnevin Rd Dublin

Dated this 1st day of May One thousand nine hundred and eleven.

CERTIFICATE OF EMERGENCY.

N.B.—This Certificate is necessary in the event of a Patient being sent to the Institution before the Sheriff's Order is obtained, and it authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any order by the Sheriff. During this period the Sheriff's Order is obtained. When the Certificate of Emergency is employed, both parts should be filled, signed, and dated if possible on the day of removal of the Patient to the Asylum, or otherwise as near the day of removal as possible.

I, the undersigned (1) Walter Duncanson Chamberlain ..... (1) State Name of Registered Medical Person.

being a (2) Bachelor of Medicine & of Surgery ..... (2) State Registered Medical qualification.

(Edinburgh) .....

do hereby certify, on soul and conscience, that I have this day (3) Crichton ..... (3) State place of Examination.

Royal Institution .....in the County of Dumfries .....

have seen and personally examined (4) Lilian Bell .....

Moore, Teacher, of Victoria Road, Cork. ..... (4) State Name of Patient, in full, Designation, and Address.

and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at Dumfries.

And I further certify that the case of the said person is one of emergency.

Signature of Certifier (5) W. D. Chamberlain M.B. Lond. ..... (5) To be signed by Medical Person certifying.

Address of Certifier Crichton Royal Institution, Dumfries ....

DATED this Fourth day of May One thousand nine hundred and eleven.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution, Dumfries, to receive therein (1) Lilian Bell Moore ..... (1) State Name of Patient in full.

in whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Petitioner or Applicant stands to Patient, } accompanying nurse

Signature of Petitioner or Applicant (2) Jeannie M. Comfort ..... (2) To be signed by the Party applying.

Address of Petitioner or Applicant, Crichton Royal Institution Dumfries .....

DATED this Fourth day of May one thousand nine hundred and eleven.

Order to be Granted by the Sheriff for the Transmission and Reception of the Lunatic.

I, George Campion, Esquire ..... (1) *State whether* Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.

(1) Sheriff Substitute .....

of Dumfries and Galloway at Dumfries ..... (2) *State whether a* County or Stewartry.

having had produced to me, with a Petition at the instance of (3) Matthew ..... (3) *Insert Name and Designation*

Moore of Bavens, Victoria Road, Cork .....

Certificates under the hands of John Walker Tomb .....

and Calande Burgoyne Saxby ....., being two Medical Persons duly qualified, in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Lilian Bell Moore, Teacher, Bavens, Victoria Road, Cork (Peter's daughter) ..... (4) *Describe the Patient, and if a Pauper, state so.*

and that the said Lilian Bell Moore .....

is a (5) person of unsound mind ..... (5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Lilian Bell Moore .....as a Patient into the Crichton Royal Institution, Dumfries, and I authorize (6) her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Lilian Bell Moore ..... which accompanied the said Petition. (6) His or her

DATED [at Dumfries] this fifth day of May One thousand nine hundred and eleven

(Signature) Geo. Campion

To the Superintendent of the Crichton Royal Institution, Dumfries.

No. 10299.

State of Admission

Petition to the
a Patient into

To the Honourable
Substitute—act

The P
Sarah Ag
humbly sheweth that it
Certificates, that (2)
the Petitioner's (3)
Mental Derangement,
But is therefore
the said (4)
to the Crichton Royal
the said Asylum.

*Signature of Petitioner
Dated this (5)
nine hundred and

If any of the Partic

1. Christian Name and
at length,
2. Sex and Age,
3. Married, Single, or
4. Condition of life
tion (if any),
5. Religious Persuas
6. Previous Place of
7. Place where Found
8. Length of Time In
9. Whether First Att
10. Age (if known) on
11. When and Wher
Examination and
12. Duration of Existi
13. Supposed Cause,
14. Whether subject to
15. Whether Suicidal,
16. Whether Dangerou
17. Parish or Union t
(f.e. Pauper) is
18. Christian Name
Place of Abod
Relative of the
of Relationship
whether any M
known to be or
19. Special circumstan
the insertion of
similes.

I certify that
Dated this
eleven

*Signature of Petitio

No. 10299. Name William Johnston Hollywood. FORM A

Date of Admission 6th June 1911

25 and 26 Vict., Cap. 54, Sect. 14.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum after the Order of the Sheriff is obtained.

Petition to the Sheriff to grant Order for the Reception of a Patient into the Crichton Royal Institution, Dumfries.

Unto the Honourable the Sheriff of Dumfries and Galloway and his Substitutes,—ect Dumfries

The Petition of (1) James Hollywood House Agent, 130 Albertbridge Road Belfast humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that (2) William Johnston Hollywood for 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 (4) William Johnston Hollywood to the Crichton Royal Institution, Dumfries, and to sanction (5) his admission into the said Asylum.

(1) Insert Name, Designation, and Residence of the Party applying.

(2) Insert Name of Patient in full.

(3) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

(4) Insert Name of Patient in full.

(5) His or her.

Signature of Petitioner (6) James Hollywood

(6) To be signed by the Party applying.

Dated this (7) Fifth day of May One thousand nine hundred and eleven

(7) N.B.—The Date of the Petition must be within fourteen clear days following the dates of the Medical Certificates Nos. I. and II., and not before.

STATEMENT.

If any 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 Johnston Hollywood
2. Sex and Age,	Male, 42 years
3. Married, Single, or Widowed,	Married
4. Condition of life and previous Occupation (if any),	Engineer, Belfast Fire Brigade
5. Religious Persuasion, so far as known,	Presbyterian
6. Previous Place of Abode,	Fire Station, Ardoyne, Belfast.
7. Place where Found and Examined,	2 Antrim Road, do
8. Length of Time Insane,	Six weeks
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	
11. When and Where previously under Examination and Treatment,	
12. Duration of Existing Attack,	Six weeks
13. Supposed Cause,	
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	
16. Whether Dangerous to Others,	
17. Parish or Union to which the Lunatic (if a Pauper) is chargeable,	
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 Hollywood 130 Albertbridge Road Belfast Brother No other member of 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.

Dated this Fifth day of May One thousand nine hundred and eleven

*Signature of Petitioner, (1) James Hollywood

(1) To be signed by the Party applying.

MEDICAL CERTIFICATE.—No. I.

(1) Name of Registered Medical person.
(2) *Set forth the registered qualification entitling the person certifying to grant the Certificate, e.g.*, Member of the Royal College of Physicians in Edinburgh.
(3) Physician, Surgeon, *or otherwise, as the case may be.*
(4) *Insert the Street, and Number of the House (if any), or other like particulars.*
(5) *Insert Name of Patient in full, Designation, and Residence, and if a Pauper, state so.*
(6) *State Name of Patient in full.*
(7) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned (1) ~~Thomas~~ J. Thomas Ferguson
being a (2) Bachelor of Medicine of Edinburgh Licentiate
and being in actual practice as a (3) Physician and Surgeon
do hereby certify, on soul and conscience, that I have this day at (4) Crichton
Royal Institution Dumfries in the County
Dumfries separately from any other Medical Practitioner
visited and personally examined (5) William Johnston Hollywood
Engineer & Fireman Ardargan Parish
and that the said (6) William Johnston Hollywood
is a (7) person of unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

(8) *State the Facts, e.g.*, as indicated by the Patient's appearance, demeanour, conversation, writings, actions, conduct, etc.

1. Facts indicating Insanity observed by myself (8)
His appearance & manner
He is dull & confused in mind also
in articulation when has letters half
finished & hard & frequently in answering
simple questions

(9) *State the Information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others (9)

(10) *To be signed by medical person certifying.*

Name and Medical Designation (10) Thomas J. Ferguson
And Place of Abode, 16 Castle St Dumfries

DATED this 24th day of May One thousand
nine hundred and eleven years.

MEDICAL CERTIFICATE.—No. II.

(1) Name of Registered Medical person.
(2) *Set forth the registered qualification entitling the person certifying to grant the Certificate, e.g.*, Member of the Royal College of Physicians in Edinburgh.
(3) Physician, Surgeon, *or otherwise, as the case may be.*
(4) *Insert the Street, and Number of the House (if any), or other like particulars.*
(5) *Insert Name of Patient in full, Designation and Residence, and if a Pauper, state so.*
(6) *State Name of Patient in full.*
(7) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned (1) Joseph Hunter
being a (2) Bachelor of Medicine and Surgeon
University of Edinburgh
and being in actual practice as a (3) General Practitioner
do hereby certify, on soul and conscience, that I have this day at (4) The
Crichton Royal Institution in the County
Dumfries separately from any other Medical Practitioner
visited and personally examined (5) William Johnston
Hollywood Engineer Fire Station Ardargan
and that the said (6) William Johnston Hollywood
is a (7) person of unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz:—

(8) *State the Facts, e.g.*, as indicated by the Patient's appearance, demeanour, conversation, writings, actions, conduct, etc.

1. Facts indicating Insanity observed by myself (8) His appearance
indicates mental dullness and confusion
He is hesitating in manner and
answers questions slowly and reluctantly
Some he leaves unanswered and others he stops
the middle of the reply to. His mental state is one of
depression

(9) *State the Information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others (9)

(10) *To be signed by medical person certifying.*

Name and Medical Designation (10) Joseph Hunter M.B. (Edin.)
And Place of Abode, 31 Castle St Dumfries

DATED this Sixth day of May One thousand
nine hundred and Eleven

CERTIFICATE OF EMERGENCY.

N.B.—This Certificate is necessary in the event of a Patient being sent to the Institution before the Sheriff's Order is obtained, and it authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any order by the Sheriff. During this period the Sheriff's Order is obtained. When the Certificate of Emergency is employed, both parts should be filled, signed, and dated if possible on the day of removal of the Patient to the Asylum, or otherwise as near the day of removal as possible.

I, the undersigned (1) William Gray M.D., Roy. Univ. Ireland & L.R.C.S.I.,
being a (2) M.D., Roy. Univ. Ireland & L.R.C.S.I.

(1) State Name of Registered Medical Person.
(2) State Registered Medical qualification.

do hereby certify, on soul and conscience, that I have this day at (3) 184 Antrim Road Belfast in the County of Antrim
seen and personally examined (4) William Johnston Hollywood

(3) State place of Examination.
(4) State Name of Patient, in full, Designation, and Address.

and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at Dumfries.

And I further certify that the case of the said person is one of emergency.

Signature of Certifier (5) William Gray
Address of Certifier District Lunatic Asylum Belfast

(5) To be signed by Medical Person certifying.

DATED this 5th day of May One thousand nine hundred and eleven

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(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution, Dumfries, to receive therein (1) William Johnston Hollywood to whom the foregoing Certificate of Emergency refers.

(1) State Name of Patient in full.

Relationship or other capacity in which Petitioner or Applicant stands to Patient Brother
Signature of Petitioner or Applicant (2) James Hollywood
Address of Petitioner or Applicant 130 Newtownbreda Road Belfast

(2) To be signed by the Party applying.

DATED this ~~Fifth~~ Sixth day of May one thousand nine hundred and eleven

---

Order to be Granted by the Sheriff for the Transmission and Reception of the Lunatic.

I, George Campion Esquire
(1) Sheriff Substitute
of Dumfries and Galloway at Dumfries
having had produced to me, with a Petition at the instance of (3) James Hollywood House Agent 130 Newtownbreda Road Belfast
Certificates under the hands of Thomas Ferguson and Joseph Hunter, being two Medical Persons duly qualified, in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Johnston Hollywood, Engineer, Fire Station, Ardoyne, Belfast (Sister's brother)
and that the said William Johnston Hollywood
is a (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 Johnston Hollywood as a Patient into the Crichton Royal Institution, Dumfries, and I authorize (6) his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said William Johnston Hollywood which accompanied the said Petition.

(1) *State whether* Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) *State whether a* County or Stewartry.
(3) *Insert Name and Designation*
(4) *Describe the Patient, and if a Pauper, state so.*
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) His or her

DATED [at Dumfries] this Sixth day of May One thousand nine hundred and eleven

(Signature) Geo: Campion

To the Superintendent of the Crichton Royal Institution, Dumfries.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A.]

25 & 26 *Vict.*, *Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Dumfries & Galloway — *and his Substitutes,*— at Dumfries.

The Petition of Thomas Withers, Farmer, Auchenbay, by Thornhill

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mrs Ada Rodger Withers 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 Ada Rodger Withers 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.

(*To be signed by the Party applying*) Thomas Withers

(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 May One thousand nine hundred and eleven

---

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Ada Rodger Withers
2. Sex and Age,	female : 42
3. Married, Single, or Widowed,	married
4. Condition of Life, and previous Occupation (if any),	married lady
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Auchenbay, by Thornhill.
7. Place where Found and Examined,	Auchenbay, by Thornhill
8. Length of time Insane,	2½ weeks
9. Whether first Attack,	no
10. Age (if known) on first Attack,	34
11. When and where previously under Examination and Treatment (5)	8 years ago : Crichton Institution.
12. Duration of existing Attack,	2½ weeks
13. Supposed Cause,	unknown
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	Yes
16. Whether Dangerous to others,	no
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Thomas Withers Auchenbay Lochans by Thornhill (husband) no
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	—

(5) If patient has previously in an asylum, state name, and date of latest admission, or approximate thereto. If never previously under examination or treatment, state the fact.

I certify that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 8th day of May One thousand nine hundred and eleven

(*To be signed by the Party applying*) Thomas Withers

T. & A. C.—April 1904.

MEDICAL CERTIFICATE. No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, John Alexander Anderson being a (1) Doctor of medicine of Glasgow University and being in actual practice as a (2) physician and surgeon do hereby certify, on soul and conscience, that I have this day, at (3) Auchinairn, Lochans, near Stranraer in the County of Wigtown separately from any other Medical Practitioner visited and personally examined (4) Mrs Ada R. Witter, wife of Thomas Witter, farmer, Auchinairn and that the said Mrs Ada R. Witter is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

The said Mrs Witter is restless and depressed by turns. She is unable to take up her attention with her ordinary duties and has lost her self-control. She is bent on self-destruction

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Nurse Donald, at present in charge of the said Mrs Witter, informs me that her patient is restless, excited and requires constant watching in case of doing harm to herself.

Name and Medical Designation, John Alexander Anderson M.D

Place of Abode, Totteringham, Stranraer

DATED this eighth day of May One thousand nine hundred and eleven years

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Peter Murray Ker being a (1) Bachelor of Medicine and Master in Surgery of the University of Edinburgh and being in actual practice as a (2) Medical Practitioner do hereby certify, on soul and conscience, that I have this day, at (3) Crichton Royal Institution, Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Mrs Ada Rodger a Witter wife of Thomas Witter. Auchinairn Lochans Stranraer and that the said Ada Rodger a Witter is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, 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 depressed & hopeless. She hears a voice always enticing her to bad practices. She feels she must destroy herself and admits having taken laudanum quite lately with that purpose. She feels a sense of unreality in her surroundings.

(7) *State the information and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, Peter Murray Ker M.B.

Place of Abode, Crichton Royal Dumfries

DATED this eighth day of May One thousand nine hundred and eleven years

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, John Alexander Anderson.
being (1) a Doctor of Medicine of Glasgow University
hereby certify, on soul and conscience, that I have this day, at (2) Auchinleck, Ingleston Cottage,
in the County of Kirkcudbright, seen and personally examined
Mrs Ada R. Wither, and that the said
person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Dumfries.

And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

John Alexander Anderson MD.

Dated this eighth day of May One thousand nine hundred and Eleven years.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Asylum to receive therein Ada Rodger Wither to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Husband

Signature and Address Thomas Wither Auchinleck Lochans

Date 8th May 1911.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, George Campion (1) Sheriff Substitute of the (2) Dumfries and Galloway at Dumfries having had produced to me, with a Petition at the instance of (3) Thomas Wither, Farmer, Auchinleck, Stranraer, Certificates under the hands of John Alexander Anderson and Peter Murray Kerr being two Medical Persons duly qualified in terms of an Act intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Mrs Ada Rodger Wither, Auchinleck, aforesaid (Husband's Wife) and that the said Mrs Ada Rodger Wither is a (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 Ada Rodger Wither as a patient into the (6) Public Asylum of Crichton Royal Institution, Dumfries, and I authorize (7) her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mrs Ada Rodger Wither which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) His, or her.

Dated [at Dumfries] this Ninth day of May One thousand nine hundred and eleven years.

To the Superintendent of the (8) Public Asylum of Crichton Royal Institution Dumfries.

[Signature] Geo. Campion

(8) Public, District, Parochial, or Private.

No. 10·300.

Ada Rodger Wither.

Adm: 8 May 1911.

No. 10301 Name Galatea Susan Glave

FORM A

Date of Admission 10th May 1911

25 and 26 Vict., Cap. 54, Sect. 14.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum after the Order of the Sheriff is obtained.

Petition to the Sheriff to grant Order for the Reception of a Patient into the Crichton Royal Institution, Dumfries.

Unto the Honourable the Sheriff of Dumfries and Galloway and his Substitutes,— at Dumfries

The Petition of (1) Richard Attkinson Pharmaceutical Chemist Bassenthwaite humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that (2) Mrs Galatea Susan Glave your Petitioner's (3) Intimate Friend is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said (4) Mrs Galatea Susan Glave to the Crichton Royal Institution, Dumfries, and to sanction (5) her admission into the said Asylum.

(1) Insert Name, Designation, and Residence of the Party applying.

(2) Insert Name of Patient in full.

(3) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

(4) Insert Name of Patient in full.

(5) His or her.

Signature of Petitioner (6) Richard Attkinson

(6) To be signed by the Party applying.

Dated this (7) 5th day of May One thousand nine hundred and eleven

(7) N.B.—The Date of the Petition must be within fourteen clear days following the dates of the Medical Certificates Nos. I. and II., and not before.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Galatea Susan Glave
2. Sex and Age,	Female 57
3. Married, Single, or Widowed,	Widow
4. Condition of life and previous Occupation (if any),	Independent
5. Religious Persuasion, so far as known,	Church of England
6. Previous Place of Abode,	8 Northumberland House Finsbury Park London
7. Place where Found and Examined,	Bassenthwaite Hall
8. Length of Time Insane,	9 years
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	48
11. When and Where previously under Examination and Treatment,	She was under treatment at Northumberland house and Cefn Rhine nearly seven years ago for Bassenthwaite
12. Duration of Existing Attack,	9 years
13. Supposed Cause,	Shock on finding her husband dead
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 Relstionship (if known), and whether any Member of his Family known to be or to have been insane,	Mr Augustus Lind Hall Penrith Cumberland Captain Kingsbyre Her Brother None Insane
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 5th day of May One thousand nine hundred and eleven

*Signature of Petitioner, (1) Richard Attkinson

(1) *To be signed by the Party applying.*

MEDICAL CERTIFICATE.—No. I.

(1) Name of Registered Medical person.
(2) *Set forth the registered qualification entitling the person certifying to grant the Certificate, e.g.*, Member of the Royal College of Physicians in Edinburgh.
(3) Physician, Surgeon, *or otherwise, as the case may be.*
(4) *Insert the Street, and Number of the House (if any), or other like particulars.*
(5) *Insert Name of Patient in full, Designation, and Residence, and if a Pauper, state so.*
(6) *State Name of Patient in full.*
(7) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned (1) J. Rankin Bennett
being a (2) M.D. C.M. Edin. M.R.C.S. Eng. L.R.C.P. L.
and being in actual practice as a (3) General practitioner
do hereby certify, on soul and conscience, that I have this day at (4) Bassenthwaite Hall Cockermouth Cumberland in the County
visited and personally examined (5) Galatea Susan Glave Widow - Bassenthwaite Hall
and that the said (6) Galatea Susan Glave
is a (7) Person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(8) *State the Facts, e.g.*, as indicated by the Patient's appearance, demeanour, conversation, writings, actions, conduct, etc.

1. Facts indicating Insanity observed by myself (8)
She is suffering from Chronic Insanity. Talks incoherently & irrationally - says she has a brain - that her hand is cut off.

(9) *State the Information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others (9)
Richard Atkinson & Bassenthwaite. Also states that she has been looking under the Carpets for her dead son - Has been using bad language - and is destructive.

(10) *To be signed by medical person certifying.*

Name and Medical Designation (10) John R. Bennett M.D.
And Place of Abode, Riverholme Keswick Cumberland

DATED this Fourth day of May One thousand nine hundred and Eleven.

MEDICAL CERTIFICATE.—No. II.

(1) Name of Registered Medical person.
(2) *Set forth the registered qualification entitling the person certifying to grant the Certificate, e.g.*, Member of the Royal College of Physicians in Edinburgh.
(3) Physician, Surgeon, *or otherwise, as the case may be.*
(4) *Insert the Street, and Number of the House (if any), or other like particulars.*
(5) *Insert Name of Patient in full, Designation and Residence, and if a Pauper, state so.*
(6) *State Name of Patient in full.*
(7) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned (1) John Penny
being a (2) M.B. & M. D.Sc. Edinburgh University
and being in actual practice as a (3) medical practitioner
do hereby certify, on soul and conscience, that I have this day at (4) Bassenthwaite Hall Bassenthwaite Cumberland in the County
visited and personally examined (5) Galatea Susan Glave - Widow Bassenthwaite,
and that the said (6) Galatea Susan Glave
is a (7) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz:—

(8) *State the Facts, e.g.*, as indicated by the Patient's appearance, demeanour, conversation, writings, actions, conduct, etc.

1. Facts indicating Insanity observed by myself (8) Very disorderly in her dress; wild expression of face; hair all dishevelled excited and demonstrative. Irrational in her statements came in singing; states that she wants to find her son who was found dead six years ago. States that those about her spit upon her. Destructive, etc.

(9) *State the Information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others (9)
Richard Atkinson, chemist, Bassenthwaite states she sits and broods over things which have passed years ago; sings and shouts; very excitable at times; very destructive tearing her clothes; sleeps indifferently; appetite fair, cleanly in her habits.

(10) *To be signed by medical person certifying.*

Name and Medical Designation (10) John Penny D.Sc. M.B.
And Place of Abode, Great Broughton, Cockermouth.

DATED this fourth day of May One thousand nine hundred and eleven.

CERTIFICATE OF EMERGENCY.

N.B.—This Certificate is necessary in the event of a Patient being sent to the Institution before the Sheriff's Order is obtained, and it authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any order by the Sheriff. During this period the Sheriff's Order is obtained. When the Certificate of Emergency is employed, both parts should be filled, signed, and dated if possible on the day of removal of the Patient to the Asylum, or otherwise as near the day of removal as possible.

, the undersigned (1).....

eing a (2).....

.....

o hereby certify, on soul and conscience, that I have this day at (3).....

.....in the County of.....

een and personally examined (4).....

.....

od that the said person is of unsound mind, and a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to he Asylum at Dumfries.

And I further certify that the case of the said person is one of emergency.

Signature of Certifier (5).....

ddress of Certifier.....

DATED this.....day of.....One thousand

ine hundred and.....

(1) State Name of Registered Medical Person.
(2) State Registered Medical qualification.
(3) State place of Examination.
(4) State Name of Patient, in full, Designation, and Address.
(5) To be signed by Medical Person certifying.

The following should be filled up in every case in which a Certificate of Emergency is acted on.)

hereby request the Superintendent of the Crichton Royal Institution, Dumfries, to

eceive therein (1).....

whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Petitioner or Applicant stands to Patient, ...

Signature of Petitioner or Applicant (2).....

ddress of Petitioner or Applicant,.....

.....

DATED this.....day of.....one thousand

ine hundred and.....

(1) State Name of Patient in full.
(2) To be signed by the Party applying.

Order to be Granted by the Sheriff for the Transmission and Reception of the Lunatic.

.....George Campion Esquire.....

1).....Sheriff Substitute.....

f Dumfries and Galloway at Dumfries

aving had produced to me, with a Petition at the instance of (3) Richard.....

Atkinson Pharmaceutical Chemist Barrenthwaite Cumberland

Certificates under the hands of John Pinkey Burnett

nd.....John Dunn....., being two Medical Persons

ly qualified, in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)

Galatea Dunn Shaw, Widow, Barrenthwaite Hall, Barrenthwaite Cumberland (Not Married)

nd that the said Galatea Dunn Shaw

s a (5).....person of unsound mind.....

nd a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive

he said.....Galatea Dunn Shaw.....as a Patient into the

Crichton Royal Institution, Dumfries, and I authorize (6).....her.....Transmission to

he said Asylum accordingly; and I transmit you herewith the said Medical Certificates,

nd a Statement regarding the said.....Galatea Dunn Shaw.....

which accompanied the said Petition.

DATED [at...Dumfries...] this.....Sixth.....day of

...May.....One thousand nine hundred and...eleven...

(Signature).....

To the Superintendent of the Crichton Royal Institution, Dumfries.

Geo. Campion

(1) *State whether* Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) *State whether a* County *or* Stewartry.
(3) *Insert Name and Designation*
(4) *Describe the Patient, and if a Pauper, state so.*
(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.
(6) His or her

No. 10301.

Galatea Susan Glass.

Adm: 10 Aug 1911.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A.]

25 and 26 Vict., Cap. 54, Section 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 Stewartry~~ Dumfries and Galloway *and his Substitutes,*—

The Petition of Robert McCourtie Inspector of Poor for the Parish of Troqueer in the Stewartry of Kirkcudbright humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Isabella Bryant 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 Isabella Bryant to the Crichton Royal Asylum, Dumfries and to sanction her admission into the said Asylum.

(To be signed by the Party applying) Robert McCourtie.

Dated this 11th (4) day of ~~April~~ May One thousand nine hundred and eleven.

STATEMENT.

If any Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length, ...	Isabella Bryant.
2. Sex and Age, ...	Female - 31 Years.
3. Married, Single, or Widowed, ...	Single
4. Condition of Life and previous Occupation (if any), ...	Outdoorworker
5. Religious Persuasion, so far as known,	Protestant (Scot. Episcopal).
6. Previous Place of Abode, ...	5. Maxwell Street Maxwelltown
7. Place where Found and Examined, ...	5. Maxwell Street Maxwelltown
8. Length of time Insane, ...	about a month
9. Whether First Attack, ...	Yes.
10. Age (if known) on First Attack, ...	—
11. When and where previously under Examination and Treatment,(5)	Never previously under examination or treatment.
12. Duration of Existing Attack, ...	about 3 weeks.
13. Supposed Cause, ...	Not known
14. Whether subject to Epilepsy, ...	— ?
15. Whether Suicidal, ...	No.
16. Whether dangerous to others, ...	No.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, ...	Parish of Troqueer.
18. Christian Name and Surname, and Place of Abode of nearest known relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been insane.	Mother, Mary Williamson or Bryant, 5. Maxwell Street. Maxwelltown. No.
19. Special Circumstances (if any) preventing the insertion of any of the above particulars, ...	None.

I certify, that, to the best of my knowledge the above particulars are correctly stated.

DATED this 11th day of ~~April~~ May One thousand nine hundred and eleven.

(To be signed by the party applying) Robert McCourtie

P.S.

MEDICAL CERTIFICATE, No. 1.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Patrick Maxwell Murray,
being a[1] Graduate of Edinburgh University
and being in actual practice as a[2] Physician
do hereby certify, on soul and conscience, that I have this day, at[3] 5. Maxwell
Maxwelltown
Kirkcudbright in the County
separately from any other Medical Practitioner
visited and personally examined[4] Isabella Bryant, Outdoorwo
5. Maxwell Street Maxwelltown, a pauper and t
the said Isabella Bryant is a[5] person of
unsound mind and a proper person to be detain
under Care and Treatment, and that I have formed this opinion upon the followi
grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself :[6]
Great incoherency of speech; says her Saviour is
coming for her at certain times but he never
up. Constantly singing hymns and repeating passa
scripture.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others :[7]
Mrs Mary Bryant her mother informs me that she
to take food at times, and at times is quite
and is constantly ~~singing~~ singing hymns.

Name and Medical Designation, P Wm Murray M.A.

Place of Abode Castle Douglas

DATED this 12th day of May One thousa
nine hundred and eleven

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Dewar Robson
being a[1] Graduate of Edinburgh University
and being in actual practice as a[2] Physician
do hereby certify on soul and conscience, that I have this day, at[3] 5 Maxwell
Maxwelltown, Dumfries in the County
Kirkcudbright separately from any other Medical Practitioner
visited and personally examined[4] Isabella Bryant, Outdoor
pauper 5 Maxwell st. Maxwelltown and th
the said Isabella Bryant, pauper is a[5] person
of unsound mind, and a proper person to be detain
under Care and Treatment, and that I have formed this opinion upon the followin
grounds viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself :[6] Her speech is
all chanted, and is incoherent, being
interspersed with scriptural quotation
at intervals she has fits of meaningless
laughter.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others :[7]
Her mother says that at times she is
violent, and has often refused to take
her food, saying herself to be a Christ
and consequently not requiring it.

Name and Medical Designation. John Dewar Robson M

Place of Abode Hope Place Maxwell

DATED this 12th day of May One thousan
nine hundred and eleven

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned being [1] hereby certify on soul and conscience, that I have this day at [2] in the County of , seen and personally examined , and that the said person is of unsound mind, is a proper patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at [3]

And I further certify that the case of the said person is one of emergency.

(1) State medical qualification.

(2) State place of examination.

(3) State place at which Asylum is situated.

DATED this day of One thousand nine hundred and

(The following should be filled up in every case in which a Certificate of Emergency is acted on.

I hereby request the Superintendent of the

Asylum and to receive therein to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient.

Signature and Address,

Date,

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I George Campion Esquire [1] Sheriff Substitute of Dumfries and Galloway at Dumfries having had produced to me, with a Petition at the instance of [2] Robert McCowatie Inspector of Poor, Parish of Irongray Kirkcudbright Certificates under the hands of Patrick Maxwell Murray and John Dewar Robson being two Medical Persons duly qualified in terms of an Act entituled "An Act for the Regulation of the Care and Treatment 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 Bryant 5 Maxwell Street Maxwelltown Pauper and that the said Isabella Bryant is a [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 Bryant as a patient into the [6] Public Asylum of Crichton Royal Institution and I authorize [7] her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Isabella Bryant which accompanied the said petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.

(2) State whether a County or Stewartry.

(3) Insert Name and Designation.

(4) Describe him, and if a Pauper state so.

(5) Lunatic or an Insane Person, or an Idiot, or a Person of unsound mind.

(6) Public, District, Parochial or Private.

(7) His, or her.

DATED [at Dumfries | this Eleventh day of May One thousand nine hundred and Eleven

To the Superintendent of the [8] Public *Asylum of* Crichton Royal Institution Dumfries

(8) Public, District, Parochial, or Private.

(Signature) Geo: Campion

No. 10·302.

Isabella Bryant.

(Trouvear)

Adm: 11 May 1911.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff ——— of the (2) *of Dumfries and Galloway and his Substitutes,—*

The Petition of John McCulloch Hawthorn Inspector of Poor of the Parish of Kirkgunzeon humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Margaret McCulloch or Harvey 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 McCulloch or Harvey ——— to the Southern Counties Asylum Dumfries and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(*To be signed by the Party applying*) John McC. Hawthorn

(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 May ——— One thousand nine ~~eight~~ hundred and eleven.

STATEMENT.

If any 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 McCulloch or Harvey
2. Sex and Age,	Female — 49
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Housewife
5. Religious Persuasion, so far as known,	Roman Catholic
6. Previous Place of Abode,	21 Harbour Road, Kirkgunzeon
7. Place where Found and Examined,	" " "
8. Length of time Insane,	never been right better since last in Asylum
9. Whether First Attack,	No — 4th attack
10. Age (if known) on First Attack,	25
11. When and where previously under Examination and Treatment (5)	Southern Counties Asylum, Dumfries
12. Duration of Existing Attack,	about a month
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,	Kirkgunzeon
18. Date of becoming Chargeable,	13th May 1911
19. Christian Name and Surname, and Place of Abode of nearest known 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 Harvey Shoemaker, 21 Harbour Road, Kirkgunzeon — husband
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	—

(5) If patient has been previously in an Asylum, state date of latest admission or approximation thereto. If never previously under examination or treatment, state the fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this twelfth day of May ——— One thousand nine ~~eight~~ hundred and eleven

(*To be signed by the party applying*) John McC. Hawthorn

T. & A. C.—Mch. 1895.

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, John Arnold Hunter
being a (1) Bachelor of Medicine, Master of Surgery, University, Ed
and being in actual practice as a (2) Physician
do hereby certify, on soul and conscience, that I have this day, at (3) 21 Harbour Rd
Wrightington in the County of Wrightonshire
separately from any other Medical Practitioner,
visited and personally examined (4) Margaret McCall Harvey 21 Harbour Rd
~~Harvey in Bishop~~ and that
the said Margaret McC. Harvey is a (5) person of unsound
mind and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
Looks melancholy, is suffering from great depression of
mind slightest patient, says she is related to many other
but does not know what to me to endeavour relieve
distress

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Husband states she is very depressed, refuses at times
sleep badly. does not seem able to take any interest
anything

Name and Medical Designation, John A. Hunter MBC

Place of Abode, Beechwood, Wrightington

DATED this 11th day of May One thousand ~~eight~~ hundred and eleven

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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 Lewis
being a (1) Doctor of Medicine of the University
of Edinburgh
and being in actual practice as a (2) physician
do hereby certify, on soul and conscience, that I have this day, at (3) 21 Harbour
Road Wrightown in the County of
Wrightown
separately from any other Medical Practitioner,
visited and personally examined (4) Margaret McCulloch or
Harvey
the said Margaret McCulloch or Harvey and that
is a (5) person of
unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
She has a very melancholy expression
is restless - weeps on being questioned
says that she cannot sleep for fear of
something - she cannot say what. She
takes no interest in things going on in the house

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Her daughter tells me that she is
about all day - cannot settle to work
is always speaking of being frightened
The daughter does says she knows of no reason

Name and Medical Designation, William Lewis MB
Wrightown

Place of Abode,

DATED this 12th day of May One thousand ~~eight~~ hundred and eleven

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.

(2) State place of examination.

DATED this day of One thousand eight hundred and

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the
Asylum to receive therein
to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient,

Signature and Address

Date

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Ebenezer Shaw Esquire (1) Sheriff Substitute
of the (2) Dumfries and Galloway of
having had produced to me, with a Petition at the instance of (3) John McCutcheon Hawthorn Inspector of Poor of the Parish of Kirkpatrick and
Certificates under the hands of John Arnold Hunter M.B.C.M. Kirkpatrick
and William Lilico M.D. 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 (4)
Margaret McCulloch or Harvey, Pauper and that the said
Margaret McCulloch or Harvey is a (5) person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Margaret McCulloch or Harvey as a Patient into the
(6) Southern Counties Asylum of Dumfries and I authorize
her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Margaret McCulloch or Harvey which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.

(2) State whether a County or Stewartry.

(3) Insert Name and Designation.

(4) Describe him, and if a Pauper, state so.

(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

(6) Public, District, Parochial, or Private.

DATED this twelfth day of May One thousand ~~eight~~ nine hundred and eleven

Eben Shaw

To the Superintendent of the (7) Southern Counties *Asylum of* Dumfries

(7) Public, District, Parochial, or Private.

No. 10303.

Margaret McCulloch or Harvey.

(Wigtown)

Adm: 13 May 1911.

No. 10304 Name William Edward Ruscoe.

FORM A

Date of Admission 13th May 1911.

25 and 26 Vict., Cap. 54, Sect. 14.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum after the Order of the Sheriff is obtained.

Petition to the Sheriff to grant Order for the Reception of a Patient into the Crichton Royal Institution, Dumfries.

Into the Honourable the Sheriff, of Dumfries and Galloway and his Substitutes, at Dumfries.

The Petition of (1) Harry Ruscoe 16 Pelham Grove, Liverpool Clerk

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that (2) William Edward Ruscoe

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 (4) William Edward Ruscoe to the Crichton Royal Institution, Dumfries, and to sanction (5) his admission into the said Asylum.

(1) Insert Name, Designation, and Residence of the Party applying.

(2) Insert Name of Patient in full.

(3) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

(4) Insert Name of Patient in full.

(5) His or her.

*Signature of Petitioner (6) Harry Ruscoe

(6) To be signed by the Party applying.

Dated this (7) eleventh day of May One thousand nine hundred and eleven.

(7) N.B.—The Date of the Petition must be within fourteen clear days following the dates of the Medical Certificates Nos. I. and II., and not before.

STATEMENT.

If any 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 Edward Ruscoe
2. Sex and Age,	Male 27 years
3. Married, Single, or Widowed,	Single
4. Condition of life and previous Occupation (if any),	Bank Clerk
5. Religious Persuasion, so far as known,	Church of England
6. Previous Place of Abode,	16 Pelham Grove, Liverpool
7. Place where Found and Examined,	Toxteth Workhouse, Smithdown Road, Liverpool
8. Length of Time Insane,	one months
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	27 years
11. When and Where previously under Examination and Treatment,	Has not had previous examination and treatment
12. Duration of Existing Attack,	one week
13. Supposed Cause,	Intemperance
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No believe so. Has threatened a cousin
16. Whether Dangerous to Others,	
17. Parish or Union to which the Lunatic (if a Pauper) is chargeable,	Toxteth Workhouse, Smithdown Road, Liverpool
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,	Margaret Ann Ruscoe of 16 Pelham Grove Liverpool, Mother. No member of this family has been insane
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

I certify that, to the best of my knowledge, the above particulars are correctly stated.

Dated this eleventh day of May One thousand nine hundred and eleven

*Signature of Petitioner, (1) Harry Ruscoe

(1) *To be signed by the Party applying.*

MEDICAL CERTIFICATE.—No. I.

(1) Name of Registered Medical person.
(2) *Set forth the registered qualification entitling the person certifying to grant the Certificate, e.g.*, Member of the Royal College of Physicians in Edinburgh.
(3) Physician, Surgeon, or otherwise, as the case may be.
(4) *Insert the Street, and Number of the House (if any), or other like particulars.*
(5) *Insert Name of Patient in full, Designation, and Residence, and if a Pauper, state so.*
(6) *State Name of Patient in full.*
(7) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned (1) Dana Smart
being a (2) Bachelor of Medicine of the Univ. of Edinburgh
and being in actual practice as a (3) Physician
do hereby certify, on soul and conscience, that I have this day at (4) Toxteth Workhouse, Smithdown Road, Liverpool in the County Lancaster separately from any other Medical Practitioner visited and personally examined (5) William Edward Ruscoe Clerk 16 Pelham Grove Liverpool
and that the said (6) William Edward Ruscoe
is a (7) Lunatic and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(8) *State the Facts, e.g.*, as indicated by the Patient's appearance, demeanour, conversation, writings, actions, conduct, etc.

1. Facts indicating Insanity observed by myself (8)
He was very jocular & very pleased with himself very elevated. He told me he had received £6000 + was imprisoned upon the Police, & that I was to have £ - an obvious delusion.

(9) *State the Information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others (9)
Harry Ruscoe, Clerk 16 Pelham Grove Liverpool, Brother informed me (1) Ruscoe had been recently arrested for drunkenness & indecency (2) Ruscoe was continually asking large sums of money (3) Ruscoe had threatened life of his cousin a Lady living in the same house

(10) *To be signed by medical person certifying.*

Name and Medical Designation (10) Dana Smart B.Sc. M.B.C.
And Place of Abode, 74 Harrington Road, Liverpool

DATED this Ninth day of May One thousand nine hundred and eleven.

MEDICAL CERTIFICATE.—No. II.

(1) Name of Registered Medical person.
(2) *Set forth the registered qualification entitling the person certifying to grant the Certificate, e.g.*, Member of the Royal College of Physicians in Edinburgh.
(3) Physician, Surgeon, or otherwise, as the case may be.
(4) *Insert the Street, and Number of the House (if any), or other like particulars.*
(5) *Insert Name of Patient in full, Designation and Residence, and if a Pauper, state so.*
(6) *State Name of Patient in full.*
(7) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned (1) Alfred Joseph Mc Connell
being a (2) Bachelor of Medicine of the University of Edinburgh
and being in actual practice as a (3) Physician
do hereby certify, on soul and conscience, that I have this day at (4) Toxteth workhouse. Smithdown Road. Liverpool in the County of Lancaster separately from any other Medical Practitioner visited and personally examined (5) William Edward Ruscoe Bank clerk 16 Pelham Grove Liverpool
and that the said (6) William Edward Ruscoe
is a (7) Lunatic and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz :—

(8) *State the Facts, e.g.*, as indicated by the Patient's appearance, demeanour, conversation, writings, actions, conduct, etc.

1. Facts indicating Insanity observed by myself (8)
He was very exalted and grand in his manner. He told me he was getting £30.000 for illegal detention here and offered to furnish a horse for me - the first statement being an obvious delusion.

(9) *State the Information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others (9)
Thomas George Hargreaves - attendant at Toxteth workhouse, Smithdown Road Liverpool informed me that Ruscoe was constantly offering to give the Attendant large sums of money

(10) *To be signed by medical person certifying.*

Name and Medical Designation (10) Alfred Joseph Mc Connell
And Place of Abode, Toxteth Workhouse Liverpool

DATED this 10th day of May One thousand nine hundred and eleven.

CERTIFICATE OF EMERGENCY.

B.—This Certificate is necessary in the event of a Patient being sent to the Institution before the Sheriff's Order is obtained, and it authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any order by the Sheriff. During this period the Sheriff's Order is obtained. When the Certificate of Emergency is employed, both parts should be filled, signed, and dated if possible on the day of removal of the Patient to the Asylum, or otherwise as near the day of removal as possible.

I the undersigned (1)..... (1) State Name of Registered Medical Person.

being a (2)..... (2) State Registered Medical qualification.

.....

hereby certify, on soul and conscience, that I have this day at (3)..... (3) State place of Examination.

.....in the County of.....

en and personally examined (4)..... (4) State Name of Patient, in full, Designation, and Address.

.....

d that the said person is of unsound mind, and a proper Patient to be placed in an sylum, and is in a sufficiently good state of bodily health at this date to be removed to e Asylum at Dumfries.

And I further certify that the case of the said person is one of emergency.

ignature of Certifier (5)..... (5) To be signed by Medical Person certifying.

ddress of Certifier.....

DATED this.....day of.....One thousand ne hundred and.....

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution, Dumfries, to ceive therein (1)..... (1) State Name of Patient in full.

whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Petitioner or Applicant stands to Patient,.....

ignature of Petitioner or Applicant (2)..... (2) To be signed by the Party applying.

ddress of Petitioner or Applicant,.....

.....

DATED this.....day of.....one thousand ne hundred and.....

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rder to be Granted by the Sheriff for the Transmission and Reception of the Lunatic.

George Campion, Esquire

Sheriff Substitute

Dumfries and Galloway at Dumfries (1) *State whether* Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.

wing had produced to me, with a Petition at the instance of (3) Harry Ruscoe, Clerk, 16 Pelham Grove, Liverpool (2) *State whether* a County or Stewartry.

(3) *Insert Name and Designation*

rtificates under the hands of David Smart

d Alfred Joseph M'Connell, being two Medical Persons ly qualified, in terms of an Act, intituled "An Act for the Regulation of the Care and eatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic sylums in Scotland," setting forth that they had separately visited and examined (4) William Edward Ruscoe, Bank Clerk, 16 Pelham Grove, Liverpool (Peter's Brother) (4) *Describe the Patient, and if a Pauper, state so.*

d that the said William Edward Ruscoe

a (5) Lunatic (5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

d a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive e said William Edward Ruscoe as a Patient into the ichton Royal Institution, Dumfries, and I authorize (6) his Transmission to e said Asylum accordingly; and I transmit you herewith the said Medical Certificates, d a Statement regarding the said William Edward Ruscoe hich accompanied the said Petition. (6) His or her

DATED [at Dumfries] this twelfth day of May One thousand nine hundred and eleven

(Signature) Geo. Campion

the Superintendent of the Crichton Royal Institution, Dumfries.

No. 10·304.

William Edward Rustge.

Adm: 13th May 1911.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

25 & 26 Vict., 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,*— at Dumfries

The Petition of Major W D Erskine Royal army medical Corps 96 St Leonards Road Ayr humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that William Erskine your Petitioner's (3) father is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said William Erskine to the Crichton Royal Institution and to sanction his admission into the said Asylum.

(3) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

(To be signed by the Party applying) W D Erskine Major RAMC

(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 nine hundred and Eleven

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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 Erskine
2. Sex and Age,	Male 77 years
3. Married, Single, or Widowed,	Widowed
4. Condition of Life, and previous Occupation (if any),	Master Mariner (retired)
5. Religious Persuasion, so far as known,	Church of Scotland
6. Previous Place of Abode,	96 St Leonards Road Ayr.
7. Place where Found and Examined,	Victoria Hotel Kyle St. Ayr
8. Length of time Insane,	2½ years
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	74
11. When and where previously under Examination and Treatment (5)	Never
12. Duration of Existing Attack,	2½ years
13. Supposed Cause,	Hemiplegia & senility
14. Whether subject to Epilepsy,	NO
15. Whether Suicidal,	NO
16. Whether Dangerous to others,	He is dangerous
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	William D Erskine Major RAMC Mayfield Troon Son — NO.
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	NO

(5) Patient has been in an asylum state of latest approximate date. If not, by whom under treatment.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 14th day of May One thousand nine hundred and Eleven

(To be signed by the party applying) W D Erskine Major

P[illegible] RAMC

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, R. Allerton,
being a (1) M.D. Glasgow University
and being in actual practice as a (2) physician + Surgeon
do hereby certify, on soul and conscience, that I have this day, at (3) Victoria Hotel, Kyle St. Ayr
in the County of Ayr
separately from any other Medical Practitioner visited and personally examined (4) William Erskine retired Master mariner, late of 96 St Leonards Rd Ayr and the said William Erskine is a (5) Person of unsound mind and a proper person to be detained under Care and Treatment, 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 garrulous. Keeps on repeating same complaints + telling same story. Very flighty in his ideas. + is continually complaining that he is being robbed of his clothes + papers, has also delusions

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Sergeant Campbell, Ayr Police informs me that he has received a number of letters from Mrs Erskine complaining about his habits + stating that he is of violent + contradictory

Name and Medical Designation, R. Allerton M.D.

Place of Abode, Victoria Hotel, Ayr

DATED this 14th day of May One thousand nine hundred and eleven.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, G. Douglas McRae
being a (1) M.D. Edinburgh University
and being in actual practice as a (2) Physician
do hereby certify, on soul and conscience, that I have this day, at (3) the Victoria Hotel, Kyle Street, Ayr.
in the County of Ayrshire
separately from any other Medical Practitioner visited and personally examined (4) William Erskine, retired Master mariner. late of 96 St Leonards Rd Ayr and the said William Erskine is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) + Confused
He is facile, emotional + impeccable, in manner is morbidly loquacious, incoherent, rambling + contradictory in statement. He exhibits a morbid antipathy towards his son, whom he considers "mad" + is robbing him, + towards whom he threatens violence.

(7) *State the information and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His son Major W. D. Erskine R.A.M.C. Mayfield, informs me that his father William Erskine has changed in disposition, has the delusion that he forges (forgers) his name on a Bank deposit that he also mistakes persons + is incoherent + talks irrelevantly + incessantly, is extravagant + wasteful, leaves money + valuables in public places, + has threatened violence to several persons.

Name and Medical Designation, G. Douglas McRae M.D.

Place of Abode, ~~G. Douglas McRae M.D.~~ Victoria Hotel, Ayr

DATED this 14th day of May One thousand nine hundred and eleven.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, R. A. Morton
being (1) M.B. Glasgow University
hereby certify, on soul and conscience, that I have this day, at (2) 6 Kyle St Ayr
in the County of Ayr, seen and personally examined
William Erskine, and that the said
person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Dumfries

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

And I further certify that the case of the said person is one of Emergency.

R. A. Morton

DATED this 14th day of May One thousand nine hundred and eleven

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution
~~Asylum~~ to receive therein William Erskine
to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Son

Signature and Address H. D. Erskine Major Mayfield Dalkeith

Date 14th May 1911.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, George Campion, Esquire (1) Sheriff Substitute
of ~~Dumfries~~ and Galloway at Dumfries
having had produced to me, with a Petition at the instance of (2) Major H. D. Erskine, R.A.M.C. Mayfield, Dalkeith
Certificates under the hands of R. A. Morton
and G. Douglas McRae being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Erskine, 96 St. Leonards Road, Ayr (Retired Father) and that the said William Erskine is a (5) person of unsound mind

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said William Erskine as a patient into the (6) Public Asylum of Crichton Royal Institution and I authorize (7) his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said William Erskine which accompanied the said Petition.

(6) Public, District, Parochial, or Private.
(7) His, or her.

DATED [at Dumfries] this fifteenth day of May One thousand nine hundred and eleven

To the Superintendent of the (8) Public Asylum of Crichton Royal Institution, Dumfries.

(8) Public, District, Parochial, or Private.

[Signature] Geo: Campion

No. 10.305.

William Erskine.

Ada: 14 May 1911.

No. 10306 Name William Kirkpatrick

FORM A

Date of Admission 16th May 1911

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum after the Order of the Sheriff is obtained.

25 and 26 Vict., Cap. 54, Sect. 14.

Petition to the Sheriff to grant Order for the Reception of a Patient into the Crichton Royal Institution, Dumfries.

Unto the Honourable the Sheriff of Dumfries and Galloway and his Substitutes,—at Dumfries

The Petition of (1) Mrs Mary Kirkpatrick Millbrae Terrace Maxwelltown Dumfries

(1) Insert Name, Designation, and Residence of the Party applying.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that (2) William Kirkpatrick 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 (4) William Kirkpatrick to the Crichton Royal Institution, Dumfries, and to sanction (5) his admission into the said Asylum.

(2) Insert Name of Patient in full.

(3) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

(4) Insert Name of Patient in full.

(5) His or her.

*Signature of Petitioner (6) Mary Kirkpatrick

(6) To be signed by the Party applying.

Dated this (7) Sixteenth day of May One thousand nine hundred and eleven.

(7) N.B.—The Date of the Petition must be within fourteen clear days following the dates of the Medical Certificates Nos. I. and II., and not before.

STATEMENT.

If any 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 Kirkpatrick
2. Sex and Age,	Male: 51 years.
3. Married, Single, or Widowed,	Married.
4. Condition of life and previous Occupation (if any),	Motor driver
5. Religious Persuasion, so far as known,	Protestant.
6. Previous Place of Abode,	Millbrae Terrace Maxwelltown.
7. Place where Found and Examined,	Millbrae Terrace Maxwelltown.
8. Length of Time Insane,	5 days.
9. Whether First Attack,	Slight attack of mental derangement lasting
10. Age (if known) on First Attack,	few hours 3 weeks ago.
11. When and Where previously under Examination and Treatment,	—
12. Duration of Existing Attack,	5 days.
13. Supposed Cause,	?
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	No.
16. Whether Dangerous to Others,	No.
17. Parish or Union to which the Lunatic (if a Pauper) is chargeable,	—
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 Kirkpatrick Millbrae Terrace. Maxwelltown (Wife) Sister in Crichton for 18 years past.
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify that, to the best of my knowledge, the above particulars are correctly stated.

Dated this Sixteenth day of May One thousand nine hundred and Eleven.

*Signature of Petitioner, (1) Mary Kirkpatrick

(1) *To be signed by the Party applying.*

MEDICAL CERTIFICATE.—No. I.

(1) Name of Registered Medical person.
(2) *Set forth the registered qualification entitling the person certifying to grant the Certificate, e.g.*, Member of the Royal College of Physicians in Edinburgh.
(3) Physician, Surgeon, *or otherwise, as the case may be.*
(4) *Insert the Street, and Number of the House (if any), or other like particulars.*
(5) *Insert Name of Patient in full, Designation, and Residence, and if a Pauper, state so.*
(6) *State Name of Patient in full.*
(7) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned (1) Frederick Hugh Clarke
being a (2) Bachelor of Medicine & Master in Surgery of Glasgow University
and being in actual practice as a (3) Physician & Surgeon
do hereby certify, on soul and conscience, that I have this day at (4) Millbrae & may well town, in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (5) William Kirkpatrick Motor-driver Millbrae Terrace Maxwelltown
and that the said (6) William Kirkpatrick
is a (7) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(8) *State the Facts, e.g.*, as indicated by the Patient's appearance, demeanour, conversation, writings, actions, conduct, etc.

1. Facts indicating Insanity observed by myself (8) He is excited violent, says he is dead. that he is in heaven, is Prince of Devils, and is full of delusions generally.

(9) *State the Information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others (9) Mrs Kirkpatrick. his wife, at the same address, tells me that she is unable to manage her husband at home, or to be responsible for his safety.

(10) *To be signed by medical person certifying.*

Name and Medical Designation (10) Frederick Hugh Clarke M.B.
And Place of Abode 6 Charlotte Street Dumfries

Dated this Eighteenth day of May One thousand nine hundred and eleven.

MEDICAL CERTIFICATE.—No. II.

(1) Name of Registered Medical person.
(2) *Set forth the registered qualification entitling the person certifying to grant the Certificate, e.g.*, Member of the Royal College of Physicians in Edinburgh.
(3) Physician, Surgeon, *or otherwise, as the case may be.*
(4) *Insert the Street, and Number of the House (if any), or other like particulars.*
(5) *Insert Name of Patient in full, Designation and Residence, and if a Pauper, state so.*
(6) *State Name of Patient in full.*
(7) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned (1) Thomas Jackson
being a (2) Bachelor of Medicine of Edinburgh University
and being in actual practice as a (3) Physician & Surgeon
do hereby certify, on soul and conscience, that I have this day at (4) Millbrae Terrace Maxwelltown in the County of Kirkcudbright separately from any other Medical Practitioner visited and personally examined (5) William Kirkpatrick Motor driver Millbrae Terrace Maxwelltown
and that the said (6) William Kirkpatrick
is a (7) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz:—

(8) *State the Facts, e.g.*, as indicated by the Patient's appearance, demeanour, conversation, writings, actions, conduct, etc.

1. Facts indicating Insanity observed by myself (8) He is excited noisy & violent shouting & raving incoherently. thinks delusions - as that he has created a new earth & has had a large contract on doing so raving and plans &c for the purpose.

(9) *State the Information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others (9)

(10) *To be signed by medical person certifying.*

Name and Medical Designation (10) Thomas Jackson M.B.
And Place of Abode 16 Castle St Dumfries

Dated this Eighteenth day of May One thousand nine hundred and eleven.

CERTIFICATE OF EMERGENCY.

N.B.—This Certificate is necessary in the event of a Patient being sent to the Institution before the Sheriff's Order is obtained, and it authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any order by the Sheriff. During this period the Sheriff's Order is obtained. When the Certificate of Emergency is employed, both parts should be filled, signed, and dated if possible on the day of removal of the Patient to the Asylum, or otherwise as near the day of removal as possible.

I, the undersigned (1) Frederick Hugh Clarke, being a (2) M.B. & C.M. of Glasgow Universities, hereby certify, on soul and conscience, that I have this day at (3) Millbrae Terrace, Maxwelltown in the County of Kirkcudbright seen and personally examined (4) William Kirkpatrick Motor-Driver Millbrae Terrace Maxwelltown and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at Dumfries.

(1) State Name of Registered Medical Person.
(2) State Registered Medical qualification.
(3) State place of Examination.
(4) State Name of Patient, in full, Designation, and Address.

And I further certify that the case of the said person is one of emergency.

*Signature of Certifier (5) Frederick Hugh Clarke

*Address of Certifier Charlotte Street Dumfries

(5) To be signed by Medical Person certifying.

DATED this Sixteenth day of May One thousand nine hundred and eleven.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution, Dumfries, to receive therein (1) William Kirkpatrick to whom the foregoing Certificate of Emergency refers.

(1) State Name of Patient in full.

Relationship or other capacity in which Petitioner or Applicant stands to Patient, Wife.

*Signature of Petitioner or Applicant (2) Mary Kirkpatrick

*Address of Petitioner or Applicant, Millbrae Terrace Maxwelltown Dumfries

(2) To be signed by the Party applying.

DATED this Sixteenth day of May one thousand nine hundred and eleven.

Order to be Granted by the Sheriff for the Transmission and Reception of the Lunatic.

I George Campion, Esquire

(1) Sheriff Substitute

of Dumfries and Galloway at Dumfries

having had produced to me, with a Petition at the instance of (3) Mrs Mary Kirkpatrick, Millbrae Terrace, Maxwelltown, Dumfries

Certificates under the hands of Frederick Hugh Clarke

and Thomas Ferguson, being two Medical Persons duly qualified, in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) William Kirkpatrick, Millbrae Terrace, Maxwelltown, Dumfries (Motor Driver)

and that the said William Kirkpatrick

is a (5) person of unsound mind

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said William Kirkpatrick as a Patient into the Crichton Royal Institution, Dumfries, and I authorize (6) his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said William Kirkpatrick which accompanied the said Petition.

(1) *State whether* Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) *State whether a* County or Stewartry.
(3) *Insert Name and Designation*
(4) *Describe the Patient, and if a Pauper, state so.*
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) His or her

DATED [at Dumfries] this eighteenth day of May One thousand nine hundred and eleven

(Signature) Geo. Campion

To the Superintendent of the Crichton Royal Institution, Dumfries.

No. 10307 Name Mary Reid Robinson.

FORM A

Date of Admission 17th May 1911.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum after the Order of the Sheriff is obtained.

25 and 26 Vict., Cap. 54, Sect. 14.

Petition to the Sheriff to grant Order for the Reception of a Patient into the Crichton Royal Institution, Dumfries.

Unto the Honourable the Sheriff of Dumfries and Galloway and his Substitutes,—at Dumfries.

The Petition of (1) Matthew Robinson, of Mulderg, Osborne Park Belfast

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that (2) Miss Mary Reid Robinson 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 (4) Mary Reid Robinson to the Crichton Royal Institution, Dumfries, and to sanction (5) her admission into the said Asylum.

(1) Insert Name, Designation, and Residence of the Party applying.

(2) Insert Name of Patient in full.

(3) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

(4) Insert Name of Patient in full.

(5) His or her.

**Signature of Petitioner* (6) Matthew Robinson

(6) To be signed by the Party applying.

Dated this (7) 17th day of May One thousand nine hundred and eleven.

(7) N.B.—The Date of the Petition must be within fourteen clear days following the dates of the Medical Certificates Nos. I. and II., and not before.

STATEMENT.

If any 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 Reid Robinson
2. Sex and Age,	Female 38
3. Married, Single, or Widowed,	Single
4. Condition of life and previous Occupation (if any),	Lady
5. Religious Persuasion, so far as known,	Episcopalian
6. Previous Place of Abode,	Mulderg Osborne Park, Belfast,
7. Place where Found and Examined,	Crichton Royal Institution, Dumfries.
8. Length of Time Insane,	About 3 months
9. Whether First Attack,	No one about 6 years ago
10. Age (if known) on First Attack,	32
11. When and Where previously under Examination and Treatment,	Under treatment at home, & "watching places"
12. Duration of Existing Attack,	See No. 8.
13. Supposed Cause,	Worry
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	Yes. Knelt on to throw herself over stairs
16. Whether Dangerous to Others,	No: but doubtful. Has attempted strangulation
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,	Mother, Jane Robinson Mulderg, Osborne Park Belfast
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	"

I certify that, to the best of my knowledge, the above particulars are correctly stated.

Dated this Seventeenth day of May One thousand nine hundred and eleven.

**Signature of Petitioner*, (1) Matthew Robinson

(1) *To be signed by the Party applying.*

MEDICAL CERTIFICATE.—No. I.

(1) Name of Registered Medical person.
(2) *Set forth the registered qualification entitling the person certifying to grant the Certificate, e.g.*, Member of the Royal College of Physicians in Edinburgh.
(3) Physician, Surgeon, *or otherwise, as the case may be.*
(4) *Insert the Street, and Number of the House (if any), or other like particulars.*
(5) *Insert Name of Patient in full, Designation, and Residence, and if a Pauper, state so.*
(6) *State Name of Patient in full.*
(7) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned (1) Joseph Hunter
being a (2) Bachelor of Medicine and Surgery
University of Edinburgh
and being in actual practice as a (3) General Practitioner
do hereby certify, on soul and conscience, that I have this day at (4) the
Crichton Royal Institution in the County of
Dumfries, separately from any other Medical Practitioner
visited and personally examined (5) Miss Mary Nield Robinson
of Mulderg, Osborne Park Belfast
and that the said (6) Miss Mary Nield Robinson
is a (7) person of unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

(8) *State the Facts, e.g.*, as indicated by the Patient's appearance, demeanour, conversation, writings, actions, conduct, etc.

1. Facts indicating Insanity observed by myself (8) She is in a state of great mental excitement - holds down her head and weeps constantly - says that she will never be better and that she wishes she were dead. She also says that she would like to put an end to herself and is in a constant state of tribulation because she thinks [illegible] cannot be defended.

(9) *State the Information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others (9)

(10) *To be signed by medical person certifying.*

Name and Medical Designation (10) Joseph Hunter M.B. C.M.
And Place of Abode, 31 Castle Street Dumfries.

DATED this seventeenth day of May One thousand nine hundred and Eleven.

MEDICAL CERTIFICATE.—No. II.

(1) Name of Registered Medical person.
(2) *Set forth the registered qualification entitling the person certifying to grant the Certificate, e.g.*, Member of the Royal College of Physicians in Edinburgh.
(3) Physician, Surgeon, *or otherwise, as the case may be.*
(4) *Insert the Street, and Number of the House (if any), or other like particulars.*
(5) *Insert Name of Patient in full, Designation and Residence, and if a Pauper, state so.*
(6) *State Name of Patient in full.*
(7) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned (1) Peter Murray Rees
being a (2) Bachelor of Medicine and Master in Surgery of the University of Edinburgh
and being in actual practice as a (3) Consulting Practitioner
do hereby certify, on soul and conscience, that I have this day at (4) Crichton
Royal Institution
Dumfries, separately from any other Medical Practitioner
visited and personally examined (5) Mary Nield Robinson of
Mulderg Osborne Park Belfast
and that the said (6) Mary Nield Robinson
is a (7) person of unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

(8) *State the Facts, e.g.*, as indicated by the Patient's appearance, demeanour, conversation, writings, actions, conduct, etc.

1. Facts indicating Insanity observed by myself (8) She is very much excited. She says she cannot sleep or eat. She wrings her hands and weeps. She informs me that [illegible] reading an account of some Divorce case in T.P.'s Weekly "unsettled her brain & caused trouble" & that she [illegible]

(9) *State the Information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others (9)

(10) *To be signed by medical person certifying.*

Name and Medical Designation (10) Peter Murray Rees M.B. C.M.
And Place of Abode, 25 Castle St Dumfries

DATED this seventeenth day of May One thousand nine hundred and eleven year

CERTIFICATE OF EMERGENCY.

N.B.—This Certificate is necessary in the event of a Patient being sent to the Institution before the Sheriff's Order is obtained, and it authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any order by the Sheriff. During this period the Sheriff's Order is obtained. When the Certificate of Emergency is employed, both parts should be filled, signed, and dated if possible on the day of removal of the Patient to the Asylum, or otherwise as near the day of removal as possible.

I, the undersigned (1) George Rutherford Jeffrey being a (2) doctor of Medicine of Glasgow University and a Member of the Royal College of Physicians Edinburgh

do hereby certify, on soul and conscience, that I have this day at (3) the Crichton Royal Institution Dumfries in the County of Dumfries

seen and personally examined (4) Miss Mary Nield Robinson of Mulderg, Osborne Park Belfast

and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at Dumfries.

And I further certify that the case of the said person is one of emergency.

(1) State Name of Registered Medical Person.
(2) State Registered Medical qualification.
(3) State place of Examination.
(4) State Name of Patient, in full, Designation, and Address.

Signature of Certifier (5) Geo. R. Jeffrey

Address of Certifier Crichton Royal Institution Dumfries

(5) To be signed by Medical Person certifying.

DATED this Seventeenth day of May One thousand nine hundred and eleven years.

The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution, Dumfries, to receive therein (1) Mary Nield Robinson to whom the foregoing Certificate of Emergency refers.

(1) State Name of Patient in full.

Relationship or other capacity in which Petitioner or Applicant stands to Patient brother

Signature of Petitioner or Applicant (2) Matthew Robinson

Address of Petitioner or Applicant Mulderg. Osborne Park. Belfast.

(2) To be signed by the Party applying.

DATED this Seventeenth day of May one thousand nine hundred and eleven.

Order to be Granted by the Sheriff for the Transmission and Reception of the Lunatic.

I George Campion, Esquire

(1) Sheriff Substitute

of Dumfries and Galloway at Dumfries

having had produced to me, with a Petition at the instance of (3) Matthew Robinson, Mulderg, Osborne Park, Belfast

Certificates under the hands of Joseph Hunter

and Peter Murray Kerr, being two Medical Persons duly qualified, in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Mary Nield Robinson, Mulderg, Osborne Park, Belfast (Petr's sister)

and that the said Mary Nield Robinson

is a (5) person of unsound mind

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Mary Nield Robinson as a Patient into the Crichton Royal Institution, Dumfries, and I authorize (6) her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mary Nield Robinson which accompanied the said Petition.

(1) *State whether* Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) *State whether a* County or Stewartry.
(3) *Insert Name and Designation*
(4) *Describe the Patient, and if a Pauper, state so.*
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) His or her

DATED [at Dumfries] this eighteenth day of May One thousand nine hundred and eleven

(Signature) Geo. Campion

To the Superintendent of the Crichton Royal Institution, Dumfries.

No. 10308 Name Charles Owen Beardmore

FORM A

Date of Admission 17th May 1911

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum after the Order of the Sheriff is obtained.

25 and 26 Vict., Cap. 54, Sect. 14.

Petition to the Sheriff to grant Order for the Reception of a Patient into the Crichton Royal Institution, Dumfries.

Unto the Honourable the Sheriff of Dumfries and Galloway and his Substitutes,— at Dumfries

The Petition of (1) Walter D. Beardmore Manufacturer of Toronto Canada humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that (2) Charles Owen Beardmore 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 (4) Charles Owen Beardmore to the Crichton Royal Institution, Dumfries, and to sanction (5) his admission into the said Asylum.

(1) Insert Name, Designation, and Residence of the Party applying.

(2) Insert Name of Patient in full.

(3) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

(4) Insert Name of Patient in full.

(5) His or her.

*Signature of Petitioner (6) W. D. Beardmore

(6) To be signed by the Party applying.

Dated this (7) seventeenth day of May One thousand nine hundred and eleven.

(7) N.B.—The Date of the Petition must be within fourteen clear days following the dates of the Medical Certificates Nos. I. and II., and not before.

STATEMENT.

If any 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 Owen Beardmore
2. Sex and Age,	Male 29 years
3. Married, Single, or Widowed,	Single
4. Condition of life and previous Occupation (if any),	Has worked at his fathers tannery and also in architects office
5. Religious Persuasion, so far as known,	Presbyterian
6. Previous Place of Abode,	was in Buenos Ayres for about six months but his home was in Toronto
7. Place where Found and Examined,	Dumfries
8. Length of Time Insane,	Three years with lucid intervals
9. Whether First Attack,	No first attack was in July 1908
10. Age (if known) on First Attack,	Twenty Six
11. When and Where previously under Examination and Treatment,	at Pratts Institute in Baltimore and Homewood Retreat Guelph Ontario & Lethbridge in an institution in Buenos Ayres South America
12. Duration of Existing Attack,	Several Months
13. Supposed Cause,	Cause not known, first attack ascribed to Sun Stroke
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to Others,	dangerous when very excited
17. Parish or Union to which the Lunatic (if a Pauper) is chargeable,	To None
18. Christian Name and Surname and Place of Abode of Nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been insane,	W. D. Beardmore (Walter Dowker) his father residence 200 College St Toronto No other Members of his family ever insane
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	I am informed doctors know the nature of the institution in Buenos ayres in which he has lately been confined — one Buenos ayres agent writes [illegible]

I certify that, to the best of my knowledge, the above particulars are correctly stated.

Dated this Seventeenth day of May One thousand nine hundred and Eleven

*Signature of Petitioner, (1) W. D. Beardmore

(1) *To be signed by the Party applying.*

MEDICAL CERTIFICATE.—No. I.

(1) Name of Registered Medical person.
(2) *Set forth the registered qualification entitling the person certifying to grant the Certificate, e.g.*, Member of the Royal College of Physicians in Edinburgh.
(3) Physician, Surgeon, *or otherwise, as the case may be.*
(4) *Insert the Street, and Number of the House (if any), or other like particulars.*
(5) *Insert Name of Patient in full, Designation, and Residence, and if a Pauper, state so.*
(6) *State Name of Patient in full.*
(7) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned (1) George Robert Livingston
being a (2) Doctor of Medicine of Edinburgh University
and being in actual practice as a (3) Physician & Surgeon
do hereby certify, on soul and conscience, that I have this day at (4) Crichton Royal Institution, Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (5) Charles Owen Beardmore Gentleman aged 200 College Street, Toronto, Canada a Patient ~~now~~ confined in the Royal Institution, Dumfries
and that the said (6) Charles Owen Beardmore
is a (7) Person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(8) *State the Facts, e.g.*, as indicated by the Patient's appearance, demeanour, conversation, writings, actions, conduct, etc.

1. Facts indicating Insanity observed by myself (8)
His insane manner & appearance
His excited rambling conversation. Talks
about Practise & Theory incoherently there
being no meaning in what he says.
Imagines his bed which is placed on a Verandah
is on a theatre Stage

(9) *State the Information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others (9)
Mr Archer, companion & Valet of 200 College Street
Toronto, tells me that after being in
the St Pancras Station Hotel London
he walked about the corridor nude

(10) *To be signed by medical person certifying.*

Name and Medical Designation (10) George R Livingston M.D.
And Place of Abode 47 Castle Street Dumfries.

Dated this Seventeenth day of May One thousand nine hundred and Eleven.

MEDICAL CERTIFICATE.—No. II.

(1) Name of Registered Medical person.
(2) *Set forth the registered qualification entitling the person certifying to grant the Certificate, e.g.*, Member of the Royal College of Physicians in Edinburgh.
(3) Physician, Surgeon, *or otherwise, as the case may be.*
(4) *Insert the Street, and Number of the House (if any), or other like particulars.*
(5) *Insert Name of Patient in full, Designation and Residence, and if a Pauper, state so.*
(6) *State Name of Patient in full.*
(7) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned (1) Frederick Hugh Clarke.
being a (2) Bachelor of Medicine & Master in Surgery of Glasgow University
and being in actual practice as a (3) Physician & Surgeon
do hereby certify, on soul and conscience, that I have this day at (4) the Crichton Institution, Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (5) Charles Owen Beardmore Gentleman. 200 College Street Toronto Canada
and that the said (6) Charles Owen Beardmore
is a (7) Person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(8) *State the Facts, e.g.*, as indicated by the Patient's appearance, demeanour, conversation, writings, actions, conduct, etc.

1. Facts indicating Insanity observed by myself (8) He is excitable, rambling in his conversation, and his remarks show no connection. He hears voices whispering to him, and is morbidly elated.

(9) *State the Information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others (9)
Robert McWhirr, Head Attendant Crichton Royal Institution, Dumfries, who travelled with him from London last night, states that he was very violent, and repeatedly assaulted him.

(10) *To be signed by medical person certifying.*

Name and Medical Designation (10) Frederick Hugh Clarke M.B.
And Place of Abode Charlotte Street Dumfries.

Dated this Seventeenth day of May One thousand nine hundred and Eleven.

CERTIFICATE OF EMERGENCY.

N.B.—This Certificate is necessary in the event of a Patient being sent to the Institution before the Sheriff's Order is obtained, and it authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any order by the Sheriff. During this period the Sheriff's Order is obtained. When the Certificate of Emergency is employed, both parts should be filled, signed, and dated if possible on the day of removal of the Patient to the Asylum, or otherwise as near the day of removal as possible.

I, the undersigned (1) Charles Marshall Easterbrook ..... (1) State Name of Registered Medical Person.

being a (2) Doctor of Medicine, & Fellow of the Royal College of Physicians of London ..... (2) State Registered Medical qualification.

do hereby certify, on soul and conscience, that I have this day at (3) Crichton ..... (3) State place of Examination.

Royal Institution, Dumfries, in the County of Dumfries .....

have seen and personally examined (4) Charles Owen Beardmore, ... (4) State Name of Patient, in full, Designation, and Address.

Gentleman, of 200 College Street, Toronto Canada .....

and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at Dumfries.

And I further certify that the case of the said person is one of emergency.

Signature of Certifier (5) C. M. Easterbrook, M.D., F.R.C.P. ..... (5) To be signed by Medical Person certifying.

Address of Certifier Crichton House, Dumfries .....

DATED this 17th day of May One thousand nine hundred and 11.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution, Dumfries, to receive therein (1) Charles Owen Beardmore ..... (1) State Name of Patient in full.

to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Petitioner or Applicant stands to Patient, Companion and Valet. acting for W. D. Beardmore.

Signature of Petitioner or Applicant (2) Frederick Archer. ..... (2) To be signed by the Party applying.

Address of Petitioner or Applicant, 200 College Street Toronto, Canada.

DATED this 17th day of May one thousand nine hundred and 11.

Order to be Granted by the Sheriff for the Transmission and Reception of the Lunatic.

I, George Campion, Esquire .....

(1) Sheriff Substitute .....

of Dumfries and Galloway at Dumfries ..... (1) *State whether* Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.

having had produced to me, with a Petition at the instance of (3) Walter D. ..... (2) *State whether* a County or Stewartry.

Beardmore, Manufacturer, 200 College Street, Toronto, Canada ..... (3) *Insert Name and Designation*

Certificates under the hands of George Robert Livingston .....

and Frederick Hugh Clarke ....., being two Medical Persons duly qualified, in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) ..... (4) *Describe the Patient, and if a Pauper, state so.*

Charles Owen Beardmore, 200 College Street, Toronto, Canada (Petr's son) .....

and that the said Charles Owen Beardmore .....

is a (5) person of unsound mind ..... (5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Charles Owen Beardmore .....as a Patient into the Crichton Royal Institution, Dumfries, and I authorize (6) his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Charles Owen Beardmore ..... which accompanied the said Petition. (6) His or her

DATED [at Dumfries] this eighteenth day of May One thousand nine hundred and eleven

(Signature) Geo. Campion

To the Superintendent of the Crichton Royal Institution, Dumfries.

No. 1039. Name Isabella Adelaide Wilson Neely. FORM A

Date of Admission 20th May 1911.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum after the Order of the Sheriff is obtained.

25 and 26 Vict., Cap. 54, Sect. 14.

Petition to the Sheriff to grant Order for the Reception of a Patient into the Crichton Royal Institution, Dumfries.

Unto the Honourable the Sheriff of Dumfries and Galloway and his Substitutes,—at Dumfries

The Petition of (1) Robert John Neely, National Teacher, of Ballygrogan, Newtownards, Co. Down, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that (2) Isabella Adelaide Wilson Neely 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 (4) Isabella Adelaide Wilson Neely to the Crichton Royal Institution, Dumfries, and to sanction (5) her admission into the said Asylum.

(1) Insert Name, Designation, and Residence of the Party applying.

(2) Insert Name of Patient in full.

(3) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

(4) Insert Name of Patient in full.

(5) His or her.

*Signature of Petitioner (6) Robert John Neely.

(6) To be signed by the Party applying.

Dated this (7) nineteenth day of May One thousand nine hundred and eleven.

(7) N.B.—The Date of the Petition must be within fourteen clear days following the dates of the Medical Certificates Nos. I. and II., and not before.

STATEMENT.

If any 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 Adelaide Wilson Neely.
2. Sex and Age,	Female, Thirty-six years.
3. Married, Single, or Widowed,	Married.
4. Condition of life and previous Occupation (if any),	Wife of Robert John Neely, school teacher, Teacher.
5. Religious Persuasion, so far as known,	Presbyterian.
6. Previous Place of Abode,	Ballymoney, Co. Antrim.
7. Place where Found and Examined,	Ballygrogan, Newtownards, Co. Down.
8. Length of Time Insane,	Six weeks.
9. Whether First Attack,	Yes.
10. Age (if known) on First Attack,	Thirty-six years.
11. When and Where previously under Examination and Treatment,	
12. Duration of Existing Attack,	Six weeks.
13. Supposed Cause,	Unknown, Probably following child birth.
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	Yes.
16. Whether Dangerous to Others,	No.
17. Parish or Union to which the Lunatic (if a Pauper) is chargeable,	
18. Christian Name and Surname and Place of Abode of Nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been insane,	Elizabeth Mearns, Ballymoney, Co. Antrim (mother)
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify that, to the best of my knowledge, the above particulars are correctly stated.

Dated this nineteenth day of May One thousand nine hundred and eleven.

*Signature of Petitioner, (1) Robert John Neely.

(1) *To be signed by the Party applying.*

MEDICAL CERTIFICATE.—No. I.

(1) Name of Registered Medical person.
(2) *Set forth the registered qualification entitling the person certifying to grant the Certificate, e.g.*, Member of the Royal College of Physicians in Edinburgh.
(3) Physician, Surgeon, *or otherwise, as the case may be.*
(4) *Insert the Street, and Number of the House (if any), or other like particulars.*
(5) *Insert Name of Patient in full, Designation, and Residence, and if a Pauper, state so.*
(6) *State Name of Patient in full.*
(7) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned (1) David Jamison
being a (2) Licentiate of the Faculty of Physicians and Surgeons Edinburgh and Licentiate of Apothecaries Hall
and being in actual practice as a (3) Surgeon
do hereby certify, on soul and conscience, that I have this day at (4) Ballyrogan near Newtownards in the County of Down Ireland separately from any other Medical Practitioner, visited and personally examined (5) Mrs Isabella Adelaide Wilson or Neely Wife of Robert John Neely School Teacher of Ballyrogan
and that the said (6) Isabella Adelaide Wilson Neely
is a (7) Lunatic and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(8) *State the Facts, e.g.*, as indicated by the Patient's appearance, demeanour, conversation, writings, actions, conduct, etc.

1. Facts indicating Insanity observed by myself (8) She has Hallucinations and Illusions. She is suffering acute mental depression and attempts suicide. She looks at one at once. Cries and wrings her hands and asks everyone to leave her at once or they will die before her.

(9) *State the Information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others (9) Her husband tells me that she has frequently attempted to commit suicide by poisoning herself and also by throwing herself into a river.

(10) *To be signed by medical person certifying.*

Name and Medical Designation (10) David Jamison L.F.P.S.E. &c.
And Place of Abode, Frances Street Newtownards Co. Down

DATED this Nineteenth day of May One thousand nine hundred and eleven.

MEDICAL CERTIFICATE.—No. II.

(1) Name of Registered Medical person.
(2) *Set forth the registered qualification entitling the person certifying to grant the Certificate, e.g.*, Member of the Royal College of Physicians in Edinburgh.
(3) Physician, Surgeon, *or otherwise, as the case may be.*
(4) *Insert the Street, and Number of the House (if any), or other like particulars.*
(5) *Insert Name of Patient in full, Designation and Residence, and if a Pauper, state so.*
(6) *State Name of Patient in full.*
(7) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned (1) Robert Bailie
being a (2) Bachelor of Medicine & Surgery of Trinity College Dublin
and being in actual practice as a (3) Surgeon
do hereby certify, on soul and conscience, that I have this day at (4) Ballyrogan near Newtownards in the County Down, Ireland separately from any other Medical Practitioner visited and personally examined (5) Isabella Adelaide Wilson Neely
and that the said (6) Isabella Adelaide Wilson Neely
is a (7) 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:—

(8) *State the Facts, e.g.*, as indicated by the Patient's appearance, demeanour, conversation, writings, actions, conduct, etc.

1. Facts indicating Insanity observed by myself (8) She is continually wringing her hands and weeping and has illusions that she has some dreadful disease which she gives to everyone she looks at. Now. She has no such disease. She dislikes & hates & has the power of killing anyone by looking at them.

(9) *State the Information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others (9) The husband states she has several times tried to commit suicide by poisoning herself and drowning herself.

(10) *To be signed by medical person certifying.*

Name and Medical Designation (10) Robert Bailie M. D.
And Place of Abode, 12 Conway Square Newtownards.

DATED this 19th day of May One thousand nine hundred and eleven.

CERTIFICATE OF EMERGENCY.

N.B.—This Certificate is necessary in the event of a Patient being sent to the Institution before the Sheriff's Order is obtained, and it authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any order by the Sheriff. During this period the Sheriff's Order is obtained. When the Certificate of Emergency is employed, both parts should be filled, signed, and dated if possible on the day of removal of the Patient to the Asylum, or otherwise as near the day of removal as possible.

I, the undersigned (1) David Jamison, being a (2) Licentiate of the Faculty of Physicians and Surgeons Glasgow and Licentiate of Apothecaries Hall Dublin do hereby certify, on soul and conscience, that I have this day at (3) Ballygowan near Newtownards in the County of Down Ireland seen and personally examined (4) Mrs Isabella Adelaide Wilson Neely of Robert John Neely of Ballygowan near Newtownards Co Down Ireland and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at Dumfries.

(1) State Name of Registered Medical Person.
(2) State Registered Medical qualification.
(3) State place of Examination.
(4) State Name of Patient, in full, Designation, and Address.

And I further certify that the case of the said person is one of emergency.

**Signature of Certifier* (5) David Jamison L.F.P.S.G. L.A.H.D.
Address of Certifier Frances Street Newtownards Co Down Ireland

(5) To be signed by Medical Person certifying.

DATED this nineteenth day of May One thousand nine hundred and eleven.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution, Dumfries, to receive therein (1) Isabella Adelaide Wilson Neely to whom the foregoing Certificate of Emergency refers.

(1) State Name of Patient in full.

Relationship or other capacity in which Petitioner or Applicant stands to Patient, Husband.
**Signature of Petitioner or Applicant* (2) Robert John Neely,
Address of Petitioner or Applicant, Ballygowan, N.T.Ards, Co. Down, Ireland.

(2) To be signed by the Party applying.

DATED this nineteenth day of May one thousand nine hundred and eleven.

Order to be Granted by the Sheriff for the Transmission and Reception of the Lunatic.

I George Campion, Esquire
(1) Sheriff Substitute
of Dumfries and Galloway at Dumfries
having had produced to me, with a Petition at the instance of (3) Robert John Neely National Teacher, of Ballygowan, Newtownards, Co. Down
Certificates under the hands of David Jamison
and Robert Bailey, being two Medical Persons duly qualified, in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Adelaide Wilson Neely, Ballygowan, Newtownards, Co Down (Petr's Wife)
and that the said Isabella Adelaide Wilson Neely
is a (5) lunatic and an insane person
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Isabella Adelaide Wilson Neely as a Patient into the Crichton Royal Institution, Dumfries, and I authorize (6) her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Isabella Adelaide Wilson Neely which accompanied the said Petition.

(1) *State whether* Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) *State whether a* County *or* Stewartry.
(3) *Insert Name and Designation*
(4) *Describe the Patient, and if a Pauper, state so.*
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) His or her

DATED [at Dumfries] this twenty third day of May One thousand nine hundred and eleven

(Signature) Geo. Campion

To the Superintendent of the Crichton Royal Institution, Dumfries.

No. 10310. Name John Begg.

FORM A

Date of Admission 20th May 1911.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum after the Order of the Sheriff is obtained.

25 and 26 Vict., Cap. 54, Sect. 14.

Petition to the Sheriff to grant Order for the Reception of a Patient into the Crichton Royal Institution, Dumfries.

Unto the Honourable the Sheriff of Dumfries and Galloway and his Substitutes,—at Dumfries

The Petitioner (1) William Kennedy Inspector of Poor, Holywood,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that (2) John Begg 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 (4) John Begg to the Crichton Royal Institution, Dumfries, and to sanction (5) his admission into the said Asylum.

(1) Insert Name, Designation, and Residence of the Party applying.

(2) Insert Name of Patient in full.

(3) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

(4) Insert Name of Patient in full.

(5) His or her.

Signature of Petitioner (6) Wm Kennedy

(6) To be signed by the Party applying.

Dated this (7) 20th day of May One thousand nine hundred and eleven.

(7) N.B.—The Date of the Petition must be within fourteen clear days following the dates of the Medical Certificates Nos. I. and II., and not before.

STATEMENT.

If any 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 Begg.
2. Sex and Age,	Male, 60 years.
3. Married, Single, or Widowed,	Married
4. Condition of life and previous Occupation (if any),	Shepherd (retired disabled)
5. Religious Persuasion, so far as known,	Protestant.
6. Previous Place of Abode,	Moss side, Holywood.
7. Place where Found and Examined,	Moss side.
8. Length of Time Insane,	Some 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,	Some weeks.
13. Supposed Cause,	—
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Has threatened to commit suicide.
16. Whether Dangerous to Others,	Not so far actively dangerous.
17. Parish ~~or Union~~ to which the Lunatic (if a Pauper) is chargeable,	Holywood.
18. Christian Name and Surname and Place of Abode of Nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been insane,	Jane Connell or Begg, wife Moss side, Holywood 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.

Dated this twentieth day of May One thousand nine hundred and eleven.

Signature of Petitioner, (1) Wm Kennedy

(1) *To be signed by the Party applying.*

MEDICAL CERTIFICATE.—No. I.

(1) Name of Registered Medical person.
(2) *Set forth the registered qualification entitling the person certifying to grant the Certificate, e.g.*, Member of the Royal College of Physicians in Edinburgh.
(3) Physician, Surgeon, *or otherwise, as the case may be.*
(4) *Insert the Street, and Number of the House (if any), or other like particulars.*
(5) *Insert Name of Patient in full, Designation, and Residence, and if a Pauper, state so.*
(6) *State Name of Patient in full.*
(7) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned (1) George Robert Livingston
being a (2) Doctor of Medicine of Edinburgh University
and being in actual practice as a (3) Physician & Surgeon
do hereby certify, on soul and conscience, that I have this day at (4) Mossside Holywood Dumfries in the County
visited and personally examined (5) John Begg pauper lunatic Holywood separately from any other Medical Practitioner
and that the said (6) John Begg
is a (7) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(8) *State the Facts, e.g.*, as indicated by the Patient's appearance, demeanour, conversation, writings, actions, conduct, etc.

1. Facts indicating Insanity observed by myself (8)
His insane manner & appearance
Sits listlessly gazing at space
Tells me he is sick of life & will destroy himself.

(9) *State the Information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others (9)
Mrs Jane Connell or Begg his wife tells me his nature has changed during the last few weeks. That she can no longer manage him. That he has threatened to commit suicide and also to attack her.

(10) *To be signed by medical person certifying.*

Name and Medical Designation (10) Geo. R. Livingston M.D
And Place of Abode, 47 Castle Street Dumfries

DATED this Nineteenth day of May One thousand nine hundred and Eleven

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MEDICAL CERTIFICATE.—No. II.

(1) Name of Registered Medical person.
(2) *Set forth the registered qualification entitling the person certifying to grant the Certificate, e.g.*, Member of the Royal College of Physicians in Edinburgh.
(3) Physician, Surgeon, *or otherwise, as the case may be.*
(4) *Insert the Street, and Number of the House (if any), or other like particulars.*
(5) *Insert Name of Patient in full, Designation and Residence, and if a Pauper, state so.*
(6) *State Name of Patient in full.*
(7) Lunatic, *or* an insane person, *or* an idiot, or a person of unsound mind.

I, the undersigned (1) James Williamson Martin
being a (2) Fellow of the Royal College of Physicians Edinburgh
and being in actual practice as a (3) General Practitioner
do hereby certify, on soul and conscience, that I have this day at (4) Mossside Holywood Dumfries in the County of
visited and personally examined (5) John Begg pauper at Mossside Holywood separately from any other Medical Practitioner
and that the said (6) John Begg
is a (7) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(8) *State the Facts, e.g.*, as indicated by the Patient's appearance, demeanour, conversation, writings, actions, conduct, etc.

1. Facts indicating Insanity observed by myself (8) He sits dull and listless and apathetic He is disconnected and says at one time he is to be killed and at another time he is to be executed He does not sleep at night

(9) *State the Information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others (9)
His wife Jane Connell or Begg says he is not the same man & looks like a dispositon to attack her & is violent & ungovernable and threatens to strike her & says he is to be killed & that he is to be executed & is constantly wandering from home and always in

(10) *To be signed by medical person certifying.*

Name and Medical Designation (10) James W. Martin M.D
And Place of Abode, 6 Charlotte Street Newbridge Dumfries

DATED this Nineteenth day of May One thousand nine hundred and Eleven

CERTIFICATE OF EMERGENCY.

N.B.—This Certificate is necessary in the event of a Patient being sent to the Institution before the Sheriff's Order is obtained, and it authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any order by the Sheriff. During this period the Sheriff's Order is obtained. When the Certificate of Emergency is employed, both parts should be filled, signed, and dated if possible on the day of removal of the Patient to the Asylum, or otherwise as near the day of removal as possible.

I, the undersigned (1) Walter Dewar Chambers (1) State Name of Registered Medical Person.

being a (2) Bachelor of Medicine of Edinburgh (2) State Registered Medical qualification.

do hereby certify, on soul and conscience, that I have this day at (3) Crichton (3) State place of Examination.

Royal Institution in the County of Dumfries

seen and personally examined (4) John Begg (4) State Name of Patient, in full, Designation, and Address.

and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at Dumfries.

And I further certify that the case of the said person is one of emergency.

*Signature of Certifier (5) W. D. Chambers M.A. M.B. (5) To be signed by Medical Person certifying.

Address of Certifier Crichton Royal Asylum, Dumfries.

DATED this 20th day of May One thousand nine hundred and eleven.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution, Dumfries, to receive therein (1) John Begg (1) State Name of Patient in full.

to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Petitioner or Applicant stands to Patient, Inspector of Poor, accompanying.

*Signature of Petitioner or Applicant (2) Wm Kennedy (2) To be signed by the Party applying.

Address of Petitioner or Applicant, Holywood

DATED this 20th day of May one thousand nine hundred and eleven.

Order to be Granted by the Sheriff for the Transmission and Reception of the Lunatic.

I George Campion, Esquire

(1) Sheriff Substitute (1) *State whether* Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.

of Dumfries and Galloway at Dumfries (2) *State whether a* County or Stewartry.

having had produced to me, with a Petition at the instance of (3) Williams (3) *Insert Name and Designation*

Kennedy, Inspector of Poor, Holywood

Certificates under the hands of George Robert Livingston

and James Williamson Martin, being two Medical Persons duly qualified, in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) John Begg, Shepherd, Mossside, Holywood. (Pauper) (4) *Describe the Patient, and if a Pauper, state so.*

and that the said John Begg

is a (5) person of unsound mind (5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said John Begg as a Patient into the Crichton Royal Institution, Dumfries, and I authorize (6) his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said John Begg which accompanied the said Petition. (6) His or her

DATED [at Dumfries] this twenty third day of May One thousand nine hundred and eleven

(Signature) Geo: Campion

To the Superintendent of the Crichton Royal Institution, Dumfries.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A.]

25 and 26 Vict., Cap. 54, Section 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) Dumfries & Galloway and his Substitutes, ~~Kirkcudbright~~ Stewartry of at Dumfries ~~Kirkcudbright~~

The Petition of Jas Bertram, High Street Gatehouse

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Margaret Bertram your Petitioner's (3) wife is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Margaret Bertram to the Crichton asylum and to sanction her admission into the said Asylum.

(To be signed by the Party applying) Jas Bertram

Dated this 26th (4) day of May One thousand nine hundred and 11

STATEMENT.

If any 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 Bertram
2. Sex and Age, ...	Female 57 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, ...	Gatehouse
7. Place where Found and Examined, ...	High St Gatehouse
8. Length of time Insane, ...	two days
9. Whether First Attack, ...	Yes
10. Age (if known) on First Attack, ...	—
11. When and where previously under Examination and Treatment,(5)	—
12. Duration of Existing Attack, ...	two days
13. Supposed Cause, ...	not known
14. Whether subject to Epilepsy, ...	no
15. Whether Suicidal, ...	no
16. Whether dangerous to others, ...	no
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, ...	—
18. Christian Name and Surname, and Place of Abode of nearest known relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been insane.	Jas Bertram Husband
19. Special Circumstances (if any) preventing the insertion of any of the above particulars, ...	—

I certify that to the best of my knowledge, the above particulars are correctly stated.

Dated this 26th day of May One thousand nine hundred and 11

(To be signed by the party applying) Jas Bertram

P.p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic or an insane person, 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 Dott
being a[1] graduate of Edinburgh university
and being in actual practice as a[2] Physician
do hereby certify, on soul and conscience, that I have this day, at[3] Gatehouse
Kirkcudbright in the County of
visited and personally examined[4] Margaret Bertram separately from any other Medical Practitioner,
the said Margaret Bertram and that
is a[5] person of unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

1. Facts indicating Insanity observed by myself:[6]
She is incoherent in her talk,
violent in her manner & quite
beyond control

2. Other facts (if any) indicating Insanity communicated to me by others:[7]
Her husband says she complains
of hearing strange sounds & has
got beyond his management

Name and Medical Designation, Alexander Dott

Place of Abode Gatehouse

DATED this Twenty Sixth day of May One thousand
nine hundred and Eleven

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic or an insane person, 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 Carruthers Watt
being a[1] Physician & Surgeon. Late Surgn
and being in actual practice as a[2] General Practitioner
do hereby certify on soul and conscience, that I have this day, at[3] High Street
Gatehouse of Fleet in the County of
Kirkcudbright separately from any other Medical Practitioner,
visited and personally examined[4] Margaret Bertram
the said Margaret Bertram is a[5] person and that
of unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds viz.:—

1. Facts indicating Insanity observed by myself:[6]
Behaves in a wild & disorderly manner
Talks in a loud & incoherent manner;
talks about getting potatoes. Getting hands
wetted.

2. Other facts (if any) indicating Insanity communicated to me by others:[7]
The Husband states: Mopping & herself & talk
Speaking. this been going on for about 2 weeks
Husband refused to speak unless spoken to.
Wife said Noticed she was more excited than usual.
Hearing strange people.

Name and Medical Designation. Peter Carruthers Watt

Place of Abode Gatehouse of Fleet

DATED this Twenty Sixth day of May One thousand
nine hundred and Eleven

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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 Dott being (1) a Graduate of Edinburgh University hereby certify on soul and conscience, that I have this day at (2) Gatehouse in the County of Kirkcudbright, seen and personally examined Margaret Bertram, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Dumfries

And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.

(2) State place of examination.

(3) State place at which Asylum is situated.

Alexander Dott M.B. Cm

DATED this Twenty Six day of May One thousand nine hundred and Eleven

(The following should be filled up in every case in which a Certificate of Emergency is acted on.

I hereby request the Superintendent of the Dumfries Asylum and to receive therein Margaret Bertram to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient. Husband

Signature and Address, Jas Bertram Gatehouse

Date, 26th May 1911

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William Primrose, Esquire (1) Honorary Sheriff Substitute of Dumfries and Galloway at Dumfries having had produced to me, with a Petition at the instance of (3) James Bertram, High Street, Gatehouse Certificates under the hands of Alexander Dott and Peter Carruthers Watt being two Medical Persons duly qualified in terms of an Act intituled "An Act for the Regulation of the Care and Treatment 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 Bertram, High Street, Gatehouse (Alex's Wife) and that the said Margaret Bertram is a (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 Bertram as a patient into the (6) Public Asylum of Crichton Royal Institution and I authorize (7) her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Margaret Bertram which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.

(2) State whether a County or Stewartry.

(3) Insert Name and Designation.

(4) Describe him, and if a Pauper, state so.

(5) Lunatic or an Insane Person, or an Idiot, or a Person of unsound mind.

(6) Public, District, Parochial or Private.

(7) His, or her.

DATED [at Dumfries] this twenty seventh day of May One thousand nine hundred and eleven

To the Superintendent of the (8) Public *Asylum of* Crichton Royal Institution, Dumfries

(8) Public, District Parochial, or Private.

(Signature) Wm Primrose

No. 10. 311.

Margaret Bertram.

Adm: 26th May 1911.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (1) Shire or Stewartry.

Unto the Honourable the (1) Sheriff ~~of the (1) Sheriff Dom~~ of Dumfries & Galloway *and his Substitutes,*—at Dumfries

The Petition of James Hutchison

14 Belmont Avenue, Ayr,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Agnes Hutchison your Petitioner's (2) daughter is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Agnes Hutchison to the Crichton Royal Institution Dumfries and to sanction her admission into the said Asylum.

(2) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

(*To be signed by the Party applying*) James Hutchison

(3) The date of the petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 26th (4) day of May One thousand nine hundred and Eleven.

STATEMENT.

If any 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 Hutchison
2. Sex and Age,	Female, 36 years.
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Cattlewoman.
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	14 Belmont Avenue, Ayr
7. Place where Found and Examined,	14 Belmont Avenue, Ayr
8. Length of time Insane,	About 3 months
9. Whether First Attack,	Yes.
10. Age (if known) on First Attack,	36 years
11. When and where previously under Examination and Treatment (5)	Never.
12. Duration of Existing Attack,	About 3 months
13. Supposed Cause,	Unknown.
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	Yes.
16. Whether Dangerous to others,	No.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	✓
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Father, James Hutchison 14 Belmont Avenue, Ayr. None known.
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	None.

(5) If patient has previously in an asylum, state date of latest admission approximately. If previously under observation or treatment, state where.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 26th day of May One thousand nine hundred and Eleven.

(*To be signed by the party applying*) James Hutchison

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Geo. McKellar being a (1) M.B. C.M. of Aberdeen University and being in actual practice as a (2) physician do hereby certify, on soul and conscience, that I have this day, at (3) 14 Belmont Avenue Ayr in the County of Ayr separately from any other Medical Practitioner visited and personally examined (4) Agnes Hutchison, spinster, Belmont Avenue Ayr and the said Agnes Hutchison is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She labours under great depression and suspicion of her friends. She changes completely from the various delusions such as the death of her sister - my self being dead which I do not

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her sister states that she is very depressed that she has many delusions

Name and Medical Designation, Geo. McKellar, M.B.

Place of Abode, 7 Barns St. Ayr

DATED this 25th day of May One thousand nine hundred and eleven

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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, G. Douglas McRae being a (1) M.A. Edinburgh University and being in actual practice as a (2) Physician do hereby certify, on soul and conscience, that I have this day, at (3) 14 Belmont Avenue, Ayr in the County of Ayr separately from any other Medical Practitioner visited and personally examined (4) Agnes Hutchison, Spinster, 14 Belmont Avenue, Ayr, (Gatherwomen) and the said Agnes Hutchison is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She is morbid depressed, taciturn & suspicious. Refuses to converse upon any topic as she labours under delusion that I am a detective. She is rigid, negatives all statements & obstinately resists physical examination as I terrified.

(7) *State the information and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her sister (Miss Janet Hutchison) informs me that the patient is very depressed & has many delusions viz that her relatives are to be executed & her father chloroformed to death

Name and Medical Designation, G. Douglas McRae M.B.

Place of Abode, Glengall House, Ayr.

DATED this 25th day of May One thousand nine hundred and eleven.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, George McKerrow being (1) M.B. C.M. of Glasgow University hereby certify, on soul and conscience, that I have this day, at (2) 14 Belmont Avenue in the County of [illegible], seen and personally examined Agnes Hutchison, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Dumfries

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

And I further certify that the case of the said person is one of Emergency.

George McKerrow

DATED this 25th day of May One thousand nine hundred and eleven

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution, Dumfries ~~Asylum~~ to receive therein Agnes Hutchison to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Father

Signature and Address James Hutchison, 14 Belmont Avenue, Ayr

Date 25th May 1911

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William Primrose, Esquire (1) Honorary Sheriff Substitute of ~~Dumfries~~ and Galloway at Dumfries having had produced to me, with a Petition at the instance of (2) James Hutchison, 14 Belmont Avenue, Ayr Certificates under the hands of George McKerrow and G. Douglas McRae being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (3) Agnes Hutchison, 14 Belmont Avenue, Ayr (Petr's daughter) and that the said Agnes Hutchison is a (4) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Agnes Hutchison as a patient into the (5) Public Asylum of Crichton Royal Institution and I authorize (6) her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Agnes Hutchison which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) His, or her.

DATED [at Dumfries] this twenty seventh day of May One thousand nine hundred and eleven

To the Superintendent of the (8) Public Asylum of Crichton Royal Institution, Dumfries

(8) Public, District, Parochial, or Private.

[*Signature*] Wm Primrose

No. 10.312.

Agnes Hutchison.

Adm: 26th May 1911.

N.B.—This FORM shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

25 and 26 Vict., Cap. 54, Section 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Unto the Honourable the (1) Sheriff *of the* (2) County *of* Dumfries *and his Substitutes,*—at Dumfries

The Petition of Mary Paterson, Braehead, Lochmaben

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that David Paterson 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 David Paterson to the Crichton Asylum Dumfries and to sanction his admission into the said Asylum.

(To be signed by the Party applying) Mary Paterson

DATED this 31 31st (4) day of May One thousand nine hundred and eleven

STATEMENT.

If any 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 Paterson
2. Sex and Age, ...	male - 74 years
3. Married, Single, or Widowed, ...	married
4. Condition of Life and previous Occupation (if any), ...	retired engineer
5. Religious Persuasion, so far as known,	Church of Scotland
6. Previous Place of Abode, ...	Braehead. Lochmaben
7. Place where Found and Examined, ...	Braehead. Lochmaben
8. Length of time Insane, ...	has been strange for about the year
9. Whether First Attack, ...	yes
10. Age (if known) on First Attack, ...	about the year
11. When and where previously under Examination and Treatment,(5)	not known (Quietly)
12. Duration of Existing Attack, ...	yes
13. Supposed Cause, ...	yes
14. Whether subject to Epilepsy, ...	no
15. Whether Suicidal, ...	Private Patient
16. Whether dangerous to others, ...	Mrs Mary Paterson Braehead Lochmaben wife. none
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, ...	
18. Christian Name and Surname, and Place of Abode of nearest known relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been insane.	
19. Special Circumstances (if any) preventing the insertion of any of the above particulars, ...	

I certify that to the best of my knowledge, the above particulars are correctly stated.

DATED this 31st day of May One thousand nine hundred and eleven

(To be signed by the party applying) Mary Paterson

P.p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whose derived.*

I, the undersigned, Monastecid ——— being a[1] Doctor of Medicine of Glasgow Universit and being in actual practice as a[2] General Medical Practitione do hereby certify, on soul and conscience, that I have this day, at[3] Brachead Lochmaben in the County of Dumfries separately from any other Medical Practitione visited and personally examined[4] David Paterson. Brachead Lochmaben and th the said David Paterson ——— 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] He says that life is worth living and what is the use of praying to live murder is a bad thing. but that he will commit suicide. and that he will cut his throat. to get away from delusions about life

2. Other facts (if any) indicating Insanity communicated to me by others :[7]

Mrs Mary Paterson his wife says that he has attempted suicide. once by hanging and twice by trying to cut throat. and that the last time (30th May) they had a struggle to get a knife from him.

Name and Designation. Monastecid M.B.

Place of Abode Lochmaben

DATED this thirty-first day of May One thousand nine hundred and eleven

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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 whose derived.*

I, the undersigned, Frederick Hugh Clarke ——— being a[1] Bachelor of Medicine & Master in Surgery of Glasgow University and being in actual practice as a[2] Physician and Surgeon do hereby certify on soul and conscience, that I have this day, at[3] The Crichton Institution - Dumfries. ——— in the County of Dumfries ——— separately from any other Medical Practitioner visited and personally examined[4] David Paterson. Retired Engineer. Brachead. Lochmaben. ——— and that the said David Paterson ——— is a[5] person of unsound mind ——— and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds viz. :—

1. Facts indicating Insanity observed by myself :[6] He is full of delusions. Says he hears voices which tell him of all kinds of things. Says he is 44 years of age and has spent 40 of these in India with beasts. Has many other delusions about himself and of things generally.

2. Other facts (if any) indicating Insanity communicated to me by others :[7]

Name and Medical Designation. Fred. Hugh Clarke, M.B.

Place of Abode Clarke Street Dumf

DATED this thirty-first day of May One thousand nine hundred and eleven years

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned Macmaster Glasgow University being (1) a Doctor of Medicine of hereby certify on soul and conscience, that I have this day at (2) Brachead in the County of Dumfries, seen and personally examined David Paterson, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Crichton Asylum, Dumfries

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

And I further certify that the case of the said person is one of Emergency.

Macmaster. M.D.

Dated this 31st day of May One thousand nine hundred and eleven.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.

I hereby request the Superintendent of the Crichton Asylum Dumfries Asylum and to receive therein David Paterson to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient. Wife

Signature and Address. Mary Paterson
Brachead Lochmaben

Date. 31st May 1911

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I George Campion (1) Esquire, Sheriff Substitute of the Dumfries and Galloway, at Dumfries having had produced to me, with a Petition at the instance of (2) Mrs Mary Paterson, Brachead, Lochmaben Certificates under the hands of Thomas Reid and Frederick Hugh Clarke being two Medical Persons duly qualified in terms of an Act intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (3) David Paterson, Petitioner's Husband, Brachead, Lochmaben (Par. Dumfries) and that the said David 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 David Paterson as a patient into the (6) Public Asylum of Crichton Royal Institution, Dumfries, and I authorize (7) his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said David Paterson, which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper state so.
(5) Lunatic or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial or Private.
(7) His, or her.

Dated [at Dumfries] this Second day of June, One thousand nine hundred and eleven years.

To the Superintendent of the Public Asylum of Crichton Royal Institution Dumfries.

(Signature) Geo. Campion

(8) Public, District, Parochial, or Private.

No: 10·313.

David Paterson.

Adm: 31st day 1911.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM 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 Dumfriesshire and his Substitutes,—at Dumfries

The Petition of John B Leslie Inspector of Poor Kirkpatrick Fleming,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Robert Lindsay ~~John B Leslie Inspector of Poor~~ Pauper your Petitioner's (3) is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Robert Lindsay to the Crichton Royal Institution and to sanction his admission into the said Asylum.

(3) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

(*To be signed by the Party applying*) John B Leslie

DATED this Thirtieth ~~first~~ (4) day of May One thousand nine hundred and eleven

(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 Lindsay
2. Sex and Age,	Male
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Labourer
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Toppinghead Kirkpatrick-Fleming.
7. Place where Found and Examined,	Toppinghead Kirkpatrick-Fleming
8. Length of time Insane,	~~About a fortnight~~ about three months
9. Whether First Attack,	Second Attack
10. Age (if known) on First Attack,	Seventy years
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	Toppinghead.
12. Duration of Existing Attack,	about a fortnight
13. Supposed Cause,	Attended himself to get done in body
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	yes. (thought to do so-
16. Whether Dangerous to others,	at times
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Kirkpatrick Fleming
18. Date of becoming Chargeable,	Thirtieth May 1911
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Hannah Lindsay-(his wife) Toppinghead No member of the family has been known 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 Thirtieth day of May, One thousand nine hundred and eleven,

(*To be signed by the party applying*) John B Leslie

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 & Fac Phys & Surg Glasg
and being in actual practice as a (2) genl medical practitioner
do hereby certify, on soul and conscience, that I have this day, at (3) Toffingham
Kirkpatrick Fleming, in the County of
Dumfries separately from any other Medical Practitioner
visited and personally examined (4) Robert Lindsay, Toffingham
pauper and that
the said Robert Lindsay is a (5) person of
unsound mind and a proper Person to be detained
under Care and Treatment, 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 greatly depressed; he has delusions; he attempted to push his handkerchief into his throat.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
His wife says that is no rest night or day for anyone in the house because of patient who constantly moans, & when not moaning talks of imaginary enemies

Name and Medical Designation, William Carruthers MRCP

Place of Abode, Kirkpatrick Flemming

DATED this thirty first day of May One thousand ~~eight~~ nine hundred and eleven.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Elder
being a (1) Bachelor of Medicine & Surgery Glasgow University
and being in actual practice as a (2) physician & surgeon
do hereby certify, on soul and conscience, that I have this day, at (3) Toffingham
Kirkpatrick Fleming in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Robert Lindsay Toffingham
Pauper and that
the said Robert Lindsay 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)
States that there are things which appear before him to hurt him. He appears unable to define them. He is silent, moaning and replies can only be elicited with difficulty

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
His wife's statement is "He is much as before when he had a former attack & threatened trying to kill others"

Name and Medical Designation, Wm Elder MB CM

Place of Abode Linda Villa Annan

DATED this thirty first day of May One thousand ~~eight~~ nine hundred and eleven.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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 Elder being (1) Bachelor of medicine & Surgery Glasgow University hereby certify, on soul and conscience, that I have this day, at (2) Toppingfoot in the County of Dumfries, seen and personally examined Robert Lindsay, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.

Wm Elder M.B.

DATED this thirty first day of May One thousand ~~eight~~ nine hundred and eleven

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Asylum to receive therein Robert Lindsay to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, medical adviser

Signature and Address Wm Elder Linda Villa Dumfries

Date thirty first May nineteen hundred ~~and~~ eleven

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, George Campion, Esquire (1) Sheriff Substitute of ~~Dumfries~~ and Galloway at Dumfries having had produced to me, with a Petition at the instance of (2) John B. Leslie, Inspector of Poor, Kirkpatrick Fleming Certificates under the hands of William Carruthers and William Elder, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Lindsay Toppinghead, Kirkpatrick Fleming (Pauper) and that the said Robert Lindsay is a (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 Lindsay as a Patient into the (6) Public Asylum of Crichton Royal and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Robert Lindsay which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.

DATED this second day of June One thousand ~~eight~~ nine hundred and eleven

Geo. Campion

To the Superintendent of the (7) Public Asylum of Crichton Royal Dumfries

(7) Public, District, Parochial, or Private.

No. 10-314.

Robert Lindsay.

(Kirkpatrick Fleming)

Adm: 1st June 1911.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 *and his Substitutes—*

of Dumfries

The Petition of Henry B. Reid, Inspector of Poor, Dumfries,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Fanny Paterson, 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 Fanny Paterson, to the Crichton Royal asylum and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(To be signed by the Party applying) Henry B Reid.

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this thirtyfirst (4) day of May One thousand nine hundred and Eleven 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,	Fanny Paterson
2. Sex and Age,	Female - 21
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Laundrywoker.
5. Religious Persuasion, so far as known,	Presbyterian
6. Previous Place of Abode,	Crichton Laundry, Dumfries.
7. Place where Found and Examined,	Do. Do.
8. Length of time Insane,	a few days
9. Whether First Attack,	—
10. Age (if known) on First Attack,	—
11. When and where previously under Examination and Treatment (5)	Nowhere
12. Duration of Existing Attack,	a few days
13. Supposed Cause,	Not Known
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dumfries.
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Annie Inglis or Paterson, Mother, address unknown.
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

(5) If patient has been previously in an Establishment, state fact, and date of latest admission or approximate thereto. If never previously under examination or treatment state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Thirtieth day of May One thousand nine hundred and Eleven years.

(To be signed by the party applying) Henry B Reid.

T & A. C.—February 1911.

MEDICAL CERTIFICATE. No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Peter Murray Kerr being a (1) Bachelor of Medicine and Master in Surgery of the University of Edinburgh. and being in actual practice as a (2) Medical Practitioner do hereby certify, on soul and conscience, that I have this day, at (3) Crichton Royal Institution Laundry. in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Fanny Paterson. Pauper Crichton Laundry and that the said Fanny 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 is weak-minded and shows lack of control. She is very untidy and dirty in her person.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Mrs Connell, Laundry Mistress, informs me that she has not noticed in her work is very untidy. Does the ordinarily work on her own.

Name and Medical Designation, Peter Murray Kerr MB

Place of Abode, 20 Castle Street Dumfries

DATED this Twenty ninth day of May One thousand nine hundred and eleven years.

MEDICAL CERTIFICATE. No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Frederick Hugh Clarke being a (1) Bachelor of Medicine & Master in Surgery of Glasgow University and being in actual practice as a (2) Physician & Surgeon do hereby certify, on soul and conscience, that I have this day, at (3) The Laundry Crichton Royal Institution Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Fanny Paterson. Spinster, Pauper, at that address, and that the said Fanny 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 is weak in mind and facile. In my opinion she is unable to take care of herself, or work to earn her living.

(7) *State the information and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, Fred: Hugh Clarke MB

Place of Abode, Charlotte Street. Dumfries

DATED this Thirtieth day of May One thousand nine hundred and eleven.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Peter Murray Kerr being (1) Graduate of Medicine Institution Laundry hereby certify, on soul and conscience, that I have this day, at (2) Crichton Royal in the County of Dumfries, seen and personally examined Fanny Paterson, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Dumfries

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

And I further certify that the case of the said person is one of Emergency.

Peter Murray Kerr.

DATED this Twenty-ninth day of May One thousand nine hundred and eleven years

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Asylum to receive therein Fanny Paterson to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Inspector of Poor

Signature and Address Henry B Reid., Dumfries.

Date 30th May, 1911.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, George Campion, Esquire (1) Sheriff Substitute of ~~Dumfries~~ and Galloway at Dumfries having had produced to me, with a Petition at the instance of (2) Henry B. Reid, Inspector of Poor, Dumfries Certificates under the hands of Peter Murray Kerr and Frederick Hugh Clarke being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Fanny Paterson, Laundryworker, Crichton Laundry, Dumfries (Pauper) and that the said Fanny 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 Fanny Paterson as a patient into the (6) Public Asylum of Crichton Royal and I authorize (7) her transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Fanny Paterson which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) His, or her.

DATED [at Dumfries] this Thirty first day of May One thousand nine hundred and eleven

To the Superintendent of the (6) Public *Asylum of* Crichton Royal, Dumfries.

(6) Public, District, Parochial, or Private.

[Signature] Geo: Campion

No. 10·315.

Fanny Paterson
(Dumfries.)

Admr: 1st June 1911.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A.]

25 and 26 Vict., Cap. 54, Section 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) Dumfries & Galloway *and his Substitutes,*

The Petition of William Clarke Inspector of Poor Lochmaben Parish humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Sarah Taylor Currie Dick 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 Taylor Currie Dick to the Southern Counties asylum and to sanction her admission into the said Asylum.

(To be signed by the Party applying) William Clarke

Dated this second (4) day of June One thousand nine hundred and Eleven

STATEMENT.

If any 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 Taylor Currie Dick
2. Sex and Age, ...	Female . 37 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,	Presbyterian (U. F. church)
6. Previous Place of Abode, ...	33 Bruce Street, Lochmaben
7. Place where Found and Examined, ...	Two weeks
8. Length of time Insane, ...	first
9. Whether First Attack, ...	37 years
10. Age (if known) on First Attack, ...	
11. When and where previously under Examination and Treatment,(3)	
12. Duration of Existing Attack, ...	Two weeks
13. Supposed Cause, ...	not Known
14. Whether subject to Epilepsy, ...	no
15. Whether Suicidal, ...	yes
16. Whether dangerous to others, ...	no
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, ...	Lochmaben
18. Christian Name and Surname, and Place of Abode of nearest known relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been insane.	John Dick . Father 33 Bruce Street Lochmaben
19. Special Circumstances (if any) preventing the insertion of any of the above particulars, ...	

I certify that to the best of my knowledge, the above particulars are correctly stated.

Dated this Second day of June One thousand nine hundred and Eleven

(To be signed by the party applying) William Clarke

P.M.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Mcmaster
being a[1] Doctor of Medicine of Glasgow Univ
and being in actual practice as a[2] General Medical Practitio
do hereby certify, on soul and conscience, that I have this day, at[3] 33 Bruce
Lochmaben in the County of
Dumfries separately from any other Medical Practitione
visited and personally examined[4] Sarah Taylor Currie Dick
33 Bruce St Lochmaben Pauper and th
the said Sarah Taylor Currie Dick is a[5] person o
unsound mind and a proper person to be detain
under Care and Treatment, and that I have formed this opinion upon the follow
grounds, viz.:—

1. Facts indicating Insanity observed by myself:[6] She has a melanch
oppression, is constantly wringing herself about and c
'Oh dear' she says she cannot help it, that she does as
what makes her do it she means and does say she is for her
such that. and is afraid of something happening them. all of which a

2. Other facts (if any) indicating Insanity communicated to me by others:[7]
John Dick her father says that she was shouting and
and jumping up on the table, and could scarcely be restrain
She threatened to drown herself, and made to get to the loch
she was kept back. She has delusions about persons who have
Name and Medical Designation. Mcmaster M.D.
place and at times
she refuses

Place of Abode Lochmaben

DATED this 2nd day of June One thousa
nine hundred and eleven

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic or an insane person, 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 George Sanders
being a[1] Bachelor of Medicine & Master in Surgery.
and being in actual practice as a[2] Physician & Surgeon
do hereby certify on soul and conscience, that I have this day, at[3] 33 Bruce St
Lochmaben in the County of
Dumfries separately from any other Medical Practitione
visited and personally examined[4] Sarah Taylor Currie Dick
33 Bruce St Lochmaben and th
the said Sarah Taylor Currie Dick 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 a patient
of melancholy, swaying, wringing her hands and
weeping crying. She says things are all wrong
& that she is anxious that because of her parents, thinking
they are being ruined — which are delusions

2. Other facts (if any) indicating Insanity communicated to me by others:[7] Her
States she often refuses to take food when she gets ab
violent and threatens to throw things ab people in the
She threatens to drown herself in the loch.

Name and Medical Designation. Archd G. Sanders M.B. C.M.

Place of Abode Lynedoch, Lochmaben

DATED this 2nd day of June One thousan
nine hundred and Eleven

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned Macaulein being[1] a Doctor of Medicine of Glasgow University, hereby certify on soul and conscience, that I have this day at[2] 33 Bruce St. Lochmaben in the County of Dumfries, seen and personally examined Sarah Taylor Laurie Dick, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at[3] Dumfries

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

And I further certify that the case of the said person is one of Emergency.

Macaulein M.B.

DATED this 2nd day of June One thousand nine hundred and eleven

(The following should be filled up in every case in which a Certificate of Emergency is acted on.

I hereby request the Superintendent of the Crichton Institution and Southern Counties asylum Asylum and to receive therein Sarah Taylor Laurie Dick to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient. Inspector of Poor

Signature and Address. Wm Clarke, 53 High St.

Date. 2nd June 1911

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, George Campion, Sheriff Substitute of the Stewartry of Dumfries and Galloway, at Dumfries, having had produced to me, with a Petition at the instance of[3] William Clarke, Inspector of Poor, Lochmaben, Certificates under the hands of Alfonzo Reid and Archibald George Sanders being two Medical Persons duly qualified in terms of an Act intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined[4] Sarah Taylor Laurie Dick 33 Bruce Street, Lochmaben (a pauper) and that the said Sarah Taylor Laurie Dick is a[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 Taylor Laurie Dick as a patient into the[6] Public Asylum of Southern Counties, Dumfries and I authorize [7] her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Sarah Taylor Laurie Dick which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial or Private.
(7) His, or her.

DATED [at Dumfries] this Second day of June One thousand nine hundred and eleven years.

To the Superintendent of the Public *Asylum of* Crichton Royal Institution Dumfries.

(8) Public, District, Parochial, or Private.

(Signature) Geo. Campion

No. 10·316.

Sarah Taylor Currie Dick.

(Lochmaben)

Adm: 2nd June 1911.

10317. Name Janet McGaw.

FORM A

Date of Admission 2nd June 1911.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum after the Order of the Sheriff is obtained.

25 and 26 Vict., Cap. 54, Sect. 14.

etition to the Sheriff to grant Order for the Reception of a Patient into the Crichton Royal Institution, Dumfries.

ato the Honourable the Sheriff of Dumfries and Galloway and his Substitutes,—

The Petition of (1) Robert M Gaw Joiner Dunmaglass Dalmore

(1) Insert Name, Designation, and Residence of the Party applying.

mbly sheweth that it appears from the subjoined Statement and accompanying Medical rtificates, that (2) Janet M Gaw

(2) Insert Name of Patient in full.

ur Petitioner's (3) Sister Brother is at present in a state of ental Derangement, and a proper person for treatment in an Asylum for the Insane.

(3) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

ay it therefore please your Lordship to authorize the transmission of e said (4) Janet M Gaw

(4) Insert Name of Patient in full.

the Crichton Royal Institution, Dumfries, and to sanction (5) her admission into e said Asylum.

(5) His or her.

Signature of Petitioner (6) Robert M Gaw

(6) To be signed by the Party applying.

DATED this (7) 2nd day of June One thousand ine hundred and Eleven.

(7) N.B.—The Date of the Petition must be within fourteen clear days following the dates of the Medical Certificates Nos. I. and II., and not before.

STATEMENT.

If any 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 M Gaw
2. Sex and Age, - - - - - - Female Aged 51
3. Married, Single, or Widowed, - - Single
4. Condition of life and previous Occupation (if any), - - - - - - House Keeper
5. Religious Persuasion, so far as known, - Protestant
6. Previous Place of Abode, ... - - Dunmaglass
7. Place where Found and Examined, - Dunmaglass
8. Length of Time Insane, - - - - Two weeks
9. Whether First Attack, - - - - Yes
10. Age (if known) on First Attack, - - Fifty one
11. When and Where previously under Examination and Treatment, - - No Time
12. Duration of Existing Attack, - - Two weeks
13. Supposed Cause, - - - - - - Unable to say
14. Whether subject to Epilepsy, - - No
15. Whether Suicidal, - - - - - No
16. Whether Dangerous to Others, - - No
17. Parish or Union to which the Lunatic (if a Pauper) is chargeable, - -
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 M Gaw Dunmaglass Brother Brother insane
19. Special circumstances (if any) preventing the insertion of any of the above particulars, - - - - - - None

I certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 2nd day of June One thousand nine hundred and Eleven.

*Signature of Petitioner, (1) Robert M Gaw

(1) *To be signed by the Party applying.*

MEDICAL CERTIFICATE.—No. I.

(1) Name of Registered Medical person.
(2) *Set forth the registered qualification entitling the person certifying to grant the Certificate, e.g.*, Member of the Royal College of Physicians in Edinburgh.
(3) Physician, Surgeon, *or otherwise, as the case may be.*
(4) *Insert the Street, and Number of the House (if any), or other like particulars.*
(5) *Insert Name of Patient in full, Designation, and Residence, and if a Pauper, state so.*
(6) *State Name of Patient in full.*
(7) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned (1) Ronald Clark
being a (2) MB Univ of Edinburgh Univ
Medy
and being in actual practice as a (3) Physician Surgeon
do hereby certify, on soul and conscience, that I have this day at (4) Dam-
maghaur Kirkmaiden
Wigtown in the County of
separately from any other Medical Practitioner,
visited and personally examined (5) Janet McGaw

and that the said (6) Janet McGaw
is a (7) person of unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

(8) *State the Facts, e.g.*, as indicated by the Patient's appearance, demeanour, conversation, writings, actions, conduct, etc.

1. Facts indicating Insanity observed by myself (8) Patient has
an excited appearance, her talk is quite
disconnected, & meaning-less

(9) *State the Information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others (9)
Robert Simpson informs me that
the patient confided to him that
a former in the near neighbourhood
was in the family to any to her

(10) *To be signed by medical person certifying.*

Name and Medical Designation (10) Ronald Clark MB
And Place of Abode, Drummore Kirkmaiden

Dated this second day of June One thousand
nine hundred and eleven

MEDICAL CERTIFICATE.—No. II.

(1) Name of Registered Medical person.
(2) *Set forth the registered qualification entitling the person certifying to grant the Certificate, e.g.*, Member of the Royal College of Physicians in Edinburgh.
(3) Physician, Surgeon, *or otherwise, as the case may be.*
(4) *Insert the Street, and Number of the House (if any), or other like particulars.*
(5) *Insert Name of Patient in full, Designation and Residence, and if a Pauper, state so.*
(6) *State Name of Patient in full.*
(7) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned (1) James R. Dalrymple
being a (2) Doctor of Medicine
and being in actual practice as a (3) General Practitioner
do hereby certify, on soul and conscience, that I have this day at (4) Dammaghaur
Kirkmaiden in the County of
Wigtown separately from any other Medical Practitioner
visited and personally examined (5) Janet McGaw

and that the said (6) Janet McGaw
is a (7) person of unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz:—

(8) *State the Facts, e.g.*, as indicated by the Patient's appearance, demeanour, conversation, writings, actions, conduct, etc.

1. Facts indicating Insanity observed by myself (8) Patient talked
incoherently during the last consultation I was with her
and failed to give an intelligent answer to any
question asked and had apparently no idea of
the days of the week

(9) *State the Information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others (9)

(10) *To be signed by medical person certifying.*

Name and Medical Designation (10) J. R. Dalrymple MB CM
And Place of Abode, Drummore

Dated this twenty day of June One thousand
nine hundred and eleven

CERTIFICATE OF EMERGENCY.

B.—This Certificate is necessary in the event of a Patient being sent to the Institution before the Sheriff's Order is obtained, and it authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any order by the Sheriff. During this period the Sheriff's Order is obtained. When the Certificate of Emergency is employed, both parts should be filled, signed, and dated if possible on the day of removal of the Patient to the Asylum, or otherwise as near the day of removal as possible.

I, the undersigned (1) Walter Duncanson Chrystal

Being a (2) Bachelor of Medicine & of Surgery, Edinburgh

hereby certify, on soul and conscience, that I have this day at (3) Crichton Royal Institution in the County of Dumfries

saw and personally examined (4) Janet McGaw, Damnaglaur, Drummore

and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at Dumfries.

And I further certify that the case of the said person is one of emergency.

Signature of Certifier (5) Walter Chrystal M.A. M.B.

Address of Certifier Crichton Royal Institution, Dumfries

DATED this Second day of June One thousand nine hundred and eleven

(1) State Name of Registered Medical Person.
(2) State Registered Medical qualification.
(3) State place of Examination.
(4) State Name of Patient, in full, Designation, and Address.
(5) To be signed by Medical Person certifying.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution, Dumfries, to receive therein (1) Janet McGaw, to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Petitioner or Applicant stands to Patient, Brother.

Signature of Petitioner or Applicant (2) Robert M'Gaw

Address of Petitioner or Applicant, Damnaglaur, Drummore

DATED this Second day of June one thousand nine hundred and eleven.

(1) State Name of Patient in full.
(2) To be signed by the Party applying.

Order to be Granted by the Sheriff for the Transmission and Reception of the Lunatic.

I George Campion, Esquire

(1) Sheriff Substitute

of Dumfries and Galloway at Dumfries

having had produced to me, with a Petition at the instance of (3) Robert M'Gaw, Joiner, Damnaglaur, Drummore

Certificates under the hands of Ronald Black and James R. Dalrymple, being two Medical Persons duly qualified, in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 M'Gaw, Damnaglaur, Drummore (sister's sister)

and that the said Janet 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 Janet M'Gaw as a Patient into the Crichton Royal Institution, Dumfries, and I authorize (6) her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Janet M'Gaw which accompanied the said Petition.

DATED [at Dumfries] this third day of June One thousand nine hundred and eleven

(Signature) Geo. Campion

To the Superintendent 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 the Patient, and if a Pauper, state so.*
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) His or her

N.B.—This FORM shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Sheriff or Steward. Shire or Stewartry.

Unto the Honourable the (1) Sheriff of ~~the~~ (2) Dumfries & Galloway *and his Substitutes,—or Dumfries*

The Petition of John Carson, Inspector of Poor. Creetown

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Elizabeth Thomson your Petitioner's (3) Pauper lunatic is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Elizabeth Thomson to the Cricleton Royal Institution and to sanction her admission into the said Asylum.

(3) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

(*To be signed by the Party applying*) John Carson

DATED this Sixth (4) day of June One thousand nine hundred and eleven 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,	Elizabeth Thomson
2. Sex and Age,	Female 57 Years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	General Domestic Servant
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	St. John Street Creetown
7. Place where Found and Examined,	St. John Street Creetown
8. Length of time Insane,	About five days on this occasion
9. Whether first Attack,	no
10. Age (if known) on first Attack,	Thirty one years
11. When and where previously under Examination and Treatment (5)	In Woodilee asylum Glasgow from April 16. 1886 To October 7. 1887
12. Duration of existing Attack,	about five days. In Cricleton Institution from October 7. 1887 To October 15 1892
13. Supposed Cause,	not known
14. Whether subject to Epilepsy,	No do do from December 26. 1900 To May 25. 1901
15. Whether Suicidal,	Yes
16. Whether Dangerous to others,	no do do from April 29. 1905 To April 6. 1907
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Kirkmabreck Parish
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Mary Thomson St. John Street Creetown (Sister)
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

(5) If patient has previously in an Asylum, state the date of latest admission or approximate thereto. If previously under Medical Attendance or Treatment, state that fact.

I certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Sixth day of June One thousand nine hundred and eleven years

(*To be signed by the Party applying*) John Carson.

C. & A. C.—April 1904.

MEDICAL CERTIFICATE. No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and 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, Stuart Jackson Farries being a (1) L.R.C.P. L.R.C.S. Edin. L.F.P.S. Glas. and being in actual practice as a (2) Physician & Surgeon do hereby certify, on soul and conscience, that I have this day, at (3) St. John's Cretown Kirkcudbright in the County separately from any other Medical Practitioner visited and personally examined (4) Elizabeth Thomson St. John St. Cretown (Pauper) and that the said Elizabeth Thomson is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Patient is in an excited state: talks incessantly sometimes laughing sometimes crying, and is rather demonstrative. Her talk is very incoherent and rambling.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Miss Mary Thomson St. John St Cretown (Sister) Symptoms similar to above. Has suicidal tendencies. Once held a pillow tightly over her face evidently with the intention of smothering herself.

Name and Medical Designation, Stuart Jackson Farries L.R.C.P.

Place of Abode, Cretown N.B.

DATED this fifth day of June One thousand nine hundred and eleven

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and 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, David Smith being a (1) Bachelor of Medicine & Master of Surgery of the University of Glasgow and being in actual practice as a (2) general practitioner do hereby certify, on soul and conscience, that I have this day, at (3) St. John's Cretown Kirkcudbright in the County separately from any other Medical Practitioner visited and personally examined (4) Elizabeth Thomson St. John's Cretown Pauper and that the said Elizabeth Thomson is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Although I have known the patient for over twelve years and often seeing her daily she declared today that she had never been in her right mind before and while I was with her instead of paying attention to the questions put to her either kept up a whispered conversation with herself or sang or talked or laughed in a most incoherent manner. She made use of words and expressions which I know she was not in the habit of using.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Mrs Sam. Vernon, Part. present, Cretown (Sister) For some days there has been increasing restlessness and excitation to talk until now she talks all the time. When taken for a walk along a quiet country road she keeps muttering treasure of the clouds by whom she was surrounded

Name and Medical Designation, David Smith M.B.

Place of Abode, Cretown N.B.

DATED this fifth day of June One thousand nine hundred and eleven years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Stuart Jackson Farries being (1) L.R.C.P., L.R.C.S. Edin. L.F.P.S. Glas: hereby certify, on soul and conscience, that I have this day, at (2) St. Cuthbert's in the County of Kirkcudbright, seen and personally examined Elizabeth Thomson, St. John St., Cuthbert, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Dumfries

And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

Stuart Jackson Farries

DATED this fifth day of June One thousand nine hundred and eleven

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution Asylum to receive therein Elizabeth Thomson to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Inspector of Poor accompanying.

Signature and Address D Dunbarton

Date June 6th 1911

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, George Campion, Esquire (1) Sheriff Substitute of the (2) Counties of Dumfries and Galloway at Dumfries having had produced to me, with a Petition at the instance of (3) John Barson, Inspector of Poor, Cuthbert Certificates under the hands of Stewart Jackson Farries and David Smith being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Elizabeth Thomson, St. John Street, Cuthbert (Pauper) — and that the said Elizabeth 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 Elizabeth Thomson as a patient into the (6) Public Asylum of Crichton Royal Institution and I authorize (7) her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Elizabeth Thomson which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) His, or her.

DATED [at Dumfries] this seventh day of June One thousand nine hundred and eleven

To the Superintendent of the (8) Public Asylum of Crichton Royal Institution, Dumfries.

[Signature] Geo: Campion

(8) Public, District, Parochial, or Private.

No. 10·318.

Elizabeth Thomson.

(Kirkmabreck)

Adm: 6 June 1911.

1039 · Name James Douglas Finlayson

FORM A

Date of Admission 8 June 1911

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum after the Order of the Sheriff is obtained.

25 and 26 Vict., Cap. 54, Sect. 14.

Petition to the Sheriff to grant Order for the Reception of a Patient into the Crichton Royal Institution, Dumfries.

Into the Honourable the Sheriff of Dumfries and Galloway and his Substitutes,—at Dumfries

The Petition of (1) Mr Colin Finlayson
4 Sardinia Terrace, Hillhead, Glasgow

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that (2) Mr James Douglas Finlayson
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 (4) James Douglas Finlayson to the Crichton Royal Institution, Dumfries, and to sanction (5) his admission into the said Asylum.

(1) Insert Name, Designation, and Residence of the Party applying.

(2) Insert Name of Patient in full.

(3) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

(4) Insert Name of Patient in full.

(5) His or her.

Signature of Petitioner (6) Colin D. Finlayson

(6) To be signed by the Party applying.

DATED this (7) 8th day of June One thousand nine hundred and eleven

(7) N.B.—The Date of the Petition must be within fourteen clear days following the dates of the Medical Certificates Nos. I. and II., and not before.

STATEMENT.

If any 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 Douglas Finlayson
2. Sex and Age,	male 18 years
3. Married, Single, or Widowed,	Single
4. Condition of life and previous Occupation (if any),	Boy, nothing
5. Religious Persuasion, so far as known,	Presbyterian
6. Previous Place of Abode,	4 Sardinia Terrace, Hillhead, Glasgow
7. Place where Found and Examined,	
8. Length of Time Insane,	8 months
9. Whether First Attack,	first
10. Age (if known) on First Attack,	18 years
11. When and Where previously under Examination and Treatment,	known before under treatment —
12. Duration of Existing Attack,	8 months
13. Supposed Cause,	influenza
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	Yes
16. Whether Dangerous to Others,	no
17. Parish or Union to which the Lunatic (if a Pauper) is chargeable,	
18. Christian Name and Surname and Place of Abode of Nearest known Relative of the Patient, and degree of Relstionship (if known), and whether any Member of his Family known to be or to have been insane,	Mr Colin Finlayson (Father) 4 Sardinia Terrace no history of insanity in family
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	none

I certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 8th day of June One thousand nine hundred and eleven

*Signature of Petitioner, (1) Colin D. Finlayson (6) to be signed by the Party applying.

MEDICAL CERTIFICATE.—No. I.

(1) Name of Registered Medical person.
(2) *Set forth the registered qualification entitling the person certifying to grant the Certificate, e.g.*, Member of the Royal College of Physicians in Edinburgh.
(3) Physician, Surgeon, *or otherwise, as the case may be.*
(4) *Insert the Street, and Number of the House (if any), or other like particulars.*
(5) *Insert Name of Patient in full, Designation, and Residence, and if a Pauper, state so.*
(6) *State Name of Patient in full.*
(7) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned (1) James Carslaw
being a (2) Bachelor of Medicine & Master of Surgery, Glasgow University
and being in actual practice as a (3) Physician
do hereby certify, on soul and conscience, that I have this day at (4) 4 Sardinia Terrace, Hillhead in the County Glasgow separately from any other Medical Practitioner visited and personally examined (5) James Douglas Ferguson 4 Sardinia Terrace
and that the said (6) James Douglas Ferguson
is a (7) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(8) *State the Facts, e.g.*, as indicated by the Patient's appearance, demeanour, conversation, writings, actions, conduct, etc.

1. Facts indicating Insanity observed by myself (8) I have known the patient for some years. He has been moody & never applied himself to any work. On October 10th he attempted to commit suicide by jumping out of a window & nearly killed himself. Since he recovered from the accident he has continued moody & depressed. He is reluctant to eat & has to be forced to take up the spoon to

(9) *State the Information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others (9) His father says that he has not spoken to him for some weeks & sometimes points to what he wants instead of speaking. His mother says he went to bed & the light has only been out each night for three nights.

(10) *To be signed by medical person certifying.*

Name and Medical Designation (10) James Carslaw M.B.C.M.
And Place of Abode, 6 Woodside Crescent, Glasgow

Dated this seventh day of June One thousand nine hundred and eleven.

MEDICAL CERTIFICATE.—No. II.

(1) Name of Registered Medical person.
(2) *Set forth the registered qualification entitling the person certifying to grant the Certificate, e.g.*, Member of the Royal College of Physicians in Edinburgh.
(3) Physician, Surgeon, *or otherwise, as the case may be.*
(4) *Insert the Street, and Number of the House (if any), or other like particulars.*
(5) *Insert Name of Patient in full, Designation and Residence, and if a Pauper, state so.*
(6) *State Name of Patient in full.*
(7) Lunatic, *or* an insane person, or an idiot, or a person of unsound mind.

I, the undersigned (1) James R.C. Grundy
being a (2) Bachelor of Medicine
and being in actual practice as a (3) Physician
do hereby certify, on soul and conscience, that I have this day at (4) 4 Sardinia Terrace, Hillhead in the County Glasgow separately from any other Medical Practitioner visited and personally examined (5) James Douglas Ferguson Glasgow 4 Sardinia Terrace, Hillhead Glasgow
and that the said (6) James Douglas Ferguson
is a (7) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(8) *State the Facts, e.g.*, as indicated by the Patient's appearance, demeanour, conversation, writings, actions, conduct, etc.

1. Facts indicating Insanity observed by myself (8) I saw him immediately after his attempt to commit suicide. And thought I found him sitting in a chair in back room out of which he will not move. He is obstinately opposed to anything & hauled me over the head & kicked at his mother & sister for suggesting he do anything. I could get no answer to the questions I put to him. He refused to take food for expression. Spoke to him & got no reply. Could not ascertain if he has any other trouble but Dr Ogilvie says he does not want to go out at present.

(9) *State the Information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others (9) His mother states that he is moody that she cannot get him to go out of doors or to do anything in the house. He sits in his room & reads and refuses to do anything. Food has to be taken to bedroom. Refuses his meals. Mother & sister say he has not been out of his room for three days. His father gets into room & attempts to persuade him to go out but he refuses to do so.

(10) *To be signed by medical person certifying.*

Name and Medical Designation (10) James R.C. Grundy M.B.C.M.
And Place of Abode, 6 Buckingham Terrace

Dated this seventh day of June One thousand nine hundred and eleven.

CERTIFICATE OF EMERGENCY.

N.B.—This Certificate is necessary in the event of a Patient being sent to the Institution before the Sheriff's Order is obtained, and it authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any order by the Sheriff. During this period the Sheriff's Order is obtained. When the Certificate of Emergency is employed, both parts should be filled, signed, and dated if possible on the day of removal of the Patient to the Asylum, or otherwise as near the day of removal as possible.

I, the undersigned (1) James Carslaw

Having a (2) Bachelor of Medicine & Master of Surgery, Glasgow University

hereby certify, on soul and conscience, that I have this day at (3) 4

Sardinia Terrace, Hillhead in the County of Glasgow

seen and personally examined (4) James Douglas Finlayson,

4 Sardinia Terrace,

and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at Dumfries.

And I further certify that the case of the said person is one of emergency.

Signature of Certifier (5) James Carslaw

Address of Certifier 6 Woodend Crescent

DATED this seventh day of June One thousand nine hundred and eleven

(1) State Name of Registered Medical Person.
(2) State Registered Medical qualification.
(3) State place of Examination.
(4) State Name of Patient, in full, Designation, and Address.
(5) To be signed by Medical Person certifying.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution, Dumfries, to receive therein (1) Mr James Douglas Finlayson to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Petitioner or Applicant stands to Patient Father

Signature of Petitioner or Applicant (2) Colin J. Finlayson

Address of Petitioner or Applicant 4 Sardinia Terrace Hillhead

DATED this 9th day of June one thousand nine hundred and eleven

(1) State Name of Patient in full.
(2) To be signed by the Party applying.

Order to be Granted by the Sheriff for the Transmission and Reception of the Lunatic.

I, George Campion, Esquire

(1) Sheriff Substitute

of Dumfries and Galloway at Dumfries

having had produced to me, with a Petition at the instance of (3) Colin Finlayson, 4 Sardinia Terrace, Hillhead, Glasgow

Certificates under the hands of James Carslaw, and James R. le Breuilles, being two Medical Persons duly qualified, in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Douglas Finlayson, 4 Sardinia Terrace, Hillhead, Glasgow (eldest son)

and that the said James Douglas Finlayson

is a (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 Douglas Finlayson as a Patient into the Crichton Royal Institution, Dumfries, and I authorize (6) his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said James Douglas Finlayson which accompanied the said Petition.

DATED [at Dumfries] this ninth day of June One thousand nine hundred and eleven

(Signature) Geo. Campion

To the Superintendent 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 the Patient, and if a Pauper, state so.*
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) His or her

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of ~~the~~ (2) Dumfries & Galloway, *and his Substitutes,*—at Dumfries

The Petition of John Gardiner Drumsleburnhaa Kirkcowan

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Annie Gardiner 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 Annie Gardiner to the Crichton Royal Inst.n 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 Gardiner

DATED this ninth (4) day of June One thousand ~~eight~~ nine hundred and eleven.

(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,	Annie Gardiner
2 Sex and Age,	36. Female
3 Married, Single, or Widowed,	Married
4 Condition of Life, and previous Occupation (if any),	—
5 Religious Persuasion, so far as known,	Protestant
6 Previous Place of Abode,	Drumsleburnhaa
7 Place where Found and Examined,	Drumsleburnhaa
8 Length of time Insane,	—
9 Whether first Attack,	No
10 Age (if known) on first Attack,	about 30
11 When and where previously under Examination and Treatment,	A week ago in 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,	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 Gardiner Crofter Drumsleburnhaa Husband
20 Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this ninth day of June One thousand ~~eight~~ nine hundred and eleven.

(*To be signed by Party applying*) John Gardiner

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, 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 Stothart Wells being a (1) Licenciate of the Royal College of Physicians and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Drummuir Keith in the County separately from any other Medical Practitioner visited and personally examined (4) Anne Gardiner and the said Anne 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) Patient talks nonsense, continuously & often refuses to speak & spoken to, & when she does answer, her speech is irrelevant in relation to the question asked

2. Other facts (if any) indicating Insanity communicated to me by others: (7) husband informs me that she is continuously for sexual connection, responses her female friends since her discharge a week ago, she has not slept altogether 6 hours.

Name and Medical Designation, Robert S. Wells

Place of Abode, Kukkeswan

DATED this Eighth day of June One thousand eight hundred and Eleven

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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 Ferguson being a (1) Bachelor of Medicine of Edinburgh University and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Auchlea Royal Institution Drumfries in the County of Drumfries separately from any other Medical Practitioner visited and personally examined (4) Wm Anne Gardiner Esq residing at Drummuir Keith Kukeswan Keith and the said Anne 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)
Her insane appearance & behaviour Vacant look - Imbecility in demeanour & answers Questions - Has a indifference to her surroundings

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, Thomas Ferguson M.D.

Place of Abode, 16 Castle St Drumfries

DATED this Sixth day of June One thousand eight hundred and Eleven years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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 Stothart Wells being (1) Licentiate of the Royal College of Surgeons Physician hereby certify, on soul and conscience, that I have this day, at (2) Drummuebrennan in the County of Kirkcowan, seen and personally examined Annie Gardiner, and that the said person is of unsound mind, and 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. Wells L.R.C.P.S.

DATED this Eighth day of June One thousand eight nine hundred and eleven years.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution, Dumfries, to receive therein (1) Mrs Annie Gardiner to whom the foregoing Certificate of Emergency refers. (1) State Name of Patient in full.

Relationship or other capacity in which Petitioner or Applicant stands to Patient } Husband

Signature of Petitioner or Applicant (2) John Gardiner X (2) To be signed by the Party applying.

Address of Petitioner or Applicant, Drummuebrennan Kirkcowan.

DATED this Ninth day of June one thousand nine hundred and eleven years.

Certificates under the hands of Robert Stothart Wells and Thomas Ferguson, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Annie Gardiner Drummuebrennan, Kirkcowan (Peter's Wife) and that the said Annie 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 Annie Gardiner 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 Annie Gardiner which accompanied the said Petition.

DATED this tenth day of June One thousand ~~eight~~ nine hundred and eleven

Geo. Campion

To the Superintendent of the (7) Public Asylum of Crichton Royal Institution, Dumfries.

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(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and 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 Stothart Wells being a (1) Licenciate of the Royal College of Physicians and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Drummuir Keith in the County separately from any other Medical Practitioner visited and personally examined (4) Anne Gardiner and the said Anne 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) Patient talks nonsense, continuously & often refuses to speak spoken to & when she does answer she shouts

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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 Ferguson being a (1) Bachelor of Medicine of Edinburgh University and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Auchlon Royal Institution Drumfries in the County of Drumfries separately from any other Medical Practitioner visited and personally examined (4) Mrs Anne Gardiner residing at Drummuir Keith Inkerman Mytachan and the said Anne 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)
Her insane appearance & behaviour
Vacant look - Inability or disinclination to answer questions - Her indifference to her surroundings

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, Thomas Ferguson

Place of Abode, 16 Castle St Drumfries

DATED this ninth day of June One thousand eight hundred and eleven years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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 Stothart Wells being (1) Licentiate of the Royal College of Surgeons Physician hereby certify, on soul and conscience, that I have this day, at (2) Drummielbrennan in the County of Wigtown, seen and personally examined Annie Gardiner, and that the said person is of unsound mind, and 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. Wells L.R.C.P.S.

DATED this Eighth day of June One thousand ~~eight~~ nine hundred and eleven

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, George Campion, Esquire — (1) Sheriff Substitute of ~~Dumfries~~ and Galloway at Dumfries, having had produced to me, with a Petition at the instance of (3) John Gardiner, Drummielbrennan, Kirkcowan, Wigtownshire, Certificates under the hands of Robert Stothart Wells and Thomas Ferguson, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Annie Gardiner Drummielbrennan, Kirkcowan (Peter's Wife) and that the said Annie 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 Annie Gardiner 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 Annie Gardiner which accompanied the said Petition.

DATED this tenth — day of June — One thousand ~~eight~~ nine hundred and eleven

Geo. Campion

To the Superintendent of the (7) Public Asylum of Crichton Royal Institution, Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

No. 10·320.

Annie Gardiner.

Adm: 9 June 1911.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 L. Davidson. Inspector of Poor. Ruthwell

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Margaret Phillips.

(3) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (3) Person in charge of Inspector of Poor is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Margaret Phillips to the Southern Counties Institution and to sanction her admission into the said Asylum.

(*To be signed by the Party applying*) Alex L. Davidson,

(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 June One thousand nine hundred and Eleven.

STATEMENT.

If any 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 Phillips
2. Sex and Age,	Female. 51 years.
3. Married, Single, or Widowed,	Single.
4. Condition of Life, and previous Occupation (if any),	Householde, formerly Domestic Servant.
5. Religious Persuasion, so far as known	Protestant.
6. Previous Place of Abode,	Bryo Cottages. Ruthwell.
7. Place where Found and Examined,	Shore Cottage do.
8. Length of time Insane,	Unknown.
9. Whether First Attack,	Yes.
10. Age (if known) on First Attack,	51.
11. When and where previously under Examination and Treatment (5)	Not previously examined or treated
12. Duration of Existing Attack,	Unknown.
13. Supposed Cause,	Unknown.
14. Whether subject to Epilepsy,	No subject.
15. Whether Suicidal,	No.
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Ruthwell, Parish,
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Eliza. Jane and Mary Phillips Shore Cottage. Ruthwell, Aunt, as an elderly woman.
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	

(5) If the patient has previously been under Examination, state date of latest Certificate or approximate date thereto. If never previously under Examination or Treatment, state the fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this tenth day of June One thousand nine hundred and Eleven.

(*To be signed by the party applying*) Alex L. Davidson

F. & A. C.—May 1906.

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an Insane person, *or* an idiot, *or* a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Gilbean Scott being a (1) Bachelor of medicine & master of surgery and being in actual practice as a (2) Physician & Surgeon do hereby certify, on soul and conscience, that I have this day, at (3) Shore Cottage Ruthwell Dumfries separately from any other Medical Practitioner visited and personally examined (4) Margaret Phillips. Pauper residing Bow Well and the said Margaret Phillips is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)
very excited behaviour says Mr Douglas & others speak to her at night. Incoherent talk, Says her head fills Elec.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Mr Thornfort a neighbour. Says she swears & makes loud and actionable accusations about her neighbours. Speaks to imaginary friends at night talking and acting. Mr Cunn. a neighbour. hears at night talking and acting. Informant

Name and Medical Designation, Gilbean Scott MB.

Place of Abode, Ruthwell

DATED this tenth day of June One thousand nine hundred and eleven.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, *or* an insane person, *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 Duncanson Chambers being a (1) Bachelor of Medicine & of Surgery and being in actual practice as a (2) Physician do hereby certify, on soul and conscience, that I have this day, at (3) The Crichton Royal Institution Dumfries separately from any other Medical Practitioner visited and personally examined (4) Margaret Phillips, Burns Cottages, Ruthwell a pauper and the said Margaret Phillips is a (5) person of unsound mind and a proper person to be detained 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 quite incoherent when questioned, she rambles incessantly about her relatives & is only with difficulty induced to answer the questions asked. She displays no interest in being in an Asylum.

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Says her doctor speaks to her at night. and invites her to go to the Castle. She is rambling & incoherent.
Nurses Jas. Comfort in charge of her.

Name and Medical Designation, W. D. Chambers M.B.C.M.

Place of Abode, Crichton Royal Institution Dumfries

DATED this tenth day of June One thousand nine hundred and eleven.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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 Master of Surgery
being (1) Bachelor of Medicine
hereby certify, on soul and conscience, that I have this day, at (2) Shore Cottage
in the County of Dumfries, seen and personally examined
Margaret Phillips, and that the said
person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Southern Counties Asylum Dumfries

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

And I further certify that the case of the said person is one of Emergency.

William Scott MBCM

DATED this 10th day of June One thousand nine hundred and eleven.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Southern Counties Asylum to receive therein Margaret Phillips to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Inspector of Poor.

Signature and Address Alex L Davidson Ruthwell.

Date June 10th 1911

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, George Campion - (1) Sheriff Substitute of the Dumfries and Galloway at Dumfries having had produced to me, with a Petition at the instance of (2) Alexander L Davidson Inspector of Poor Ruthwell Certificates under the hands of William Scott and Walter Duncanson Chambers — being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Phillips, Brow Cottage Ruthwell, Pauper and that the said Margaret Phillips is a (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 Phillips as a patient into the (6) Southern Counties Asylum of Dumfries and I authorize (7) her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Margaret Phillips which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) His or her.

DATED [at Dumfries —] this 2nd — day of June One thousand nine hundred and eleven

To the Superintendent of the (8) Public Asylum of Southern Counties Dumfries

(8) Public, District, Parochial, or Private.

[*Signature*] Geo: Campion

No. 10321.

Margaret Phillips.
(Rutherwell)

Adm: 10 June 1911.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Sheriff or Steward. Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Dumfries *of* Galloway — *and his Substitutes,*— at Dumfries

The Petition of Wm Robertson, Inspector of Poor, Balmaclellan

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Thomas Ritchie Person in charge of Insp. of Poor

(2) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Thomas Ritchie to the Crichton Royal Institution and to sanction his admission into the said Asylum.

(To be signed by the Party applying) Wm Robertson

(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 June One thousand nine ~~eight~~ hundred and eleven

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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 Ritchie
2. Sex and Age,	male 40
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Clerk.
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Fintlock, Kells Parish
7. Place where Found and Examined,	Holm, Balmaclellan
8. Length of time Insane,	Unknown
9. Whether First Attack,	do
10. Age (if known) on First Attack,	do.
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	do.
12. Duration of Existing Attack,	do.
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,	Balmaclellan,
18. Date of becoming Chargeable,	11th June, 1911.
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Unknown
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	Man unknown in Parish

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this eleventh day of June One thousand nine ~~eight~~ hundred and Eleven

(To be signed by the Party applying) Wm Robertson

P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, George Robert Livingston being a (1) Doctor of medicine of Edinburgh University and being in actual practice as a (2) Physician & Surgeon do hereby certify, on soul and conscience, that I have this day, at (3) Crichton Royal Institution, Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Thomas Ritchie, pauper Balmachellan Kirkcudbrightshire and that the said Thomas Ritchie is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1 Facts indicating Insanity observed by myself: (6)
His insane manner and appearance incoherent and rambling conversation, about [illegible] currents and brains being porous and [illegible] sulphur.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, George R Livingston

Place of Abode, 47 Castle Street, Dumfries

DATED this Eleventh day of June One thousand eight hundred and Eleven

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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, Wallis Duncanson Chambers being a (1) Bachelor of medicine and of Surgery. and being in actual practice as a (2) Physician. do hereby certify, on soul and conscience, that I have this day, at (3) Crichton Royal Institution Dumfries separately from any other Medical Practitioner visited and personally examined (4) Thomas Ritchie Balmachellan, a pauper and the said Thomas Ritchie is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He is facile and silly in expression & speech - laughs & smiles constantly, in a meaningless way - is restless & cannot keep his hands & feet still. Says he knows me quite well. (delusion.)

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Wm Robertson, Inspector of Poor, Balmachellan, says Ritchie says he has been round the world &c. Says Balmachellan is his home (delusion.) Constantly introduces the word sulphur into his talk.

Name and Medical Designation, Wallis D. Chambers M.B.

Place of Abode Crichton Royal Institution Dumfries

DATED this Eleventh day of June One thousand eight hundred and Eleven.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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 Comrie
being (1) a Bachelor of Medicine & Master of Surgery
hereby certify, on soul and conscience, that I have this day, at (2) Holme Balmaclellan
in the County of Kirkcudbright, seen and personally examined
Thomas Ritchie, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.

John Comrie Dutt: Chn

DATED this Ninth day of June One thousand ~~eight~~ nine
hundred and eleven.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution
~~Asylum~~ to receive therein Thomas Ritchie
to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, } Inspector of Poor.

Signature and Address Wm Robertson Balmaclellan

Date 11th June, 1911

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, George Campion, Esquire (1) Sheriff Substitute
of ~~Dumfries~~ and Galloway at Dumfries
having had produced to me, with a Petition at the instance of (2) Wm Robertson,
Inspector of Poor, Balmaclellan, Kirkcudbrightshire
Certificates under the hands of George Robert Livingston
and Walter Duncanson Chambers, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (3)
Thomas Ritchie, Tintock, Kells, Balmaclellan, (Pauper) and that the said
Thomas Ritchie is a (4) person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Thomas Ritchie as a Patient into the (5) Public Asylum of Crichton Royal Institution and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(3) Describe him, and if a Pauper, state so.
(4) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(5) Public, District, Parochial, or Private.

DATED this twelfth day of June One thousand ~~eight~~ nine
hundred and eleven

Geo Campion

To the Superintendent of the (5) Public
Asylum of Crichton Royal Institution,
Dumfries

(5) Public, District, Parochial, or Private.

No. 10.822.

Thomas Ritchie.
(Balmacellan)

Adm: 11 June 1911.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 Henry B. Reid, Inspector of Poor, Parish of Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John McFarlane 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 McFarlane to the Crichton Royal Asylum and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(To be signed by the Party applying) Henry B Reid.

(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 June One thousand nine hundred and Eleven 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 McFarlane
2. Sex and Age,	Male. 16½ years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Nil
5. Religious Persuasion, so far as known,	R. Catholic
6. Previous Place of Abode,	Baldovan Asylum Dundee
7. Place where Found and Examined,	Parish Council Office Dfs.
8. Length of time Insane,	All his life
9. Whether First Attack,	—
10. Age (if known) on First Attack,	—
11. When and where previously under Examination and Treatment (5)	Baldovan Asylum, Dundee
12. Duration of Existing Attack,	—
13. Supposed Cause,	—
14. Whether subject to Epilepsy,	Yes
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dumfries
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Patrick McFarlane Uncle Musician 8 Cowgate West Edinburgh. Yes Father has been in C.R. Asylum
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

(5) If patient has been previously in an Asylum, state Date of latest Admission or approximate thereto. If previously under Examination or Treatment state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this fourteenth day of June One thousand nine hundred and Eleven

(To be signed by the party applying) Henry B Reid

T & A. C.—February 1911.

MEDICAL CERTIFICATE. No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 A Mortimer.
being a (1) MB ChB. of Edinburgh.
and being in actual practice as a (2) Physician.
do hereby certify, on soul and conscience, that I have this day, at (3) Parish Council Chamber 28 Queen Street. in the County of Dumfries.
separately from any other Medical Practitioner visited and personally examined (4) John Mc Farlane Pauper Parish Council Chambers. Dumfries. and that the said John Mc Farlane. is a (5) person of unsound mind. and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

Insane manner & appearance.
Been insane from birth.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Indicated by Mr Reid inspector of poor that he had been detained in Baldovan Asylum for imbecility for a number of years.

Name and Medical Designation, John A Mortimer. MB ChB

Place of Abode, 20 Castle Street.

DATED this 14th day of June. One thousand nine hundred and Eleven.

MEDICAL CERTIFICATE. No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Frederick Hugh Clarke.
being a (1) Bachelor of Medicine & Master in Surgery of Glasgow University
and being in actual practice as a (2) Physician & Surgeon
do hereby certify, on soul and conscience, that I have this day, at (3) The Dumfries Parish Council Office, Queen Street, Dumfries in the County of Dumfries
separately from any other Medical Practitioner visited and personally examined (4) John Mc Farlane. pauper. Parish Council Office. Dumfries. and that the said John Mc Farlane. is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, 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 deaf and dumb. Is a Congenital idiot from birth.

(7) *State the information and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, Fred: Hugh Clarke M.B.

Place of Abode, Charlotte Street Dumfries

DATED this fourteenth day of June One thousand nine hundred and eleven years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Fred: Hugh Clarke being (1) M.B.C.M. Of Glasgow University. hereby certify, on soul and conscience, that I have this day, at (2) Dfs: Parish Council Office in the County of Dumfries, seen and personally examined John McFarlane. pauper, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Dumfries.

(1) State medical qualification.
(2) State place of examination.

And I further certify that the case of the said person is one of Emergency.

(3) State place at which Asylum is situated.

Fred: Hugh Clarke, M.B.C.M.

DATED this fourteenth day of June One thousand nine hundred and eleven years.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Asylum to receive therein John McFarlane to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Clerk of Poor

Signature and Address Henry B. Reid Dumfries

Date 14th June 1911.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, George Campion, Esquire — (1) Sheriff Substitute — of ~~Dumfries~~ and Galloway at Dumfries — having had produced to me, with a Petition at the instance of (2) Henry B. Reid, Inspector of Poor, Parish of Dumfries — Certificates under the hands of John A. Mortimer — and Fredrick Hugh Clarke — being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) John McFarlane, Parish Council Office, Dumfries (Pauper) and that the said John McFarlane — is a (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 McFarlane — as a patient into the (6) Public — Asylum of Crichton Royal — and I authorize (7) his transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said John McFarlane — which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) His, or her.

DATED [at Dumfries —] this fifteenth — day of June One thousand nine hundred and eleven

To the Superintendent of the (6) Public Asylum of Crichton Royal, Dumfries

[Signature] Geo: Campion

(6) Public, District, Parochial, or Private.

No. 10323.

John McFarlane.

(Dumfries)

Adm: 14 June 1911.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 Halliday, Banbridge, County Down

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Henry Jacob Halliday

(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 Henry Jacob Halliday to the Crichton Royal Institution asylum and to sanction his admission into the said Asylum.

(To be signed by the Party applying) Charles Halliday

(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 June One thousand nine hundred and ten

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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,	Henry Jacob Halliday
2. Sex and Age,	male . 52 years
3. Married, Single, or Widowed,	single
4. Condition of Life, and previous Occupation (if any),	Salesman
5. Religious Persuasion, so far as known,	Society of Friends
6. Previous Place of Abode,	Mursley Road Belfast
7. Place where Found and Examined,	District asylum Belfast
8. Length of time Insane,	four weeks
9. Whether First Attack,	no
10. Age (if known) on First Attack,	about 27
11. When and where previously under Examination and Treatment (5)	Bloomfield Dublin
12. Duration of Existing Attack,	four weeks
13. Supposed Cause,	season worry
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	no
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Clark Halliday Banbridge. Edmund W Halliday Cross street Larne
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	none (Brother)
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	

(5) If patient has previously in an asylum, state date of latest admission or approximate thereto. If previously under treatment or treated elsewhere, state the fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 14th day of June One thousand nine hundred and Eleven

(To be signed by the party applying) ~~Edmund W Halliday~~ Charles Halliday P.S.

Ms. 10.323.

MEDICAL CERTIFICATE, No. I.

I, the undersigned, John Bell M.B. M.D.
being a (1) Physician
and being in actual practice as a (2) Physician
do hereby certify, on soul and conscience, that I have this day, at (3) Belfast District Lunatic Asylum Antrim in the County of Antrim separately from any other Medical Practitioner visited and personally examined (4) Henry J. Halliday and that the said Henry J. Halliday is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) He is quiet, dull, slow, listless, morose, distrustful, suspicious, wanders aimlessly about, when speaking is unable to connect any connected train of ideas, refuses to converse in any connected manner.

2. Other facts (if any) indicating Insanity communicated to me by others: (7) The Principal Attendant Barry reports that Henry J. Halliday does not sleep and will not converse in the ordinary manner.

Name and Medical Designation, John Patrick M.B.

Place of Abode, District Lunatic Asylum Belfast

DATED this 14 day of June One thousand nine hundred and eleven.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* 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, Samuel J. Graham
being a (1) Licentiate of the Royal College of Physicians & Surgeons
and being in actual practice as a (2) Physician
do hereby certify, on soul and conscience, that I have this day, at (3) The District Lunatic Asylum Belfast Antrim in the County of Antrim separately from any other Medical Practitioner visited and personally examined (4) Henry J. Halliday District Asylum Belfast and that the said Henry J. Halliday is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)

Dull and sullen, suspicious, refusing any question I ask him, refuses his food & says "remain in his bed all night, has delusions about "spirit" & "nature", says "the angels in heaven will be silent my nature before I can go there," restless & restless at times, moaning & talking to himself.

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Informed by Henry Finnegan Deputy Head Attendant District Asylum Belfast that Henry J. Halliday wanders about all day picking & rubbing his fingers, that he refuses his own food but snatches the food from other patients, that he refuses to converse.

Name and Medical Designation, Samuel J. Graham L.R.C.P.

Place of Abode, District Lunatic Asylum

DATED this 14th day of June One thousand nine hundred and eleven. (1411)

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or 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, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3)

And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

DATED this day of One thousand nine hundred and

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the
Asylum to receive therein
to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient,

Signature and Address

Date

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, ~~James Parmont~~ ~~George Thomson~~ Esquire (1) Sheriff Substitute
of the Sheriffdom and Stewartry of Dumfries
having had produced to me, with a Petition at the instance of (2) Charles Halliday, Hardware Merchant Bembridge Court Dumfries
Certificates under the hands of John Patrick M.B. Ch. B. Belfast
and Samuel John Graham L.R.C.P. & S.E. being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (3) Henry Jacob Halliday, University Road Belfast Telephone Number and that the said Henry Jacob Halliday is a (4) Person of Unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Henry Jacob Halliday as a Patient into the (5) Crichton Royal Institution Asylum 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 Henry Jacob Halliday which accompanied the said Petition.

DATED [at Dumfries] this fifteenth day of June
One thousand nine hundred and eleven

To the Superintendent of the (6) Crichton Royal Institution Asylum of

[Signature] James Parmont

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(4) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(5) Public, District, Parochial, or Private.
(6) Public, District, Parochial, or Private.

No. 10·324.

Henry Jacob Halliday.

Adm: 15 June 1911.

10325 Name Thomas Milligan.

FORM A

Date of Admission 16th June 1911.

25 and 26 Vict., Cap. 54, Sect. 14.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum after the Order of the Sheriff is obtained.

Petition to the Sheriff to grant Order for the Reception of a Patient into the Crichton Royal Institution, Dumfries.

Unto the Honourable the Sheriff of Dumfries and Galloway and his Substitute,— at Dumfries

The Petition of (1) Samuel Crossan 38 Academy Street Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that (2) Thomas Milligan is 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 (4) Thomas Milligan to the Crichton Royal Institution, Dumfries, and to sanction (5) His admission into the said Asylum.

(1) Insert Name, Designation, and Residence of the Party applying.

(2) Insert Name of Patient in full.

(3) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

(4) Insert Name of Patient in full.

(5) His or her.

Signature of Petitioner (6) Samuel Crossan

(6) To be signed by the Party applying.

Dated this (7) 16th day of June One thousand nine hundred and 11

(7) N.B.—The Date of the Petition must be within fourteen clear days following the dates of the Medical Certificates Nos. I. and II., and not before.

STATEMENT.

If any 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 Milligan
2. Sex and Age,	Male 46 Years
3. Married, Single, or Widowed,	Single
4. Condition of life and previous Occupation (if any),	Carter
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	16 Stanhope Street Townhead Glasgow
7. Place where Found and Examined,	Dumfries
8. Length of Time Insane,	3 weeks
9. Whether First Attack,	
10. Age (if known) on First Attack,	
11. When and Where previously under Examination and Treatment,	Nowhere
12. Duration of Existing Attack,	
13. Supposed Cause,	Not Known
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to Others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is chargeable,	
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 Milligan Brother Tannoch Place Greenfield
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 16th day of June One thousand nine hundred and 11

*Signature of Petitioner, (1) Samuel Crossan

(1) *To be signed by the Party applying.*

MEDICAL CERTIFICATE.—No. I.

(1) Name of Registered Medical person.
(2) *Set forth the registered qualification entitling the person certifying to grant the Certificate, e.g.,* Member of the Royal College of Physicians in Edinburgh.
(3) Physician, Surgeon, *or otherwise, as the case may be.*
(4) *Insert the Street, and Number of the House (if any), or other like particulars.*
(5) *Insert Name of Patient in full, Designation, and Residence, and if a Pauper, state so.*
(6) *State Name of Patient in full.*
(7) Lunatic, *or* an insane person, *or* an idiot, or a person of unsound mind.

I, the undersigned (1) Joseph Hunter
being a (2) Bachelor of Medicine and Surgery of the University of Edinburgh
and being in actual practice as a (3) General Practitioner
do hereby certify, on soul and conscience, that I have this day at (4) 38 Academy Street Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (5) Thomas Mulligan Carter of 16 Stanhope St Glasgow
and that the said (6) Thomas Mulligan
is a (7) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(8) *State the Facts, e.g.,* as indicated by the Patient's appearance, demeanour, conversation, writings, actions, conduct, etc.

1. Facts indicating Insanity observed by myself (8) He is incoherent and abnormally talkative. He is in a State of mental confusion and incoherent in his statements. He says that he has been wandering about to be apprehended by the Police so that he might say nothing to affect the Coronation

(9) *State the Information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others (9) Mr Samuel Crossan of 38 Academy informs that he has been roaming about the Country without purpose and that his style of talk and habits have completely changed as he was formerly a steady working man.

(10) *To be signed by medical person certifying.*

Name and Medical Designation (10) Joseph Hunter M.B. (Edin.)
And Place of Abode, 31 Castle Street Dumfries

DATED this Sixteenth day of June One thousand nine hundred and Eleven

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MEDICAL CERTIFICATE.—No. II.

(1) Name of Registered Medical person.
(2) *Set forth the registered qualification entitling the person certifying to grant the Certificate, e.g.,* Member of the Royal College of Physicians in Edinburgh.
(3) Physician, Surgeon, *or otherwise, as the case may be.*
(4) *Insert the Street, and Number of the House (if any), or other like particulars.*
(5) *Insert Name of Patient in full, Designation and Residence, and if a Pauper, state so.*
(6) *State Name of Patient in full.*
(7) Lunatic, *or* an insane person, *or* an idiot, or a person of unsound mind.

I, the undersigned (1) Geo Murray Kerr
being a (2) Bachelor of Medicine and Master in Surgery of the University of Edinburgh
and being in actual practice as a (3) General Practitioner
do hereby certify, on soul and conscience, that I have this day at (4) 38 Academy Street Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (5) Thomas Mulligan
Carter. 16 Stanhope St. Glasgow
and that the said (6) Thomas Mulligan
is a (7) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz :—

(8) *State the Facts, e.g.,* as indicated by the Patient's appearance, demeanour, conversation, writings, actions, conduct, etc.

1. Facts indicating Insanity observed by myself (8)
He is stupid and excited.
Takes a long time to answer questions. At times incoherent
Has very confused ideas of the day
of the month & the month & year

(9) *State the Information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others (9)
Samuel Crossan informs me that he wanders about aimlessly

(10) *To be signed by medical person certifying.*

Name and Medical Designation (10) Geo Murray Kerr M.B.
And Place of Abode, 31 Castle Street Dumfries

DATED this sixteenth day of June One thousand nine hundred and Eleven

CERTIFICATE OF EMERGENCY.

B.—This Certificate is necessary in the event of a Patient being sent to the Institution before the Sheriff's Order is obtained, and it authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any order by the Sheriff. During this period the Sheriff's Order is obtained. When the Certificate of Emergency is employed, both parts should be filled, signed, and dated if possible on the day of removal of the Patient to the Asylum, or otherwise as near the day of removal as possible.

the undersigned (1) Peter Murray Kerr ..... (1) State Name of Registered Medical Person.

ing a (2) Graduate Medicine ..... (2) State Registered Medical qualification.

hereby certify, on soul and conscience, that I have this day at (3) 38 Academy ..... (3) State place of Examination.

Street Dumfries in the County of Dumfries

en and personally examined (4) Thomas Milligan ..... (4) State Name of Patient, in full, Designation, and Address.

d that the said person is of unsound mind, and a proper Patient to be placed in an sylum, and is in a sufficiently good state of bodily health at this date to be removed to e Asylum at Dumfries.

And I further certify that the case of the said person is one of emergency.

Signature of Certifier (5) Peter Murray Kerr ..... (5) To be signed by Medical Person certifying.

Address of Certifier 25 Castle Street Dumfries

DATED this Sixteenth day of June One thousand

ne hundred and eleven.

The following should be filled up in every case in which a Certificate of Emergency is acted on.)

hereby request the Superintendent of the Crichton Royal Institution, Dumfries, to

ceive therein (1) Thomas Milligan ..... (1) State Name of Patient in full.

whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Petitioner or Applicant stands to Patient, Brother in Law

Signature of Petitioner or Applicant (2) Samuel Grossan ..... (2) To be signed by the Party applying.

Address of Petitioner or Applicant, 38 Academy Street Dumfries

DATED this 16 day of June one thousand

ine hundred and 11

Order to be Granted by the Sheriff for the Transmission and Reception of the Lunatic.

I George Campion Esquire

(1) Sheriff Substitute ..... (1) *State whether* Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.

of Dumfries and Galloway at Dumfries ..... (2) *State whether a* County or Stewartry.

having had produced to me, with a Petition at the instance of (3) Samuel Grossan ..... (3) *Insert Name and Designation*

38 Academy Street Dumfries

Certificates under the hands of Joseph Hunter

and Peter Murray Kerr, being two Medical Persons duly qualified, in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Thomas Milligan, Carter, 16 Stanhope St Townhead Glasgow (Miss brother in law) ..... (4) *Describe the Patient, and if a Pauper, state so,*

and that the said Thomas Milligan ..... (5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

is a (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 Milligan as a Patient into the

Crichton Royal Institution, Dumfries, and I authorize (6) his Transmission to ..... (6) His or her

the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Thomas Milligan which accompanied the said Petition.

DATED [at Dumfries] this Seventeenth day of

June One thousand nine hundred and eleven

(Signature) Geo. Campion

To the Superintendent of the Crichton Royal Institution, Dumfries.

10326. William Smith (Dumfries) P. F. case

Adm: 16th June 1911.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 the undersigned Henry B. Reid, Inspector of Poor, Dumfries.

Humbly Sheweth,—That the undersigned Statement and accompanying Certificate relate to William Smith

That the said William Smith is a proper person for treatment in an Asylum, and it is necessary for your Lordship to authorize the transmission of the said William Smith to the Asylum, and to sanction his admission into the Asylum.

Wherefore your Petitioner prays your Lordship to grant Order accordingly.

According to Justice, &c.

Henry B. Reid.

Dated this sixteenth day of June One thousand nine hundred and eleven years.

(*To be signed by the party applying*)

Procurator Fiscal's Office
Dumfries 26 Sept 1911

Dear Sir

I have your letter of 22nd, and I have no objection to offer to the discharge of the man from the Crichton Institution.—

I am Sir
Yours truly
C Stewart Phyn
M.D.
Medical Superintendent
Crichton Royal Institution
Dumfries

T.

known, the fact to be so stated.

Smith

42

steer

terran

ch Street, Dumfries.

Police office, Dumfries.

days.

asylum. 2nd August, 1902.

days.

known

nfries.

18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, ...

Mrs Isa Aitken or Smith, residing at 420 Matheson Street, Glasgow.

19. Special circumstances (if any) preventing the insertion of any of the above particulars,

None

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this sixteenth day of June One thousand nine hundred and eleven years.

(*To be signed by the party applying*) Henry B. Reid.

T & A. C.—February 1911.

10326. William Smith (Dumfries) P. P. Case.

Adm: 16th June 1911.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry

Unto the Honorable the (1) Sheriff *of the* (2) Shire *of* Dumfries *and his Substitutes*—

The Petition of Henry B. Reid, Inspector of Poor, Parish of Dumfries.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that William 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 William Smith to the Crichton Royal asylum and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(To be signed by the Party applying) Henry B Reid.

(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 nine hundred and Eleven 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 Smith
2. Sex and Age,	Male - 42
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Upholsterer
5. Religious Persuasion, so far as known,	Presbyterian
6. Previous Place of Abode,	162 High Street, Dumfries.
7. Place where Found and Examined,	Burgh Police office, Dumfries.
8. Length of time Insane,	a few days.
9. Whether First Attack,	no.
10. Age (if known) on First Attack,	33
11. When and where previously under Examination and Treatment (5)	b. R. asylum. 2nd August, 1902.
12. Duration of Existing Attack,	a few days.
13. Supposed Cause,	not known
14. Whether subject to Epilepsy,	yes no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	no
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dumfries.
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Mrs Isa Aitken or Smith, residing at 420 Matheson Street, Glasgow.
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

(5) If patient has been previously in an Asylum, Hospital, or Licensed House, state the name and date of latest Admission or Approval thereto. If previously under Examination or Treatment state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Sixteenth day of June One thousand nine hundred and Eleven years.

(To be signed by the party applying) Henry B Reid.

T & A. C.—February 1911.

MEDICAL CERTIFICATE. No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Peter Murray Ker being a (1) Bachelor of Medicine Master in Surgery Member of Edinburgh and being in actual practice as a (2) Medical Practitioner do hereby certify, on soul and conscience, that I have this day, at (3) Police Office Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) William Smith Pauper 3 Crown Close Queensberry Street Dumfries and that the said William Smith is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)

He is an epileptic & at times is not responsible for his actions. He is confirmed Imbecile

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, Peter Murray Ker M.B.

Place of Abode, 25 Castle Street Dumfries

DATED this sixth day of June One thousand nine hundred and eleven.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

(6) *State the facts.*

(7) *State the information and from whom derived.*

I, the undersigned, Frederick Hugh Clarke being a (1) Bachelor of Medicine & Master in Surgery Glasgow University and being in actual practice as a (2) Physician & Surgeon do hereby certify, on soul and conscience, that I have this day, at (3) The Police Office Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) William Smith Cabinet-Pauper 3 Crowns Close Queensberry St. Dumfries and that the said William Smith is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) From my personal knowledge he is an Epileptic of 15 years Standing For some time after his fits he is not responsible for his actions. He is mentally weak and impressionable, and of poor mental development

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, Fred: Hugh Clarke, M.B.

Place of Abode, Charlotte Street Dumfries

DATED this Sixteenth day of June One thousand nine hundred and eleven.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Peter Murray Kerr being (1) Graduate of Medicine hereby certify, on soul and conscience, that I have this day, at (2) Robin Office Dumfries in the County of Dumfries, seen and personally examined William Smith, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Dumfries

And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

Peter Murray Kerr

DATED this Seventeenth day of June One thousand nine hundred and eleven

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Asylum to receive therein William Smith to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Inspector of Poor

Signature and Address Henry B. Reid. Dumfries

Date 16th June, 1911.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, George Campion, Esquire — (1) Sheriff Substitute — of ~~Dumfries~~ and Galloway at Dumfries having had produced to me, with a Petition at the instance of (2) Henry B. Reid, Inspector of Poor, Parish of Dumfries Certificates under the hands of Peter Murray Kerr and Frederick Hugh Blake being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) William Smith, Upholsterer, 162 Irish Street, Dumfries (Pauper) and that the said William 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 William Smith as a patient into the (6) Public Asylum of Crichton Royal and I authorize (7) this transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said William Smith which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(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 as Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) His, or her.

DATED [at Dumfries] this seventeenth day of June One thousand nine hundred and eleven

To the Superintendent of the (6) Public Asylum of Crichton Royal, Dumfries.

[Signature] Geo. Campion

(6) Public, District, Parochial, or Private.

No. 327. Name Margaret Geddes. (Crossmichael) FORM A

Date of Admission 16th June 1911.

25 and 26 Vict., Cap. 54, Sect. 14.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum after the Order of the Sheriff is obtained.

Petition to the Sheriff to grant Order for the Reception of a Patient into the Crichton Royal Institution, Dumfries.

To the Honourable the Sheriff of Dumfries and Galloway and his Substitute,— at Dumfries

The Petition of (1) Samuel Gibson

(1) Insert Name, Designation, and Residence of the Party applying.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that (2) Margaret Geddes

(2) Insert Name of Patient in full.

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.

(3) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

May it therefore please your Lordship to authorize the transmission of the said (4) Margaret Geddes her to the Crichton Royal Institution, Dumfries, and to sanction (5) her admission into the said Asylum.

(4) Insert Name of Patient in full.

(5) His or her.

*Signature of Petitioner (6) Samuel Gibson Insp^r

(6) To be signed by the Party applying.

Dated this (7) Sixteenth day of June One thousand nine hundred and Eleven

(7) N.B.—The Date of the Petition must be within fourteen clear days following the dates of the Medical Certificates Nos. I. and II., and not before.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

Christian Name and Surname of Patient at length,	Margaret Geddes
Sex and Age,	Female 66.
Married, Single, or Widowed,	Single
Condition of life and previous Occupation (if any),	Formerly an Oat Worker
Religious Persuasion, so far as known,	Protestant
Previous Place of Abode,	Crossmichael
Place where Found and Examined,	Kirkpatrick Durham
Length of Time Insane,	first attack
Whether First Attack,	✓
Age (if known) on First Attack,	
When and Where previously under Examination and Treatment,	
Duration of Existing Attack,	✓
Supposed Cause,	✓
Whether subject to Epilepsy,	no
Whether Suicidal,	no
Whether Dangerous to Others,	no
Parish or Union to which the Lunatic (if a Pauper) is chargeable,	Crossmichael
Christian Name 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. Gilston (Grand Daughter) Drumtumpherry Cottage Kirkpatrick Durham
Special circumstances (if any) preventing the 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 June One thousand nine hundred and Eleven

*Signature of Petitioner, (1) Samuel Gibson Insp^r (1) To be signed by the Party applying.

MEDICAL CERTIFICATE.—No. I.

(1) Name of Registered Medical person.
(2) *Set forth the registered qualification entitling the person certifying to grant the Certificate, e.g.,* Member of the Royal College of Physicians in Edinburgh.
(3) Physician, Surgeon, *or otherwise, as the case may be.*
(4) *Insert the Street, and Number of the House (if any), or other like particulars.*
(5) *Insert Name of Patient in full, Designation, and Residence, and if a Pauper, state so.*
(6) *State Name of Patient in full.*
(7) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned (1) David Charles Welsh.
being a (2) Bachelor of Medicine & Surgery of Edinburgh licentiate
and being in actual practice as a (3) Physician & Surgeon
do hereby certify, on soul and conscience, that I have this day at (4) Victoria
St. Kirkpatrick Durham in the County of
Kirkcudbright separately from any other Medical Practitioner
visited and personally examined (5) Margaret Geddes, Pauper
and that the said (6) Margaret Geddes
is a (7) person of unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

(8) *State the Facts, e.g.,* as indicated by the Patient's appearance, demeanour, conversation, writings, actions, conduct, etc.

1. Facts indicating Insanity observed by myself (8)
Appearance & Demeanour are excited,
Conversation rambling, ideas fixed of having been
ill treated.
General conduct peculiar & unreasonable.
Inspector of Crossmichael Parish.

(9) *State the Information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others (9)
Mr George Geddes informs me that she has been wandering
about from home, & has been unreasonable in her
behaviour & unmanageable. In order to keep her
at home she had to be locked in, she escaped
through a window and arrived at Kirkpatrick Durham
this morning bare headed & excited. This is corroborated by a

(10) *To be signed by medical person certifying.*

Name and Medical Designation (10) D. Charles Welsh M.B.C.S. whom
And Place of Abode, Castle Douglas

DATED this Sixteenth day of June One thousand
nine hundred and Eleven.

MEDICAL CERTIFICATE.—No. II.

(1) Name of Registered Medical person.
(2) *Set forth the registered qualification entitling the person certifying to grant the Certificate, e.g.,* Member of the Royal College of Physicians in Edinburgh.
(3) Physician, Surgeon, *or otherwise, as the case may be.*
(4) *Insert the Street, and Number of the House (if any), or other like particulars.*
(5) *Insert Name of Patient in full, Designation and Residence, and if a Pauper, state so.*
(6) *State Name of Patient in full.*
(7) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned (1) Walter Dunsmore Chrawford
being a (2) Bachelor of medicine & of Surgery of
Edinburgh
and being in actual practice as a (3) physician
do hereby certify, on soul and conscience, that I have this day at (4) Crichton
Royal Institution in the County of
Dumfries separately from any other Medical Practitioner
visited and personally examined (5) margaret Geddes of
Crossmichael, a pauper
and that the said (6) margaret Geddes
is a (7) lunatic and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz :—

(8) *State the Facts, e.g.,* as indicated by the Patient's appearance, demeanour, conversation, writings, actions, conduct, etc.

1. Facts indicating Insanity observed by myself (8) She is unduly
affable & complaisant. says all the patients
& the ward are very good friends of hers; that
her bowels & stomach have been interfered
with & that she has been very badly treated by
various persons. Is very rambling & incoherent.

(9) *State the Information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others (9)
Nurse Rowan. Crichton Royal Institution, Dumfries
says margaret Geddes is very voluble and
talkative. She rambles on about her previous
experiences & does not answer questions.

(10) *To be signed by medical person certifying.*

Name and Medical Designation (10) W. D. Chrawford M.B. Ch.B.
And Place of Abode, Crichton Royal Institution, Dumfries

DATED this Sixteenth day of June One thousand
nine hundred and eleven.

CERTIFICATE OF EMERGENCY.

B.—This Certificate is necessary in the event of a Patient being sent to the Institution before the Sheriff's Order is obtained, and it authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any order by the Sheriff. During this period the Sheriff's Order is obtained. When the Certificate of Emergency is employed, both parts should be filled, signed, and dated if possible on the day of removal of the Patient to the Asylum, or otherwise as near the day of removal as possible.

the undersigned (1) David Charles Welsh. (1) State Name of Registered Medical Person.

ng a (2) Bachelor of Medicine & Surgeon of (2) State Registered Medical qualification.
Edinburgh University

hereby certify, on soul and conscience, that I have this day at (3) Kirkpatrick (3) State place of Examination.
Durham in the County of Kirkcudbright

en and personally examined (4) Margaret Geddes, Pauper, (4) State Name of Patient, in full, Designation, and Address.
Drumhumphrey Kirkpatrick Durham

d that the said person is of unsound mind, and a proper Patient to be placed in an sylum, and is in a sufficiently good state of bodily health at this date to be removed to e Asylum at Dumfries.

And I further certify that the case of the said person is one of emergency.

Signature of Certifier (5) D. Chas Welsh M.B. C.M. (5) To be signed by Medical Person certifying.

Address of Certifier Castle Douglas

DATED this Sixteenth day of June One thousand

ne hundred and Eleven.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

hereby request the Superintendent of the Crichton Royal Institution, Dumfries, to

ceive therein (1) Margaret Geddes (1) State Name of Patient in full.

whom the foregoing Certificate of Emergency refers. during accompanying.

Relationship or other capacity in which Petitioner or Applicant stands to Patient, ~~Inspector of Poor~~

Signature of Petitioner or Applicant (2) Geo. Gibson (2) To be signed by the Party applying.

ddress of Petitioner or Applicant, Kirkpatrick Durham
to

DATED this 16 day of June one thousand

ine hundred and Eleven

Order to be Granted by the Sheriff for the Transmission and Reception of the Lunatic.

George Campion Esquire

1) Sheriff Substitute (1) *State whether* Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.

of Dumfries and Galloway at Dumfries (2) *State whether* a County or Stewartry.

aving had produced to me, with a Petition at the instance of (3) Samuel Gibson (3) *Insert Name and Designation*
Inspector of Poor Crossmichael

Certificates under the hands of David Charles Welsh

and Walter Runciman Chambers, being two Medical Persons duly qualified, in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) (4) *Describe the Patient, and if a Pauper, state so.*
Margaret Geddes, Drumhumphrey Kirkpatrick Durham (Pauper)

and that the said Margaret Geddes

is a (5) person of unsound mind, a Lunatic (5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive

the said Margaret Geddes as a Patient into the

Crichton Royal Institution, Dumfries, and I authorize (6) her Transmission to (6) His or her
the said Asylum accordingly; and I transmit you herewith the said Medical Certificates,

and a Statement regarding the said Margaret Geddes

which accompanied the said Petition.

DATED [at Dumfries] this Seventeenth day of

June One thousand nine hundred and eleven

(Signature)

To the Superintendent of the Crichton Royal Institution, Dumfries.

Geo: Campion

No. 10328 Elizabeth Kersel or Gibson. (Kirkcowan)
June 20th June 1911.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of* ~~the~~ (2) Dumfries & Galloway and his Substitutes,— at Dumfries.

The Petition of James McWilliam Inspector of Poor Kirkcowan

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Eliz. Kersel or Wilson your Petitioner's (3) pauper chargeable to Hawick 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 Eliz. Kersel or Wilson 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.

James McWilliam Insp. of Poor Kirkcowan

DATED this Nineteenth (4) day of June One thousand ~~eight~~ hundred and Eleven

(4) The date of the Petition must be within thirteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1 Christian Name and Surname of Patient at length,	Elizabeth Kersel or Wilson
2 Sex and Age,	64 Female
3 Married, Single, or Widowed,	Married
4 Condition of Life, and previous Occupation (if any),	Housewife
5 Religious Persuasion, so far as known,	Protestant
6 Previous Place of Abode,	Hawick. 70 Havelock St.
7 Place where Found and Examined,	Kirkcowan
8 Length of time Insane,	----
9 Whether first Attack,	Yes
10 Age (if known) on first Attack,	64
11 When and where previously under Examination and Treatment,	Never treated before
12 Duration of existing Attack,	For the 3 months or so
13 Supposed Cause,	~~Since the~~ Death of only daughter has preyed on her mind
14 Whether subject to Epilepsy,	No
15 Whether Suicidal,	Yes has threatened to drown herself on two occasions
16 Whether Dangerous to others,	no
17 Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Hawick Parish
18 Date of becoming Chargeable,	About Oct. 1910
19 Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Edward Wilson Kirkcowan - Husband Aunt by mothers side was of unsound mind
20 Special circumstances (if any) preventing the insertion of any of the above particulars,	—

I certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Nineteenth day of June One thousand ~~eight~~ Nine hundred and Eleven

(*To be signed by Party applying*) E Wilson

James McWilliam P. p.
Inspector of Poor
Kirkcowan

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Robert Stothart Wells being a (1) Licentiate of the Royal College of Surgeons & Physicians of the Royal 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) Newton Stewart Kirkcowan Wigtown in the County separately from any other Medical Practitioner visited and personally examined (4) Elizabeth Kensel or Wilson (Pauper) Newton Stewart R - Kirkcowan and the said Elizabeth Kensel 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) Patient informs me she has been away at Wilton Lodge visiting her mother who has just a baby the said mother having been dead for one 20 years. She says that there is a devil in her room trying to murder her no one will help her in any way.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) daughter-in-law Mary E. Wilson informs me that she has threatened on occasions to drown herself that she has tried to get out in order that was prevented. She also imagines that her food is poisoned. She shouts out during the night that she is being murdered & wants the police

Name and Medical Designation, Robert S. Wells L.R.C.P.S.Edin.

Place of Abode, Ivybottage Kirkcowan

DATED this Nineteenth day of June One thousand hundred and eleven

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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, Norman James McKie being a (1) Doctor of Medicine and Master in Surgery University of Edinburgh and being in actual practice as a (2) Doctor of Medicine hereby certify, on soul and conscience, that I have this day, at (3) Newton Stewart Kirkcowan Wigtown in the County separately from any other Medical Practitioner visited and personally examined (4) Elizabeth Kensel or Wilson Newton Stewart Road. Kirkcowan and the said Elizabeth Kensel 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) Patient has an anxious look and is restless, constantly picking at the bedclothes turning from back to forward and slowly. She tells me her age is thirty, whereas she must be over sixty years she thinks she is living to Ellerton to see her father and mother both dead years ago.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her husband Edward Wilson Patient sleeps badly and calls out in terror from time to time. She frequently weeps without apparent cause threatened to drown herself several times and would watching

Name and Medical Designation, Norman James McKie

Place of Abode, 14 Arthur Street Newton

DATED this nineteenth day of June One thousand hundred and eleven

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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 Stothart Wells
being (1) Licentiate of the Royal College Surgeons Physicians
hereby certify, on soul and conscience, that I have this day, at (2) Newton Stewart & Kirkcowan
in the County of Wigtown, seen and personally examined
Elizabeth Kessel 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 Emer...

Kirkcowan 21 June 1911

J. C. Easterbrook Esq M.D.
Crichton Royal Institution Dumfries

Dear Sir

Thanks for your letter re case of
Elizabeth Kessel or Wilson
I have intimated the chargeability of the above
named to the Inspector of Poor Hawick
and expect he will communicate with you
regarding the matter with a view of admitting
liability and making arrangements as to the
transfer of the Parish of Settlement

Faithfully Yours

James M. Williams
Inspector of Poor
Kirkcowan

...atient in full.
...ector of Poor
...Kirkcowan
...y the Party
...Kirkcowan

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an Idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Robert Stothart-Wells

being a (1) Licentiate of the Royal College of Surgeons & Physicians of the Royal 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) Newton Stewart & Kirkcowan Wigtown in the County of Wigtown separately from any other Medical Practitioner visited and personally examined (4) Elizabeth Kensel or Wilson (Pauper) Newton Stewart & Kirkcowan and

the said Elizabeth Kensel or Wilson is a (5) person of unsound mind and a proper person to be detained under Care and Treatment and that I have [illegible]

(1) [illegible]
tion entitling the person certifying to grant the certificate;
fying
e. g.,
College
burgh.

(2) P
otherwise

(3) I
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(4) I
Residen
state so.

(5) I
person,
of unsou

(1) St
from wh

Ster
Edward Wilson

threatened to drown herself several times and was watching

Name and Medical Designation, Norman James McAl

Place of Abode, 14 Bolton Street Newton

DATED this nineteenth day of June One thousand
hundred and eleven

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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 Stothart Wells
being (1) licentiate of the Royal College of Surgeons Physicians
hereby certify, on soul and conscience, that I have this day, at (2) New Town Stewartry Kirkcowan
in the County of Wigtown, seen and personally examined
Elizabeth Kessel 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.

Robert S. Wells L.R.C.P.S.Ed

DATED this nineteenth day of June One thousand nine

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

By request the Superintendent of the Crichton Royal Institution, Dumfries, to
receive therein (1) Elizabeth Wilson (1) State Name of Patient in full.
to which the foregoing Certificate of Emergency refers.
Relationship or other capacity in which Petitioner or Applicant stands to Patient, Son acting for Inspector of Poor of Kirkcowan
Signature of Petitioner or Applicant (2) S. Wilson (2) To be signed by the Party applying.
Address of Petitioner or Applicant Main Street Kirkcowan
James Mc. William Inspector of Poor Kirkcowan

DATED this 20 day of June one thousand
eight hundred and 11

Mc William, Inspector of Poor, Kirkcowan, Wigtownshire

Certificates under the hands of Robert Stothart Wells
and Norman James Mackie, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Kessel or Wilson, Newton Stewart Road, Kirkcowan (Spinster) and that the said
Elizabeth Kessel or Wilson is a (5) person of unsound mind

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Elizabeth Kessel or Wilson as a Patient into the (6) Public Asylum of Crichton Royal Institution and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Elizabeth Kessel or Wilson which accompanied the said Petition.

DATED this twenty first day of June One thousand ~~eight~~ nine hundred and eleven

Geo. Lamplugh

To the Superintendent of the (7) Public Asylum of Crichton Royal Institution, Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an Idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Robert Stothart-Wells
being a (1) Licentiate of the Royal College of Surgeons & Physician
of the Royal 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) Newton Ste
Kirkcowan
Wigtown
in the Co
separately from any other Medical Pract
visited and personally examined (4) Elizabeth Kensel or Wilson (Pauper)
Newton Stewart & Kirkcowan
an
the said Elizabeth Kensel or Wilson
is a (5) person
unsound mind
and a proper person to be d
under Care and Treatment and that I have formed this opinion upon the fol

Edward Wilson

threatened to drown herself several times and
wandering

Name and Medical Designation, Norman James McG

Place of Abode, 14 Arthur Street Newton

DATED this nineteenth day of June One thousand
hundred and eleven

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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 Stothart Wells being (1) licentiate of the Royal College of Surgeons Physicians Newton Stewart & Kirkcowan hereby certify, on soul and conscience, that I have this day, at (2) in the County of Wigtown, seen and personally examined Elizabeth Kessel 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.

Robert S. Wells L.R.C.P.S.Ed

DATED this nineteenth day of June One thousand ~~eight~~ nine hundred and eleven

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, George Campion, Esquire — (3) Sheriff Substitute of ~~Dumfries~~ Dumfries and Galloway at Dumfries having had produced to me, with a Petition at the instance of (4) James — McWilliam, Inspector of Poor, Kirkcowan, Wigtownshire — Certificates under the hands of Robert Stothart Wells — and Norman James McKie —, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (5) Elizabeth Kessel or Wilson, Newton Stewart Road, Kirkcowan (Pauper) and that the said Elizabeth Kessel or Wilson — 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 Kessel or Wilson — 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 Elizabeth Kessel or Wilson — which accompanied the said Petition.

DATED this twenty first day of June — One thousand ~~eight~~ nine hundred and eleven

Geo. Campion

To the Superintendent of the (7) Public Asylum of Crichton Royal Institution, Dumfries.

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

10·329 Agnes Bone. (Stoneykirk)

Enc.

24 June 1911

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Sheriffdom of Dumfries & Galloway *and his Substitutes,—*

The Petition of John McCaig Inspector of Poor of the Parish of Stoneykirk humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Agnes Bone, residing at Barmore, Stoneykirk 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 Bone to the Southern Counties Asylum, Dumfries and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(To be signed by the Party applying) John McCaig

DATED this twenty first (4) day of June One thousand nine hundred and eleven

(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 Bone
2. Sex and Age,	Female 20 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Outdoor worker
5. Religious Persuasion, so far as known,	Presby E.C.
6. Previous Place of Abode,	Barmore Stoneykirk
7. Place where Found and Examined,	Barmore Stoneykirk
8. Length of time Insane,	About 3 months
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	"
11. When and where previously under Examination and Treatment (5)	Never previously under treatment
12. Duration of Existing Attack,	about 3 months
13. Supposed Cause,	Attending Gospel Tent meetings
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,	Stoneykirk
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Resides with her grandparents (James Galloway & Mary O'Hare) Barmore, Stoneykirk. No
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	

(5) If patient has previously in an Asylum, Hospital, or Institution, state date of latest admission or approximate date thereto. If previously under treatment but not in an Asylum, Hospital, or Institution, state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this twenty first day of June One thousand nine hundred and eleven

(To be signed by the party applying) John McCaig

P. P.

T. & A. C.—May 1908.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Percy Karey being a (1) M B Cab Edinburgh University and being in actual practice as a (2) Physician & Surgeon do hereby certify, on soul and conscience, that I have this day, at (3) Bamore Stoney Kirk Forest in the County of Wigtownshire separately from any other Medical Practitioner visited and personally examined (4) Agnes Bone and the said Agnes Bone is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) 1) She has a delusion the people about her dont wish her + don't care for her :. she as a result thinks she shouldn't live. 2) People outside seem to think she is in her work badly, + that she does nothing well. 3) Fits of remorse for what she has not done, + tendency to religious melancholia. She knows she ought to think of these things but says that the keep coming on periodically + she cant help them + thoughts which make her miserable + suggest suicide.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her friend states that she occasionally runs out of the house with the intention of committing suicide, saying, she intends drowning herself.

Name and Medical Designation, Percy Karey

Place of Abode, Soudhead, Stranraer

DATED this Nineteenth 19th day of June One thousand nine hundred and Eleven

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Hugh Mc Mina Smellie being a (1) Bachelor of Medicine + Master of Surgery of the University of Edinburgh and being in actual practice as a (2) Physician + Surgeon. do hereby certify, on soul and conscience, that I have this day, at (3) Bamore in the County of Wigtown separately from any other Medical Practitioner visited and personally examined (4) Agnes Bone and that the said Agnes Bone is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She told me that she saw serpents crawling up the walls. She has all the appearance of a melancholic patient.

(7) *State the information and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her grandmother informed me that Agnes Bone threatened times without to commit suicide by drowning herself.

Name and Medical Designation, Hugh M Smellie MB + CM.

Place of Abode, Lake Cottage Stranraer

DATED this Twenty Twentieth day of June One thousand nine hundred and eleven.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3)

And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

DATED this day of One thousand nine hundred and

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the

Asylum to receive therein
to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, _____

Signature and Address _____

Date _____

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, John Cameron Esquire (1) Sheriff-Substitute (Honorary)
of the (2) Sheriffdom of Dumfries and Galloway
having had produced to me, with a Petition at the instance of (3) John McCay
Inspector of Poor of the Parish of Stenevhouse
Certificates under the hands of Percy Carey M.B. Ch.B.
and Hugh McMinn Smellie M.B. C.M. being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
Agnes Bone - pauper - Barnoon Stenevhouse and that the said
Agnes Bone is a (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 Bone as a patient into the (6) Southern Counties Asylum of Dumfries and I authorize (7) her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Agnes Bone which accompanied the said Petition.

DATED [at Stranraer] this twenty first day of June
One thousand nine hundred and Eleven

To the Superintendent of the (8)
Southern Counties Asylum of Dumfries

[Signature] John Cameron

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) His, or her.
(8) Public, District, Parochial, or Private.

No. 10330 Name James Curragh

FORM A

Date of Admission 29th June 1911

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum after the Order of the Sheriff is obtained.

25 and 26 Vict., Cap. 54, Sect. 14.

Petition to the Sheriff to grant Order for the Reception of Patient into the Crichton Royal Institution, Dumfries.

To the Honourable the Sheriff of Dumfries and Galloway and his Substitutes,—

The Petition of (1) William Curragh Killaughy St Donaghadee

My Father

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that (2) James Curragh

(1) Insert Name, Designation, and Residence of the Party applying.

(2) Insert Name of Patient in full.

your Petitioner's (3) Father 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 (4) James Curragh to the Crichton Royal Institution, Dumfries, and to sanction (5) his admission into the said Asylum.

(3) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

(4) Insert Name of Patient in full.

(5) His or her.

Signature of Petitioner (6) William Curragh

(6) To be signed by the Party applying.

Dated this (7) 29th day of June One thousand nine hundred and Eleven

(7) N.B.—The Date of the Petition must be within fourteen clear days following the dates of the Medical Certificates Nos. I. and II., and not before.

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 Curragh
Sex and Age,	Male 17 years
Married, Single, or Widowed,	Single
Condition of life and previous Occupation (if any),	School Boy
Religious Persuasion, so far as known,	Presbyterian
Previous Place of Abode,	Donaghadee
Place where Found and Examined,	Donaghadee Killaughy St Ardon
Length of Time Insane,	First
Whether First Attack,	17 years
Age (if known) on First Attack,	
When and Where previously under Examination and Treatment,	Killaughy St Donaghadee Down
Duration of Existing Attack,	One week
Supposed Cause,	Not known
Whether subject to Epilepsy,	no
Whether Suicidal,	no
Whether Dangerous to Others,	no
Parish or Union to which the Lunatic (if a Pauper) is chargeable,	/
Christian Name 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 Curragh Killaughy St Donaghadee
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 29th day of June One thousand nine hundred and Eleven

Signature of Petitioner, (1) William Curragh (1) *To be signed by the Party applying.*

MEDICAL CERTIFICATE.—No. I.

I, the undersigned (1) ~~Physician & Surgeon~~ R.C.
being (2) Physician and Surgeon
L.R.C.S.I. & Ed
and being in actual practice as a (3) Physician & Surgeon
do hereby certify, on soul and conscience, that I have this day at (4) Killaugh
St Donaghadee Co Down in the County
separately from any other Medical Practitio
visited and personally examined (5) James Cunagh of
Killaugh St Donaghadee Co Down
and that the said (6) James Cunagh
is a (7) Insane Person and a proper person to be detai
under Care and Treatment, and that I have formed this opinion upon the follow
grounds, viz. :—

1. Facts indicating Insanity observed by myself (8) Lunatic in
my actions and sayings I examine
Head he knows not he eat or drink, does
strange things, & many incidents to
tragic and tears he wonders
Curtains

2. Other Facts (if any) indicating Insanity communicated to me by others (9)
Changes have to get up, and
walk down at night, as mentioned
before. There is no
apparent reluctance to his
Father

Name and Medical Designation (10) Robt Cecil Nesbitt R.C.
And Place of Abode, High St Donaghadee

DATED this 26th day of June One thous
nine hundred and Eleven

(1) Name of Registered Medical person.
(2) *Set forth the registered qualification entitling the person certifying to grant the Certificate, e.g.,* Member of the Royal College of Physicians in Edinburgh.
(3) Physician, Surgeon, *or otherwise, as the case may be.*
(4) *Insert the Street, and Number of the House (if any), or other like particulars.*
(5) *Insert Name of Patient in full, Designation, and Residence, and if a Pauper, state so.*
(6) *State Name of Patient in full.*
(7) Lunatic, *or* an insane person, *or* an idiot, or a person of unsound mind.
(8) *State the Facts, e.g.,* as indicated by the Patient's appearance, demeanour, conversation, writings, actions, conduct, etc.
(9) *State the Information, and from whom derived.*
(10) *To be signed by medical person certifying.*

MEDICAL CERTIFICATE.—No. II.

I, the undersigned (1) Alex Edmond Knight.
being a (2) L. R. C. P. & S. M.B. Edin. L.M. S.
and being in actual practice as a (3) Physician & Surgeon
do hereby certify, on soul and conscience, that I have this day at (4) Killaugh
Donaghadee.
Down. in the County
separately from any other Medical Practition
visited and personally examined (5) James Cunagh.
Farmer. Killaugh. St. Donaghadee. Co. Down
and that the said (6) James Cunagh
is a (7) Person of unsound mind and a proper person to be detain
under Care and Treatment, and that I have formed this opinion upon the followi
grounds, viz :—

1. Facts indicating Insanity observed by myself (8) 1. Delusion
as to the relation of a light to his room.
2. Delusion as to numbers 3. Delusion as
to his power of intelling a person about
by the regulation of the Colour of the Room
in which he lives. Loss of memory
in regulation of Conversation.

2. Other Facts (if any) indicating Insanity communicated to me by others (9) Healthy
customs me that he has attempted to cut
others throat recently to. he
told his daughter he had to cut her throat
as big but. Son-in-law informs me that
he has tried to cut a razor to cut

Name and Medical Designation (10) Alex E. Knight
And Place of Abode, Lower North Donaghadee

DATED this 28th day of June One thousa
nine hundred and Eleven

No. I.

CERTIFICATE OF EMERGENCY.

N.B.—*This Certificate is necessary in the event of a Patient being sent to the Institution before the Sheriff's Order is obtained, and it authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any order by the Sheriff. During this period the Sheriff's Order is obtained. When the Certificate of Emergency is employed, both parts should be filled, signed, and dated if possible on the day of removal of the Patient to the Asylum, or otherwise as near the day of removal as possible.*

I the undersigned (1) Robert Archer Merbitt being a (2) L.R.C.S. L.R.C.P. Ed.

hereby certify, on soul and conscience, that I have this day at (3) Killaughy at Donaghadee in the County of Down and personally examined (4) James Gunagh Killaughy St Donaghadee Co Down and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at Dumfries.

And I further certify that the case of the said person is one of emergency.

(1) State Name of Registered Medical Person.
(2) State Registered Medical qualification.
(3) State place of Examination.
(4) State Name of Patient, in full, Designation, and Address.

Signature of Certifier (5) Robert Archer Merbitt

Address of Certifier Killaughy St Donaghadee

(5) To be signed by Medical Person certifying.

DATED this 29th day of June One thousand nine hundred and eleven

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution, Dumfries, to receive therein (1) James Gunagh to whom the foregoing Certificate of Emergency refers.

(1) State Name of Patient in full.

Relationship or other capacity in which Petitioner or Applicant stands to Patient Father

Signature of Petitioner or Applicant (2) William Gunagh

Address of Petitioner or Applicant Killaughy St Donaghadee

(2) To be signed by the Party applying.

DATED this 29th day of June one thousand nine hundred and Eleven

---

No. II.

Order to be Granted by the Sheriff for the Transmission and Reception of the Lunatic.

George Campion, Esquire, Sheriff Substitute Dumfries and Galloway at Dumfries having had produced to me, with a Petition at the instance of (3) William Gunagh, Killaughyst, Donaghadee, Co. Down certificates under the hands of Robert Archer Merbitt and Alick Edmund Knight, being two Medical Persons duly qualified, in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Gunagh, Killaughyst, Donaghadee, Co. Down (Patient) and that the said James Gunagh (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 James Gunagh as a Patient into the Crichton Royal Institution, Dumfries, and I authorize (6) his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said James Gunagh which accompanied the said Petition.

(1) *State whether* Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) *State whether a* County *or* Stewartry.
(3) *Insert Name and Designation*
(4) *Describe the Patient, and if a Pauper, state so.*
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) His or her

DATED [at Dumfries] this First day of July One thousand nine hundred and eleven

(Signature) Geo: Campion

To the Superintendent of the Crichton Royal Institution, Dumfries.

No. 10331. Name Henry Joseph West Irvine

FORM A

Date of Admission 29th June 1911

25 and 26 Vict., Cap. 54, Sect. 14.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum after the Order of the Sheriff is obtained.

Petition to the Sheriff to grant Order for the Reception of a Patient into the Crichton Royal Institution, Dumfries.

To the Honourable the Sheriff of Dumfries and Galloway and his Substitute,—

The Petition of (1) James P. Irvine Crichton, of Mountain View, Castlebar Co Mayo

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that (2) Henry Joseph West Irvine is Petitioner's (3) Younger 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 (4) Henry Joseph West Irvine to the Crichton Royal Institution, Dumfries, and to sanction (5) his admission into the said Asylum.

(1) Insert Name, Designation, and Residence of the Party applying.

(2) Insert Name of Patient in full.

(3) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

(4) Insert Name of Patient in full.

(5) His or her.

*Signature of Petitioner (6) James P. Irvine

(6) To be signed by the Party applying.

Dated this (7) twenty fourth day of June One thousand nine hundred and eleven

(7) N.B.—The Date of the Petition must be within fourteen clear days following the dates of the Medical Certificates Nos. I. and II., and not before.

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,	Henry Joseph West Irvine
Sex and Age,	Male about 27 years
Married, Single, or Widowed,	Single
Condition of life and previous Occupation (if any),	Commercial Traveller, formerly Officer Mercantile Marine
Religious Persuasion, so far as known,	Church of Ireland
Previous Place of Abode,	Aileach, Jordanstown, Whitehabbey Co Antrim
Place where Found and Examined,	Home
Length of Time Insane,	about 6 to 9 months Delusional only
Whether First Attack,	Yes
Age (if known) on First Attack,	as far as known as above
When and Where previously under Examination and Treatment,	Asylum, Belfast
Duration of Existing Attack,	attack recurrent, about 6 months, as far as known intermittent
Supposed Cause,	Shock, following on + consequent by a mistaken professional diagnosis
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,	None
Christian Name and Surname and Place of Abode of Nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been insane,	James P. Irvine, Elder Brother No insanity known in family
Special circumstances (if any) preventing the insertion of any of the above particulars,	above inserted as far as known

I certify that, to the best of my knowledge, the above particulars are correctly stated.

Dated this twenty fourth day of June One thousand nine hundred and eleven

*Signature of Petitioner, (1) James P. Irvine

(1) *To be signed by the Party applying.*

MEDICAL CERTIFICATE.—No. I.

(1) Name of Registered Medical person.
(2) *Set forth the registered qualification entitling the person certifying to grant the Certificate, e.g.*, Member of the Royal College of Physicians in Edinburgh.
(3) Physician, Surgeon, *or otherwise, as the case may be.*
(4) *Insert the Street, and Number of the House (if any), or other like particulars.*
(5) *Insert Name of Patient in full, Designation, and Residence, and if a Pauper, state so.*
(6) *State Name of Patient in full.*
(7) Lunatic, *or* an insane person, *or* an idiot, or a person of unsound mind.

I, the undersigned (1) H Patrick
being a (2) M.B. M.D. Edin. L.R.C.P.
and being in actual practice as a (3) Physician Belf Asylum
do hereby certify, on soul and conscience, that I have this day at (4) Belf Asylum in the County of Antrim
separately from any other Medical Practitioner visited and personally examined (5) Henry Joseph Wal
Inmate of Asylum
and that the said (6) Henry Joseph Wal
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.:—

(8) *State the Facts, e.g.*, as indicated by the Patient's appearance, demeanour, conversation, writings, actions, conduct, etc.

1. Facts indicating Insanity observed by myself (8) he is under delusions about the Queen, he says he is going to die, that he is a descendant of royalty, that he "Archbishop" and that he was [illegible]

(9) *State the Information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others (9) James Young and attendants Asylum states the patient is at times violent and destructive

(10) *To be signed by medical person certifying.*

Name and Medical Designation (10) H Patrick M.D.
And Place of Abode, Belf Asylum

Dated this 23rd day of June One thousand nine hundred and eleven.

MEDICAL CERTIFICATE.—No. II.

(1) Name of Registered Medical person.
(2) *Set forth the registered qualification entitling the person certifying to grant the Certificate, e.g.*, Member of the Royal College of Physicians in Edinburgh.
(3) Physician, Surgeon, *or otherwise, as the case may be.*
(4) *Insert the Street, and Number of the House (if any), or other like particulars.*
(5) *Insert Name of Patient in full, Designation and Residence, and if a Pauper, state so.*
(6) *State Name of Patient in full.*
(7) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned (1) John McDonald
being a (2) M.B. M.D.
and being in actual practice as a (3) Physician Asylum
do hereby certify, on soul and conscience, that I have this day at (4) Belfast Asylum in the County of Antrim Ireland
separately from any other Medical Practitioner visited and personally examined (5) Henry Joseph Walsh Inmate of Asylum
and that the said (6) Henry Joseph Walsh Inmate
is a (7) Person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz:—

(8) *State the Facts, e.g.*, as indicated by the Patient's appearance, demeanour, conversation, writings, actions, conduct, etc.

1. Facts indicating Insanity observed by myself (8) Incoherent speech, says his intestines are turning to glass & slipping down. That he is a Coach of nerves run by Light & one light which never shows. That he has a hole in his side. That he suffers from Chronic Ulcer

(9) *State the Information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others (9) Dr Patrick tells me that gives untrue account of his life has innumerable unreasonable complaints. that his conversation is very incoherent.

(10) *To be signed by medical person certifying.*

Name and Medical Designation (10) John McDonald
And Place of Abode, Belf Asylum Belfast

Dated this 23 day of June One thousand nine hundred and eleven

-No. I.

CERTIFICATE OF EMERGENCY.

N.B.—This Certificate is necessary in the event of a Patient being sent to the Institution before the Sheriff's Order is obtained, and it authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any order by the Sheriff. During this period the Sheriff's Order is obtained. When the Certificate of Emergency is employed, both parts should be filled, signed, and dated if possible on the day of removal of the Patient to the Asylum, or otherwise as near the day of removal as possible.

I the undersigned (1) H Patrick M.B. B.Ch. (1) State Name of Registered Medical Person.

being a (2) (2) State Registered Medical qualification.

do hereby certify, on soul and conscience, that I have this day at (3) Bryanston Asylum (3) State place of Examination.

in the County of Dumfries and personally examined (4) Henry Joseph West Irvine of Arlrach Jordanstown to Dumfries (4) State Name of Patient, in full, Designation, and Address.

and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at Dumfries.

And I further certify that the case of the said person is one of emergency.

Signature of Certifier (5) H Patrick (5) To be signed by Medical Person certifying.

Address of Certifier Bryanston Asylum

DATED this 29th day of June One thousand nine hundred and eleven.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution, Dumfries, to receive therein (1) Henry Joseph West Irvine (1) State Name of Patient in full.

of whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Petitioner or Applicant stands to Patient, Attendant, acting for petitioners

Signature of Petitioner or Applicant (2) Alex. Finnie (2) To be signed by the Party applying.

Address of Petitioner or Applicant, Crichton Royal Institution Dumfries

DATED this 29th day of June one thousand nine hundred and 11

Order to be Granted by the Sheriff for the Transmission and Reception of the Lunatic.

I George Campion Esquire

Sheriff Substitute (1) *State whether* Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.

of Dumfries and Galloway at Dumfries (2) *State whether* a County or Stewartry.

having had produced to me, with a Petition at the instance of (3) James P. Irvine of Mountain View, Castlebar, Co Mayo (3) *Insert Name and Designation*

Certificates under the hands of H Patrick

and John MacDonald, being two Medical Persons duly qualified, in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Henry Joseph West Irvine, Arlrach Jordanstown, Whitechurch Co Antrim (Peter Brother) (4) *Describe the Patient, and if a Pauper, state so.*

and that the said Henry Joseph West Irvine

is a (5) Lunatic and insane mind (5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Henry Joseph West Irvine as a Patient into the Crichton Royal Institution, Dumfries, and I authorize (6) his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Henry Joseph West Irvine which accompanied the said Petition. (6) His or her

DATED [at Dumfries] this First day of July One thousand nine hundred and eleven

(Signature) Geo. Campion

To the Superintendent of the Crichton Royal Institution, Dumfries.

10332.
Agnes Jameson.
3 June 1911.

20534.

[FORM B.]

BOARD OF LUNACY
REC'D 29 JUN 1911

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 (1) A. P. C. Jameson
being desirous to transfer Margery Agnes Jameson
at present a Patient in Hemel Hempstead Hall Parish Asylum and (2) detained on my instance from the said Asylum to the Bethlem Royal Asylum

(1) Insert Christian and Surname.

(2) If Lunatic is not a Pauper, insert "detained at my instance," or "whose nearest known relative I am." If Lunatic is a Pauper, insert "a Pauper Lunatic of the Parish of which I am Inspector of Poor."

beg to submit the subjoined Statement of Particulars regarding the said patient, and a Statement with respect to the mental and bodily condition of the said patient:—

STATEMENT OF PARTICULARS.

1. Christian Name and Surname of Patient at length,	Margery agnes Jameson
2. Sex and Age,	F. 34.
3. Married, Single, or Widowed,	Single
4. Condition of Life, and Previous Occupation (if any),	Hospital nurse
5. Religious Persuasion, so far as known,	Protestant
6. Parish to which the Lunatic (if a Pauper) is Chargeable,	———
7. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of relationship (if known),	The Rev A. P. C. Jameson, Father 4 Mecklenburgh Square London

I certify that, to the best of my knowledge, the above particulars are correctly stated, and I hereby make Application for the authority of the General Board of Commissioners in Lunacy to the transfer of the patient as aforesaid.

(Signature of Applicant) A. P. C. Jameson
Father

(3) State degree of Relationship, or other capacity in which Applicant stands to Patient. If Lunatic is a Pauper, insert "Inspector of Poor of the Parish of ."

DATED this 28th day of June One thousand nine hundred and eleven

N.B.—The foregoing particulars, and those contained in the Statement which follows, are required for the information of the Board and of the authorities of the Asylum to which the Patient is to be transferred.

STATEMENT BY THE PRINCIPAL MEDICAL OFFICER

of the New Saughton Hall Asylum.

1. Name of Patient, ... Margery Agnes Jameson.
2. Date of Admission, . . . Jan 7th 1911.
3. Whether Epileptic, . . . no
4. Whether Suicidal, . . . was at one time
5. Whether Dangerous to others, . . at times
6. Whether fit at present for removal to the Asylum named in the Application, . } Yes
7. Facts (if any) as to the past history of the patient bearing upon risk of suicide or danger to others, which should be kept in view by those who are to have charge of the patient, ... } on the beginning of her illness a fe... Homicidal tendencies ... has been a case of recurrent ... with delusions & hallucinations. ... He attends Rx as for a time ...

W Ally Gibb MBO

Principal Medical Officer.

Date June 28th 1911.

SANCTION BY THE BOARD OF LUNACY.

(*Under this Sanction a Patient may be Transferred without an Order of the Sheriff.*)

The foregoing Application having been made to the Board to authorize the transfer of ~~Margaret~~ margery Agnes Jameson
from New Saughton Hall Private Asylum
to Crichton Royal Institution, Dumfries
and the Board having considered such Application and the accompanying Statements, do hereby authorize the transfer, at any time within fourteen days from the date hereof, of the said patient as requested.

J Ross Macpherson ~~Secretary~~ Commissioner

DATED at Edinburgh, this 29th day of June One thousand nine hundred and Eleven.

Date of Sheriff's Order [*to be inserted at the Office of Board*].

9th January 1911

No. 10333 Name Mary Louisa Turtle

FORM A

Date of Admission 1st July 1911

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum after the Order of the Sheriff is obtained.

25 and 26 Vict., Cap. 54, Sect. 14.

Petition to the Sheriff to grant Order for the Reception of a Patient into the Crichton Royal Institution, Dumfries.

Unto the Honourable the Sheriff of Dumfries and Galloway and his Substitutes,— at Dumfries

The Petition of (1) Arabella Webb Mullavilla Sandrage, Ireland

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that (2) Mary Louisa Turtle 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 (4) Mary Louisa Turtle to the Crichton Royal Institution, Dumfries, and to sanction (5) her admission into the said Asylum.

(1) Insert Name, Designation, and Residence of the Party applying.

(2) Insert Name of Patient in full.

(3) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

(4) Insert Name of Patient in full.

(5) His or her.

*Signature of Petitioner (6) Arabella Webb

(6) To be signed by the Party applying.

Dated this (7) First day of July One thousand nine hundred and eleven years.

(7) N.B.—The Date of the Petition must be within fourteen clear days following the dates of the Medical Certificates Nos. I. and II., and not before.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

Christian Name and Surname of Patient at length,	Mary Louisa Turtle
Sex and Age,	female, 51 years
Married, Single, or Widowed,	single
Condition of life and previous Occupation (if any),	
Religious Persuasion, so far as known,	Society of Friends
Previous Place of Abode,	Mullavilla, Sandrage
Place where Found and Examined,	
Length of Time Insane,	3 years and 11 months.
Whether First Attack,	Third attack.
Age (if known) on First Attack,	
When and Where previously under Examination and Treatment,	
Duration of Existing Attack,	3 years and 11 mns.
Supposed Cause,	shock
Whether subject to Epilepsy,	no
Whether Suicidal,	no
Whether Dangerous to Others,	
Parish or Union to which the Lunatic (if a Pauper) is chargeable,	
Christian Name and Surname and Place of Abode of Nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been insane,	James Turtle, Mullavilla Sandrage no member known to be insane
Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify that, to the best of my knowledge, the above particulars are correctly stated.

Dated this First day of July One thousand nine hundred and eleven years.

*Signature of Petitioner, (1) Arabella Webb

(1) *To be signed by the Party applying.*

MEDICAL CERTIFICATE.—No. I.

(1) Name of Registered Medical person.
(2) *Set forth the registered qualification entitling the person certifying to grant the Certificate, e.g.,* Member of the Royal College of Physicians in Edinburgh.
(3) Physician, Surgeon, *or otherwise, as the case may be.*
(4) *Insert the Street, and Number of the House (if any), or other like particulars.*
(5) *Insert Name of Patient in full, Designation, and Residence, and if a Pauper, state so.*
(6) *State Name of Patient in full.*
(7) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned (1) Henry Theodore Blewley
being a (2) M.B. Univ. Dub.
and being in actual practice as a (3) Physician
do hereby certify, on soul and conscience, that I have this day at (4) Bloomfield
Dublin in the County
separately from any other Medical Practitioner visited and personally examined (5) Mary Louisa Tuttle
Bloomfield Asylum. Dublin
and that the said (6) Mary Louisa Tuttle
is a (7) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(8) *State the Facts, e.g.,* as indicated by the Patient's appearance, demeanour, conversation, writings, actions, conduct, etc.

1. Facts indicating Insanity observed by myself (8) She was admitted to this asylum on 12th June 1907. During her stay she has suffered from Chronic Mania at times when violent & noisy. She is now quiet & tractable but is absent & absent minded & has to be constantly spoken to before she answers questions. At other times she is dull & stupid & unable to read & speak connectedly.

(9) *State the Information, and from whom derived.*

2. ~~Other Facts (if any) indicating Insanity communicated to me by others (9)~~ Heard during last three years at various times. She does not take exercise or work on the grounds unless she is constantly urged to do so.

(10) *To be signed by medical person certifying.*

Name and Medical Designation (10) H. T. Blewley M.B.
And Place of Abode, Bloomfield Asylum Dublin

DATED this 7th day of June One thousand nine hundred and eleven

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MEDICAL CERTIFICATE.—No. II.

(1) Name of Registered Medical person.
(2) *Set forth the registered qualification entitling the person certifying to grant the Certificate, e.g.,* Member of the Royal College of Physicians in Edinburgh.
(3) Physician, Surgeon, *or otherwise, as the case may be.*
(4) *Insert the Street, and Number of the House (if any), or other like particulars.*
(5) *Insert Name of Patient in full, Designation and Residence, and if a Pauper, state so.*
(6) *State Name of Patient in full.*
(7) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned (1) John Alfred Scott.
being a (2) M.D. Trees
and being in actual practice as a (3) Physician
do hereby certify, on soul and conscience, that I have this day at (4) Bloomfield
Donnybrook Dublin in the County of
separately from any other Medical Practitioner visited and personally examined (5) Mary Louisa Tuttle of
Bloomfield
and that the said (6) Mary Louisa Tuttle
is a (7) person of unsoundmind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz :—

(8) *State the Facts, e.g.,* as indicated by the Patient's appearance, demeanour, conversation, writings, actions, conduct, etc.

1. Facts indicating Insanity observed by myself (8) Shy occasional incoherent & wanders in her conversation & unrelated subjects. Sudden change of action apparently unsuggested by previous conversation.

(9) *State the Information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others (9) Great excitability with occasional outbursts when she breaks glass, clothes pillows furniture etc. Has threatened the attendants but not often

(10) *To be signed by medical person certifying.*

Name and Medical Designation (10) Alfred Scott M.D
And Place of Abode, 36 Lr Baggot St Dublin

DATED this 30 day of June One thousand nine hundred and eleven

CERTIFICATE OF EMERGENCY.

N.—*This Certificate is necessary in the event of a Patient being sent to the Institution before the Sheriff's Order is obtained, and it authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any order by the Sheriff. During this period the Sheriff's Order is obtained. When the Certificate of Emergency is employed, both parts should be filled, signed, and dated if possible on the day of removal of the Patient to the Asylum, or otherwise as near the day of removal as possible.*

I, the undersigned (1) Henry Theodore Bewley M.B. Dub

being a (2) .....

do hereby certify, on soul and conscience, that I have this day at (3) Bloomfield

.....in the County of Dublin

saw and personally examined (4) Mary Louisa Turtle

of Bloomfield Dublin

and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at Dumfries.

And I further certify that the case of the said person is one of emergency.

(1) State Name of Registered Medical Person.
(2) State Registered Medical qualification.
(3) State place of Examination.
(4) State Name of Patient, in full, Designation, and Address.

Signature of Certifier (5) H T Bewley

Address of Certifier Dr Steevens Hospital Dublin

(5) To be signed by Medical Person certifying.

DATED this twenty third day of June One thousand nine hundred and eleven

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(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution, Dumfries, to receive therein (1) Mary Louisa Turtle to whom the foregoing Certificate of Emergency refers.

(1) State Name of Patient in full.

Relationship or other capacity in which Petitioner or Applicant stands to Patient, sister

Signature of Petitioner or Applicant (2) Arabella Webb

Address of Petitioner or Applicant, Mullavilla Tandragee

(2) To be signed by the Party applying.

DATED this 1st day of July one thousand nine hundred and 11

Order to be Granted by the Sheriff for the Transmission and Reception of the Lunatic.

I George Lampson, Esquire

(1) Sheriff Substitute

(2) Dumfries and Galloway at Dumfries

having had produced to me, with a Petition at the instance of (3) Arabella Webb Mullavilla, Tandragee, Ireland

Certificates under the hands of Henry Theodore Bewley and John Alfred 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) Mary Louisa Turtle, Bloomfield Asylum, Dublin (Alice's sister)

and that the said Mary Louisa Turtle

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 Mary Louisa Turtle as a Patient into the Crichton Royal Institution, Dumfries, and I authorize (6) her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mary Louisa Turtle which accompanied the said Petition.

(1) *State whether* Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) *State whether a* County *or* Stewartry.
(3) *Insert Name and Designation*
(4) *Describe the Patient, and if a Pauper, state so.*
(5) Lunatic, *or* an insane person, or an idiot, or a person of unsound mind.
(6) His or her

DATED [at Dumfries] this third day of July One thousand nine hundred and eleven

(Signature) Geo Lampson

To the Superintendent of the Crichton Royal Institution, Dumfries.

N 10:334. Name Andrew Creighton Topping

FORM A

Date of Admission July 4th 1911

25 and 26 Vict., Cap. 54, Sect. 14.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum after the Order of the Sheriff is obtained.

Petition to the Sheriff to grant Order for the Reception of Patient into the Crichton Royal Institution, Dumfries.

To the Honourable the Sheriff of Dumfries and Galloway and his Substitutes,— at Dumfries.

The Petition of (1) Thomas Topping, foreman copper engraver, of Well Flatt View, Nelson St, Carlisle humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that (2) Andrew Creighton Topping is your Petitioner's (3) son, and is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said (4) Andrew Creighton Topping to the Crichton Royal Institution, Dumfries, and to sanction (5) his admission into the said Asylum.

(1) Insert Name, Designation, and Residence of the Party applying.

(2) Insert Name of Patient in full.

(3) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

(4) Insert Name of Patient in full.

(5) His or her.

Signature of Petitioner (6) Thos. Topping

(6) To be signed by the Party applying.

Dated this (7) Fourth day of July One thousand nine hundred and eleven.

(7) N.B.—The Date of the Petition must be within fourteen clear days following the dates of the Medical Certificates Nos. I. and II., and not before.

STATEMENT.

If any 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 Creighton Topping
2. Sex and Age,	Male, 24 years on Dec. 10. 1910
3. Married, Single, or Widowed,	Single
4. Condition of life and previous Occupation (if any),	Seedsman's Invoice Clerk
5. Religious Persuasion, so far as known,	Congregational
6. Previous Place of Abode,	Well Flatt View, Nelson Street Carlisle
7. Place where Found and Examined,	Well Flatt View, Nelson Street Carlisle
8. Length of Time Insane,	Three 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,	Three months
13. Supposed Cause,	Not known
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	So suggested by doctors; no attempt.
16. Whether Dangerous to Others,	Has given no indication
17. ~~Parish or Union to which the Lunatic (if a Pauper) is chargeable,~~	
18. Christian Name and Surname and Place of Abode of Nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been insane,	Thomas Topping (father) Well Flatt View, Nelson St, Carlisle None
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	—

I certify that, to the best of my knowledge, the above particulars are correctly stated.

Dated this Fourth day of July One thousand nine hundred and eleven

Signature of Petitioner, (1) Thos. Topping

(1) *To be signed by the Party applying.*

MEDICAL CERTIFICATE.—No. I.

(1) Name of Registered Medical person.
(2) *Set forth the registered qualification entitling the person certifying to grant the Certificate, e.g.*, Member of the Royal College of Physicians in Edinburgh.
(3) Physician, Surgeon, *or otherwise, as the case may be.*
(4) *Insert the Street, and Number of the House (if any), or other like particulars.*
(5) *Insert Name of Patient in full, Designation, and Residence, and if a Pauper, state so.*
(6) *State Name of Patient in full.*
(7) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned (1) George Imrie
being a (2) Member of the Royal College of Surgeons
and being in actual practice as a (3) Surgeon
do hereby certify, on soul and conscience, that I have this day at (4) Well Flat
Nelson Street Carlisle in the County
Cumberland separately from any other Medical Practitioner
visited and personally examined (5) Andrew Creighton Tossprey
Clerk. Well Flats Cottage Nelson Street Carlisle
and that the said (6) Andrew Creighton Tossprey
is a (7) person of unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

(8) *State the Facts, e.g.*, as indicated by the Patient's appearance, demeanour, conversation, writings, actions, conduct, etc.

1. Facts indicating Insanity observed by myself (8) Says he hears voices talking ~~to~~ to him continually during the night- & that people are persecuting him & trying to do him an injury - Says it is quite impossible to do any work as the law prevents him - Says God is on him

(9) *State the Information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others (9) From Tossprey his mother States that his manner & conduct for the last 3 months has been quite at variance with his usual habits. Says people are trying to do him harm - hears voices during the night - The latter saying he has to refuses to take any medicine or have any treatment

(10) *To be signed by medical person certifying.*

Name and Medical Designation (10) George Imrie M.B.C.S.
And Place of Abode, 4 Brunswick Street Carlisle

DATED this 4th day of July One thousand nine hundred and eleven

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MEDICAL CERTIFICATE.—No. II.

(1) Name of Registered Medical person.
(2) *Set forth the registered qualification entitling the person certifying to grant the Certificate, e.g.*, Member of the Royal College of Physicians in Edinburgh.
(3) Physician, Surgeon, *or otherwise, as the case may be.*
(4) *Insert the Street, and Number of the House (if any), or other like particulars.*
(5) *Insert Name of Patient in full, Designation and Residence, and if a Pauper, state so.*
(6) *State Name of Patient in full.*
(7) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned (1) Maxwell Ogilvy Ramsay
being a (2) M.B. Edin.
and being in actual practice as a (3) Surgeon
do hereby certify, on soul and conscience, that I have this day at (4) Well Flat
Nelson Street Carlisle in the County
Cumberland separately from any other Medical Practitioner
visited and personally examined (5) Andrew Creighton Tossprey
Clerk, Well Flat Nelson Str.
and that the said (6) Andrew Creighton Tossprey
is a (7) person of unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz :—

(8) *State the Facts, e.g.*, as indicated by the Patient's appearance, demeanour, conversation, writings, actions, conduct, etc.

1. Facts indicating Insanity observed by myself (8) Has vacant look and Conversation with him is difficult owing to his refusing answers questions: he alleges that he is continually hearing voices and that these voices and his inability to work are due to the Law.

(9) *State the Information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others (9) Mrs Tossprey, mother says:— He is vacant - refuses to take medicine; he thinks he is seriously ill with a complaint the doctors cannot find out which will kill him before long. He is suspicious to degree & thinks his master and fellow workers are trying to do him injury out of his work: told him mother [illegible] had dismissed him [illegible]

(10) *To be signed by medical person certifying.*

Name and Medical Designation (10) M. Ogilvy Ramsay
And Place of Abode, 5 Portland Square Carlisle

DATED this 4th day of July One thousand nine hundred and eleven

CERTIFICATE OF EMERGENCY.

N.—*This Certificate is necessary in the event of a Patient being sent to the Institution before the Sheriff's Order is obtained, and it authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any order by the Sheriff. During this period the Sheriff's Order is obtained. When the Certificate of Emergency is employed, both parts should be filled, signed, and dated if possible on the day of removal of the Patient to the Asylum, or otherwise as near the day of removal as possible.*

I, he undersigned (1) George Murphy
being a (2) Member of the Royal College of Surgeons Eng:

(1) State Name of Registered Medical Person.
(2) State Registered Medical qualification.

do hereby certify, on soul and conscience, that I have this day at (3) Well Flatt Brow Nelson Street Carlisle in the County of Cumberland

(3) State place of Examination.

saw and personally examined (4) Andrew Creighton Topping Clerk. Well Flatt Brow Nelson Street Carlisle

(4) State Name of Patient, in full, Designation, and Address.

and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at Dumfries.

And I further certify that the case of the said person is one of emergency.

Signature of Certifier (5) George Murphy

(5) To be signed by Medical Person certifying.

Address of Certifier 4. Brunswick Street Carlisle

DATED this 4 to day of July One thousand nine hundred and Eleven.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution, Dumfries, to receive therein (1) Andrew Creighton Topping to whom the foregoing Certificate of Emergency refers.

(1) State Name of Patient in full.

Relationship or other capacity in which Petitioner or Applicant stands to Patient, Father

Signature of Petitioner or Applicant (2) Thos Topping

(2) To be signed by the Party applying.

Address of Petitioner or Applicant, Well Flatt View, Nelson Street, Carlisle

DATED this Fourth day of July one thousand nine hundred and eleven.

Order to be Granted by the Sheriff for the Transmission and Reception of the Lunatic.

I George Campion, Esquire
(1) Sheriff Substitute
of Dumfries and Galloway at Dumfries

(1) *State whether* Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) *State whether a* County or Stewartry.

having had produced to me, with a Petition at the instance of (3) Thomas Topping Foreman Copper Engraver, Well Flatt View, Nelson Street, Carlisle

(3) *Insert Name and Designation*

Certificates under the hands of George Murphy and Maxwell Ogilvy-Ramsay, being two Medical Persons duly qualified, in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Creighton Topping, Clerk, Well Flatt View, Nelson Street, Carlisle (Patient)

(4) *Describe the Patient, and if a Pauper, state so.*

and that the said Andrew Creighton Topping

(5) person of unsound mind

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Andrew Creighton Topping as a Patient into the Crichton Royal Institution, Dumfries, and I authorize (6) his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Andrew Creighton Topping which accompanied the said Petition.

(6) His or her

DATED [at Dumfries] this fifth day of July One thousand nine hundred and eleven

(Signature) Geo Campion

To the Superintendent of the Crichton Royal Institution, Dumfries.

Margaret Ramsay.
July 1911.

20535.

[FORM B2.]

25 *and* 26 *Vict. Cap.* 54, *Sect.* 16.

BOARD OF LUNACY
REC'D 1 JUL 1911

APPLICATION TO THE GENERAL BOARD OF LUNACY TO GRANT A TRANSFER OF A **PATIENT** FROM ONE ASYLUM TO ANOTHER

I, the undersigned (1) John Mitchell
Being desirous to transfer Margaret Ramsay.
and present a Patient in Royal Edinburgh Asylum and (2) whose maternal uncle I am
from the said Asylum
to the Crichton Royal Institution Dumfries
I beg to submit the subjoined Statement of Particulars regarding the said Patient, and a Statement with respect to the mental and bodily condition of the said Patient:—

(1) Insert Christian and Surname.

(2) If Lunatic is not a Pauper, insert "detained at my instance," or "whose nearest known relative I am." If Lunatic is a Pauper, insert "a Pauper Lunatic of the Parish of which I am Inspector of Poor."

STATEMENT OF PARTICULARS.

Christian Name and Surname of Patient at length,	Margaret Ramsay
Sex and Age,	Female 22 years
Married, Single, or Widowed,	Single
Condition of Life, and Previous Occupation (if any),	Girl
Religious Persuasion, so far as known,	Protestant
Parish to which the Lunatic (if a Pauper) is Chargeable	-
Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of relationship (if known),	Mother Jane Ramsay Lodge of Kilbucho Castle Douglas.

I certify that, to the best of my knowledge, the above particulars are correctly stated, and I hereby make Application for the authority of the General Board of Commissioners in Lunacy to the transfer of the Patient as aforesaid.

Crosshill Farm
Rutherglen

(*Signature of Applicant*) John Mitchell

(3) Maternal Uncle

(3) State degree of Relationship, or other capacity in which Applicant stands to Patient. If a Lunatic is a Pauper, insert "Inspector of Poor of the Parish of ."

Dated this 30th day of June One thousand nine hundred and eleven

---

N.B.—The foregoing particulars, and those contained in the Statement which follows are required for the information of the Board and of the authorities of the Asylum to which the Patient is to be transferred.

STATEMENT BY THE PRINCIPAL MEDICAL OFFICER

of the Royal Edinburgh Asylum.

1. Name of Patient, - Margaret Ramsay
2. Date of Admission, - 26 September 1910
3. Whether Epileptic, - No
4. Whether Suicidal, - No
5. Whether Dangerous to others, - No
6. Whether fit at present for removal to the Asylum named in the Application - Yes.
7. Facts (if any) as to the past history of the Patient bearing upon risk of suicide or danger to others, which should be kept in view by those who are to have charge of the Patient - - - - None.

George M. Robertson
Principal Medical Officer.

Date 30th June 1911

SANCTION BY THE BOARD OF LUNACY.

(Under this Sanction a Patient may be Transferred without an Order of the Sheriff.)

The foregoing Application having been made to the Board to authorize the transfer of Margaret Ramsay from Royal Edinburgh Asylum to Crichton Royal Institution, Dumfries, and the Board having considered such Application and the accompanying Statements, do hereby authorize the transfer, at any time within fourteen days from the date hereof, of the said Patient as requested.

M Z Mackie
Secretary.

DATED at Edinburgh, this 1st day of July One thousand nine hundred and eleven.

Date of Sheriff's Order *[to be inserted at the Office of Board].*

29th September 1910

No. 6518.

SANCTION BY THE GENERAL BOARD OF LUNACY FOR LIBERATION OF A PATIENT ON TRIAL.

An Application having been made to the General Board of Commissioners in Lunacy, and having been duly considered, for the liberation on trial of Miss Margaret Ramsay a Patient in Crichton Royal Institution together with the accompanying Statement and Medical Certificate, I hereby, by Authority of the Board, sanction the liberation of the said Patient until 27th December 1911.

John Macpherson
Commissioner in Lunacy.

Dated at Edinburgh, this Twenty-seventh day of September One Thousand Nine Hundred and Eleven.

Notices to be sent by Superintendents in connection with Probationary Sanctions :—

(1.) *Notice of Patient leaving Asylum.*

(2.) *Notice of Patient returning to Asylum, if replaced.*

(3.) *Notice of any Sanction not acted on.*

See Rules on other side.

M & G Ltd—1000—11-06

RULES FOR THE REMOVAL ON PROBATION OF PATIENTS IN ASYLUMS

The object of these Rules is to furnish Inspectors of Poor and others with the information necessary to enable the to apply for the removal of Patients from Asylums on trial; to point out the steps which the General Boar of Lunacy require shall be taken for their proper care during the period of trial; and to indicate the cour to be adopted on the expiry of the period.

1. Application for the sanction of the Board for the Removal of Patients, whether Private or Pauper on Probation shall be made according to Form G.

2. No Patient sent to an Asylum at the instance of the Procurator-Fiscal shall be liberated on Pro bation without his concurrence.

3. Pauper Lunatics removed on Probation shall be visited, once in every three months, by a medica man appointed by the Parish Council, who shall record his visits in the Visiting Book for Pauper Patient in Private Dwellings, which may be procured from Messrs. CONSTABLE, 11 Thistle Street, Edinburgh. It i very desirable that the first visit should be made within three weeks after the removal of the Patient fron he Asylum.

4. During the period of Probation, Pauper Lunatics remain subject to visitation by the Commissioners and all the Board's instructions in regard to them shall be carried out as in the case of Patients placed permanently with their sanction in Private Dwellings.

5. A Patient on Probation cannot, during the currency of the probationary period, be removed from the Poor Roll, nor can any of the conditions on which sanction was granted be altered, without the sanction of the Board.

6. On the order of the Board, or on an entry being made by the Parochial Medical Officer that a Pauper Patient has ceased to be suitable for remaining out on Probation, the Inspector shall, within fourteen days thereafter, remove him back to the Asylum, and send notice to the Board that this has been done.

7. When for any reason it is deemed necessary to send a Patient on Probation back to the Asylum, the Superintendent is bound to receive him on the simple demand for admission, provided the period of Probation is still current.

8. When a Patient on Probation, whether Private or Pauper, is certified recovered during the currency of the probationary period, a notice similar to what is required in the case of Lunatics in Private Dwellings under the Board's permanent sanction should at once be sent to the Board, and also to the Medical Superintendent of the Asylum from which the Patient was liberated.

9. In the event of the death of a Patient taking place during the currency of the probationary period, intimation should be at once sent to the Medical Superintendent, with a Medical Certificate as to the cause of death.

10. Before the period of Probation expires, in the case both of Private and Pauper Patients, if notice is not given to the Board that the Patient is to be replaced in an Asylum, a Medical Certificate must be transmitted to the effect either—(1) that the Patient is recovered, or (2) that he is still of unsound mind. In the latter case, the Certificate must further state that Asylum treatment is no longer necessary, and notice must be given to the Board of the manner in which the Patient has been disposed of. The Superintendent of the Asylum from which the Patient has been removed should also, in all cases, be informed as to the Patient's mental condition at the close of the period of Probation.

11. In the case of a Pauper Lunatic who, after the expiry of the period of Probation, remains insane, and in receipt of Parochial Relief, and who is suitable for residence in a Private Dwelling, application must be made to the Board, according to Form D, for their sanction to whatever permanent arrangement may be proposed for the Patient's care. In the case of such Patients, one Medical Certificate only is required to accompany the application. (See Rule 24 of Board's Instructions.)

No. 10336.
Jane Phillips or McMillan.
Rec'd 8 July 1911

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) *Sheriff* ——— *of the* (2) *Dumfries & Galloway* ——— *and his Substitutes,*

The Petition of *John McCutcheon Hawthorn Inspector of Poor of the Parish of Wigtown*

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that *Jane Phillips or McMillan*

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (3) *Cousin* is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said *Jane Phillips or McMillan* to the *Southern Counties Asylum Dumfries* and to sanction *her* admission into the said Asylum.

(*To be signed by the Party applying*) *John McC. Hawthorn*

(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 *nine* ~~eight~~ hundred and *eleven*

STATEMENT.

If any 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 Phillips or McMillan*
2. Sex and Age,	*Female – 68*
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,	*South main Street, Wigtown*
7. Place where Found and Examined,	*North " "*
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 (5)	— — —
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,	*Parish of Cunninghame, Wigtownshire*
18. Date of becoming Chargeable,	*8th July 1911*
19. Christian Name and Surname, and Place of Abode of nearest known 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 Phillips, Monreith Village, Glasserton Parish, Wigtownshire – Brother*
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	—

(5) If patient has previously in an Asylum, state date of latest or approximate thereto. If previously under tion or treatment state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this *eighth* day of *July* ——— One thousand *nine* ~~eight~~ hundred and *eleven*

(*To be signed by the party applying*) *John McC. Hawthorn*

T. & A. C.—Mch. 1895. P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, John Arnold Hunter being a (1) Bachelor of Medicine, University of Edinburgh & Physician & Surgeon and being in actual practice as a (2) do hereby certify, on soul and conscience, that I have this day, at (3) North Main Brighton in the County of Brighton separately from any other Medical Practitioner, visited and personally examined (4) Jane McMillan, North Main and that the said Brighton Parish Jane McMillan is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

She believes regarding voices speaking to her that she will be tormented for a long time but must keep up and strive to escape voices

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Miss Black, North Main St, Brighton states that patient talks about lights up at night and is in insane manner

Name and Medical Designation, J. A. Hunter MB

Place of Abode, Deanwood, Brighton

DATED this 26th day of July One thousand ~~eight~~ hundred and eleven.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Lilico being a (1) Doctor of Medicine of the University of Edinburgh and being in actual practice as a (2) physician & surgeon do hereby certify, on soul and conscience, that I have this day, at (3) South Main St, Wigtown Wigtown in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) Jane McMillan, South Main St, Wigtown, pauper and that the said Jane McMillan is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She states that there are voices annoying her, saying that somebody is going to cut her throat & boil her in oil - while there are no voices at all. She also speaks of annoying smells - which are non-existent.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Mr Thos. Love who resides next door, says that she refers to voices & smells very frequently - while he can hear or smell nothing

Name and Medical Designation, William Lilico

Place of Abode Wigtown

DATED this Eleventh day of July One thousand ~~eight~~ hundred and eleven

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.

DATED this day of One thousand eight hundred and

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the

Asylum to receive therein
to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, _____

Signature and Address _____

Date _____

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Henry Shaw (1) Sheriff Substitute
of the (2) Dumfries and Galloway of _____
having had produced to me, with a Petition at the instance of (3) John McCutcheon Hawthorn Inspector of Poor, Parish of Kirkpatrick
Certificates under the hands of John Arnold Hunter M.D.C.M. Kirkpatrick
and William Ellis M.D. 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 (4)
Jane Phillips or McMillan and that the said
Jane Phillips or McMillan is a (5) person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Jane Phillips or McMillan as a Patient into the (6) Southern Counties Asylum of Dumfries and I authorize you to grant Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Jane Phillips or McMillan which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.

DATED this eighth day of July One thousand ~~eight~~ nine hundred and eleven.

Henry Shaw

To the Superintendent of the (7) Southern Counties *Asylum of* Dumfries

(7) Public, District, Parochial, or Private.

No. 10337 Name Alan Linton Bogle.

FORM A

Date of Admission 10th July 1911.

25 and 26 Vict., Cap. 54, Sect. 14.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum after the Order of the Sheriff is obtained.

Petition to the Sheriff to grant Order for the Reception of Patient into the Crichton Royal Institution, Dumfries.

To the Honourable the Sheriff of Dumfries and Galloway and his Substitutes,—at Dumfries.

The Petition of (1) James Linton Bogle Medical practitioner of Villa Vaughn Bordighera

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that (2) Alan Linton Bogle

(1) Insert Name, Designation, and Residence of the Party applying.

(2) Insert Name of Patient in full.

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.

(3) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

May it therefore please your Lordship to authorize the transmission of the said (4) Alan Linton Bogle to the Crichton Royal Institution, Dumfries, and to sanction (5) his admission into said Asylum.

(4) Insert Name of Patient in full.

(5) His or her.

Signature of Petitioner (6) J. Linton Bogle

(6) To be signed by the Party applying.

Dated this (7) 10th day of July One thousand nine hundred and eleven.

(7) N.B.—The Date of the Petition must be within fourteen clear days following the dates of the Medical Certificates Nos. I. and II., and not before.

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,	Alan Linton Bogle
Sex and Age,	Male 22
Married, Single, or Widowed,	Single
Condition of life and previous Occupation (if any),	Bank Clerk
Religious Persuasion, so far as known,	English Church
Previous Place of Abode,	Haydock Lodge Newton le Willows
Place where Found and Examined,	do do
Length of Time Insane,	From Dec. 1908
Whether First Attack,	Yes
Age (if known) on First Attack,	19 years
When and Where previously under Examination and Treatment,	Haydock Lodge Newton le Willows Lancashire
Duration of Existing Attack,	2½ years
Supposed Cause,	unknown
Whether subject to Epilepsy,	no
Whether Suicidal,	no
Whether Dangerous to Others,	no
Parish or Union to which the Lunatic (if a Pauper) is chargeable,	unknown
Christian Name 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 Linton Bogle, Father, Bordighera, N. Italy. One Uncle
Special circumstances (if any) preventing the 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 July One thousand nine hundred and eleven.

Signature of Petitioner, (1) J. Linton Bogle

(1) *To be signed by the Party applying.*

MEDICAL CERTIFICATE.—No. I.

(1) Name of Registered Medical person.
(2) *Set forth the registered qualification entitling the person certifying to grant the Certificate, e.g.*, Member of the Royal College of Physicians in Edinburgh.
(3) Physician, Surgeon, *or otherwise, as the case may be.*
(4) *Insert the Street, and Number of the House (if any), or other like particulars.*
(5) *Insert Name of Patient in full, Designation, and Residence, and if a Pauper, state so.*
(6) *State Name of Patient in full.*
(7) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned (1) Charles T. Stbury Sturt
being a (2) Licentiate of the Royal College of Physicians London
and being in actual practice as a (3) Physician
do hereby certify, on soul and conscience, that I have this day at (4) Haydock Lodge Newton le Willows Lancashire in the County Lancashire separately from any other Medical Practitioner visited and personally examined (5) Alan Linton Bogle of Haydock Lodge Newton le Willows
and that the said (6) Alan Linton Bogle
is a (7) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(8) *State the Facts, e.g.*, as indicated by the Patient's appearance, demeanour, conversation, writings, actions, conduct, etc.

1. Facts indicating Insanity observed by myself (8) He is demented and has no memory or recollection whatever. He is unable to occupy himself or to carry on a connected conversation

(9) *State the Information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others (9)

(10) *To be signed by medical person certifying.*

Name and Medical Designation (10) Charles T. Sturt. L.R.C.P. Ld.
And Place of Abode, Haydock Lodge. Newton le Willows

Dated this fifth day of July One thousand nine hundred and eleven.

MEDICAL CERTIFICATE.—No. II.

(1) Name of Registered Medical person.
(2) *Set forth the registered qualification entitling the person certifying to grant the Certificate, e.g.*, Member of the Royal College of Physicians in Edinburgh.
(3) Physician, Surgeon, *or otherwise, as the case may be.*
(4) *Insert the Street, and Number of the House (if any), or other like particulars.*
(5) *Insert Name of Patient in full, Designation and Residence, and if a Pauper, state so.*
(6) *State Name of Patient in full.*
(7) Lunatic, *or* an insane person, *or* an idiot, or a person of unsound mind.

I, the undersigned (1) Alexander Lee Cobban
being a (2) Bachelor of Medicine & Master of Surgery, Aberd.
and being in actual practice as a (3) Physician & Surgeon
do hereby certify, on soul and conscience, that I have this day at (4) Haydock Lodge, Newton le Willows in the County Lancaster separately from any other Medical Practitioner visited and personally examined (5) Alan Linton Bogle, of Haydock Lodge, Newton le Willows Lancashire, no occupation,
and that the said (6) Alan Linton Bogle
is a (7) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz:—

(8) *State the Facts, e.g.*, as indicated by the Patient's appearance, demeanour, conversation, writings, actions, conduct, etc.

1. Facts indicating Insanity observed by myself (8) His mental condition is very sluggish, & his memory is very defective. He suffers from primary dementia

(9) *State the Information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others (9)

(10) *To be signed by medical person certifying.*

Name and Medical Designation (10) A.L. Cobban.
And Place of Abode, Ashton in Makerfield, Lancashire

Dated this fifth day of July, One thousand nine hundred and eleven.

CERTIFICATE OF EMERGENCY.

This Certificate is necessary in the event of a Patient being sent to the Institution before the Sheriff's Order is obtained, and it authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any order by the Sheriff. During this period the Sheriff's Order is obtained. When the Certificate of Emergency is employed, both parts should be filled, signed, and dated if possible on the day of removal of the Patient to the Asylum, or otherwise as near the day of removal as possible.

I, the undersigned (1) Charles Tedbury Sturt
being a (2) Licentiate of the Royal College of Physicians of London
do hereby certify, on soul and conscience, that I have this day at (3) Haydock Lodge in the County of Lancashire
saw and personally examined (4) Alan Linton Bogle of Haydock Lodge Newton le Willows
and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at Dumfries.

And I further certify that the case of the said person is one of emergency.

(1) State Name of Registered Medical Person.
(2) State Registered Medical qualification.
(3) State place of Examination.
(4) State Name of Patient, in full, Designation, and Address.

*Signature of Certifier (5) Charles Tedbury Sturt
*Address of Certifier Haydock Lodge Newton le Willows

(5) To be signed by Medical Person certifying.

DATED this fifth day of July One thousand nine hundred and eleven

---

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution, Dumfries, to receive therein (1) Alan Linton Bogle to whom the foregoing Certificate of Emergency refers.

(1) State Name of Patient in full.

Relationship or other capacity in which Petitioner or Applicant stands to Patient, Father

*Signature of Petitioner or Applicant (2) J. Linton Bogle
*Address of Petitioner or Applicant, Bordighera N. Italy

(2) To be signed by the Party applying.

DATED this 10th day of July one thousand nine hundred and eleven

---

Order to be Granted by the Sheriff for the Transmission and Reception of the Lunatic.

I George Campion
(Sheriff Substitute
of the (1) Dumfries and Galloway at Dumfries
having had produced to me, with a Petition at the instance of (3) James Linton Bogle, Medical Practitioner, Bordighera, N. Italy
Certificates under the hands of Charles Tedbury Sturt
and Alexander Lee Lobban being two Medical Persons duly qualified, in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Alan Linton Bogle, Bank clerk, Haydock Lodge, Newton le Willows, (Patient) on
and that the said Alan Linton Bogle
is (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 Alan Linton Bogle as a Patient into the Crichton Royal Institution, Dumfries, and I authorize (6) his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Alan Linton Bogle which accompanied the said Petition.

(1) *State whether* Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) *State whether* a County or Stewartry.
(3) *Insert Name and Designation.*
(4) *Describe the Patient, and if a Pauper, state so.*
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) His or her

DATED [at Dumfries] this tenth day of July One thousand nine hundred and eleven years.

(Signature) Geo Campion

To the Superintendent of the Crichton Royal Institution, Dumfries.

5 / 338 Margaret Craig Young.
Acc: 10 July 1911.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Dumfries of Galloway — *and his Substitutes,*— at Dumfries.

The Petition of Andrew T. Young.
456 Victoria Road Glasgow.
humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Margaret Craig Young your Petitioner's (3) daughter is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Margaret Craig Young to the Crichton Royal Institution, Dumfries and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(To be signed by the Party applying) Andrew T Young

DATED this ninth (4) day of July One thousand nine hundred and eleven

(4) The date of the Petition must be within fifteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Margaret Craig Young
2. Sex and Age,	Female 27 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Stays at home with her father mother
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	456 Victoria Road Glasgow
7. Place where Found and Examined,	456 Victoria Road Glasgow
8. Length of time Insane,	Several months
9. Whether first Attack,	Yes
10. Age (if known) on first Attack,	26 years
11. When and where previously under Examination and Treatment (5)	Never previously in an Establishment
12. Duration of existing Attack,	Several days
13. Supposed Cause,	not known
14. Whether subject to Epilepsy,	no distinct or ordinary Epileptic attacks
15. Whether Suicidal,	Yes
16. Whether Dangerous to others,	Yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Andrew Young. 456 Victoria Road Glasgow, father. No
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	none

(5) If patient has previously in an Asylum, state when and date of latest admission, approximate to the date. If previously under Treatment, state where and date.

I certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this ninth day of July One thousand nine hundred and eleven

(To be signed by the Party applying) Andrew T Young

MEDICAL CERTIFICATE, No. I.

I, the undersigned, Robert Murray Lyon
being a (1) Doctor of Medicine / University of Edinburgh
and being in actual practice as a (2) Physician
do hereby certify, on soul and conscience, that I have this day, at (3) 456 Victoria Road, Glasgow, Lanark in the County of
separately from any other Medical Practitioner
visited and personally examined (4) Margaret Craig Young 456 Victoria Road Glasgow and
the said Margaret Craig 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)
Patient has attacks in which she is sullen, morose, refuses to speak. She sometimes has delusions that poison is put in her food that her relatives persecute her in other ways. She is neglectful of her intestinal functions and refuses to take food when necessary. She is not responsible for her actions when the mental attacks are present.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Andrew Young father of patient states that his daughter Margaret has violent paroxysms in which she has struck her sister & threatened to take her life. She is very uncertain in temper, only occasionally does any housework. She has given out of late years & refuses to give any account of herself.

Name and Medical Designation, R. Murray Lyon. M.D.

Place of Abode, 5 Strathmore Terrace

DATED this ninth day of July One thousand nine hundred and eleven

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

MEDICAL CERTIFICATE, No. II.

I, the undersigned, David Caldwell M'Vail
being a (1) Bachelor of Medicine
and being in actual practice as a (2) Physician
do hereby certify, on soul and conscience, that I have this day, at (3) 456 Victoria Road, Glasgow, Lanark in the County of
separately from any other Medical Practitioner
visited and personally examined (4) Margaret Craig Young and
the said Margaret Craig Young is a (5) person of unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) I saw her this morning about 3o clock in a condition resembling the state after an epileptic fit.

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Informed by her mother that earlier this morning she had tried to do her younger sister who sleeps with her serious bodily harm and said she wished to kill her. Has attacks of epileptic insanity.

Name and Medical Designation, David C. M'Vail

Place of Abode, 3 St James Terrace Glasgow

DATED this ninth day of July One thousand nine hundred and eleven

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

(6) *State the facts.*

(7) *State the information and from whom derived.*

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Robert Murray Lyon
being (1) Doctor of Medicine, University of Edinburgh
hereby certify, on soul and conscience, that I have this day, at (2) 456 Victoria Road Glasgow
in the County of Lanark, seen and personally examined
Margaret Craig Young, and that the said
person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Crichton Royal Institution, Dumfries
And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

R Murray Lyon, MD.

DATED this ninth day of July One thousand nine hundred and eleven

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution, Dumfries
Asylum to receive therein Margaret Craig Young
to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Father

Signature and Address Andrew J Young 456 Victoria Road Glasgow
Date Ninth July 1911

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, George Campion, Esquire (1) Sheriff Substitute
of Dumfries and Galloway at Dumfries
having had produced to me, with a Petition at the instance of (2) Andrew J. Young, 456 Victoria Road, Glasgow.
Certificates under the hands of Robert Murray Lyon
and David Caldwell 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) Margaret Craig Young, 456 Victoria Road, Glasgow (Married) and that the said Margaret Craig Young is a (5) person of unsound mind

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Margaret Craig Young as a patient into the (6) Public Asylum of Crichton Royal Institution and I authorize (7) her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Margaret Craig Young which accompanied the said Petition.

(6) Public, District, Parochial, or Private.
(7) His, or her.

DATED [at Dumfries] this twelfth day of July One thousand nine hundred and eleven

To the Superintendent of the (6) Public Asylum of Crichton Royal Institution, Dumfries.

(6) Public, District, Parochial, or Private.

[Signature] G Campion

No. 10.339 Mary Moffat.

Adm: 11 July 1911.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

25 & 26 *Vict., Cap. 54, Sect. 14.*

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 Joseph Gilbert Moffat Jubilee Cottage Church St Newton Stewart humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary Moffat your Petitioner's (3) Mother is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Mary Moffat to the Crichton Asylum Dumfries and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(To be signed by the Party applying) Joseph Gilbert Moffat

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Youth (4) day of July One thousand nine hundred and and Eleven

STATEMENT.

If any 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 Moffat
2. Sex and Age,	Female Sixty Five years
3. Married, Single, or Widowed,	Widow
4. Condition of Life, and previous Occupation (if any),	Housewife
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Jubilee Cottage Newton Stewart
7. Place where Found and Examined,	Do Do
8. Length of time Insane,	Five months
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	65 years
11. When and where previously under Examination and Treatment (5)	not before under examination or treatment
12. Duration of Existing Attack,	Five months
13. Supposed Cause,	Death of Husband
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No indication of it
16. Whether Dangerous to others,	Dont think so
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	not a pauper
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Joseph G Moffat Jubilee Cottage Church Street Newton Stewart - Son. Mrs Moffats father committed suicide by hanging when temporary insane
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	

(5) If patient has been previously in an Asylum, state date of latest admission or approximation thereto. If never previously under examination or treatment, state the fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Youth day of July One thousand nine hundred and Eleven

(To be signed by the party applying) Joseph Gilbert Moffat

T & A. C.—February 1911.

MEDICAL CERTIFICATE. No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and 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 Gibbons Dickson being a (1) Doctor of Medicine - University of Glas
and being in actual practice as a (2) Doctor of Medicine
do hereby certify, on soul and conscience, that I have this day, at (3) Jubilee C
Church Street. Newtonstewart
Wigtown in the County
separately from any other Medical Practition
visited and personally examined (4) Mary Moffat, Jubilee Cot
Church Street. Newtonstewart and th
the said Mary Moffat is a (5) person
unsound mind and a proper person to be detain
under Care and Treatment, and that I have formed this opinion upon the follow
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)
Appearance. manner and behaviour quite changed. Re
moves about aimlessly. Eats little and will not take
as ordered. Suspicious and seemingly under the influ
some fear. Loses self control and is subject to fits of
excitement.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Her neighbours Mrs Rogers, Miss Crawford and Miss O'Neil
Say that when she is alone in the house she is most
She knocks and thumps and shouts - using very
language - drawing the attention of all the
Her son - Joseph G. Moffat says he has lost all influence over her

Name and Medical Designation, James G. Dickson. M.

Place of Abode, Newtonstewart.

Dated this tenth day of July One thousan
nine hundred and eleven.

MEDICAL CERTIFICATE. No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and 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, Norman James McKie
being a (1) Doctor of Medicine and Member in Surgery of
University of Edinburgh Physician and Surgeon
and being in actual practice as a (2)
do hereby certify, on soul and conscience, that I have this day, at (3) Jubilee Cotta
Church Street. Newton Stewart
Wigtown in the County o
separately from any other Medical Practitioner
visited and personally examined (4) Mary Moffat, Jubilee Cottage
Church Street Newton Stewart and tha
the said Mary Moffat is a (5) person of
unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)
She has changed so much in appearance,
manner, and behaviour that I scarcely knew
although I attended constantly at the house
the last illness of her late husband. who died
She is reticent, suspicious and is evidently afraid

(7) *State the information and from whom derived.*

Mrs Rogers a neighbour who is well known to me

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Mrs Moffat has quite changed she has words
she would speak to me, and at other times
curses and swears dreadfully in a way she
used to do

Name and Medical Designation, Norman James McKie

Place of Abode, 14 Arthur Street Newton S

Dated this tenth day of July One thousand
nine hundred and eleven

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3)

And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

DATED this day of One thousand nine hundred and

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the

Asylum to receive therein
to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient,

Signature and Address

Date

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, George Watson, (1) Sheriff Substitute
of the (2) County of Wigtown,
having had produced to me, with a Petition at the instance of (3) Joseph Gilbert Moffatt, Jubilee Cottage, Church St. Newton Stewart,
Certificates under the hands of Dr. J. G. Dickson,
and Dr. W. J. Mottie, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Moffatt, residing at said Jubilee Cottage,
and that the said
Mrs Mary Moffat is a (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 Moffat as a patient into the
(6) Crichton Asylum of Dumfries and I authorize
(7) her transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said
which accompanied the said Petition.

DATED [at Newton Stewart] this tenth day of July
One thousand nine hundred and eleven.

To the Superintendent of the (8) Crichton
Asylum of Dumfries-

[Signature] Geo Watson

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) His, or her.
(8) Public, District, Parochial, or Private.

1340 Mrs. Margaret Black or McFadyean.

13 July 1911.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of (2) Dumfries and Galloway *and his Substitutes,*— at Dumfries 3rd July

The Petition of George McFadyean

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that your Petitioner's (3) Margaret Black or McFadyean 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 Black or McFadyean to the Crichton Institution Dumfries and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(To be signed by the Party applying) George McFadyean

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 12 (4) day of July One thousand nine hundred and eleven

STATEMENT.

If any 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 Black or McFadyean
2. Sex and Age,	Female 55
3. Married, Single, or Widowed,	married
4. Condition of Life, and previous Occupation (if any),	Housewife
5. Religious Persuasion, so far as known	Protestant
6. Previous Place of Abode,	8 Low Glencaim Kilmarnock
7. Place where Found and Examined,	8 Low Glencaim Kilmarnock
8. Length of time Insane,	Despondent about 12 mos worse lately
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	55
11. When and where previously under Examination and Treatment (5)	never
12. Duration of Existing Attack,	as above
13. Supposed Cause,	not known
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Yes
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of her Family known to be or to have been Insane,	George McFadyean 8 Low Glencaim Kilmarnock Husband. No
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	

(5) Patient has been in an asylum in this state on or about latest date. If previously under treatment elsewhere state.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 12 day of July One thousand nine hundred and eleven

(To be signed by the party applying) George McFadyean

MEDICAL CERTIFICATE No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, 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 Currie Robertson being a (1) Graduate in medicine of Glasgow University and being in actual practice as a (2) General Practitioner do hereby certify, on soul and conscience, that I have this day, at (3) 8 Low Glencairn St Kilmarnock in the County of Ayr separately from any other Medical Practitioner visited and personally examined (4) Margaret Black or McFadyean 8 Low Glencairn St Kilmarnock and the said Margaret Black or McFadyean is a (5) Person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)

very emotional. Going expression to great distress & saying that she is the most miserable of women etc.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Her husband informed me that she has spoken taking her life 4 2 days ago she turned on a gas & put her mouth to it. Required medical attendance

Name and Medical Designation, Robert C Robertson MB
Place of Abode, 7 Glasgow Rd Kilmarnock

DATED this 12th day of July One thousand nine hundred and eleven

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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, ~~idiot~~ an insane person, 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 W. Alister being a (1) Doctor of Medicine of the University of Glasgow and being in actual practice as a (2) Physician and Surgeon do hereby certify, on soul and conscience, that I have this day, at (3) 8 Low Glencairn St Kilmarnock in the County of Ayr separately from any other Medical Practitioner visited and personally examined (4) Margaret Black or Mrs Fadyean 8 Low Glencairn St Kilmarnock and the said Margaret Black or Mrs Fadyean is a (5) ~~Lunatic~~ Person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) The complaint of restlessness, irritability, and despondency unfit her ordinary duties, and feels unable to do. At times she wishes she was dead and has suggestions that she should harm herself.

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her husband and daughter inform me that she is exceptionally miserable and careworn and has attempted suicide by inhalation.

Name and Medical Designation, William W. Alister, MB
Place of Abode, The Glens Kilmarnock

DATED this 12th day of July One thousand nine hundred and Eleven.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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 Barrie Robertson being (1) M.B.C.M. of Glasgow University hereby certify, on soul and conscience, that I have this day, at (2) Low Glencairn in the County of Ayr, seen and personally examined Margaret Black or McFadzean, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Dumfries (Crichton Institution

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

And I further certify that the case of the said person is one of Emergency.

Robert B. Robertson

DATED this 12 day of July One thousand nine hundred and eleven

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Institution Dumfries Asylum to receive therein Margaret Black or McFadzean to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Husband.

Signature and Address George McFadzean 8 Low Glencairn St Kilmarnock

Date 12 July 1911.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, George Campion, Esquire (1) Sheriff Substitute of ~~Dumfries~~ and Galloway at Dumfries having had produced to me, with a Petition at the instance of (2) George McFadzean, 8 Low Glencairn Street, Kilmarnock Certificates under the hands of Robert Barrie Robertson and William McAlister being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Black or McFadzean, 8 Low Glencairn St. Kilmarnock (Glencairn) and that the said Margaret Black or McFadzean is a (5) ~~a~~ 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 Margaret Black or McFadzean as a patient into the (6) — Public — Asylum of Crichton Royal Institution and I authorize (7) her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Margaret Black or McFadzean which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) His or her.

DATED [at Dumfries] this fourteenth day of July One thousand nine hundred and eleven

To the Superintendent of the (8) Public Asylum of Crichton Royal Institution Dumfries.

(8) Public, District, Parochial, or Private.

[*Signature*] Geo: Campion

1341 Jane Lowrie (Leswalt)

July 1911.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

25 & 26 *Vict., 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) Sheriffdom of Dumfries & Galloway *and his Substitutes,—*

The Petition of William Paterson Inspector of Poor Leswalt

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Jane Lowrie 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 Lowrie to the Crichton Royal Institution Dumfries and to sanction her admission into the said Asylum.

(3) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

(To be signed by the Party applying) W. Paterson,

(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 July One thousand nine hundred and eleven 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 Lowrie
2. Sex and Age,	Female 34 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,	Wigtownshire Lomb. Parkhouse
7. Place where Found and Examined,	do do.
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 (5)	—
12. Duration of Existing Attack,	—
13. Supposed Cause,	From Birth
14. Whether subject to Epilepsy,	—
15. Whether Suicidal,	No.
16. Whether Dangerous to others,	No.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Leswalt
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Samuel Lowrie Hanover Sqr Shannock
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	

(5) If patient has previously in an Asylum, state name of it, and date of latest admission thereto. If previously under Medical Certificate or treatment, state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 13th day of July One thousand nine hundred and eleven

(To be signed by the party applying) W. Paterson P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, John Alexander Anderson being a (1) Doctor of Medicine of Glasgow University and being in actual practice as a (2) Physician and Surgeon do hereby certify, on soul and conscience, that I have this day, at (3) The Inv Combination Poorhouse, Stranraer, in the Cou Wigtown separately from any other Medical Practiti visited and personally examined (4) Jane Lowrie, inmate of the said institution and pauper and the said Jane Lowrie is a (5) person of unsound mind and a proper person to be det under Care and Treatment, and that I have formed this opinion upon the follo grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

1. She is defective in articulation. 2. She does not kn month nor the year nor the name of the King. 3. She cannot tell whether she is 10 or 50 years old and she cannot add 2 and 2 together. 4. She has a dull, stupid look. 5. Her ideas are childish.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Mrs Ormiston, matron of the Poorhouse, informs me that she is very untidy in her dress, cannot read, is very simple and cannot do without supervision.

Name and Medical Designation, John Alexander Anderson

Place of Abode, Rotherinpham. Stranraer

DATED this twelfth day of July One thousand nine hundred and eleven 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, Andrew Churchill being a (1) Bachelor of Medicine of Glasgow Univ and being in actual practice as a (2) Physician & Surgeon do hereby certify, on soul and conscience, that I have this day, at (3) The Inv Combination Poorhouse Stranraer in the County Wigtown separately from any other Medical Practitio visited and personally examined (4) Jane Lowrie, inmate of the said Institution, Pauper and the said Jane Lowrie is a (5) person of unsound mind and a proper person to be detain under Care and Treatment, and that I have formed this opinion upon the follow grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

She has a lack of intelligence. Defective articu Slight knowledge of familiar names + places, [illegible] knowledge of an elementary character, cannot tell age Shows no apprehension. Memory defective, [illegible] Stupid & expressionless. Manner [illegible] [illegible] affection for friends. Little capacity for act of reason [illegible]

(7) *State the information and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Mrs Ormiston (Matron of Poorhouse) informs me she is very untidy in dress + personal habits, that she is [illegible] times at night, & that she requires constant supervision.

Name and Medical Designation, Andrew Churchill M

Place of Abode, 75 George St Stran

DATED this thirteenth day of July One thousa nine hundred and eleven.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3)

And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

DATED this day of One thousand nine hundred and

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the

Asylum to receive therein
to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient,

Signature and Address

Date

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, John Cameron Esquire (1) Bursary Sheriff Substitute of the (2) Sheriffdom of Dumfries & Galloway having had produced to me, with a Petition at the instance of (3) William Paterson Inspector of Poor Kirkcudbright Certificates under the hands of John Alexander Anderson M.D and Andrew Claudius M.B. being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Jane Laurie, pauper, and that the said Jane Laurie is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Jane Laurie as a patient into the (6) Crichton Royal Asylum of Dumfries and I authorize (7) the Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Jane Laurie which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) His, or her.

DATED [at Stranraer] this thirteenth day of July One thousand nine hundred and eleven

To the Superintendent of the (8)
Crichton Royal *Asylum of* Dumfries

(8) Public, District, Parochial, or Private.

[Signature] John Cameron

No. 10342 Name William Gemmell

FORM A

Date of Admission 15th July 1911.

25 and 26 Vict., Cap. 54, Sect. 14.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum after the Order of the Sheriff is obtained.

Petition to the Sheriff to grant Order for the Reception of Patient into the Crichton Royal Institution, Dumfries.

To the Honourable the Sheriff of Dumfries and Galloway and his Substitutes,—at Dumfries

The Petition of (1) John Gemmell Farmer Dutton Forewood Cottage Kilwinning

(1) Insert Name, Designation, and Residence of the Party applying.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that (2) William Gemmell

(2) Insert Name of Patient in full.

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 (4) William Gemmell to the Crichton Royal Institution, Dumfries, and to sanction (5) his admission into the said Asylum.

(3) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

(4) Insert Name of Patient in full.

(5) His or her.

Signature of Petitioner (6) John Gemmell

(6) To be signed by the Party applying.

DATED this (7) Fifteenth day of July One thousand nine hundred and Eleven

(7) N.B.—The Date of the Petition must be within fourteen clear days following the dates of the Medical Certificates Nos. I. and II., and not before.

STATEMENT.

If any 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 Gemmell
2. Sex and Age, - - - - - - Male 67 years
3. Married, Single, or Widowed, - - Widowed
4. Condition of life and previous Occupation (if any), - - - - - Landed proprietor
5. Religious Persuasion, so far as known, - United Free Church (old M. P.)
6. Previous Place of Abode, ... - - Forewood Cottage Kilwinning Ayrshire
7. Place where Found and Examined, - found Dutton Cottage Examined Dumfries
8. Length of Time Insane, - - - ... 1 month
9. Whether First Attack, - - - - first attack
10. Age (if known) on First Attack, - -
11. When and Where previously under Examination and Treatment, - - None
12. Duration of Existing Attack, - - 1 month
13. Supposed Cause, - - - - - cycle accident 15 years ago & petty worries
14. Whether subject to Epilepsy, - - No
15. Whether Suicidal, - - - - - Not meantime
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, → Tom Gemmell Commercial Bank House Hawick → Son → 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.

DATED this 16th day of July One thousand nine hundred and eleven

*Signature of Petitioner, (1) J Gemmell

(1) *To be signed by the Party applying.*

MEDICAL CERTIFICATE.—No. I.

(1) Name of Registered Medical person.
(2) *Set forth the registered qualification entitling the person certifying to grant the Certificate, e.g.*, Member of the Royal College of Physicians in Edinburgh.
(3) Physician, Surgeon, *or otherwise, as the case may be.*
(4) *Insert the Street, and Number of the House (if any), or other like particulars.*
(5) *Insert Name of Patient in full, Designation, and Residence, and if a Pauper, state so.*
(6) *State Name of Patient in full.*
(7) Lunatic, *or* an insane person, *or* an idiot, or a person of unsound mind.

I, the undersigned (1) Thomas Jupson
being a (2) Bachelor of Medicine of Edinburgh University
and being in actual practice as a (3) Physician & Surgeon
do hereby certify, on soul and conscience, that I have this day at (4) Crichton Royal Institution Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (5) William Gemmell of Greenward Cottage Kirkcudbright Argyleshire
and that the said (6) William Gemmell
is a (7) Person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(8) *State the Facts, e.g.*, as indicated by the Patient's appearance, demeanour, conversation, writings, actions, conduct, etc.

1. Facts indicating Insanity observed by myself (8)
His insane appearance & behaviour. He is excited noisy & talkative — Rambling & incoherent in his talk — quoting Scripture & the Shorter Catechism. Declares that mortem, dead (scotch whisky) is the real devil from God to this sinful Earth.

(9) *State the Information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others (9)

(10) *To be signed by medical person certifying.*

Name and Medical Designation (10) Thomas Jupson
And Place of Abode 16 Castle St Dumfries

Dated this fifteenth day of July One thousand nine hundred and eleven years

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MEDICAL CERTIFICATE.—No. II.

(1) Name of Registered Medical person.
(2) *Set forth the registered qualification entitling the person certifying to grant the Certificate, e.g.*, Member of the Royal College of Physicians in Edinburgh.
(3) Physician, Surgeon, *or otherwise, as the case may be.*
(4) *Insert the Street, and Number of the House (if any), or other like particulars.*
(5) *Insert Name of Patient in full, Designation and Residence, and if a Pauper, state so.*
(6) *State Name of Patient in full.*
(7) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned (1) George Robert Livingston
being a (2) Doctor of medicine of Edinburgh University
and being in actual practice as a (3) Physician & Surgeon
do hereby certify, on soul and conscience, that I have this day at (4) Crichton Royal Institution, Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (5) William Gemmell of Greenward Cottage Kirkcudbright Argyll
and that the said (6) William Gemmell
is a (7) Person of unsound mind and a proper person to be detained under Care and Treatment and that I have formed this opinion upon the following grounds, viz:—

(8) *State the Facts, e.g.*, as indicated by the Patient's appearance, demeanour, conversation, writings, actions, conduct, etc.

1. Facts indicating Insanity observed by myself (8)
His insane manner and appearance His rambling incoherent conversation (Says he is a Being sent from God)

(9) *State the Information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others (9)

(10) *To be signed by medical person certifying.*

Name and Medical Designation (10) G. R. Livingston M.D.
And Place of Abode 4 Castle Street Dumfries

Dated this fifteenth day of July One thousand nine hundred and eleven

CERTIFICATE OF EMERGENCY.

N.—*This Certificate is necessary in the event of a Patient being sent to the Institution before the Sheriff's Order is obtained, and it authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any order by the Sheriff. During this period the Sheriff's Order is obtained. When the Certificate of Emergency is employed, both parts should be filled, signed, and dated if possible on the day of removal of the Patient to the Asylum, or otherwise as near the day of removal as possible.*

I, he undersigned (1) Thomas Ferguson

(1) State Name of Registered Medical Person.

being a (2) Bachelor of Medicine of Edinburgh University

(2) State Registered Medical qualification.

hereby certify, on soul and conscience, that I have this day at (3) Crichton

(3) State place of Examination.

Royal Institution Dumfries in the County of Dumfries

se and personally examined (4) William Gemmell of Orchard Cottage Kirkconnell Glencaple

(4) State Name of Patient, in full, Designation, and Address.

ar that the said person is of unsound mind, and a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to th Asylum at Dumfries.

And I further certify that the case of the said person is one of emergency.

gnature of Certifier (5) Thomas Ferguson

(5) To be signed by Medical Person certifying.

dress of Certifier 16 Castle St Dumfries

DATED this fifteenth day of July One thousand nine hundred and eleven.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution, Dumfries, to receive therein (1) William Gemmell

(1) State Name of Patient in full.

whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Petitioner or Applicant stands to Patient, Son

gnature of Petitioner or Applicant (2) John Gemmell

(2) To be signed by the Party applying.

dress of Petitioner or Applicant, Orchard Cottage Kirkconnell

DATED this fifteenth day of July one thousand nine hundred and eleven.

Order to be Granted by the Sheriff for the Transmission and Reception of the Lunatic.

I George Campion, Esquire

(1) *State whether* Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.

(Sheriff Substitute

Dumfries and Galloway at Dumfries

(2) *State whether a* County *or* Stewartry.

ving had produced to me, with a Petition at the instance of (3) John Gemmell,

(3) *Insert Name and Designation*

Orchard Cottage, Kirkconnell

rtificates under the hands of Thomas Ferguson

d George Robert Livingston, being two Medical Persons ly qualified, in terms of an Act, intituled "An Act for the Regulation of the Care and eatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic ylums in Scotland," setting forth that they had separately visited and examined (4)

(4) *Describe the Patient, and if a Pauper, state so.*

William Gemmell, Orchard Cottage, Kirkconnell (Peter's Father)

d that the said William Gemmell

a (5) person of unsound mind

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

d a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive e said William Gemmell as a Patient into the

richton Royal Institution, Dumfries, and I authorize (6) his Transmission to e said Asylum accordingly; and I transmit you herewith the said Medical Certificates,

(6) His or her

d a Statement regarding the said William Gemmell

hich accompanied the said Petition.

DATED [at Dumfries] this seventeenth day of July One thousand nine hundred and eleven

(Signature) Geo: Campion

o the Superintendent of the Crichton Royal Institution, Dumfries.

No. 10343 Agnes Elvin or McWilliam. (Kirkcudbright)
Adm: 19 July 1911.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff ~~within~~ (2)
of Dumfries & Galloway *and his Substitutes,—*

The Petition of William Wallace Morrison, Inspector of Poor for the Parish of Kirkcudbright,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Agnes Elvin or Mc William, Widow, a pauper ~~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 Agnes Elvin or Mc William to the Southern Counties Asylum and to sanction her admission into the said Asylum.

(To be signed by the Party applying) Wm W Morrison

DATED this Nineteenth (4) day of July --------- One thousand nine hundred and eleven.

(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 Elvin or Mc William
2. Sex and Age,	Female. 50.
3. Married, Single, or Widowed,	Widow.
4. Condition of Life, and previous Occupation (if any),	Housewife.
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	17 Millburn Street, Kirkcudbright
7. Place where Found and Examined,	17 Millburn Street, Kirkcudbright
8. Length of time Insane,	Over 2 months.
9. Whether First Attack,	No.
10. Age (if known) on First Attack,	45 years.
11. When and where previously under Examination and Treatment (5)	August to 22 December 1906. Southern Counties Asylum, Dumfries.
12. Duration of Existing Attack,	Over 2 months.
13. Supposed Cause,	Not known.
14. Whether subject to Epilepsy,	No,
15. Whether Suicidal,	No.
16. Whether Dangerous to others,	No.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Kirkcudbright Parish Council.
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	James Mc William, Ostler, 17 Millburn St, Kirkcudbright, son. No.
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	None.

(5) If patient has been previously in an Establishment, state fact, and date of latest admission or approximation thereto. If never previously under examination or treatment, state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Nineteenth day of July --------- One thousand nine hundred and eleven.

(To be signed by the party applying) Wm W Morrison

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Murray Babington Stewart being a (1) Bachelor of Medicine of Edinburgh University and being in actual practice as a (2) Physician do hereby certify, on soul and conscience, that I have this day, at (3) 17 Millburn Street Kirkcudbright Kirkcudbrightshire in the County separately from any other Medical Practitioner visited and personally examined (4) Agnes Elvin or McWilliam and that the said Agnes Elvin or McWilliam is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, 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 stands or sits in a moody way looks miserable is difficult to get any answer to questions – I tried to persuade her to go into her own house she struggled with me in order to prevent her being taken She refuses her food

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Isabella McWilliam daughter of the above informs me that her mother has been wandering about all night and will not rest She refuses food, when not walking aimlessly about sits down nothing – Mr Scott living in the same house Hales that she came into her house disturbed her children in the night

Name and Medical Designation, Murray B Stewart MB Ch B

Place of Abode, Oakley Kirkcudbright

DATED this nineteenth day of July One thousand nine hundred and Eleven

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Mac Nyn being a (1) Doctor of Medicine of Edinburgh University and being in actual practice as a (2) General Practitioner do hereby certify, on soul and conscience, that I have this day, at (3) 17, Millburn Street, Kirkcudbright Kirkcudbrightshire. in the County of separately from any other Medical Practitioner visited and personally examined (4) Agnes Elvin or Mc William 17, Millburn Street Kirkcudbright A Pauper, and that the said Agnes Elvin or Mc William is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She has been in a Lunatic Asylum on a previous occasion. She wanders about aimlessly.

(7) *State the information and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her son James Mc William informs me that neither he nor his sister can get her to take food or go to bed and that she wanders about the house and the street in an aimless and restless way.

Name and Medical Designation, John Mac Nyn M.D.

Place of Abode, Kirkcudbright

DATED this nineteenth day of July One thousand nine hundred and eleven years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3)

And I further certify that the case of the said person is one of Emergency.

(1) State medical qualifications.
(2) State place of examination.
(3) State place at which Asylum is situated.

DATED this day of One thousand nine hundred and

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the

Asylum to receive therein
to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient,

Signature and Address

Date

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Lawrence Swaton Napier (1) Esquire Advocate Sheriff ~~of the~~ Substitute of Dumfries and Galloway at Kirkcudbright having had produced to me, with a Petition at the instance of (2) William Wallace Morrison, Inspector of Poor Kirkcudbright
Certificates under the hands of Murray Babington Skuse, M.B., C.M.
and John Mac Ayn, M.D.C.M., Kirkcudbright being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Gloria or Mc Wellean (Pauper) and that the said Agnes Gloria or Mc Wellean is a (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 Gloria or Mc Wellean as a patient into the (6) Southern Counties Asylum of Dumfries and I authorize (7) her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Agnes Gloria or Mc Wellean which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) His, or her.

DATED [at Kirkcudbright] this thirteenth day of July
One thousand nine hundred and eleven

To the Superintendent of the (8)
Southern Counties Asylum of
Dumfries.—

(8) Public, District, Parochial, or Private.

[*Signature*] Lawrence J. Napier

No. 10-344 Catherine Broadfoot Lennox.
Date: 21st July 1911.

S.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Dumfries & Galloway *of* _____ *and his Substitutes,*

The Petition of Sarah Grant Lennox or Grant 29 Cyprus Gardens, Bloomfield, Belfast

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that your Petitioner's (3) Sister Catherine Broadfoot Lennox is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Catherine Broadfoot Lennox to the Crichton Royal Institution Dumfries and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(To be signed by the Party applying) Sarah Grant

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 18th (4) day of July One thousand nine hundred and eleven

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Catherine Broadfoot Lennox
2. Sex and Age,	female - age 6'2
3. Married, Single, or Widowed,	single
4. Condition of Life, and previous Occupation (if any),	worked at home
5. Religious Persuasion, so far as known	Presbyterian
6. Previous Place of Abode,	Belfast
7. Place where Found and Examined,	Dinnans, Whithorn
8. Length of time Insane,	18 months
9. Whether First Attack,	no
10. Age (if known) on First Attack,	35
11. When and where previously under Examination and Treatment (5)	Crichton Royal Institution
12. Duration of Existing Attack,	18 months
13. Supposed Cause,	
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	yes
16. Whether Dangerous to others,	no
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Sarah Grant 29 Cyprus Gardens Bloomfield Belfast (Sister) sister at present.
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	

(5) If patient has been under treatment in an asylum state date of latest or approximate there.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 18th day of July One thousand nine hundred and eleven.

(To be signed by the party applying) Sarah Grant

T. A. C.—May 1906.

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, James Fleming Smith being a (1) Bachelor of medicine & master in Surgery of the University and being in actual practice as a (2) Physician do hereby certify, on soul and conscience, that I have this day, at (3) Dun Farm House Whitburn Brig town in the County separately from any other Medical Practitioner visited and personally examined (4) Catherine Broadfoot Lennox Spinster and the said Catherine Broadfoot Lennox is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) She is dull & depressed, takes no interest in anything or anybody but herself who she says is the special friends to whose prayers no answer has been given

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her sister Mrs Sarah Lennox or Grant tells me that she shuts herself in her room when she is to be found reading the Bible & praying & weeping.

Name and Medical Designation, } James F. Smith M.B.

Place of Abode, 79 George St. Whitburn

DATED this seventeenth day of July One thousand nine hundred and eleven.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, *or* an insane person, *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 Fanney Douglas being a (1) M. B. C. M. of Glasgow University and being in actual practice as a (2) General Practitioner do hereby certify, on soul and conscience, that I have this day, at (3) Dunan Farm House. Whitburn Brigtown in the County separately from any other Medical Practitioner visited and personally examined (4) Catherine Broadfoot Lennox Spinster and the said Catherine Broadfoot Lennox is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) She is listless & apathetic in manner, refuses to do any work and believes that she has been guilty of some great sin.

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her Sister, Mrs Sarah Lennox a Grant informs me that another sister is at present in an Asylum.

Name and Medical Designation, J. F. Douglas M.B.C.M.

Place of Abode, St. Ninians Whitburn

DATED this eighteenth day of July One thousand nine hundred and eleven

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3)

And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

DATED this day of One thousand nine hundred and

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the

Asylum to receive therein
to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient,

Signature and Address

Date

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Ebenezer Shaw Sheriff (1) Substitute
of the (2) Dumfries and Galloway of
having had produced to me, with a Petition at the instance of (3) Sarah Lennox or Grant, 29 Cyprus Gardens, Bloomfield, Belfast and
Certificates under the hands of James Fleming Smith M.B.C.M. Whithorn and John Hannay Douglas M.B.C.M. Whithorn being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Catherine Broadfoot Lennox and that the said Catherine Broadfoot Lennox is a (5) person of unsound mind

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Catherine Broadfoot Lennox as a patient into the (6) Crichton Royal ~~Asylum of Institution~~ Dumfries and I authorize (7) her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Catherine Broadfoot Lennox which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) His or her.

DATED [at Kirkcudbright] this nineteenth day of July
One thousand nine hundred and eleven

To the Superintendent of the (6) Crichton Royal Institution Asylum of Dumfries

(6) Public, District, Parochial, or Private.

[*Signature*] Eben Shaw

0345 Jeanie Wilson - (Kirkconnel)
21 July 1911.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM 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 Shire~~ of Dumfries & Galloway and his Substitutes,—at Dumfries

The Petition of J.B. Gibson, Inspector of Poor, Kirkconnel

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Jeanie Wilson Pauper your Petitioner's (2) is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Jeanie Wilson to the Crichton Royal Institution and to sanction her admission into the said Asylum.

(2) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

(To be signed by the Party applying) J B Gibson

DATED this 21st (4) day of July One thousand nine hundred and eleven

(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,	Jeanie Wilson
2. Sex and Age,	Female 33 years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Previously spinner in mill
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	New Buildings, Kirkconnel
7. Place where Found and Examined,	New Buildings, Kirkconnel
8. Length of time Insane,	One week
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	~~33~~
11. When and where previously under Examination and Treatment (5)	—
12. Duration of Existing Attack,	One week.
13. Supposed Cause,	Child birth
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Possibly
16. Whether Dangerous to others,	Possibly
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Kirkconnel
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Charles Wilson husband meanwhile disabled with broken leg. none
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	

(5) If patient has previously in an Asylum, state date of latest or approximate thereto. If previously under Medical or Surgical treatment, state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 21st day of July One thousand nine hundred and eleven

(To be signed by the party applying) J.B. Gibson.

T. & A. C.—Sept. 1903. 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, Thomas Ritchie Rodger being a (1) Doctor of Medicine of the University of Glasgow. and being in actual practice as a (2) Physician & Surgeon do hereby certify, on soul and conscience, that I have this day, at (3) New Build Kirkconnel Dumfries in the County separately from any other Medical Practitio visited and personally examined (4) Jeanie Wilson of New Bldgs. Kirkconnel, Paupr and t the said Jeanie Wilson is a (5) Person of unsound mind and a proper person to be detai under Care and Treatment, and that I have formed this opinion upon the follow grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)
Patient has a vacant irresponsible look and talks and laughs heedlessly while her neighbours are watching over moribund child. Yesterday morning she disappeared and when I found her 3 miles from home sitting near the road side.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Her husband and neighbours tell me she has spoken of committing murder and suicide. She says repeatedly the policeman is after her for neglecting her child.

Name and Medical Designation, John T. Ritchie Rodger

Place of Abode, Crichton Hall. Sanquhar.

DATED this 21st day of July One thous nine hundred and Eleven

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, 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) Bachelor of Medicine and Bachelor of Surgery, Ed and being in actual practice as a (2) Physician do hereby certify, on soul and conscience, that I have this day, at (3) New Bldgs Main Street, Kirkconnel Dumfriesshire in the County separately from any other Medical Practitio visited and personally examined (4) Jeannie Wilson of New Bldgs Kirkconnel. and t the said Jeannie Wilson is a (5) person of unsound mind and a proper person to be detain under Care and Treatment, and that I have formed this opinion upon the follow grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) She maintained a light-hearted attitude although her child three weeks old was moribund. She stated repeatedly that her neighbours were accusing of plotting the child's death. She threatened to drown herself.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Her husband stated that on the night of July 19th/20th 1911 she left the house, and disappeared for 12 hours. She was scantily clad. Dr. Rodger of Sanquhar states that he saw her the following morning (21st) wandering about the public highway in a semi-nude condition. The husband state that she has frequently threatened to drown herself.

Name and Medical Designation, John Bell Ferguson. M.B.

Place of Abode, The Knowe, Kirkconnel

DATED this 21st day of July One thous nine hundred and eleven.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Walter Duncanson Chambers being (1) a Bachelor of Medicine & Surgery hereby certify, on soul and conscience, that I have this day, at (2) Crichton Royal Institution in the County of Dumfries, seen and personally examined Mrs Jeanie Wilson, Pauper, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Dumfries.

And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

W. D. Chambers M.A., M.B.

DATED this 21st day of July One thousand nine hundred and eleven.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Asylum to receive therein Jeanie Wilson to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Attendant accompanying.

Signature and Address Isabella Walker, 28 Townfoot, Kirkconnel.

Date July 21st 1911.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, George Campion, Esquire (1) Sheriff Substitute of ~~Dumfries~~ and Galloway at Dumfries having had produced to me, with a Petition at the instance of (2) J. B. Gilson, Inspector of Post, Kirkconnel Certificates under the hands of Thomas Ritchie Rodger and John Bell Ferguson being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Jeanie Wilson, New Buildings, Main Street, Kirkconnel (Pauper) and that the said Jeanie Wilson is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Jeanie Wilson 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 Jeanie Wilson which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.

DATED [at Dumfries] this twenty second day of July One thousand nine hundred and eleven

To the Superintendent of the (7) Public Asylum of Crichton Royal Institution Dumfries.

[Signature] Geo. Campion

(7) Public, District, Parochial, or Private.

David Alexander Johnstone (Buittle)
22 July 1911.

N.B.—This FORM shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

25 and 26 Vict., Cap. 54, Section 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Unto the Honourable the (1) Sheriff of the (2) County of Dumfries and his Substitutes,—at Dumfries.

The Petition of Samuel M'Kee, Bishop of Kirkcudbright, Buittle

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that ~~Pauper~~ David Alexander Johnstone your Petitioner's (3) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said David Alexander Johnstone to the Southern Counties Asylum, Dumfries, and to sanction his admission into the said Asylum.

(*To be signed by the Party applying*) Samuel M'Kee, Bishop of Kirkcudbright, Buittle

DATED this 22nd (4) day of July One thousand nine hundred and eleven.

STATEMENT.

If any 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 Alexander Johnstone
2. Sex and Age, ...	Male . 33 years
3. Married, Single, or Widowed, ...	Single
4. Condition of Life and previous Occupation (if any), ...	General Labourer
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode, ...	Suffolkland Buittle
7. Place where Found and Examined, ...	not known
8. Length of time Insane, ...	First
9. Whether First Attack, ...	33 years
10. Age (if known) on First Attack, ...	Not known.
11. When and where previously under Examination and Treatment,(5)	not known.
12. Duration of Existing Attack, ...	not known
13. Supposed Cause, ...	no.
14. Whether subject to Epilepsy, ...	(Not at present)
15. Whether Suicidal, ...	Do.
16. Whether dangerous to others, ...	Buittle
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, ...	
18. Christian Name and Surname, and Place of Abode of nearest known relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been insane.	Edward Johnstone, Dumfries (working under Cooper & Co, Grocers).
19. Special Circumstances (if any) preventing the insertion of any of the above particulars, ...	

I certify that to the best of my knowledge, the above particulars are correctly stated.

DATED this 22nd day of July One thousand nine hundred and eleven

(*To be signed by the party applying*) Samuel M'Kee, Bishop of Kirkcudbright
P.p.
Buittle

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2 Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic or an insane person, *or* an idiot, *or* a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Roderick Alan Campbell being a[1] Doctor of Medecine and being in actual practice as a[2] Physician do hereby certify, on soul and conscience, that I have this day, at[3] Crichton Royal Institution in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined[4] David Alexander Johnstone. Pauper and the said David Alexander 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 talks incoherently. Says he is being persecuted by gaol keepers who are trying to take his life.

2. Other facts (if any) indicating Insanity communicated to me by others:[7]

Name and Medical Designation, Roderick Campbell M.D.

Place of Abode Crichton Royal Institution

DATED this twenty second day of July One thousand nine hundred and eleven

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic or an insane person, *or* an idiot, *or* a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Joseph Hunter being a[1] Bachelor Medicine and Surgery. Member and being in actual practice as a[2] General Practitioner of Edinburgh do hereby certify on soul and conscience, that I have this day, at[3] The Crichton Royal Institution in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined[4] David Alexander Johnstone Pauper of Suffolkland Buittle and the said David Alexander 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 lies in a completely lethargic state - shows no expression on his face - does not know his name or where he comes from and responds to every question by shaking his head and saying he does not know

2. Other facts (if any) indicating Insanity communicated to me by others:[7]

Name and Medical Designation. Joseph Hunter M.B. Cant (Edin.)

Place of Abode 31 Castle St. Dumfries

DATED this twenty second day of July One thousand nine hundred and eleven

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned Kenneth Fraser being (1) R.B. C.L.B Brittle hereby certify on soul and conscience, that I have this day at (2) Guffogland, in the County of Kirkcudbright, seen and personally examined David alexander Johnstone, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Dumfries

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

And I further certify that the case of the said person is one of Emergency.

Kenneth Fraser

DATED this 22nd day of July One thousand nine hundred and eleven

(The following should be filled up in every case in which a Certificate of Emergency is acted on.

I hereby request the Superintendent of the Southern Counties Asylum Dumfries and to receive therein David Alexander Johnstone to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient. | Samuel M'Kee, Inspector of Poor, Paluache Parish of Brittle

Signature and Address, Poor, Paluache Parish of Brittle

Date, 22nd July, 1911.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, George Campion Esquire (1) Sheriff Substitute of Dumfries and Galloway at Dumfries having had produced to me, with a Petition at the instance of (2) Samuel M'Kee Inspector of Poor Brittle Certificates under the hands of Roderick Alan Campbell and Joseph Hunter being two Medical Persons duly qualified in terms of an Act intituled "An Act for the Regulation of the Care and Treatment 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 Alexander Johnstone, Guffogland Brittle (Parish) and that the said David Alexander 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 David Alexander Johnstone as a patient into the (6) Southern Counties Asylum of Dumfries and I authorize (7) his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said David Alexander Johnstone which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial or Private.
(7) His, or her.

DATED [at Dumfries] this Twenty fourth day of July One thousand nine hundred and eleven

To the Superintendent of the (8) Public *Asylum of* Southern Counties Dumfries

(8) Public, District, Parochial, or Private.

(Signature) Geo: Campion



84 William Grierson (Caslaverock)

26 July 1911

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM 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) Stewartry~~ of Dumfries & Galloway *and his Substitutes.*

The Petition of Thomas Dff. M'Clean Inspector of Poor of Caerlaverock

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that William Grierson Ward your Petitioner's (2) is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said William Grierson to the Crichton Royal Asylum and to sanction his admission into the said Asylum.

(2) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

(*To be signed by the Party applying*) Thos. Dff. M'Clean

DATED this 26th (4) day of July One thousand nine hundred and Eleven.

(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 Grierson
2. Sex and Age,	Male 68
3. Married, Single, or Widowed,	Widowed
4. Condition of Life, and previous Occupation (if any),	Retired Railway porter
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Wellington St, Glencaple
7. Place where Found and Examined,	Do. Do.
8. Length of time Insane,	About a fortnight
9. Whether First Attack,	His first attack
10. Age (if known) on First Attack,	About a year ago.
11. When and where previously under Examination and Treatment (5)	Unascertained
12. Duration of Existing Attack,	About a fortnight
13. Supposed Cause,	No epileptic taint
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	Slightly violent
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Caerlaverock Parish
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Miss Helen Grierson, Wellington St. Glencaple.
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	

If patient has previously in an Asylum, state date of latest admission, and the approximate date thereto. If previously under examination or treatment, state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 26th day of July One thousand nine hundred and Eleven

(*To be signed by the party applying*) Thos. Dff. M'Clean, Inspector of Poor.

T. & A. C.—July 1907.

MEDICAL CERTIFICATE, No. I.

I, the undersigned, Joseph Hunter being a (1) Bachelor of Medicine and Surgeon and being in actual practice as a (2) General Practitioner do hereby certify, on soul and conscience, that I have this day, at (3) Wellington Street. Ellencapple in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) William Grierson retired Railway Servant and the said William 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) He is rambling and incoherent in his talk - alternately expressing religion with vague and confused stories of travel. He talks to himself in the same strain.

2. Other facts (if any) indicating Insanity communicated to me by others: (7) I am informed by Helen Grierson of Wellington Street Ellencapple that her father William Grierson is violent in his behaviour - has threatened to kill her with an axe and struck her with a

Name and Medical Designation, Joseph Hunter M.B. Ch.B. Ed.

Place of Abode, 31 Castle Street Dumfries

DATED this twenty-sixth day of July One thousand nine hundred and Eleven

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or 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, Roderick Alex Campbell being a (1) Doctor of Medicine. University of Edinburgh and being in actual practice as a (2) Physician do hereby certify, on soul and conscience, that I have this day, at (3) The Crichton Royal Institution Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) William Grierson residing at Wellington Street Ellencapel Pauper and the said William 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) He rambled and is incoherent in his talk. He has delusions of persecution.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, Roderick Campbell M.B. Ch.B. Edin.

Place of Abode, Crichton Royal Institution

DATED this 26th day of July One thousand nine hundred and eleven.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) *Lunatic, or 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, Joseph Hunter being (1) Bachelor of Medicine & Surgeon Edinburgh hereby certify, on soul and conscience, that I have this day, at (2) Glencaple in the County of Dumfries, seen and personally examined William Grierson Retired Railway Servant, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Dumfries

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

And I further certify that the case of the said person is one of Emergency.

Joseph Hunter M.B. C.M.

DATED this twenty-sixth day of July One thousand nine hundred and Eleven

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Asylum Asylum to receive therein William Grierson to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Acting Inspector of Poor.

Signature and Address Thos. Mc Ilwan

Date 26th July 1911 The Manse, Caerlaverock.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, George Campion Esquire (1) Sheriff Substitute of the Dumfries and Galloway at Dumfries having had produced to me, with a Petition at the instance of (2) Thomas Mc Ilwan, Inspector of Poor, Caerlaverock Certificates under the hands of Joseph Hunter and Roderick Alan Campbell — being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Grierson, Wellington Street Glencaple Pauper and that the said William 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 William Grierson as a patient into the (6) Public Asylum of Crichton Royal Institution and I authorize (7) his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said William Grierson which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) His, or her.

DATED [at Dumfries] this Twenty eighth day of July One thousand nine hundred and Eleven

To the Superintendent of the (8) Public Asylum of Crichton Royal Institution Dumfries

[*Signature*] Geo. Campion

(8) Public, District, Parochial, or Private.

No. 10348. Name Mary Adam Burns.

FORM A

Date of Admission 27 July 1911.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum after the Order of the Sheriff is obtained.

25 and 26 Vict., Cap. 54, Sect. 14.

Petition to the Sheriff to grant Order for the Reception of a Patient into the Crichton Royal Institution, Dumfries.

Unto the Honourable the Sheriff of Dumfries and Galloway and his Substitutes, at Dumfries

The Petition of (1) James Burns Traveller. 48 Park Circus. Ayr

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that (2) Mary Adam Burns your Petitioner's (3) daughter 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 (4) Mary Adam Burns to the Crichton Royal Institution, Dumfries, and to sanction (5) her admission into the said Asylum.

(1) Insert Name, Designation, and Residence of the Party applying.

(2) Insert Name of Patient in full.

(3) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

(4) Insert Name of Patient in full.

(5) His or her.

*Signature of Petitioner (6) James Burns

(6) To be signed by the Party applying.

Dated this (7) 27th day of July One thousand nine hundred and eleven.

(7) N.B.—The Date of the Petition must be within fourteen clear days following the dates of the Medical Certificates Nos. I. and II., and not before.

STATEMENT.

If any 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 Adam Burns
2. Sex and Age,	female - 33 -
3. Married, Single, or Widowed,	Single
4. Condition of life and previous Occupation (if any),	School teacher (Languages) French & German
5. Religious Persuasion, so far as known,	Church of Established
6. Previous Place of Abode,	Hawkhurst
7. Place where Found and Examined,	48 Park Circus Ayr
8. Length of Time Insane,	About 3 Years
9. Whether First Attack,	first
10. Age (if known) on First Attack,	30
11. When and Where previously under Examination and Treatment,	at home
12. Duration of Existing Attack,	One year & 6 months 3 years
13. Supposed Cause,	Worry
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to Others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is chargeable,	
18. Christian Name 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 Burns 48 Park Circus. Ayr. Father
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 27th day of July One thousand nine hundred and eleven.

*Signature of Petitioner, (1) James Burns

(1) *To be signed by the Party applying.*

MEDICAL CERTIFICATE.—No. I.

(1) Name of Registered Medical person.
(2) *Set forth the registered qualification entitling the person certifying to grant the Certificate, e.g.*, Member of the Royal College of Physicians in Edinburgh.
(3) Physician, Surgeon, *or otherwise, as the case may be.*
(4) *Insert the Street, and Number of the House (if any), or other like particulars.*
(5) *Insert Name of Patient in full, Designation, and Residence, and if a Pauper, state so.*
(6) *State Name of Patient in full.*
(7) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned (1) Robert Alexander Morton
being a (2) M.D. Glasgow University
and being in actual practice as a (3) physician & Surgeon
do hereby certify, on soul and conscience, that I have this day at (4) 48 Path Circus Ayr in the County of Ayr.
separately from any other Medical Practitioner visited and personally examined (5) Mary Adam Burns School teacher 48 Path Circus
and that the said (6) Mary Adam Burns
is a (7) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(8) *State the Facts, e.g.*, as indicated by the Patient's appearance, demeanour, conversation, writings, actions, conduct, etc.

1. Facts indicating Insanity observed by myself (8) Very variable moods. Sits in violent fits of temper. She told me that there was an animal in her stomach that her liver was burnt out from some she had swallowed, & that her illness was caused by too much iron in her blood. She talks incoherently at times, & other times quite rat

(9) *State the Information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others (9) Mrs Burns (her mother) told me that she said she had got a raw bone into her throat & that she called on neighbours & gave them a scolding about Rascle they were employed in the Garden the other night when coming into the house deliberately emptied the milk out

(10) *To be signed by medical person certifying.*

Name and Medical Designation (10) Robert Alexander Morton
And Place of Abode, Nether Path Ayr.

DATED this 26th day of July One thousand nine hundred and Eleven.

MEDICAL CERTIFICATE.—No. II.

(1) Name of Registered Medical person.
(2) *Set forth the registered qualification entitling the person certifying to grant the Certificate, e.g.*, Member of the Royal College of Physicians in Edinburgh.
(3) Physician, Surgeon, *or otherwise, as the case may be.*
(4) *Insert the Street, and Number of the House (if any), or other like particulars.*
(5) *Insert Name of Patient in full, Designation and Residence, and if a Pauper, state so.*
(6) *State Name of Patient in full.*
(7) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned (1) John Dewar Colson
being a (2) Fellow of Edinburgh University
and being in actual practice as a (3) Physician
do hereby certify, on soul and conscience, that I have this day at (4) the Crichton Institution Dumfries in the County of Dumfries
separately from any other Medical Practitioner visited and personally examined (5) Mary Adam Burns School teacher
and that the said (6) Mary Adam Burns.
is a (7) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz :—

(8) *State the Facts, e.g.*, as indicated by the Patient's appearance, demeanour, conversation, writings, actions, conduct, etc.

1. Facts indicating Insanity observed by myself (8) She is restless in her movements and used an appearance of delusions that she has got much in her veins. Makes gen. meaningless gestures with her hands.

(9) *State the Information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others (9)

(10) *To be signed by medical person certifying.*

Name and Medical Designation (10) John Dewar Colson M.D.
And Place of Abode, The Crichton Institution Dumfries

DATED this 27th day of July One thousand nine hundred and eleven

CERTIFICATE OF EMERGENCY.

N.B.—*This Certificate is necessary in the event of a Patient being sent to the Institution before the Sheriff's Order is obtained, and it authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any order by the Sheriff. During this period the Sheriff's Order is obtained. When the Certificate of Emergency is employed, both parts should be filled, signed, and dated if possible on the day of removal of the Patient to the Asylum, or otherwise as near the day of removal as possible.*

I the undersigned (1) Robert Alexander Morton

(1) State Name of Registered Medical Person.

being a (2) M.D. Glasgow University

(2) State Registered Medical qualification.

do hereby certify, on soul and conscience, that I have this day at (3) 48 Park Circus Ayr in the County of Ayr

(3) State place of Examination.

seen and personally examined (4) Mary Adam Burns

(4) State Name of Patient, in full, Designation, and Address.

Jessie 48 Park Circus Ayr

and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at Dumfries.

And I further certify that the case of the said person is one of emergency.

Signature of Certifier (5) Robert Alexander Morton

(5) To be signed by Medical Person certifying.

Address of Certifier Hetherton Ayr

DATED this 27 day of July One thousand nine hundred and Eleven.

The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution, Dumfries, to receive therein (1) Mary Adam Burns

(1) State Name of Patient in full.

to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Petitioner or Applicant stands to Patient, Father

Signature of Petitioner or Applicant (2) James Burns

(2) To be signed by the Party applying.

Address of Petitioner or Applicant, 48 Park Circus Ayr,

DATED this 27th day of July one thousand nine hundred and 11

Order to be Granted by the Sheriff for the Transmission and Reception of the Lunatic.

I George Campion Esquire

(1) Sheriff Substitute

(1) *State whether* Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.

of the (2) Dumfries and Galloway

(2) *State whether a* County *or* Stewartry.

having had produced to me, with a Petition at the instance of (3) James Burns Traveller 48 Park Circus Ayr

(3) *Insert Name and Designation*

Certificates under the hands of Robert Alexander Morton M.

and John Dewar Robson, being two Medical Persons duly qualified, in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Mary Adam Burns 48 Park Circus Ayr (Petrs daughter)

(4) *Describe the Patient, and if a Pauper, state so.*

and that the said Mary Adam Burns

is a (5) person of unsound mind

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Mary Adam Burns as a Patient into the Crichton Royal Institution, Dumfries, and I authorize (6) her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mary Adam Burns which accompanied the said Petition.

(6) His or her

DATED [at Dumfries] this Twenty eighth day of July One thousand nine hundred and eleven.

(Signature) Geo Campion

To the Superintendent of the Crichton Royal Institution, Dumfries.

10549 Name Elizabeth Brown or Sharp. FORM A

Date of Admission 27 July 1911.

25 and 26 Vict., Cap. 54, Sect. 14.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum after the Order of the Sheriff is obtained.

Petition to the Sheriff to grant Order for the Reception of a Patient into the Crichton Royal Institution, Dumfries.

To the Honourable the Sheriff of Dumfries and Galloway and his Substitutes,—at Dumfries.

The Petition of (1) Neil Sharp, 28 Academy Street, Dumfries

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that (2) Elizabeth Brown or Sharp is 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 (4) Elizabeth Brown or Sharp to the Crichton Royal Institution, Dumfries, and to sanction (5) her admission into the said Asylum.

(1) Insert Name, Designation, and Residence of the Party applying.

(2) Insert Name of Patient in full.

(3) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

(4) Insert Name of Patient in full.

(5) His or her.

Signature of Petitioner (6) Neil Sharp

(6) To be signed by the Party applying.

Dated this (7) 28th day of July One thousand nine hundred and Eleven years

(7) N.B.—The Date of the Petition must be within fourteen clear days following the dates of the Medical Certificates Nos. I. and II., and not before.

STATEMENT.

If any 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 Brown or Sharp
2. Sex and Age, - - - - - Female aged 62 years
3. Married, Single, or Widowed, - - Married
4. Condition of life and previous Occupation (if any), - - - - - Housekeeper
5. Religious Persuasion, so far as known, - Protestant
6. Previous Place of Abode, ... - - 28 Academy Street Dumfries
7. Place where Found and Examined, - 28 Academy Street
8. Length of Time Insane, - - - Several years
9. Whether First Attack, - - - -
10. Age (if known) on First Attack, - -
11. When and Where previously under Examination and Treatment, - 73 Irish Street, Dumfries
12. Duration of Existing Attack, - -
13. Supposed Cause, - - - - - Hallucinations
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 Relstionship (if known), and whether any Member of his Family known to be or to have been insane, Jeanie Rutherford Brown, Rae Street (Sister). Brothers in Asylum for several years from religious mania
19. Special circumstances (if any) preventing the insertion of any of the above particulars, - - - - -

I certify that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 27th day of July One thousand nine hundred and Eleven years.

Signature of Petitioner, (1) Neil Sharp

(1) *To be signed by the Party applying.*

MEDICAL CERTIFICATE.—No. I.

(1) Name of Registered Medical person.
(2) *Set forth the registered qualification entitling the person certifying to grant the Certificate, e.g.*, Member of the Royal College of Physicians in Edinburgh.
(3) Physician, Surgeon, *or otherwise, as the case may be.*
(4) *Insert the Street, and Number of the House (if any), or other like particulars.*
(5) *Insert Name of Patient in full, Designation, and Residence, and if a Pauper, state so.*
(6) *State Name of Patient in full.*
(7) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned (1) Thomas Ferguson
being a (2) Bachelor of Medicine of Edinburgh University
and being in actual practice as a (3) Physician & Surgeon
do hereby certify, on soul and conscience, that I have this day at (4) 28 Academy Street, Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (5) Mrs Elizabeth Brown or Sharp wife of Neil Sharp 28 Academy St Dumfries
and that the said (6) Elizabeth Brown or Sharp
is a (7) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(8) *State the Facts, e.g.*, as indicated by the Patient's appearance, demeanour, conversation, writings, actions, conduct, etc.

1. Facts indicating Insanity observed by myself (8)
Her insane appearance & behaviour. She is excited & raving & talking incoherently & is full of delusions = That there are people dwelling on the roof & slates of the house she rents & keeps & That she has been visited by the twelve Apostles That she has had interviews with three dead brothers & with her father who has been dead for over 40 years

(9) *State the Information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others (9)
That she is at times noisy & boisterous & requires to be kept constantly under observation on account of the insane things she says &

By the Husband
Neil Sharp
28 academy St
Dumfries

(10) *To be signed by medical person certifying.*

Name and Medical Designation (10) Thomas Ferguson M.B. C.M.
And Place of Abode, 16 Castle St Dumfries

DATED this twenty seventh day of July One thousand nine hundred and eleven years.

MEDICAL CERTIFICATE.—No. II.

(1) Name of Registered Medical person.
(2) *Set forth the registered qualification entitling the person certifying to grant the Certificate, e.g.*, Member of the Royal College of Physicians in Edinburgh.
(3) Physician, Surgeon, *or otherwise, as the case may be.*
(4) *Insert the Street, and Number of the House (if any), or other like particulars.*
(5) *Insert Name of Patient in full, Designation and Residence, and if a Pauper, state so.*
(6) *State Name of Patient in full.*
(7) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned (1) Frederick Hugh Clarke
being a (2) Bachelor of Medicine & Master in Surgery of Glasgow University
and being in actual practice as a (3) Physician & Surgeon
do hereby certify, on soul and conscience, that I have this day at (4) The Crichton Institution Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (5) Elizabeth Brown or Sharp Housewife 28 Academy Street Dumfries
and that the said (6) Elizabeth Brown or Sharp
is a (7) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz :—

(8) *State the Facts, e.g.*, as indicated by the Patient's appearance, demeanour, conversation, writings, actions, conduct, etc.

1. Facts indicating Insanity observed by myself (8) She is incoherent and wandering in her conversation. She is full of delusions. E.g. thinks she is Queen of this she says is a friend of hers and has intimate relationships with the Angels and Saints.

(9) *State the Information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others (9)

(10) *To be signed by medical person certifying.*

Name and Medical Designation (10) Frederick Hugh Clarke M.B. C.M.
And Place of Abode, Charlotte Street Dumfries.

DATED this twenty eighth day of July One thousand nine hundred and eleven.

CERTIFICATE OF EMERGENCY.

29.—*This Certificate is necessary in the event of a Patient being sent to the Institution before the Sheriff's Order is obtained, and it authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any order by the Sheriff. During this period the Sheriff's Order is obtained. When the Certificate of Emergency is employed, both parts should be filled, signed, and dated if possible on the day of removal of the Patient to the Asylum, or otherwise as near the day of removal as possible.*

I the undersigned (1) Thomas Ferguson (1) State Name of Registered Medical Person.

being a (2) Bachelor of Medicine of Edinburgh University (2) State Registered Medical qualification.

do hereby certify, on soul and conscience, that I have this day at (3) 28 Academy (3) State place of Examination.

Street Dumfries in the County of Dumfries

saw and personally examined (4) Elizabeth Brown or Sharp (4) State Name of Patient, in full, Designation, and Address.

residing at 28 Academy St Dumfries

and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at Dumfries.

And I further certify that the case of the said person is one of emergency.

Signature of Certifier (5) Thomas Ferguson (5) To be signed by Medical Person certifying.

Address of Certifier 16 Castle St Dumfries

DATED this twenty seventh day of July One thousand nine hundred and eleven.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution, Dumfries, to receive therein (1) Elizabeth Brown or Sharp (1) State Name of Patient in full.

to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Petitioner or Applicant stands to Patient, Husband

Signature of Petitioner or Applicant (2) Neil Sharp (2) To be signed by the Party applying.

Address of Petitioner or Applicant, 28 Academy St Dumfries

DATED this twenty seventh day of July one thousand nine hundred and eleven.

Order to be Granted by the Sheriff for the Transmission and Reception of the Lunatic.

I George Campion Esquire

Sheriff Substitute (1) *State whether* Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.

of Dumfries and Galloway at Dumfries (2) *State whether a* County *or* Stewartry.

having had produced to me, with a Petition at the instance of (3) Neil Sharp (3) *Insert Name and Designation*

28 Academy Street Dumfries

certificates under the hands of Thomas Ferguson

and Frederick Hugh Clarke, being two Medical Persons duly qualified, in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Mrs Elizabeth Brown or Sharp 28 Academy Street Dumfries Petitioner's wife (4) *Describe the Patient, and if a Pauper, state so.*

and that the said Mrs Elizabeth Brown or Sharp

is (5) person of unsound mind (5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Mrs Elizabeth Brown or Sharp as a Patient into the Crichton Royal Institution, Dumfries, and I authorize (6) her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mrs Elizabeth Brown or Sharp which accompanied the said Petition. (6) His or her

DATED [at Dumfries] this twenty eighth day of July One thousand nine hundred and eleven.

(Signature) Geo. Campion

To the Superintendent of the Crichton Royal Institution, Dumfries.

K 350 James McCannon.
Adm: 28 July 1911.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM 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* Dumfries & Galloway *and his Substitutes,—*

The Petition of John McCannon Barnhills Kirkcolm

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James McCannon, Kirranroe Kirkcolm 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 James McCannon to the Crichton Institution and to sanction his admission into the said Asylum.

(*) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

(To be signed by the Party applying) John McCannon

(*) The date of the petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 27th (*) day of July One thousand nine hundred and eleven

STATEMENT.

If any 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 McCannon
2. Sex and Age,	Male 31 Years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Solicitor
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Kirranroe Kirkcolm Stranraer,
7. Place where Found and Examined,	" " "
8. Length of time Insane,	coming on gradually
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	—
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	—
12. Duration of Existing Attack,	cant say
13. Supposed Cause,	unknown
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	yes threatening
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,	John McCannon Barnhills Kirkcolm - 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 27th day of July One thousand ~~eight~~ nine hundred and eleven

(To be signed by the Party applying) John McCannon

P. P. —

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, 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 Moyes Duff being a (1) Bachelor of Medicine & Master of Surge of Glasgow University and being in actual practice as a (2) General practitioner do hereby certify, on soul and conscience, that I have this day, at (3) Kirkcolm Kirkcolm Wigtown Kirvanra in the County of separately from any other Medical Practitioner visited and personally examined (4) James Mc Camon Kirvanral. Kirkcolm and that the said James Mc Camon is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, 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 appe excited. Talks incoherently about tax farms. Says they put stuff into his to keep him down and thinks he is being p

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Mr George Cochrane. North Cairn. Kirkcol states that he breaks out into violent ta and threatens to shoot people

Name and Medical Designation, W. M. Duff MB

Place of Abode, Kirkcolm, Stranra

DATED this 27th day of July One thousand eight hundred and eleven.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the street and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper state so.*
(5) Lunatic, or an insane person, or an idiot, *or* a person of unsound mind.

I, the undersigned, David Duke Moore being a (1) Bachelor of Medicine & master of surge of Aberdeen University and being in actual practice as a (2) General Practitione do hereby certify, on soul and conscience, that I have this day, at (3) Kirvanrae Kirkcolm Wigtown in the County of separately from any other Medical Practitioner, visited and personally examined (4) James Mc Camon Kirvanrae Kirkcolm and that the said James Mc Camon is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He has an exal appearance. He talks, at times, incoherently about taking large doses, of 8 ring into a big bucket. He has delusions about his food being tampere He told me he was suspicious of poison being mixed

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) His sister Jane Mc Camon says he broke out in a temper at times cursing & swear and that today he caught hold of her by the throat & to get assistance when he was in one of these fits

Name and Medical Designation, D Duke Moore MB

Place of Abode 17 Lewis St Stranraer

DATED this 27th day of July One thousand eight hundred and eleven.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
., and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.

DATED this day of One thousand eight
hundred and

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the
Asylum to receive therein
to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, }

Signature and Address

Date

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, John Cameron Esquire (1) Honorary Sheriff Substitute
of the (2) Stewartry of Dumfries & Galloway
having had produced to me, with a Petition at the instance of (3) John
McCamon Barnhills Kirkcolm
Certificates under the hands of William Hynes Duff MB CM
and David Duke Munro MB CM, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
James McCamon, Kirranree, Kirkcolm and that the said
James McCamon is a (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 McCamon as a Patient into the
(6) Crichton Asylum of Dumfries and I authorize this Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said James McCamon which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.

DATED this twenty eight day of July One thousand ~~eight~~ nine
hundred and eleven

H McCamon

To the Superintendent of the (7)
Crichton *Asylum of* Dumfries

(7) Public, District, Parochial, or Private.

No 351 Thomas Baird (Kirkmichael)
Adm: 30 July 1911.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) ~~the~~ Sheriff of ~~the (2)~~ ~~County~~ of Dumfries and his Substitutes,—

The Petition of Alexander Gracie Inspector of Poor of the Parish of Kirkmichael and County of Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Thomas Baird, Corses Cottages, Kirkmichael 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 Baird to the Southern Counties Asylum Dumfries and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(*To be signed by the Party applying*) Alex Gracie

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 30th (4) day of July One thousand nine hundred and eleven

STATEMENT.

If any 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 Baird
2. Sex and Age,	male 45 years
3. Married, Single, or Widowed,	married
4. Condition of Life, and previous Occupation (if any),	Shepherd
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Corses Cottages, Kirkmichael
7. Place where Found and Examined,	do do
8. Length of time Insane,	3 weeks
9. Whether First Attack,	first
10. Age (if known) on First Attack,	
11. When and where previously under Examination and Treatment (5)	
12. Duration of Existing Attack,	3 weeks
13. Supposed Cause,	worry
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	no
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Kirkmichael
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Mrs Annie Baird Corses Cottages, Kirkmichael Ainfield R.S.O wife
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	none

(5) If patient has previously in an Asylum, state the date of latest Form or approximate thereto. If previously under Examination or Treatment state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this thirtieth day of July One thousand nine hundred and eleven

(*To be signed by the party applying*) Alex Gracie

P. p.

T. & A. C.—April 1901.

MEDICAL CERTIFICATE, No. I.

I, the undersigned, William Park being a (1) Doctor of medicine and being in actual practice as a (2) Physician do hereby certify, on soul and conscience, that I have this day, at (3) Corses Kirkmichael Dumfries in the County separately from any other Medical Practition visited and personally examined (4) Thomas Baird and th the said Thomas Baird is a (5) person of unsound mind and a proper person to be detain under Care and Treatment, and that I have formed this opinion upon the follow grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)

Has an unsettled stare Complains of pain on the top of his head w rubs it over it & sometimes he loose sp with it

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

He left home three weeks ago during the night & knows nothing about it & cannot say why he left. he is quiet & melancoly.

Name and Medical Designation, William Park M

Place of Abode, Vicarland Moffat

DATED this thirtieth day of July One thous nine hundred and eleven.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, or an idiot, *or* a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

MEDICAL CERTIFICATE, No. II.

I, the undersigned, Thomas Reid being a (1) Doctor of Medicine of Glasgow Univers and being in actual practice as a (2) General Medical Practitio do hereby certify, on soul and conscience, that I have this day, at (3) Corses Cott Kirkmichael in the County Dumfries separately from any other Medical Practition visited and personally examined (4) Thomas Baird Shepherd Corses Cottages Kirkmichael Pauper and th the said Thomas Baird is a (5) person unsound mind and a proper person to be detain under Care and Treatment, and that I have formed this opinion upon the follow grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) He is very taciturn and will hardly answer any questions. He has been away for three weeks and says he cannot remember where he has been or what object there was in going away. He says that he has been worried and is living in a mist

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His wife says that he slipped out of the house three weeks ago and that he can remember nothing about it. She says that he has been very much on account of himself, but that he has been worried sleeping little of late

Name and Medical Designation, Thomas Reid. M.B.

Place of Abode, Kirkmichael

DATED this thirtieth day of July One thousan nine hundred and eleven

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, *or* 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, Macmaster
being (1) a Doctor of Medicine of Edin. and Member
hereby certify, on soul and conscience, that I have this day, at (2) Corsecleuch
in the County of Dumfries seen and personally examined
Thomas Baird, Corsecleuch, Kirkmichael; and that the said
person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Dumfries

(1) Medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

And I further certify that the case of the said person is one of Emergency.

Macmaster. M.D

DATED this thirtieth day of July One thousand nine hundred and eleven.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Southern Counties Asylum Dumfries
Asylum to receive therein Thomas Baird
to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Pauper Inspector of Poor.

Signature and Address Alex Gracie, Kirkmichael, Stokarlie

Date 30th July 1911

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William Primrose Esquire (1) Honorary Sheriff Substitute of the Dumfries and Galloway at Dumfries having had produced to me, with a Petition at the instance of (2) Alexander Gracie Inspector of Poor, Kirkmichael Certificates under the hands of William Park and Thomas Reid being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (3) Thomas Baird Corsecleuch Cottages Kirkmichael (pauper) and that the said Thomas Baird is a (4) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Thomas Baird as a patient into the (5) Public Asylum of Southern Counties and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Thomas Baird which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(3) Describe him, and if a Pauper, state so.
(4) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(5) Public, District, Parochial, or Private.

DATED [at Dumfries] this Thirty first day of July One thousand nine hundred and eleven

To the Superintendent of the (7) Public *Asylum of* Southern Counties Dumfries

[Signature] Wm Primrose

(7) Public, District, Parochial, or Private.

10·352 Patrick McQueen (Ruthwell)
Adm: 1 August 1911.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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. Davidson Insp. of Poor, Ruthwell

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Patrick Mc Queen 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 Patrick Mc Queen to the Southern Counties asylum and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(*To be signed by the Party applying*) Alex. Davidson

(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 August One thousand nine hundred and eleven

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Patrick McQueen
2. Sex and Age,	Male 53 years.
3. Married, Single, or Widowed,	Single.
4. Condition of Life, and previous Occupation (if any),	Labourer.
5. Religious Persuasion, so far as known,	Roman Catholic.
6. Previous Place of Abode,	—
7. Place where Found and Examined,	Margaretsfield Ruthwell.
8. Length of time Insane,	
9. Whether First Attack,	No.
10. Age (if known) on First Attack,	? 50.
11. When and where previously under Examination and Treatment (5)	Formerly under treatment in Southern Counties Asylum
12. Duration of Existing Attack,	1 week.
13. Supposed Cause,	
14. Whether subject to Epilepsy,	no.
15. Whether Suicidal,	no.
16. Whether Dangerous to others,	no.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Ruthwell.
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	Friendless homeless, unable to give any account of himself

(5) If patient has been previously in an Establishment, state name and date of latest admission or approximate thereto. If never previously under examination or treatment, state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this first day of August One thousand nine hundred and eleven

(*To be signed by the party applying*) Alex. Davidson

P. p.

T. & A. C.—Sept. 1903.

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, Wilbam Scott being a (1) Bachelor of Medicine & Master of Surgery and being in actual practice as a (2) Medical Practitioner do hereby certify, on soul and conscience, that I have this day, at (3) Margaretsfield Rutherwell in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Patrick McQueen Pauper and that the said Patrick McQueen is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)
Strange behaviour cannot answer simple questions. Conquiescence, wandering aimlessly about, very depressed, incoherent talk.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Mrs McElvie with whom he resides says he has been very strange, running many about carelessly, not working, not eating, not sleeping, very confused

Name and Medical Designation, Wilbam Scott MB

Place of Abode, Rutherwell.

DATED this 1st day of August One thousand nine hundred and eleven

---

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, *or* an insane person, 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 John McCaw being a (1) Bachelor of Medicine and Bachelor of Surgery and being in actual practice as a (2) Physician do hereby certify, on soul and conscience, that I have this day, at (3) Crichton Royal Institution Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Patrick McQueen Pauper and that the said Patrick McQueen is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)
very confused, memory lost for recent events and also has no idea how old he is or when he was born. No idea what he has been doing for the last few days. Depressed. Complains of being brought here for Constable, and was here before for Drink

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Refused to go to bed wandering aimlessly about the house. Depressed. Refused to go to his work Refused food.

Name and Medical Designation, H J McCaw M.B. C.M.

Place of Abode, Crichton Royal Institution Dumfries

DATED this 1st day of August One thousand nine hundred and eleven

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, William Scott being (1) Bachelor of Medicine & Master of Surgery hereby certify, on soul and conscience, that I have this day, at (2) Maryhill in the County of Dumfries, seen and personally examined Patrick M'Queen Pauper, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Dumfries, Southern Counties Asylum

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

And I further certify that the case of the said person is one of Emergency.

William Scott MBCM

DATED this 1st day of August One thousand nine hundred and eleven

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Southern Counties Asylum Dumfries Asylum to receive therein Patrick McQueen to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Inspector of Poor

Signature and Address Wm L. Davidson.

Date Ruthwell, 1st. Aug. 1911.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, George Campion Esquire (1) Sheriff Substitute of Dumfries and Galloway at Dumfries having had produced to me, with a Petition at the instance of (2) Alexander L. Davidson Inspector of Poor Ruthwell. Certificates under the hands of William Scott and Hugh John McCaw being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (3) Patrick McQueen Margaretfield Ruthwell (Pauper) and that the said Patrick McQueen is a (4) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Patrick McQueen as a Patient into the (5) Public Asylum of Southern Counties and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Patrick McQueen which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.

DATED [at Dumfries] this Third day of August One thousand nine hundred and eleven.

To the Superintendent of the (7) Public *Asylum of* Southern Counties Dumfries

[Signature] Geo. Campion

(7) Public, District, Parochial, or Private.

10 353 Jane Mc Kay or Dalrymple (Annan)

Adm: 1 Aug: 1911

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the Dumfriesshire of Galloway *and his Substitutes.*

The Petition of John Laurie Inspector of Poor for the Parish of Annan

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Jane McKay or Dalrymple your Petitioner's (2) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Jane McKay or Dalrymple to the Crichton Royal Institution and to sanction her admission into the said Asylum.

(2) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(*To be signed by the Party applying*) John Laurie

DATED this first (3) day of August One thousand nine hundred and eleven.

(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,	Jane McKay or Dalrymple.
2. Sex and Age,	Sex female. Age 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,	Protestant
6. Previous Place of Abode,	Brydekirk village. Annan Dr.
7. Place where Found and Examined,	
8. Length of time Insane,	about six weeks.
9. Whether First Attack,	no
10. Age (if known) on First Attack,	52 years
11. When and where previously under Examination and Treatment (4)	Crichton Royal Institution 1900.
12. Duration of Existing Attack,	about six weeks
13. Supposed Cause,	unknown.
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	Doubtful
16. Whether Dangerous to others,	no
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Annan.
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Edward Dalrymple. Brydekirk village. Husband. Her father was troubled with nervousness but was never in an institution for treatment.
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	none

(4) If patient has been previously in an Asylum, state where, and date of latest admission or approximation thereto. If never previously under Examination or treatment, state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this first day of August One thousand nine hundred and eleven.

(*To be signed by the party applying*) John Laurie

P. p.

T. & A. C.—May 1908.

MEDICAL CERTIFICATE, No. I.

I, the undersigned, William Elder

being a (1) Bachelor of medicine & surgery Glasgow University

and being in actual practice as a (2) medical practitioner

do hereby certify, on soul and conscience, that I have this day, at (3) High St. Brydekirk in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Jane McKay or Dalrymple, Pauper High St. Brydekirk and that the said Jane McKay or Dalrymple is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)

Her manner, restless & depressed is indicative of disturbed state.

She says she is oppressed by weight of her sins & wonders how she can exist; thus being no reason for her statements.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Her daughter states she has been in the Crichton Institution before & that she, her father & a woman take turns in watching that she does not throw herself into the well as she wanders constantly in that direction; as she did on last occasion

Name and Medical Designation, William Elder MB CM

Place of Abode, Linden Villa Burnside

DATED this third day of July One thousand nine hundred and eleven

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

MEDICAL CERTIFICATE, No. II.

I, the undersigned, John Parker Hunt Munro

being a (1) Bachelor of medicine & Surgery Glasgow University

and being in actual practice as a (2) Physician & Surgeon

do hereby certify, on soul and conscience, that I have this day, at (3) High Street Brydekirk, in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Jane McKay or Dalrymple Pauper High St Brydekirk Dumfriesshire and that the said Jane McKay or Dalrymple is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Her impression dread of a supposed calamity: fear of committing self destruction: And is in a high state of nervous tension

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Her daughter states she has had to be watched night & day in case of suicide as attempted before

Name and Medical Designation, John P. H. Munro MB CM

Place of Abode, Erkine Annan

DATED this third day of July One thousand nine hundred and eleven

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

(6) *State the facts.*

(7) *State the information and from whom derived.*

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, William Elder
being (1) Bachlr of medicin & Surgery
hereby certify, on soul and conscience, that I have this day, at (2) Drydekirk
in the County of Dumfries, seen and personally examined
Jane McKay or Dalrymple, and that the said
person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Dumfries

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

And I further certify that the case of the said person is one of Emergency.

William Elder MB CM

DATED this first day of August One thousand nine hundred and eleven

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Asylum to receive therein Jane McKay or Dalrymple to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Inspector of Poor

Signature and Address Thos. Laurd. Annan

Date 1st August 1911.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, George Campion Esquire (1) Sheriff Substitute of the Dumfries and Galloway at Dumfries having had produced to me, with a Petition at the instance of (2) John Laurie, Inspector of Poor Annan Certificates under the hands of William Elder and John P. H. Muir being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Jane Mc Kay or Dalrymple, (pauper) and that the said Jane Mc Kay or Dalrymple is a (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 Mc Kay or Dalrymple as a patient into the (6) Public Asylum of Crichton Royal Institution and I authorize (7) her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Jane Mc Kay or Dalrymple which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) His, or her.

DATED [at Dumfries] this Third day of August One thousand nine hundred and eleven

To the Superintendent of the (8) Public *Asylum of* Crichton Royal Institution Dumfries.

(8) Public, District, Parochial, or Private.

[Signature] Geo. Campion

No. 1364.

Date of Admi

Petition to the
a Patient int

To the Honourable
Solicitor,—

The Pe
of Leith,

humbly sheweth that
Certificates, that (2)
your Petitioner's (3)
Mental Derangement
ing is therefore
the said (4)
the Crichton Roy
the said Asylum.

Signature of Petiti

DATED this (7)
one hundred and

If any of the Pa

1. Christian Name
at length,
2. Sex and Age,
3. Married, Single,
4. Condition of life
tion (if any),
5. Religious Persua
6. Previous Place o
7. Place where Fou
8. Length of Time
9. Whether First A
10. Age (if known)
11. When and W
Examination
12. Duration of Exi
13. Supposed Cause,
14. Whether subject
15. Whether Suicid
16. Whether Dange
17. Parish or Unio
(if a Pauper)
18. Christian Na
Place of Abo
Relative of t
of Relations
whether any
known to be
19. Special circumst
the insertion
tioners.

I certify that,

Dated this

Eleven

Signature of Petit

No. 10354. Name Thomas Reay.

FORM A

Date of Admission 2nd. August 1911.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum after the Order of the Sheriff is obtained.

25 and 26 Vict., Cap. 54, Sect. 14.

Petition to the Sheriff to grant Order for the Reception of a Patient into the Crichton Royal Institution, Dumfries.

Unto the Honourable the Sheriff of Dumfries and Galloway and his Substitutes, at Dumfries.—

The Petition of (1) Nancy Reay of Skinburness near Silloth in the County of Cumberland Married Woman

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that (2) Thomas Reay 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 (4) Thomas Reay to the Crichton Royal Institution, Dumfries, and to sanction (5) his admission into the said Asylum.

(1) Insert Name, Designation, and Residence of the Party applying.

(2) Insert Name of Patient in full.

(3) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

(4) Insert Name of Patient in full.

(5) His or her.

*Signature of Petitioner (6) Nancy Reay

(6) To be signed by the Party applying.

Dated this (7) Second day of August One thousand nine hundred and eleven.

(7) N.B.—The Date of the Petition must be within fourteen clear days following the dates of the Medical Certificates Nos. I. and II., and not before.

STATEMENT.

If any 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 Reay
2. Sex and Age, - - - - - Male. 29 years
3. Married, Single, or Widowed, - - Single
4. Condition of life and previous Occupation (if any), - - - - - No occupation at present. Previously 4 years as clerk in an office & 3 years as clerk in Solicitor's office.
5. Religious Persuasion, so far as known, - Church of England.
6. Previous Place of Abode, ... - - Murrell Hill, Carlisle.
7. Place where Found and Examined, - At Silloth, Cumberland and then removed to Union workhouse, Wigton, Cumbd.
8. Length of Time Insane, - - - Removed on 28 July 1911
9. Whether First Attack, - - - No. The third
10. Age (if known) on First Attack, - - ~~nearly~~ 26½ years
11. When and Where previously under Examination and Treatment, - - about 3 years ago at Carlisle
12. Duration of Existing Attack, - - Since 28th July 1911
13. Supposed Cause, - - - - I can give none. I thought he was improving.
14. Whether subject to Epilepsy, - - No. Had accident to back 7 years ago
15. Whether Suicidal, - - - - No
16. Whether Dangerous to Others, - - No
17. Parish or Union to which the Lunatic (if a Pauper) is chargeable, - - Carlisle is my place of settlement. Skinburness is in Wigton Union
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, Nancy Reay. Skinburness. Wife. Silloth. Cumberland. Mother. None
19. Special circumstances (if any) preventing the insertion of any of the above particulars, - - - - -

I certify that, to the best of my knowledge, the above particulars are correctly stated.

Dated this Second day of August One thousand nine hundred and eleven.

*Signature of Petitioner, (1) Nancy Reay

(1) *To be signed by the Party applying.*

MEDICAL CERTIFICATE.—No. I.

(1) Name of Registered Medical person.
(2) *Set forth the registered qualification entitling the person certifying to grant the Certificate, e.g.*, Member of the Royal College of Physicians in Edinburgh.
(3) Physician, Surgeon, *or otherwise, as the case may be.*
(4) *Insert the Street, and Number of the House (if any), or other like particulars.*
(5) *Insert Name of Patient in full, Designation, and Residence, and if a Pauper, state so.*
(6) *State Name of Patient in full.*
(7) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned (1) John Blacklock
being a (2) Doctor of Medicine of St Andrews University
and being in actual practice as a (3) Physician & Surgeon
do hereby certify, on soul and conscience, that I have this day at (4) The Union Workhouse, Wigton in the County of Cumberland separately from any other Medical Practitioner visited and personally examined (5) Thomas Reay, pauper
and that the said (6) Thomas Reay
is a (7) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(8) *State the Facts, e.g.*, as indicated by the Patient's appearance, demeanour, conversation, writings, actions, conduct, etc.

1. Facts indicating Insanity observed by myself (8) he has a wandering vacant look & talks incoherently. He says people are all busy in Carlisle & over there, and at Penrith.

(9) *State the Information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others (9) George Gibson, Workhouse Master informs me that he is inclined to wander abroad, has a poor appetite, & poses his person in public, & wants to release himself in the yard in presence of others.

(10) *To be signed by medical person certifying.*

Name and Medical Designation (10) John Blacklock M.B.
And Place of Abode, Hill House, Wigton

Dated this Second day of August One thousand nine hundred and eleven

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MEDICAL CERTIFICATE.—No. II.

(1) Name of Registered Medical person.
(2) *Set forth the registered qualification entitling the person certifying to grant the Certificate, e.g.*, Member of the Royal College of Physicians in Edinburgh.
(3) Physician, Surgeon, *or otherwise, as the case may be.*
(4) *Insert the Street, and Number of the House (if any), or other like particulars.*
(5) *Insert Name of Patient in full, Designation and Residence, and if a Pauper, state so.*
(6) *State Name of Patient in full.*
(7) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned (1) Francis Swanson Hawks
being a (2) Licentiate London.
and being in actual practice as a (3) Registered Medical Practitioner
do hereby certify, on soul and conscience, that I have this day at (4) Wigton Union Workhouse in the County of Cumberland separately from any other Medical Practitioner, visited and personally examined (5) Thomas Reay, Pauper
and that the said (6) Thomas Reay
is a (7) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz:—

(8) *State the Facts, e.g.*, as indicated by the Patient's appearance, demeanour, conversation, writings, actions, conduct, etc.

1. Facts indicating Insanity observed by myself (8). Unable to give his attention upon any question asked. Constantly reverts to some imaginary people "over there". Talks of "a dead dam" but is unable to explain further.

(9) *State the Information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others (9) The Workhouse Master informs me that he exposes himself in public and wants to release himself in the yard.

(10) *To be signed by medical person certifying.*

Name and Medical Designation (10) F. Swanson Hawks L.M.S.S.
And Place of Abode, The Limes Wigton

Dated this Second day of August One thousand nine hundred and eleven

CERTIFICATE OF EMERGENCY.

N.B.—This Certificate is necessary in the event of a Patient being sent to the Institution before the Sheriff's Order is obtained, and it authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any order by the Sheriff. During this period the Sheriff's Order is obtained. When the Certificate of Emergency is employed, both parts should be filled, signed, and dated if possible on the day of removal of the Patient to the Asylum, or otherwise as near the day of removal as possible.

I, the undersigned (1) John Blacklock M.D. Licentiate Medicine
being a (2) Physician & Surgeon
do hereby certify, on soul and conscience, that I have this day at (3) the Union Workhouse, Wigton, in the County of Cumberland
seen and personally examined (4) Thomas Reay Union Workhouse, Wigton
and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at Dumfries.

(1) State Name of Registered Medical Person.
(2) State Registered Medical qualification.
(3) State place of Examination.
(4) State Name of Patient, in full, Designation, and Address.

And I further certify that the case of the said person is one of emergency.

**Signature of Certifier* (5) J. Blacklock M.D.
Address of Certifier Hill Home, Wigton Cumbd

(5) To be signed by Medical Person certifying.

DATED this 2nd day of August One thousand nine hundred and eleven.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution, Dumfries, to receive therein (1) Thomas Reay to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Petitioner or Applicant stands to Patient Mother

**Signature of Petitioner or Applicant* (2) Nancy Reay
Address of Petitioner or Applicant, Skinburness Silloth Cumberland

(1) State Name of Patient in full.
(2) To be signed by the Party applying.

DATED this Second day of August one thousand nine hundred and eleven.

Order to be Granted by the Sheriff for the Transmission and Reception of the Lunatic.

I George Campion Esquire
(1) Sheriff Substitute of Dumfries & Galloway and Dumfries
having had produced to me, with a Petition at the instance of (3) Nancy Reay Skinburness Silloth Cumberland
Certificates under the hands of John B. Lacklock
and Frances Swanson Hanks, being two Medical Persons duly qualified, in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Reay, Union Workhouse Wigton (Petitioner)
and that the said Thomas Reay
is a (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 Reay as a Patient into the Crichton Royal Institution, Dumfries, and I authorize (6) his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Thomas Reay which accompanied the said Petition.

(1) *State whether* Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) *State whether a* County or Stewartry.
(3) *Insert Name and Designation*
(4) *Describe the Patient, and if a Pauper, state so.*
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) His or her

DATED [at Dumfries] this Third day of August One thousand nine hundred and eleven.

(Signature) Geo. Campion

To the Superintendent of the Crichton Royal Institution, Dumfries.

10·355 Margaret Innes (Kirkmabreck)
Adm: 4 August 1911.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Counties *of* Dumfries Galloway *and his Substitutes,—* at Dumfries

The Petition of John Carson

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Margaret Innes your Petitioner's (3) Pauper lunatic is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Margaret Innes to the Crichton Royal Institution and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(To be signed by the Party applying) John Carson

(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 August One thousand nine hundred and eleven 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 Innes
2. Sex and Age,	Female 49 Years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Housekeeper
5. Religious Persuasion, so far as known,	Roman Catholic
6. Previous Place of Abode,	The Spout Creetown
7. Place where Found and Examined,	The Spout Creetown
8. Length of time Insane,	One Year
9. Whether first Attack,	No
10. Age (if known) on first Attack,	48 Years
11. When and where previously under Examination and Treatment (5)	Crichton Royal Institution From September 5th 1910 To November 26. 1910
12. Duration of existing Attack,	One Year.
13. Supposed Cause,	
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	Threatens to be
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Kirkmabreck
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	John Innes (Father) The Spout. Creetown no other member of family known to be insane
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	

If patient has previously in an Establishment, state name and date of latest admission or approximation thereto. If not previously under observation or treatment, state fact.

I certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Fourth day of August One thousand nine hundred and eleven years

(To be signed by the Party applying) John Carson.

MEDICAL CERTIFICATE. No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, David Smith being a (1) Bachelor of Medicine & Master of Surgery of the University of Glasgow and being in actual practice as a (2) General Practitioner do hereby certify, on soul and conscience, that I have this day, at (3) Crieton in the County of Kirkcudbright separately from any other Medical Practitioner visited and personally examined (4) Margaret Innes, Cruivwood, Crieton, Pauper and that the said Margaret Innes is a (5) person of unsound mind and a proper person to be detained 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 charges the Duke of Bedford with bribing the Chief Constable of Kirkcudbright shire to stop proceedings a case which is reported in words had charged the name of Charles Black, the says are being made Says her neighbours charge her with leading an immoral life is not true to fact

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Letter written by patient to Mr Horman Procurator Fiscal for Kirkcudbrightshire
Mr Horman is commanded in the Kings name to bring all her enemies to justice: stating that she has her intention of committing a crime that she must be allowed to state her case before Sheriff-Napier

Name and Medical Designation, David Smith L.R.C. & C.M.

Place of Abode, Crieton

DATED this third day of August One thousand nine hundred and eleven 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 John McLaw being a (1) Bachelor of Medicine and Bachelor of Surgery University of Edinburgh. and being in actual practice as a (2) Physician do hereby certify, on soul and conscience, that I have this day, at (3) Crichton Royal Institution Dumfries Dumfries in the County of separately from any other Medical Practitioner visited and personally examined (4) Margaret Innes and that the said Margaret Innes is a (5) person of unsound mind and a proper person to be detained 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 her neighbours charge her for being immoral, says that she found out by means of palmistry that the Duke of Bedford bribed Mr McDonald and two others in order to stop a case which was impending in the Court which case would have enabled her to repute the accusations against her

2. Other facts (if ady) indicating Insanity communicated to me by others: (7)
Letter written by patient to Mr Horman Procurator Fiscal for Kirkcudbrightshire
Mr Horman is asked in the Kings name to fall up the counts of clear her name of being a bad woman with John McClure and all said about her. Says she will do something rash in the hope that she getting clearing up the great wrong that has been done to her

Name and Medical Designation, Hugh J. McLaw M.B. Ch.B. Edin.

Place of Abode, Crichton Royal Institution Dumfries

DATED this 4th day of August One thousand nine hundred and eleven

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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 Smith
being (1) Bachelor of Medicine & Master of Surgery of Glasgow University
hereby certify, on soul and conscience, that I have this day, at (2) Creetown
in the County of Kirkcudbright, seen and personally examined
Margaret Innes, and that the said
person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum
at (3) Dumfries

And I further certify that the case of the said person is one of Emergency.

David Smith M.B. C.M.

DATED this third day of August One thousand
nine hundred and eleven years

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution
Dumfries
Asylum to receive therein Margaret Innes
to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, } Inspector of Poor

Signature and Address John Carson

Date August 4th 1911

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, George Campion Esquire (1) Sheriff Substitute
of the (2) Dumfries & Galloway at Dumfries
having had produced to me, with a Petition at the instance of (3) John Carson
Inspector of Poor, Creetown
Certificates under the hands of David Smith
and Hugh John McCaw being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Innes The Spout, Creetown (pauper) and that the said
Margaret 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 Margaret Innes as a patient into the
(6) Public Asylum of Crichton Royal Institution and I authorize
(7) her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Margaret
Innes which accompanied the said Petition.

DATED [at Dumfries] this fifth day of August
One thousand nine hundred and eleven.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) His, or her.

To the Superintendent of the (6) Public
Asylum of Crichton Royal Institution
Dumfries

[Signature] Geo. Campion

(6) Public, District, Parochial, or Private.

0·856 Grace Irvine.
Adm: 5 Aug: 1911.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict.*, *Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Dumfries & Galloway *and his Substitutes,*— at Dumfries.

The Petition of John Irving Kirkbean.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Grace Irvine 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 Irvine to the Crichton Royal Institution and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(To be signed by the Party applying) John Irving

DATED this Fifth (4) day of August One thousand nine eight hundred and eleven 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,	Grace Irvine F.
2. Sex and Age,	female 48 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	House keeper
5. Religious Persuasion, so far as known,	Church of Scotland
6. Previous Place of Abode,	Same whom
7. Place where Found and Examined,	1 month Kirkbean
8. Length of time Insane,	yes 48 years
9. Whether First Attack,	—
10. Age (if known) on First Attack,	—
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*].	—
12. Duration of Existing Attack,	1 month
13. Supposed Cause,	change of life
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	yes
16. Whether Dangerous to others,	no
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
18. Date of becoming Chargeable,	—
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Brother John Irving Kirkbean her Sister Helen was at the Crichton Royal Institution
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	none

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this fifth day of August One thousand ~~eight~~ nine hundred and 11

(To be signed by the party applying) John Irving

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Hugh Gillies
being a (1) Member of the Royal College of Physicians in Edinburgh
and being in actual practice as a (2) Physician
do hereby certify, on soul and conscience, that I have this day, at (3) Kirkbean Village
in the County of Kirkcudbright separately from any other Medical Practitioner,
visited and personally examined (4) Grace Irvine
and that
the said Grace Irvine is a (5) person of unsound mind and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1 Facts indicating Insanity observed by myself: (6)
Obstinate refusal to speak
Fatuity & terror
Delusion & persecution

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Delusion & persecution

Name and Medical Designation, Hugh Gillies, M.R.C.P.Ed

Place of Abode, New Abbey

DATED this 4th day of August One thousand ~~eight~~ nine hundred and eleven

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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.

unsound mind

I, the undersigned, James Cook
being a (1) Bachelor of Medicine & Bachelor of Surgery
and being in actual practice as a (2) Physician & Surgeon
do hereby certify, on soul and conscience, that I have this day, at (3) Kirkbean Kirkcudbright
in the County of separately from any other Medical Practitioner,
visited and personally examined (4) Grace Irvine
and that
the said Grace Irvine 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. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
She considers herself neglected of the Deity and under peculiar wrath.
She is obsessed with terror night and day for which she is unable to give any cause external or internal. Of her surroundings. This impels her to.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Commit suicide by drowning from which she has to be prevented by her brother.
Escape in her night gown through her bedroom window and wander about by night.

Name and Medical Designation, James Cook. M.B. Ch.B

Place of Abode Maxwelton.

DATED this 4th day of August One thousand ~~eight~~ nine hundred and eleven.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Hugh Gillies being (1) Member of the Royal College of Physicians Edin hereby certify, on soul and conscience, that I have this day, at (2) Kirkbean in the County of Kirkcudbright, seen and personally examined Grace Irvine, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

(1) State medical qualification.
(2) State place of examination.

And I further certify that the case of the said person is one of Emergency.

Hugh Gillies

DATED this fourth day of August One thousand ~~eight~~ nine hundred and eleven.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal institution Asylum to receive therein Grace Irvine to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, ~~Sister~~ Brother

Signature and Address John Irving Kirkbean

Date August 4 5 1911

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, George Campion Esquire (1) Sheriff Substitute of Dumfries and Galloway at Dumfries having had produced to me, with a Petition at the instance of (2) John Irving Kirbean Village Kirkcudbrightshire Certificates under the hands of Hugh Gillies and James Cook, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (3) Grace Irvine Kirkbean Village Kirkcudbrightshire (Next Sister) and that the said Grace Irvine is a (4) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Grace Irvine as a Patient into the (5) Public Asylum of Crichton Royal Institution and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Grace Irvine which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(4) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(5) Public, District, Parochial, or Private.

DATED this Seventh day of August One thousand ~~eight~~ nine hundred and eleven years

Geo. Campion

To the Superintendent of the (7) Public *Asylum of* Crichton Royal Institution Dumfries

(7) Public, District, Parochial, or Private.

0.357 Madalen Grace Edgar
Edin: 5 Aug 1911

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Dumfries & Galloway *and his Substitutes,*— at Dumfries.

The Petition of Mrs Mary S. Edgar. 36 Fountainhall Road. Edinburgh.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Madalen Grace Edgar daughter.

(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 Madalen Grace Edgar to the Crichton Asylum Dumfries and to sanction her admission into the said Asylum.

(To be signed by the Party applying) Mary S. Edgar

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 5th (4) day of August One thousand nine hundred and 11

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Madalen Grace Edgar
2. Sex and Age,	Female 31 or 22nd July 1911.
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Literary work.
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	36 Fountainhall Road Edinburgh.
7. Place where Found and Examined,	13 Wellington Square Ayr.
8. Length of time Insane,	6 days.
9. Whether First Attack,	no
10. Age (if known) on First Attack,	about 22
11. When and where previously under Examination and Treatment (5)	Edinburgh & London
12. Duration of Existing Attack,	6 days.
13. Supposed Cause,	not known.
14. Whether subject to Epilepsy,	no.
15. Whether Suicidal,	yes.
16. Whether Dangerous to others,	no.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Mary Sybil Edgar. Mother. no.
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	

(5) If patient has previously in an Asylum, state date of latest admission or application thereto. If previously under Medical Care or Treatment, state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 5th day of August One thousand nine hundred and 11

(To be signed by the party applying) Mary S. Edgar

T. & A. C.—Dec. 1905. Pp.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, George McKessack being a (1) M.B.C.M. of Glasgow University and being in actual practice as a (2) Physician do hereby certify, on soul and conscience, that I have this day, at (3) 13 Wellington Square Ayr in the County of Ayr separately from any other Medical Practitioner visited and personally examined (4) Madelaine G. Edgar, and the said Madelaine G. Edgar, 13 Wellington Sq. Ayr is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, 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 Melancholic, with paroxysms of excitement screaming, shouting &c. & threatening to commit suicide

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
She mother states that two other occasions she has been in a Home suffering from acute depression of

Name and Medical Designation, George McKessack M.B.C.M.

Place of Abode, 7 Racus St. Ayr

DATED this 26th day of August. One thousand nine hundred and eleven

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, *or* an insane person, or an idiot, *or* a person of unsound mind.

I, the undersigned, Peter Murray Keir being a (1) Bachelor of Medicine and Master in Surgery of the University of Edinburgh and being in actual practice as a (2) General Practitioner do hereby certify, on soul and conscience, that I have this day, at (3) Crichton Royal Institution Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Madelaine G. Edgar. spinster 13 Wellington Square Ayr and the said Madelaine G. Edgar is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
She is very depressed and miserable in conduct dejected. shows lack of control.

(7) *State the information and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Nurse Angus informs me that at times she becomes very excited and violent and loses all control of herself

Name and Medical Designation, Peter Murray Keir M.B.C.M.

Place of Abode, 20 Castle Street Dumfries

DATED this 26th day of August. One thousand nine hundred and eleven years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, George McKerron being (1) M.B. C.M. Edin. Univ. hereby certify, on soul and conscience, that I have this day, at (2) 13 Wellington Sq. in the County of Ayr, seen and personally examined Madalen G. Edgar, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Dumfries

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

And I further certify that the case of the said person is one of Emergency.

George McKerron

DATED this 5th day of August One thousand nine hundred and eleven

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution Asylum to receive therein Madalen G. Edgar to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Mother

Signature and Address Mary L. Edgar, 36 Fountainhall Rd. Edinburgh

Date August 5 - 1911

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, George Campion Esq. (1) Sheriff Substitute of Dumfries and Galloway at Dumfries having had produced to me, with a Petition at the instance of (2) Mary L Edgar 36 Fountainhall Road Edinburgh Certificates under the hands of George Mc Kerron and Peter Murray Kerr being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Madelen Grace Edgar 13 Wellington Square Ayr (Pet. dau.) and that the said Madelen Grace Edgar is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Madelen Grace Edgar as a patient into the (6) Public Asylum of Crichton Royal Institution and I authorize (7) Her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Madelen Grace Edgar which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) His, or her.

DATED [at Dumfries] this eighth day of August One thousand nine hundred and eleven.-

To the Superintendent of the (8) Public *Asylum of* Crichton Royal Institution Dumfries

(8) Public, District, Parochial, or Private.

[Signature] Geo. Campion

0358 Margaret Parish or Bryden.
20m: 7 Aug: 1911

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) ~~Sheriff of Kirkcudbright~~ Sheriff of the (2) ~~Stewartry~~ Dumfries & Galloway and his Substitutes,— at Dumfries.

The Petition of Robert Bryden. Ploughman. Lochside Lodge. Terregles.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Margaret Parish or Bryden your Petitioner's (3) wife is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Margaret Parish or Bryden to the Crichton Royal Institution and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(To be signed by the Party applying) Robert Bryden

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this ~~eighth~~ 7th (4) day of August One thousand nine hundred and eleven 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 Parish or Bryden.
2. Sex and Age,	Female. age 51 in Sept. 1911.
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,	Lochside Lodge. Terregles.
7. Place where Found and Examined,	Do.
8. Length of time Insane,	6 Months
9. Whether First Attack,	yes
10. Age (if known) on First Attack,	50
11. When and where previously under Examination and Treatment (5)	
12. Duration of Existing Attack,	6 Months
13. Supposed Cause,	Operation
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	yes
16. Whether Dangerous to others,	no
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Robert Bryden (Husband) Lochside Lodge Terregles.
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	

(5) If patient has previously been in an Asylum, state name and date of latest admission or approximate thereto. If never previously under Examination or treatment state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 7th day of August One thousand nine hundred and Eleven.

(To be signed by the party applying) Robert Bryden

P. p.

T. & A. C.—Nov. 1906.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Peter Murray Ker being a (1) Bachelor of Medicine and Master in Surgery of the University of Edinburgh and being in actual practice as a (2) Mental Practitioner do hereby certify, on soul and conscience, that I have this day, at (3) Lochside Lodge, Terregles, Kirkcudbright in the County of separately from any other Medical Practitioner visited and personally examined (4) Margaret Hannah or Bryden Dunnipace, Lochside Lodge and that the said Margaret Hannah or Bryden is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
She is very melancholic. She rushes she were dead. She says she put some menthol crystals into her ears some time ago and she hears believes that menthol is in her brain & body. She takes no nourishment.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Her husband, Robert Bryden, informs me that she has to be constantly watched and that she refuses her food & that she makes up & throws it into the kitchen fire & herself.

Name and Medical Designation, Peter Murray Ker M.B.

Place of Abode, 20 Castle Street Dumfries

DATED this 5th day of August One thousand nine hundred and eleven years.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, George Robert Livingston being a (1) Doctor of Medicine of Edinburgh University and being in actual practice as a (2) Physician & Surgeon do hereby certify, on soul and conscience, that I have this day, at (3) Crichton Royal Institution, Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Margaret Hannah or Bryden Dunnipace, Lochside Lodge and that the said Margaret Hannah or Bryden is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
Her mien and manner & appearance
She is excitable and tells me she has attempted Suicide.
Her unconventional conduct. Seized my hand & kissed it.

(7) *State the information and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, George R. Livingston M.D.

Place of Abode, 47 Castle Street Dumfries

DATED this Seventh day of August One thousand nine hundred and Eleven.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Peter Murray Kerr being (1) Registered Medical Practitioner hereby certify, on soul and conscience, that I have this day, at (2) Lochside Lodge in the County of Kirkcudbright, seen and personally examined Margaret Farish or Bryden, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Dumfries.

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

And I further certify that the case of the said person is one of Emergency.

Peter Murray Kerr

DATED this Eighth day of August One thousand nine hundred and Eleven.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Asylum to receive therein Margaret Farish or Bryden to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Husband.

Signature and Address Robert Bryden Lochside Lodge. Terregles.

Date 7th. Aug: 1911.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, George Campion Esquire (1) Sheriff Substitute of the Counties and Galloway at Dumfries having had produced to me, with a Petition at the instance of (2) Robert Bryden Ploughman, Lochside Lodge Terregles Certificates under the hands of Peter Murray Kerr and George Robert Livingston being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (3) Margaret Farish or Bryden, Lochside Lodge Terregles (Petitioner) and that the said Margaret Farish or Bryden is a (4) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Margaret Farish or Bryden as a patient into the (5) Public Asylum of Crichton Royal Institution and I authorize (6) her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Margaret Farish or Bryden which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(5) Public, District, Parochial, or Private.
(6) His, or her.

DATED [at Dumfries] this Eighth day of August One thousand nine hundred and eleven

To the Superintendent of the (5) Public *Asylum of* Crichton Royal Institution Dumfries

(5) Public, District, Parochial, or Private.

[Signature] Geo. Campion

59 George Kerr. (Dumfries)

7 Aug. 1911

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry

Unto the Honourable the (1) Sheriff *of the* (1) Shire *of* Dumfries *and his Substitutes—*

The Petition of Henry B. Reid, Inspector of Poor, Parish of Dumfries.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that George Kerr 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 George Kerr to the Crichton Royal Asylum and to sanction his admission into the said Asylum.

(2) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(To be signed by the Party applying) Henry B Reid.

(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 August One thousand nine hundred and Eleven years.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	George Kerr
2. Sex and Age,	Male - 50
3. Married, Single, or Widowed,	married
4. Condition of Life, and previous Occupation (if any),	Railway Employee
5. Religious Persuasion, so far as known,	Presby Terian
6. Previous Place of Abode,	93 St michael Street, Dumfries.
7. Place where Found and Examined,	Do. Do.
8. Length of time Insane,	a few days
9. Whether First Attack,	yes.
10. Age (if known) on First Attack,	
11. When and where previously under Examination and Treatment (5)	Nowhere.
12. Duration of Existing Attack,	a few day.
13. Supposed Cause,	not known
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	no.
16. Whether Dangerous to others,	maybe.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dumfries.
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Elizabeth Byers or Kerr, wife, residing at 93 St. Michael Street, Dumfries.
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	None.

(5) If patient has been previously in an Establishment, state name, and date of latest admission or approximation thereto. If never previously under Examination or Treatment, state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Seventh day of August One thousand nine hundred and Eleven years.

(To be signed by the party applying) Henry B Reid.

T & A. C.—February 1911.

MEDICAL CERTIFICATE. No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Peter Murray Kerr being a (1) Bachelor Medicine and Master Surgery Mb Univ Edinburgh and being in actual practice as a (2) General Practitioner do hereby certify, on soul and conscience, that I have this day, at (3) 93 St Michael Street Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) George Kerr pauper 93 St Michael Street Dumfries and that the said George 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. Facts indicating Insanity observed by myself: (6)

He is excited restless ties in bed refuses meat Refuses his food Incoherent in speech

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Mrs Elizabeth Kerr, 93 St Michael Street Dumfries informs me that at times he is quite rational & sensible but at other times he is violent & tries to destroy his clothing & bed clothes. He is unmarried

Name and Medical Designation, Peter Murray Kerr MB

Place of Abode, 2 Castle Street Dumfries

DATED this seventh day of August One thousand nine hundred and eleven 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 Jefferson being a (1) Bachelor of Medicine of Edinburgh University and being in actual practice as a (2) general practitioner do hereby certify, on soul and conscience, that I have this day, at (3) Crichton Royal Institution Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) George Kerr pauper 93 St Michael St Dumfries and that the said George 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. Facts indicating Insanity observed by myself: (6)

He is dull – Stupid & confused in his ideas Has no memory for recent events & gives a rambling & incoherent account of them.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, Thomas Jefferson MB

Place of Abode, 16 Castle St Dumfries

DATED this eighth day of August One thousand nine hundred and eleven years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Peter Murray Kerr being (1) Graduate of Medicine hereby certify, on soul and conscience, that I have this day, at (2) 93 St Michael St in the County of Dumfries, seen and personally examined George Kerr, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Dumfries

(1) State medical qualification.
(2) State place of examination.

And I further certify that the case of the said person is one of Emergency.

(3) State place at which Asylum is situated.

Peter Murray Kerr

DATED this seventh day of August. One thousand nine hundred and eleven years

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Asylum to receive therein George Kerr to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Henry B Reid.

~~Signature and~~ *Address* Insp of Poor Dfs.

Date 7th Augt 1911

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, George Campion Esquire (1) Sheriff Substitute of Dumfries and Galloway at Dumfries having had produced to me, with a Petition at the instance of (2) Henry B Reid Inspector of poor Parish of Dumfries Certificates under the hands of Peter Murray Kerr and Thomas Ferguson being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) George Kerr 93 St Michaels St Dumfries (pauper) and that the said George 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 George Kerr as a patient into the (6) Public Asylum of Crichton Royal Institution and I authorize (7) his transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said George Kerr which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) His, or her.

DATED [at Dumfries] this eighth day of August One thousand nine hundred and eleven

To the Superintendent of the (8) Public *Asylum of* Crichton Royal Institution Dumfries

(8) Public, District, Parochial, or Private.

[Signature] Geo: Campion

60 Henry O'Neil (Stranraer)

Cu: 7 Aug: 1911

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Dumfries & Galloway — *and his Substitutes,*— at Dumfries.

The Petition of James Ross. Inspector of Poor. Stranraer.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Henry O'Neil your Petitioner's (3) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Henry O'Neil to the Crichton Royal Institution and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(*To be signed by the Party applying*) James Ross

DATED this Seventh (4) day of August One thousand nine hundred and eleven 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,	Henry O'Neil
2. Sex and Age,	Male. 38 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Pauper. Labourer
5. Religious Persuasion, so far as known,	Roman Catholic
6. Previous Place of Abode,	
7. Place where Found and Examined,	Police Station, Stranraer
8. Length of time Insane,	a few days
9. Whether First Attack,	No
10. Age (if known) on First Attack,	
11. When and where previously under Examination and Treatment (5)	In C.R.I during May 1910 - June 1910
12. Duration of Existing Attack,	a few days
13. Supposed Cause,	alcohol
14. Whether subject to Epilepsy,	do
15. Whether Suicidal,	do
16. Whether Dangerous to others,	do
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Stranraer
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Mary Ann McDonald 5-0 High Street Stranraer.
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	

(5) If patient has previously in an Asylum, state Date of latest Admission or approximate thereto. If previously under Examination or Treatment state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Seventh day of August One thousand nine hundred and eleven years.

(*To be signed by the party applying*) James Ross

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, George Valentine being a (1) Bachelor of Medicine & Master of Surgery of Glasgow University and being in actual practice as a (2) General medical Practitioner do hereby certify, on soul and conscience, that I have this day, at (3) Police Stat. Girvan Ayr in the County of separately from any other Medical Practitioner, visited and personally examined (4) Henry O'Neil Labourer Police Station Girvan & Pauper and that the said Henry O'Neil is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He has delusion imagines drugs & Poison is being put in his food & consequently wont eat thinks people are following him to attack him has also hallucination of hearing and sight

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) is violent walked up & down in his cell all night thinks he is being attacked & people will not take food as drugs are being put in it hears sounds which do not exist Police Inspector Galloway Police Serj Sutherland Constable William Wilson

Name and Medical Designation, George Valentine M.B. Cm

Place of Abode, Hamilton St Girvan

DATED this seventh day of August One thousand nine hundred and eleven

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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, Roderick Alex Campbell being a (1) Doctor of Medicine and Bachelor of Surgery of Edinburgh University and being in actual practice as a (2) Physician do hereby certify, on soul and conscience, that I have this day, at (3) The Cuckoo Royal Institution Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Henry O'Neil Pauper and that the said Henry O'Neil 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) He has delusion of persecution imagines he is going to be poisoned. He also has hallucinations of sight. Became very violent a

(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, Roderick Campbell M.

Place of Abode, Cuckoo Royal Institution

DATED this seventh day of August One thousand nine hundred and eleven.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Roderick Alan Campbell being (1) Doctor of Medecine hereby certify, on soul and conscience, that I have this day, at (2) Criffel Rd. in the County of Dumfries, seen and personally examined Henry O'Neil, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Dumfries

(1) State medical qualification.
(2) State place of examination.

And I further certify that the case of the said person is one of Emergency.

(3) State place at which Asylum is situated.

Roderick Alan Campbell

DATED this Seventh day of August One thousand nine hundred and eleven.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Asylum to receive therein Henry O'Neil — to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, James Thompson Acting for Mr Ross

Signature and Address 136 Sun Street

Date Stranraer 9th Aug: 1911

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, George Campion Esquire (1) Sheriff Substitute of Dumfries and Galloway at Dumfries having had produced to me, with a Petition at the instance of (2) James Ross, Inspector of Poor Stranraer Certificates under the hands of George Valentine and Roderick Alan Campbell — being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Henry O'Neil, Police Station, Gurvan (Pauper) and that the said Henry O'Neil — is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Henry O'Neil as a patient into the (6) Public Asylum of Crichton Royal Institution and I authorize (7) his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Henry O'Neil which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) His, or her.

DATED [at Dumfries —] this Eighth — day of August One thousand nine hundred and eleven

To the Superintendent of the (8) Public *Asylum of* Crichton Royal Institution Dumfries

(8) Public, District, Parochial, or Private.

[Signature] Geo. Campion

D.361 David McLean Bowman (Annan)
Edw: 8 Aug: 1911

Enc.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of ~~Dumfriesshire~~ Galloway *and his Substitutes*

The Petition of John Lauge. Inspector of Poor for the Parish of Annan

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that David McLean Bowman 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 David McLean Bowman to the Crichton Royal Institution and to sanction her admission into the said Asylum.

(2) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(*To be signed by the Party applying*) John Lauge

(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 August One thousand nine hundred and eleven

STATEMENT.

If any 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 McLean Bowman
2. Sex and Age,	Sex male age 47 years
3. Married, Single, or Widowed,	married
4. Condition of Life, and previous Occupation (if any),	Assistant Watchmaker
5. Religious Persuasion, so far as known,	Protestant (U.F.)
6. Previous Place of Abode,	17 Murray Street. Annan
7. Place where Found and Examined,	Burgh Police Office. Annan (Town Hall)
8. Length of time Insane,	about one month.
9. Whether First Attack,	Eccentric for about twelve months
10. Age (if known) on First Attack,	—
11. When and where previously under Examination and Treatment (5)	—
12. Duration of Existing Attack,	about one month.
13. Supposed Cause,	unknown
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	doubtful
16. Whether Dangerous to others,	yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Annan.
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Mrs Annie Bowman. 17 Murray Street. Annan. Wife. No member of family known to have been insane
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	none

(5) If patient has been previously in an establishment, state name, and date of latest admission or approximation thereto. If never previously under examination or treatment, state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Eighth day of August One thousand nine hundred and eleven.

(*To be signed by the party applying*) John Lauge

P. p.

T. & A. C.—May 1908.

MEDICAL CERTIFICATE, No. I.

I, the undersigned, William Elder
being a (1) Bachelor of medicine & surgery Glasgow Univ
and being in actual practice as a (2) medical practitioner
do hereby certify, on soul and conscience, that I have this day, at (3) ~~7 Hall~~ Town Hall Annan in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) David McLean Bowman, 17 Murray St Annan, assistant watchmaker and that the said David McLean Bowman is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) He has been going about the streets lately garbed resembling as a circus rider.
He states he is going into the country buying a horse to train. (He has no knowledge of horses)

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
His wife states he walks practically all night about the house hides articles of no value & threatens her with a carving knife.

Name and Medical Designation, William Elder M.B.C.M.

Place of Abode, Linda Villa Annan

DATED this eighth day of August One thousand nine hundred and eleven

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the street and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper state so.*
(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.
(6) *State the facts.*
(7) *State the information, and from whom derived.*

MEDICAL CERTIFICATE, No. II.

I, the undersigned, William Lockerbie
being a (1) Bachelor of Medicine and of Surgery Edinburgh University.
and being in actual practice as a (2) Physician and Surgeon
do hereby certify, on soul and conscience, that I have this day, at (3) Town Hall Annan in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) David McLean Bowman Pauper 17 Murray Street Annan and that the said David McLean Bowman is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) I have known him some time & have observed him. He is a watchmaker & trade, but has been going about dressed in a very gay costume & saying he was going for horses to train. He came to me to borrow a saddle. He talks a lot now of ~~his wife~~ states that Harry Lauder was staying with him & also that he had been selling cigars for some one. Some time ago he wanted to answer & spoke to too.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
P.C. Ferguson Annan states that he was charged with assaulting his wife. Sentence was deferred.
Sergeant McDonald Annan states that last evening (6th August) he was given in charge for assaulting his wife dragging her off a chair, threatening to charge her with other.

Name and Medical Designation, ~~Wm~~ Wm. Lockerbie M.B.

Place of Abode, 1 Edward Street, Annan

DATED this ~~seventh~~ eighth day of August One thousand nine hundred and eleven.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a pauper state so.*
(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.
(6) *State the facts.*
(7) *State the information and from whom derived.*

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, William Elder
being (1) Bachelor of Medicine & Surgery
hereby certify, on soul and conscience, that I have this day, at (2) Annan
in the County of Dumfries, seen and personally examined
David McLean Bowman, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Dumfries (Crichton Royal Institution)

And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

William Elder M.B.C.M.

DATED this eighth day of August One thousand nine hundred and eleven

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal

Asylum to receive therein David McLean Bowman
to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Inspector of Poor.

Signature and Address John Laurie. Annan.

Date 8 August. 1911.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, George Campion Esquire (1) Sheriff Substitute of the Dumfries and Galloway at Dumfries
having had produced to me, with a Petition at the instance of (2) John Laurie Inspector of Poor Annan,
Certificates under the hands of William Elder
and William Lockerbie being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (3) David Mc Lean Bowman c/ Murray St Annan (Pauper) and that the said David McLean Bowman is a (4) person of unsound mind

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said David Mc Lean Bowman as a patient into the (5) Public Asylum of Crichton Royal Institution and I authorize (6) his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said David Mc Lean Bowman which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(3) Describe him, and if a Pauper, state so.
(4) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(5) Public, District, Parochial, or Private.
(6) His, or her.

DATED [at Dumfries] this ninth day of August One thousand nine hundred and eleven.

To the Superintendent of the (5) Public Asylum of Crichton Royal Institution, Dumfries.

(5) Public, District, Parochial, or Private.

[*Signature*] Geo: Campion

No. 10362 Name James John Patterson

Date of Admission 8 August 1911

FORM A

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum after the Order of the Sheriff is obtained.

25 and 26 Vict., Cap. 54, Sect. 14.

Petition to the Sheriff to grant Order for the Reception of a Patient into the Crichton Royal Institution, Dumfries.

Unto the Honourable the Sheriff of Dumfries and Galloway and his Substitutes,— at Dumfries

The Petition of (1) David Patterson farmer, West Scales, Gretna

(1) Insert Name, Designation, and Residence of the Party applying.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that (2) James John Patterson 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 (4) James John Patterson to the Crichton Royal Institution, Dumfries, and to sanction (5) his admission into the said Asylum.

(2) Insert Name of Patient in full.

(3) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

(4) Insert Name of Patient in full.

(5) His or her.

*Signature of Petitioner (6) David Patterson

(6) To be signed by the Party applying.

Dated this (7) eighth day of August One thousand nine hundred and eleven

(7) N.B.—The Date of the Petition must be within fourteen clear days following the dates of the Medical Certificates Nos. I. and II., and not before.

STATEMENT.

If any 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 John Patterson
2. Sex and Age,	male, 24 years
3. Married, Single, or Widowed,	single
4. Condition of life and previous Occupation (if any),	farm worker
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	West Scales, Gretna
7. Place where Found and Examined,	West Scales, Gretna
8. Length of Time Insane,	several years
9. Whether First Attack,	not first attack
10. Age (if known) on First Attack,	19
11. When and Where previously under Examination and Treatment,	about 3 years ago at Dumfries
12. Duration of Existing Attack,	Been worse during the last 3 months
13. Supposed Cause,	
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to Others,	He has made attacks on others lately
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,	David Patterson West Scales Gretna 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.

Dated this eighth day of August One thousand nine hundred and eleven

*Signature of Petitioner, (1) David Patterson

(1) *To be signed by the Party applying.*

MEDICAL CERTIFICATE.—No. I.

(1) Name of Registered Medical person.
(2) *Set forth the registered qualification entitling the person certifying to grant the Certificate, e.g.*, Member of the Royal College of Physicians in Edinburgh.
(3) Physician, Surgeon, *or otherwise, as the case may be.*
(4) *Insert the Street, and Number of the House (if any), or other like particulars.*
(5) *Insert Name of Patient in full, Designation, and Residence, and if a Pauper, state so.*
(6) *State Name of Patient in full.*
(7) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned (1) William Carruthers
being a (2) Lic Roy Coll Phys Edin & Lic Roy Fac Phys
and being in actual practice as a (3) General medical practitioner
do hereby certify, on soul and conscience, that I have this day at (4) West Scales, Gretna Dumfries separately from any other Medical Practitioner, visited and personally examined (5) James John Patterson West Scales, Gretna
and that the said (6) James John Patterson
is a (7) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(8) *State the Facts, e.g.*, as indicated by the Patient's appearance, demeanour, conversation, writings, actions, conduct, etc.

1. Facts indicating Insanity observed by myself (8) Patient is evidently in an advanced stage of disease (mentally). He is unable to command, regardless of his unusual appearance, and unable to apply himself to any work or duty.

(9) *State the Information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others (9) His parents say he has made several attacks of a somewhat violent nature on themselves; the attacks being of a sudden & impulsive character.

(10) *To be signed by medical person certifying.*

Name and Medical Designation (10) William Carruthers M.B.C.M.
And Place of Abode, Kirkpatrick Fleming

DATED this Eighth day of August One thousand nine hundred and eleven.

MEDICAL CERTIFICATE.—No. II.

(1) Name of Registered Medical person.
(2) *Set forth the registered qualification entitling the person certifying to grant the Certificate, e.g.*, Member of the Royal College of Physicians in Edinburgh.
(3) Physician, Surgeon, *or otherwise, as the case may be.*
(4) *Insert the Street, and Number of the House (if any), or other like particulars.*
(5) *Insert Name of Patient in full, Designation and Residence, and if a Pauper, state so.*
(6) *State Name of Patient in full.*
(7) Lunatic, *or* an insane person, *or* a person of unsound mind.

I, the undersigned (1) John Dewar Robson
being a (2) Fellow of Edinburgh University in Medicine & Surgery
and being in actual practice as a (3) Physician
do hereby certify, on soul and conscience, that I have this day at (4) Lochmaben Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (5) James John Patterson West Scales, Gretna, farm worker
and that the said (6) James John Patterson, farm worker
is a (7) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(8) *State the Facts, e.g.*, as indicated by the Patient's appearance, demeanour, conversation, writings, actions, conduct, etc.

1. Facts indicating Insanity observed by myself (8) He is abnormal in his movements and has a furtive and sometimes an insane look. He answers excitedly incoherently and at the pitch of his voice. He will converse and will give answers freely on the subject.

(9) *State the Information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others (9)

(10) *To be signed by medical person certifying.*

Name and Medical Designation (10) John Dewar Robson M.B.C.M.
And Place of Abode, 1 Hope Place Lochmaben

DATED this Eighth day of August One thousand nine hundred and Eleven.

CERTIFICATE OF EMERGENCY.

N.B.—This Certificate is necessary in the event of a Patient being sent to the Institution before the Sheriff's Order is obtained, and it authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any order by the Sheriff. During this period the Sheriff's Order is obtained. When the Certificate of Emergency is employed, both parts should be filled, signed, and dated if possible on the day of removal of the Patient to the Asylum, or otherwise as near the day of removal as possible.

I, the undersigned (1) William Carruthers
being a (2) Lic. Royal Coll. Phys. Edin.

do hereby certify, on oath and conscience, that I have this day at (3) West Scales, Gretna in the County of Dumfries seen and personally examined (4) James John Patterson West Scales, Gretna and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at Dumfries.

And I further certify that the case of the said person is one of emergency.

**Signature of Certifier* (5) William Carruthers
Address of Certifier Kirkpatrick D. Fleming

DATED this eighth day of August One thousand nine hundred and eleven

(1) State Name of Registered Medical Person.
(2) State Registered Medical qualification.
(3) State place of Examination.
(4) State Name of Patient, in full, Designation, and Address.
(5) To be signed by Medical Person certifying.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution, Dumfries, to receive therein (1) James John Patterson to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Petitioner or Applicant stands to Patient Father

**Signature of Petitioner or Applicant* (2) David Patterson
Address of Petitioner or Applicant, West Scales Gretna

DATED this eighth day of August one thousand nine hundred and eleven

(1) State Name of Patient in full.
(2) To be signed by the Party applying.

Order to be Granted by the Sheriff for the Transmission and Reception of the Lunatic.

I George Campion Esquire
(1) Sheriff Substitute
of ~~the~~ (2) Dumfries & Galloway at Dumfries
having had produced to me, with a Petition at the instance of (3) David Patterson, West Scales, Gretna
Certificates under the hands of William Carruthers
and John Dewar Robson, being two Medical Persons duly qualified, in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) James John Patterson West Scales Gretna (Petitioner)
and that the said James John Patterson
is a (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 John Patterson as a Patient into the Crichton Royal Institution, Dumfries, and I authorize (6) his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said James John Patterson which accompanied the said Petition.

DATED [at Dumfries] this ninth day of August One thousand nine hundred and eleven

(Signature) Geo. Campion

To the Superintendent 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 the Patient, and if a Pauper, state so.*
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) His or her

No. 10:363. Name Janet Kissock.

FORM A

Date of Admission 9th August 1911.

25 and 26 Vict., Cap. 54, Sect. 14.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum after the Order of the Sheriff is obtained.

Petition to the Sheriff to grant Order for the Reception of a Patient into the Crichton Royal Institution, Dumfries.

Unto the Honourable the Sheriff of Dumfries and Galloway and his Substitutes,— at Dumfries

The Petition of (1) Mrs. Mary Jane McAdam 12 Eldgate Street. Morpeth.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that (2) Janet Kissock 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 (4) Janet Kissock to the Crichton Royal Institution, Dumfries, and to sanction (5) her admission into the said Asylum.

(1) Insert Name, Designation, and Residence of the Party applying.

(2) Insert Name of Patient in full.

(3) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

(4) Insert Name of Patient in full.

(5) His or her.

*Signature of Petitioner (6) Mary Jane Macadam

(6) To be signed by the Party applying.

Dated this (7) Ninth day of August One thousand nine hundred and eleven years.

(7) N.B.—The Date of the Petition must be within fourteen clear days following the dates of the Medical Certificates Nos. I. and II., and not before.

STATEMENT.

If any 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 Kissock.
2. Sex and Age,	Female. 36.
3. Married, Single, or Widowed,	Single.
4. Condition of life and previous Occupation (if any),	—
5. Religious Persuasion, so far as known,	Protestant.
6. Previous Place of Abode,	12 Eldgate Street. Morpeth.
7. Place where Found and Examined,	Dumfries.
8. Length of Time Insane,	Nine years.
9. Whether First Attack,	Yes.
10. Age (if known) on First Attack,	27.
11. When and Where previously under Examination and Treatment,	Crichton Royal Institution, 1902 to July 1911.
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. Christian Name and Surname and Place of Abode of Nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been insane,	Mrs. Mary Jane Macadam. 12 Eldgate Street. Morpeth. (Sister)
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify that, to the best of my knowledge, the above particulars are correctly stated.

Dated this Ninth day of August One thousand nine hundred and eleven years.

*Signature of Petitioner, (1) Mary Jane Macadam (1) *To be signed by the Party applying.*

MEDICAL CERTIFICATE.—No. I.

(1) Name of Registered Medical person.
(2) *Set forth the registered qualification entitling the person certifying to grant the Certificate, e.g.*, Member of the Royal College of Physicians in Edinburgh.
(3) Physician, Surgeon, *or otherwise, as the case may be.*
(4) *Insert the Street, and Number of the House (if any), or other like particulars.*
(5) *Insert Name of Patient in full, Designation, and Residence, and if a Pauper, state so.*
(6) *State Name of Patient in full.*
(7) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned (1) Peter Munnay Kerr
being a (2) Bachelor Medicine and Master in Surgery Univ Edinburgh
and being in actual practice as a (3) Medical Practitioner
do hereby certify, on soul and conscience, that I have this day at (4) Crichton Royal Institution Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (5) Janet Kinnock Spinster 12 Oldgate Street Moffat
and that the said (6) Janet Kinnock
is a (7) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(8) *State the Facts, e.g.*, as indicated by the Patient's appearance, demeanour, conversation, writings, actions, conduct, etc.

1. Facts indicating Insanity observed by myself (8) She is weak minded and silly She does not know the day of the week. Takes no interest in herself or her surroundings

(9) *State the Information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others (9)

(10) *To be signed by medical person certifying.*

Name and Medical Designation (10) Peter Munnay Kerr M.B.
And Place of Abode, 37 Castle Street Dumfries

DATED this Ninth day of August One thousand nine hundred and twenty one

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MEDICAL CERTIFICATE.—No. II.

(1) Name of Registered Medical person.
(2) *Set forth the registered qualification entitling the person certifying to grant the Certificate, e.g.*, Member of the Royal College of Physicians in Edinburgh.
(3) Physician, Surgeon, *or otherwise, as the case may be.*
(4) *Insert the Street, and Number of the House (if any), or other like particulars.*
(5) *Insert Name of Patient in full, Designation and Residence, and if a Pauper, state so.*
(6) *State Name of Patient in full.*
(7) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned (1) George Robert Livingston
being a (2) Doctor of Medicine of Edinburgh University
and being in actual practice as a (3) Physician + Surgeon
do hereby certify, on soul and conscience, that I have this day at (4) Crichton Royal Institution, Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (5) Janet Kinnock Spinster 12 Oldgate Street, Moffat
and that the said (6) Janet Kinnock
is a (7) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz:—

(8) *State the Facts, e.g.*, as indicated by the Patient's appearance, demeanour, conversation, writings, actions, conduct, etc.

1. Facts indicating Insanity observed by myself (8) Her insane manner + appearance She does not know where she has come from, nor the month of the year and takes no interest in what is going on around her.

(9) *State the Information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others (9)

(10) *To be signed by medical person certifying.*

Name and Medical Designation (10) George R Livingston M.D.
And Place of Abode, 47 Castle Street, Dumfries

DATED this Ninth day of August One thousand nine hundred and eleven

CERTIFICATE OF EMERGENCY.

N.B.—This Certificate is necessary in the event of a Patient being sent to the Institution before the Sheriff's Order is obtained, and it authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any order by the Sheriff. During this period the Sheriff's Order is obtained. When the Certificate of Emergency is employed, both parts should be filled, signed, and dated if possible on the day of removal of the Patient to the Asylum, or otherwise as near the day of removal as possible.

I, the undersigned (1) Hugh John McCaw
being a (2) M.B. Ch.B. of Edinburgh University

(1) State Name of Registered Medical Person.
(2) State Registered Medical qualification.

do hereby certify, on soul and conscience, that I have this day at (3) Crichton Royal Institution Dumfries in the County of Dumfries seen and personally examined (4) Janet Kissock

(3) State place of Examination.
(4) State Name of Patient, in full, Designation, and Address.

and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at Dumfries.

And I further certify that the case of the said person is one of emergency.

**Signature of Certifier* (5) Hugh John McCaw
Address of Certifier Crichton Royal Institution Dumfries

(5) To be signed by Medical Person certifying.

Dated this 9th day of August One thousand nine hundred and eleven.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution, Dumfries, to receive therein (1) Janet Kissock to whom the foregoing Certificate of Emergency refers.

(1) State Name of Patient in full.

Relationship or other capacity in which Petitioner or Applicant stands to Patient, Sister

**Signature of Petitioner or Applicant* (2) Mary Jane Macadam
Address of Petitioner or Applicant, 12 Oldgate Street Morpeth

(2) To be signed by the Party applying.

Dated this Ninth day of August one thousand nine hundred and eleven years

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Order to be Granted by the Sheriff for the Transmission and Reception of the Lunatic.

I George Campion Esquire
(1) Sheriff - Substitute
of the ~~(2)~~ Dumfries & Galloway, at Dumfries,
having had produced to me, with a Petition at the instance of (3) Mr Mary Jane Mac Adam, 12 Oldgate Street Morpeth,
Certificates under the hands of Peter Murray Kerr
and George Robert Livingston, being two Medical Persons duly qualified, in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Janet Kissock 12 Oldgate Street, Morpeth (Petitioner's sister)
and that the said Janet Kissock
is a (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 Kissock as a Patient into the Crichton Royal Institution, Dumfries, and I authorize (6) her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Janet Kissock which accompanied the said Petition.

(1) *State whether* Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) *State whether a* County or Stewartry.
(3) *Insert Name and Designation*
(4) *Describe the Patient, and if a Pauper, state so.*
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) His or her

Dated [at Dumfries] this Tenth day of August One thousand nine hundred and eleven.

(Signature) Geo: Campion

To the Superintendent of the Crichton Royal Institution, Dumfries.

D.10.364 Mary Mc Gill. (Daby)
dat: 16 August 1911.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff ~~of the (2) Sheriffdom~~ of Dumfries and Galloway *and his Substitutes,*— at Dumfries

The Petition of Alexander Milroy, Inspector of Poor, Daby, Kirkcudbrightshire

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary McGill

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (3) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Mary McGill to the Crichton Royal Institution Dumfries and to sanction her admission into the said Asylum.

(To be signed by the Party applying) A Milroy

(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 August One thousand nine hundred and eleven

STATEMENT.

If any 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 McGill
2. Sex and Age,	Female age 34
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Pauper, No occupation
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Daby, Kirkcudbrightshire
7. Place where Found and Examined,	Do
8. Length of time Insane,	Has been an Idiot since birth
9. Whether First Attack,	No
10. Age (if known) on First Attack,	Subject to attacks since birth
11. When and where previously under Examination and Treatment (5)	Never
12. Duration of Existing Attack,	Four 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,	Daby, Kirkcudbrightshire
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	John McGill Crichton Royal Institution Dumfries Father and two Brothers at present Inmates of Crichton Royal Institution Sister died there
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

(5) If patient has previously been under treatment, state date of latest admission or approximate thereto. If not previously under examination or treatment state that fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this sixteenth day of August One thousand nine hundred and eleven

(To be signed by the party applying) A Milroy

P. n.

T. & A. C.—January 1904.

MEDICAL CERTIFICATE, No. I.

I, the undersigned, John Lowman being a (1) Bachelor of Medicine and Master of Surgery and being in actual practice as a (2) General Practitioner do hereby certify, on soul and conscience, that I have this day, at (3) Dalry Kirkcudbright in the County separately from any other Medical Practitioner visited and personally examined (4) Mary McGill and that the said Mary McGill is a (5) an idiot / 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.

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
Patient has a typical idiotic countenance and physically ill-developed. Speaks in a rambling incoherent manner. Is dirty both as to clothing and person.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Mother says she has always been weak-minded but was able to control her. She has occasional fits of violence when upset by anything. She has a father and two brothers in the Crichton at present.

Name and Medical Designation, John Lowman M.B.

Place of Abode, Ellisland Dalry

DATED this 15th day of August One thousand nine hundred and eleven

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MEDICAL CERTIFICATE, No. II.

I, the undersigned, David Stevenson Richmond being a (1) Bachelor of Medicine and Surgery and being in actual practice as a (2) General Practitioner do hereby certify, on soul and conscience, that I have this day, at (3) Dalry Kirkcudbright in the County of separately from any other Medical Practitioner visited and personally examined (4) Mary M'Gill and that the said Mary M'Gill 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) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
Patient is a congenital idiot. Is dirty in appearance, incoherent in speech & occasionally inclined lately to fits of violence.

(7) *State the information and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Her mother is altogether unable to control her lately. Mrs M'Culloch a neighbour has had to interfere during her fits of violence.

Name and Medical Designation, D Stevenson Richmond

Place of Abode, Dalry Kirkcudbrightshire

DATED this 15th day of August One thousand nine hundred and eleven

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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 Kinnear Richmond being (1) a Bachelor of Medicine and Surgery hereby certify, on soul and conscience, that I have this day, at (2) Daly in the County of Kirkcudbright, seen and personally examined Mary Mc Gill, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Dumfries

And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

D Kinnear Richmond

DATED this 15 day of August One thousand nine hundred and eleven

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution Dumfries ~~Asylum~~ to receive therein Mary McGill to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Inspector of Poor of Parish of which Patient is a Pauper

Signature and Address Thos Milroy Daly,

Date 16th August 1911

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, C. Carlhew Yorstoun (1) Honorary Sheriff Substitute of the (1) Dumfries & Galloway ~~of~~ at Dumfries having had produced to me, with a Petition at the instance of (2) Alexander Milroy Inspector of Poor Daly Kirkcudbrightshire Certificates under the hands of John Govan and Daniel Stevenson ~~Brown~~ Richmond being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Mary Mc Gill, Daly Kirkcudbrightshire (pauper) and that the said Mary Mc Gill ____ is an (5) Idiot (congenital)

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Mary Mc Gill as a Patient into the (6) Public Asylum of Crichton Royal Institution and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mary Mc Gill which accompanied the said Petition.

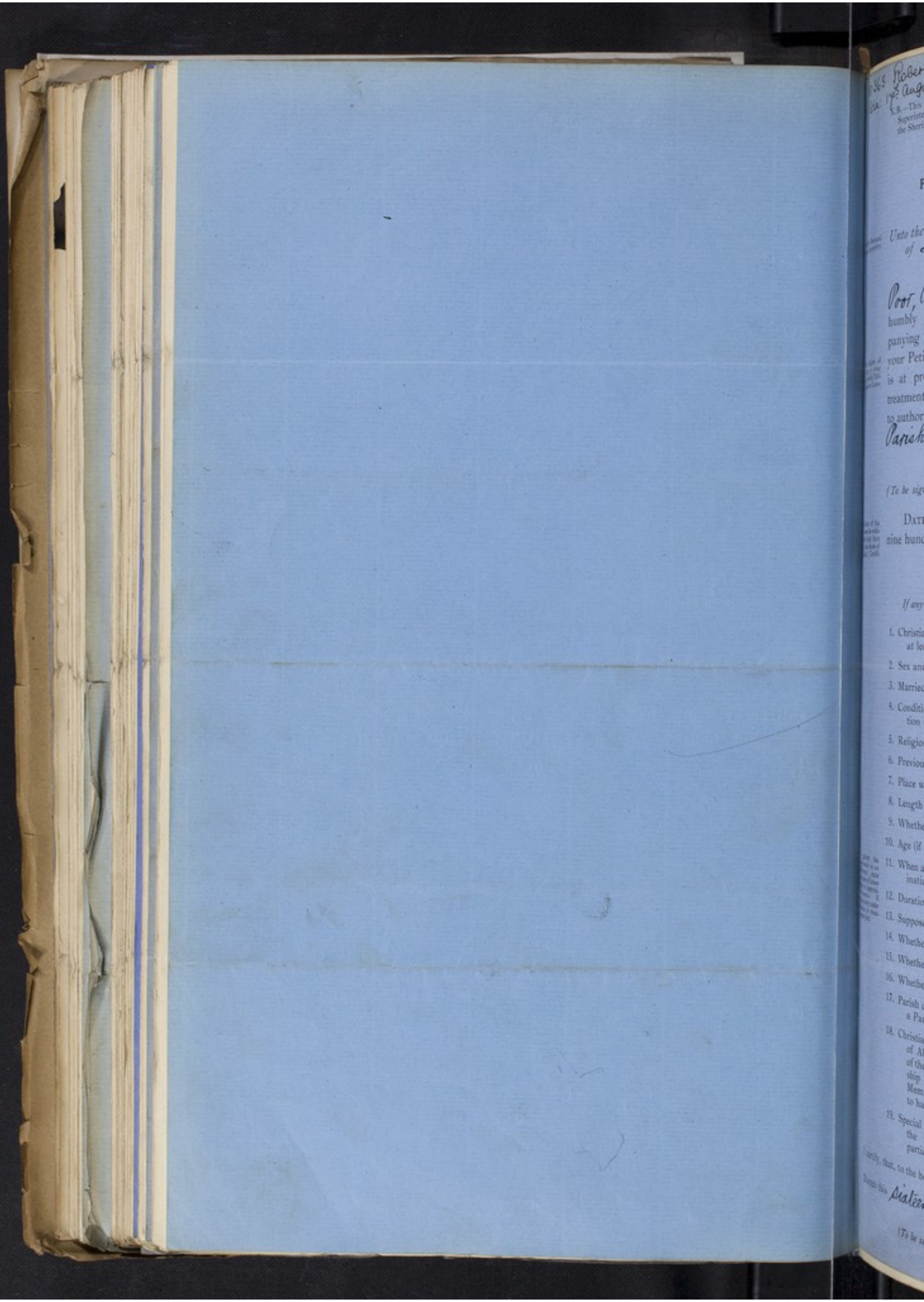
(6) Public, District, Parochial, or Private.

DATED [at Dumfries] this seventeenth day of August One thousand nine hundred and eleven

To the Superintendent of the (7) Public Asylum of Crichton Royal Institution Dumfries.

[Signature] C. Carthew Yorstoun

(7) Public, District, Parochial, or Private.



1365 Robert Dalziel. (Hutton).
dm: 17th August 1911.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A.]

25 and 26 Vict., Cap. 54, Section 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Unto the Honourable the[1] Sheriff *of the*[2] County of Dumfries *and his Substitutes,*— at Dumfries

The Petition of James Bell Edgar, Inspector of Poor, Parish of Hutton, County of Dumfries, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Robert Dalziel 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 Dalziel, Berryscaus Parish of Hutton to the Crichton Royal Institution and to sanction his admission into the said Asylum.

(To be signed by the Party applying) Jas. B. Edgar

Dated this sixteenth [4]day of August One thousand nine hundred and eleven.

STATEMENT.

If any 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 Dalziel
2. Sex and Age, ...	Male 66 last Birthday
3. Married, Single, or Widowed, ...	Married
4. Condition of Life, and previous Occupation (if any), ...	Drainer
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode, ...	Berryscaus
7. Place where Found and Examined, ...	Since 14th Aug. 1911
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[5]	
12. Duration of Existing Attack, ...	Since 14th Aug. 1911
13. Supposed Cause, ...	
14. Whether subject to Epilepsy, ...	
15. Whether Suicidal, ...	
16. Whether Dangerous to others, ...	Yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable	Parish of Hutton
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, ...	Janet Dalziel, Berryscaus, Lockerbie Wife None of his family insane
19. Special circumstances (if any) preventing the insertion of any of the above particulars, ...	Not ascertainable

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this sixteenth day of August One thousand nine hundred and eleven

(To be signed by the party applying) Jas. B. Edgar P.p.

MEDICAL CERTIFICATE, No. I.

(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, James Maclachlan being a [1] Bachelor of Medicine & Master of Surgery

(2) Physician or Surgeon, *or otherwise, as the case may be.*

and being in actual practice as a [2] Physician & Surgeon

(3) *Insert the street and number of the house (if any), or other like particulars.*

do hereby certify, on soul and conscience, that I have this day, at [3] Berrycaun Bank of Hutton & Corrie in the County of Dumfries separately from any other Medical Practitioner,

(4) *Insert Designation and Residence, and if a Pauper state so.*

visited and personally examined [4] Robert Dalziel, Labourer Berrycaun and that

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

the said Robert Dalziel is a [5] person of unsound mind and a proper person to be detained under Care and Treatment, 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 fairly, unreply, but on certain points complains that his wife is cruel to him working to get him out of the house at night & that she & his daughter poison his food. Is full of unfounded apprehensions.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others : [7] His wife states that he is very restless, occasionally violent & destructive. Will not remain in bed at night, constantly trying to get out of the house without his clothes on.

Name and Medical Designation, James Maclachlan M.B. C.M.

Place of Abode, Lockerbie

DATED this fourteenth day of August One thousand nine hundred and eleven.

MEDICAL CERTIFICATE, No. II.

(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, George Irving being a [1] Doctor of Medicine & Master in Surgery

(2) Physician or Surgeon, *or otherwise, as the case may be.*

and being in actual practice as a [2] Physician & Surgeon

(3) *Insert the street and number of the house (if any), or other like particulars.*

do hereby certify, on soul and conscience, that I have this day, at [3] Berrycaun Hutton & Carrie Dumfries 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] Robert Dalziel, Pauper, Berrycaun Hutton & Carrie, and that

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

the said Robert Dalziel is a [5] Person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself : [6] He has delusions, thinking that his wife and daughter put poison in his food, and give him aperients in order to get rid of him. Besides his whole conduct and behaviour are irrational

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others : [7] His wife informs me that at times he becomes violent and destructive breaking dishes & smashing the window in order to get out all naked.

Name and Medical Designation, George Irving M.D.

Place of Abode, Lockerbie

DATED this fourteenth day of August One thousand nine hundred and eleven.

CERTIFICATE OF EMERGENCY.

(This Certificate authorises the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, James Maclachlan being (1) Bachelor of Medicine & Master of Surgery hereby certify, on soul and conscience, that I have this day, at (2) Bonnycleuch in the County of Dumfries, seen and personally examined Robert Dalziel, Labourer, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Dumfries.

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

And I further certify that the case of the said person is one of Emergency.

James Maclachlan M.B. C.M.

DATED this fifteenth day of August One thousand nine hundred and eleven

(The following should be filled up in every case in which a Certificate of Emergency is acted on).

I hereby request the Superintendent of the Crichton Royal Institution Asylum to receive therein Robert Dalziel to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Jas. B. Edgar, Inspector of Poor, Hutton.

Signature and Address, Jas. B. Edgar, Parish of Hutton, Lockerbie.

Date, 16th August 1911

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, James Garmont Esquire (1) Honorary Sheriff Substitute of Dumfries and Galloway ~~of~~ at Dumfries having had produced to me, with a Petition at the instance of (3) James Bell Edgar, Inspector of Poor, Hutton & Dumfriesshire Certificates under the hands of James Maclachlan and George Irving being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Robert Dalziel Bonnycleuch Lochrie (pauper) and that the said Robert Dalziel is a (5) person of unsound mind

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Robert Dalziel as a patient into the (6) Public Asylum of Crichton Royal Institution and I authorize (7) his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Robert Dalziel which accompanied the said Petition.

(6) Public, District, Parochial, or Private.
(7) His, or her.

DATED [at Dumfries —] this eighteenth day of August One thousand nine hundred and eleven

To the Superintendent of the (8) Public *Asylum of* Crichton Royal Institution Dumfries

(8) Public, District, Parochial or Private.

(Signature), James Garmont

No. 10366 Name Henry Charles Hassett

FORM A

Date of Admission 18 August 1911

25 and 26 Vict., Cap. 54, Sect. 14.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum after the Order of the Sheriff is obtained.

Petition to the Sheriff to grant Order for the Reception of a Patient into the Crichton Royal Institution, Dumfries.

Unto the Honourable the Sheriff of Dumfries and Galloway and his Substitutes,— at Dumfries.

The Petition of (1) Mrs Mary Hassett (wife) 8 Westmoreland Terrace, Liverpool

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that (2) Henry Charles Hassett 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 (4) Henry Charles Hassett to the Crichton Royal Institution, Dumfries, and to sanction (5) his admission into the said Asylum.

(1) Insert Name, Designation, and Residence of the Party applying.

(2) Insert Name of Patient in full.

(3) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

(4) Insert Name of Patient in full.

(5) His or her.

*Signature of Petitioner (6) Mary Hassett

(6) To be signed by the Party applying.

Dated this (7) Eighteenth day of August One thousand nine hundred and eleven

(7) N.B.—The Date of the Petition must be within fourteen clear days following the dates of the Medical Certificates Nos. I. and II., and not before.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length, ... Henry Charles Hassett
2. Sex and Age, - - - - - Male. Forty
3. Married, Single, or Widowed, - - Married
4. Condition of life and previous Occupation (if any), - - - - - Manufacturer's Agent - in Lancashire
5. Religious Persuasion, so far as known, - Church of England Protestant
6. Previous Place of Abode, ... - Born & brought up in Plymouth, but has lived at 8 Westmoreland Terrace Liverpool for the past 12 years
7. Place where Found and Examined, - Dr Partington's, 24, High St, Waterloo, Liverpool who brought in an alienist by my request
8. Length of Time Insane, - - - Clear & definite delusions since May of this year, but - probably longer
9. Whether First Attack, - - - Yes
10. Age (if known) on First Attack, - - Forty
11. When and Where previously under Examination and Treatment, - c/o Dr Cassidy, The Retreat, Lancaster Lunatic Asylum, Lancaster since June 11 of this year where he is at present
12. Duration of Existing Attack, - - Possibly three months, may be longer
13. Supposed Cause, - - - - - Political excitement - attending caucuses & eight years
14. Whether subject to Epilepsy, - - No
15. Whether Suicidal, - - - - Threatened suicide several times in May to various persons
16. Whether Dangerous to Others, - - I should say not at all, for I found him most reasonable when with me, although when away he accused me of assault & murderous designs on him.
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, Miss K. D. Hassett, Nurses Training Institute, Weymouth
Mr H. S. Hassett, Civil Engineer, Montevideo, S. America (Sister) (Brother)
They are all the living relatives
No. I believe none of the family to have been affected.
19. Special circumstances (if any) preventing the insertion of any of the above particulars, - - - - - Regarding exact time & circumstances of attack I cannot speak definitely - He has been notable & vocal in politics I learn for quite two years. At home I was normal until June of this year when both the political worry & coffee like thought me change to mental

I certify that, to the best of my knowledge, the above particulars are correctly stated.

Dated this eighteenth day of August One thousand nine hundred and eleven

*Signature of Petitioner, (1) Mary Hassett

(1) *To be signed by the Party applying.*

MEDICAL CERTIFICATE.—No. I.

(1) Name of Registered Medical person.
(2) *Set forth the registered qualification entitling the person certifying to grant the Certificate, e.g.*, Member of the Royal College of Physicians in Edinburgh.
(3) Physician, Surgeon, *or otherwise, as the case may be.*
(4) *Insert the Street, and Number of the House (if any), or other like particulars.*
(5) *Insert Name of Patient in full, Designation, and Residence, and if a Pauper, state so.*
(6) *State Name of Patient in full.*
(7) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned (1) David MacKay Cassidy
being a (2) Licentiate of the Royal College of Physicians, Edinburgh
and being in actual practice as a (3) Physician
do hereby certify, on soul and conscience, that I have this day at (4) the County Asylum at Lancaster
in the County of Lancaster separately from any other Medical Practitioner, visited and personally examined (5) Henry Charles Hissett, a patient in the said County Asylum at Lancaster
and that the said (6) Henry Charles Hissett
is a (7) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(8) *State the Facts, e.g.*, as indicated by the Patient's appearance, demeanour, conversation, writings, actions, conduct, etc.

1. Facts indicating Insanity observed by myself (8) He is restless irritable and excited; he has extravagant ideas; orders an entertainment for all the patients & says the cost is to be charged to his account says his wife is a vile abominable woman & that she has robbed him of a valuable invention; says she is not his wife calls himself Chief Anarchist; says he is the victim of a vast world-wide conspiracy in which the Fabian Society is involved

(9) *State the Information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others (9) Says his food is drugged; says he has interfered with the work of the Labour Party, the Socialists and therefore they conspired to (put) him away; says he is an Agnostic and an Anarchist and says there should be no laws. These facts communicated by Francis Blytheswood attendant in the Asylum at Lancaster

(10) *To be signed by medical person certifying.*

Name and Medical Designation (10) D. M. Cassidy L.R.C.P.E.
And Place of Abode Lancaster Moor Lancaster.

DATED this Seventeenth day of August One thousand nine hundred and eleven.

MEDICAL CERTIFICATE.—No. II.

(1) Name of Registered Medical person.
(2) *Set forth the registered qualification entitling the person certifying to grant the Certificate, e.g.*, Member of the Royal College of Physicians in Edinburgh.
(3) Physician, Surgeon, *or otherwise, as the case may be.*
(4) *Insert the Street, and Number of the House (if any), or other like particulars.*
(5) *Insert Name of Patient in full, Designation and Residence, and if a Pauper, state so.*
(6) *State Name of Patient in full.*
(7) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned (1) Hugh Mc Manus
being a (2) Bachelor of Medicine & Surgery of Victoria Universal
and being in actual practice as a (3) Physician
do hereby certify, on soul and conscience, that I have this day at (4) the County Asylum at Lancaster
in the County of Lancaster separately from any other Medical Practitioner, visited and personally examined (5) Henry Charles Hissett a patient in the said County Asylum at Lancaster
and that the said (6) Henry Charles Hissett
is a (7) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz:—

(8) *State the Facts, e.g.*, as indicated by the Patient's appearance, demeanour, conversation, writings, actions, conduct, etc.

1. Facts indicating Insanity observed by myself (8) he is peculiar & erratic in manner. He makes [illegible] statements of an absurd & grandiose nature. Is deluded & suspicious He says he invented a secret process worth one million pounds but was deprived of it by a conspiracy headed by his wife & a gang. He says he is an anarchist & at the head of the Party in England

(9) *State the Information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others (9) He incites the patients to form a conspiracy & escape from the Asylum. He says he has come here to put the institution into proper working order. His wife is a bigamist & is using his money illegally Facts communicated by John Keegan attendant in the County Asylum

(10) *To be signed by medical person certifying.*

Name and Medical Designation (10) Hugh Mc Manus M.B.
And Place of Abode County Asylum Lancaster.

DATED this Seventeenth day of August One thousand nine hundred and eleven.

CERTIFICATE OF EMERGENCY.

N.B.—This Certificate is necessary in the event of a Patient being sent to the Institution before the Sheriff's Order is obtained, and it authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any order by the Sheriff. During this period the Sheriff's Order is obtained. When the Certificate of Emergency is employed, both parts should be filled, signed, and dated if possible on the day of removal of the Patient to the Asylum, or otherwise as near the day of removal as possible.

I, the undersigned (1) David Mackay Lassidy, being a (2) licentiate of the Royal College of Physicians, Edinburgh, do hereby certify, on soul and conscience, that I have this day at (3) the County Asylum, Lancaster, in the County of Lancaster, seen and personally examined (4) Henry Charles Hissett, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at Dumfries.

(1) State Name of Registered Medical Person.
(2) State Registered Medical qualification.
(3) State place of Examination.
(4) State Name of Patient, in full, Designation, and Address.

And I further certify that the case of the said person is one of emergency.

**Signature of Certifier* (5) D. M. Lassidy

Address of Certifier Lancaster Asylum Lancaster

(5) To be signed by Medical Person certifying.

DATED this Seventeenth day of August One thousand nine hundred and eleven.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution, Dumfries, to receive therein (1) Henry Charles Hissett to whom the foregoing Certificate of Emergency refers.

(1) State Name of Patient in full.

Relationship or other capacity in which Petitioner or Applicant stands to Patient, Wife

**Signature of Petitioner or Applicant* (2) Mary Hissett

(2) To be signed by the Party applying.

Address of Petitioner or Applicant, 8 Westmoreland Terrace Liverpool

DATED this sixteenth day of August one thousand nine hundred and eleven.

Order to be Granted by the Sheriff for the Transmission and Reception of the Lunatic.

I James Jarmont Esquire

(1) Honorary Sheriff Substitute

of ~~the~~ (2) Dumfries & Galloway at Dumfries

having had produced to me, with a Petition at the instance of (3) Mrs Mary Hissel 8 Westmorland Terrace Liverpool

Certificates under the hands of David Mackay Lassidy and Hugh Mc Manus, being two Medical Persons duly qualified, in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Henry Charles Hissett 8 Westmorland Terrace Liverpool (Petns husband)

and that the said Henry Charles Hissett

is a (5) person of unsound mind

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Henry Charles Hissett as a Patient into the Crichton Royal Institution, Dumfries, and I authorize (6) his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Henry Charles Hissett which accompanied the said Petition.

(1) *State whether* Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) *State whether a* County or Stewartry.
(3) *Insert Name and Designation*
(4) *Describe the Patient, and if a* [illegible] *state so.*
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) His or her

DATED [at Dumfries] this nineteenth day of August One thousand nine hundred and eleven.

(Signature) James Jarmont

To the Superintendent of the Crichton Royal Institution, Dumfries.

No. 367

Date of Admi

Petition to the
a Patient int

To the Honour
Sub-Sheriff,—

The Pe
Mary Jane
humbly sheweth that
Certificates, that (2).
the Petitioner's (3).
Mental Derangement
May it therefore
the said (4). Eliz
to the Crichton Roy
the said Asylum.

Signature of Petitio

Dated this (7)
one hundred and....

Name of the Pau

1. Christian Name a
at length,
2. Sex and Age,
3. Married, Single,
4. Condition of life
tion (if any),
5. Religious Persua
6. Previous Place of
7. Place where Foun
8. Length of Time I
9. Whether First At
10. Age (if known) o
11. When and Wh
Examination as
12. Duration of Exist
13. Supposed Cause,
14. Whether subject
15. Whether Suicidal
16. Whether Dangero
17. Parish or Union
(if a Pauper) is
18. Christian Name
Place of Abod
Relative of th
of Relationsh
whether any M
known to be c
19. Special circumsta
the insertion of
Similars.

I certify that, to

Dated this... 8th

Elizabeth

Signature of Petitio

Enc.

No. 10367 Name Eliza Barbour Sparrow.

FORM A

Date of Admission 18 August 1911.

25 and 26 Vict., Cap. 54, Sect. 14.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum after the Order of the Sheriff is obtained.

Petition to the Sheriff to grant Order for the Reception of a Patient into the Crichton Royal Institution, Dumfries.

Unto the Honourable the Sheriff of Dumfries and Galloway and his Substitutes,—

The Petition of (1) Joseph James Knox Sparrow. Flax Spinner "Glynpark" Greenisland Co. Antrim

(1) Insert Name, Designation, and Residence of the Party applying.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that (2) Eliza Barbour Sparrow 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 (4) Eliza Barbour Sparrow to the Crichton Royal Institution, Dumfries, and to sanction (5) her admission into the said Asylum.

(2) Insert Name of Patient in full.

(3) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

(4) Insert Name of Patient in full.

(5) His or her.

*Signature of Petitioner (6) J. K. Sparrow.

(6) To be signed by the Party applying.

Dated this (7) 26th day of August One thousand nine hundred and Eleven.

(7) N.B.—The Date of the Petition must be within fourteen clear days following the dates of the Medical Certificates Nos. I. and II., and not before.

STATEMENT.

If any 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 Barbour Sparrow.
2. Sex and Age,	female 31 years.
3. Married, Single, or Widowed,	married
4. Condition of life and previous Occupation (if any),	wife of petitioner
5. Religious Persuasion, so far as known,	Church of Ireland
6. Previous Place of Abode,	Whitehead Co. Antrim and Greenisland Co. Antrim
7. Place where Found and Examined,	Greenisland " " Land Dumfries
8. Length of Time Insane,	Not on all for four years.
9. Whether First Attack,	Having which period were at times also other.
10. Age (if known) on First Attack,	28
11. When and Where previously under Examination and Treatment,	Visited treated at home & by travel & change.
12. Duration of Existing Attack,	fully a month.
13. Supposed Cause,	Nervous temperament
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to Others,	yes has attacked several persons
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,	J. K. Sparrow. Glynpark Greenisland husband. Mrs J. M. C. A. Johnston Dalziada Whitehead Co. Antrim parents Mr Sinclair uncle.
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	none

I certify that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 26th day of August One thousand nine hundred and Eleven.

*Signature of Petitioner, (1) J. K. Sparrow. (1) To be signed by the Party applying.

MEDICAL CERTIFICATE.—No. I.

(1) Name of Registered Medical person.
(2) *Set forth the registered qualification entitling the person certifying to grant the Certificate, e.g.*, Member of the Royal College of Physicians in Edinburgh.
(3) Physician, Surgeon, *or otherwise, as the case may be.*
(4) *Insert the Street, and Number of the House (if any), or other like particulars.*
(5) *Insert Name of Patient in full, Designation, and Residence, and if a Pauper, state so.*
(6) *State Name of Patient in full.*
(7) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned (1) Jacc. alex Graham
being a (2) M. D. (Roy. Univ. Ireland & L. R. C. S. Edinburgh
and being in actual practice as a (3) Physician & Surgeon
do hereby certify, on soul and conscience, that I have this day at (4) Grenard
County Antrim Ireland in the County of
separately from any other Medical Practitioner
visited and personally examined (5) Elza Barbour Sparrow
married woman residing at Grans Grand Co Antrim
and that the said (6) Elza Barbour Sparrow
is a (7) 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. :—

(8) *State the Facts, e.g.*, as indicated by the Patient's appearance, demeanour, conversation, writings, actions, conduct, etc.

1. Facts indicating Insanity observed by myself (8) She states to me that her father, mother husband & sister continuously ill-treated her & annoyed her, that the neighbours were always talking about her, that she is shunned by society & reasoned with. She became violently excited threatening me with the English Government & lost all self control in the presence of her father

(9) *State the Information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others (9) I am informed by her father Mr. Samuel Johnston & her husband Mr. Sparrow that for days she locks herself in her room & refuses to see anyone. Has no interest in her home or family & leaves home without notice & stays away for days without any address. Acts in an insane manner

(10) *To be signed by medical person certifying.*

Name and Medical Designation (10) Jacc. alex Graham M.D. &c.
And Place of Abode Purdysburn House Belfast

Dated this 21st day of August One thousand nine hundred and eleven

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MEDICAL CERTIFICATE.—No. II.

(1) Name of Registered Medical person.
(2) *Set forth the registered qualification entitling the person certifying to grant the Certificate, e.g.*, Member of the Royal College of Physicians in Edinburgh.
(3) Physician, Surgeon, *or otherwise, as the case may be.*
(4) *Insert the Street, and Number of the House (if any), or other like particulars.*
(5) *Insert Name of Patient in full, Designation and Residence, and if a Pauper, state so.*
(6) *State Name of Patient in full.*
(7) Lunatic, or an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned (1) Robt Reid
being a (2) Licentiate of Royal College of Physicians Surgeons of Edinburgh
and being in actual practice as a (3) Physician & Surgeon
do hereby certify, on soul and conscience, that I have this day at (4) Lechton
Royal Hotel Dunfanaghy in the County of Donegal
separately from any other Medical Practitioner,
visited and personally examined (5) Elza Barbour Sparrow
wife of John Sparrow Farmer Greenland Co Antrim
and that the said (6) Elza Barbour Sparrow
is a (7) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz :—

(8) *State the Facts, e.g.*, as indicated by the Patient's appearance, demeanour, conversation, writings, actions, conduct, etc.

1. Facts indicating Insanity observed by myself (8) I have known Elza Barbour Sparrow for the past 17 years & for the past two years at least I have noticed her becoming extraordinarily suspicious in her manners. She fancies the slights by everyone & has the idea that she is persecuted by society. When I arrived today she absolutely refused to speak

(9) *State the Information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others (9) to me & attempted without giving casual inquirer when there she refused to answer me. Without any reason at other time quite affable. I have frequently seen her in a morbidly excitable condition, irritable & violent in demeanour. Her mental condition is quite unbearable & unmanageable at home

(10) *To be signed by medical person certifying.*

Name and Medical Designation (10) Robt Reid L.R.C.P.S.E.
And Place of Abode White Abbey Co Antrim

Dated this Twenty first day of August One thousand nine hundred and eleven.

CERTIFICATE OF EMERGENCY.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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 Graham

State Medical qualification. being (1) M.D. (Aut.) & L.R.C.S. Ed.,

State Place of examination. hereby certify, on soul and conscience, that I have this day at (2) Grennsland in the County of ~~Down~~ Antrim (Ireland), seen and personally examined Eliza Barbour Sparrow, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum, and is in a

State place at which Asylum is situated. sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Dumfries.

And I further certify that the case of the said person is one of emergency.

DATED this 18th day of August One thousand nine hundred and eleven, years.

William Graham

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Royal ~~Edinburgh~~ Crichton Asylum for the Insane to receive therein Eliza Barbour Sparrow to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient. Husband

Signature and Address, T. K. Sparrow

Grennsland Co. Antrim

Date, 18th August 1911

DATED this.....day of.....one thousand nine hundred and.....

Order to be Granted by the Sheriff for the Transmission and Reception of the Lunatic.

I James Cairmont Esquire

(1) Honorary Sheriff Substitute

of ~~the~~ (2) Dumfries & Galloway at Dumfries

having had produced to me, with a Petition at the instance of (3) Joseph James Knox Sparrow Esq. Spinner Glenzaur Grennsland Co. Antrim

Certificates under the hands of William Graham

and Robert Reid, being two Medical Persons duly qualified, in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Eliza Barbour Sparrow Grennsland Co Antrim (Petns wife)

and that the said Eliza Barbour Sparrow

is an (5) insane person, a person of unsound mind

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Eliza Barbour Sparrow as a Patient into the Crichton Royal Institution, Dumfries, and I authorize (6) the Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Eliza Barbour Sparrow which accompanied the said Petition.

DATED [at Dumfries] this twenty first day of August One thousand nine hundred and eleven

(Signature) James Cairmont

To the Superintendent 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 the Patient, and if a Pauper, state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) His or her

MEDICAL CERTIFICATE.—No. I.

7. Place where Found and Examined, . . . Originally Dalhousie Bamflands Comp
8. Length of Time Insane, ... occasionally for 12 past
9. Whether First Attack, ... yes first decise attack
10. Age (if known) on First Attack, . . never under treatment
11. When and Where previously under Examination and Treatment, . . . one child
12. Duration of Existing Attack, . . . notably menstruated
13. Supposed Cause, ... no
14. Whether subject to Epilepsy, ... no
15. Whether Suicidal, ... yes if opposed.
16. Whether Dangerous to Others, . . .
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, ... J. K. Sparrow Bamfland Co
18. Christian Name and Surname and Place of Abode of Nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, ...
19. Special circumstances (if any) preventing the insertion of any of the above particulars, .

I certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 18th day of August One thousand nine hundred and eleven years.

(*To be signed by the Party applying*) J. K. Sparrow

MEDICAL CERTIFICATE.—No. II.

(1) Name of Registered Medical person.
(2) *Set forth the registered qualification entitling the person certifying to grant the Certificate, e.g.*, Member of the Royal College of Physicians in Edinburgh.
(3) Physician, Surgeon, *or otherwise, as the case may be.*
(4) *Insert the Street, and Number of the House (if any), or other like particulars.*
(5) *Insert Name of Patient in full, Designation and Residence, and if a Pauper, state so.*
(6) *State Name of Patient in full.*
(7) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned (1) Alfred Reid being a (2) Licentiate of Royal College of Physicians Surgeons of Edinburgh and being in actual practice as a (3) Physician & Surgeon do hereby certify, on soul and conscience, that I have this day at (4) Lochton Royal Institution Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (5) Eliza Bertram Sparrow wife of J. K. Sparrow Bamfland Co Antrim and that the said (6) Eliza Bertram Sparrow is a (7) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz :—

(8) *State the Facts, e.g.*, as indicated by the Patient's appearance, demeanour, conversation, writings, actions, conduct, etc.

1. Facts indicating Insanity observed by myself (8) I have known Eliza Bertram Sparrow for the past 17 years & and for the past two years at least I have noticed her becoming extraordinarily suspicious in her manner. She fancies she slights by everyone & has the idea that she is to be arrested for murder. When I arrived today she absolutely refused to speak to me

(9) *State the Information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others (9) attack without giving cause for quarrel, when there she refused to answer any questions put to her. Without any reason at the time quite capable. I have frequently seen her in morbidly excitable condition, irritable & violent in demeanour. In my opinion is quite unmanageable

(10) *To be signed by medical person certifying.*

Name and Medical Designation (10) Alfred Reid M.B.C.P.V.S.E.
And Place of Abode, White Abbey Co Antrim

DATED this Twenty first day of August One thousand nine hundred and eleven.

CERTIFICATE OF EMERGENCY.

N.B.—This Certificate is necessary in the event of a Patient being sent to the Institution before the Sheriff's Order is obtained, and it authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any order by the Sheriff. During this period the Sheriff's Order is obtained. When the Certificate of Emergency is employed, both parts should be filled, signed, and dated if possible on the day of removal of the Patient to the Asylum, or otherwise as near the day of removal as possible.

I, the undersigned (1).....
being a (2).....
.....
do hereby certify, on soul and conscience, that I have this day at (3).....
.....in the County of.....
seen and personally examined (4).....
.....
and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at Dumfries.

And I further certify that the case of the said person is one of emergency.

Signature of Certifier (5).....

Address of Certifier.....

DATED this.....day of.....One thousand nine hundred and.....

(1) State Name of Registered Medical Person.
(2) State Registered Medical qualification.
(3) State place of Examination.
(4) State Name of Patient, in full, Designation, and Address.
(5) To be signed by Medical Person certifying.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution, Dumfries, to receive therein (1).....
to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Petitioner or Applicant stands to Patient, ...

Signature of Petitioner or Applicant (2).....

Address of Petitioner or Applicant,.....
.....

DATED this.....day of.....one thousand nine hundred and.....

(1) State Name of Patient in full.
(2) To be signed by the Party applying.

Order to be Granted by the Sheriff for the Transmission and Reception of the Lunatic.

I, James Cairmont Esquire
(1) Honorary Sheriff Substitute
of ~~the (2)~~ Dumfries & Galloway at Dumfries
having had produced to me, with a Petition at the instance of (3) Joseph James Knox Sparrow Flax Spinner Glengarn Greenisland Co Antrim
Certificates under the hands of William Graham
and Robert Reid, being two Medical Persons duly qualified, in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Eliza Barbour Sparrow Greenisland Co Antrim (Peters wife)
and that the said Eliza Barbour Sparrow
is an (5) insane person, a person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Eliza Barbour Sparrow as a Patient into the Crichton Royal Institution, Dumfries, and I authorize (6) her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Eliza Barbour Sparrow which accompanied the said Petition.

DATED [at Dumfries] this twenty first day of August One thousand nine hundred and eleven

(Signature) James Cairmont

To the Superintendent 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 the Patient, and if a Pauper, state so.*
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) His or her

No. 10368 Name Martin Stanley Brabant

FORM A

Date of Admission 31st August 1911

25 and 26 Vict., Cap. 54, Sect. 14.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum after the Order of the Sheriff is obtained.

Petition to the Sheriff to grant Order for the Reception of a Patient into the Crichton Royal Institution, Dumfries.

Unto the Honourable the Sheriff of Dumfries and Galloway and his Substitutes,— at Dumfries

The Petition of (1) Martin Brabant Collector of Rates 43 Roxburgh Terrace Whitley Bay Northumberland humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that (2) Martin Stanley Brabant 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 (4) Martin Stanley Brabant to the Crichton Royal Institution, Dumfries, and to sanction (5) His admission into the said Asylum.

(1) Insert Name, Designation, and Residence of the Party applying.

(2) Insert Name of Patient in full.

(3) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

(4) Insert Name of Patient in full.

(5) His or her.

*Signature of Petitioner (6) Martin Brabant

(6) To be signed by the Party applying.

Dated this (7) Thirtieth day of August One thousand nine hundred and eleven years.

(7) N.B.—The Date of the Petition must be within fourteen clear days following the dates of the Medical Certificates Nos. I. and II., and not before.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Martin Stanley Brabant
2. Sex and Age,	Male 18 Years September 22/1910
3. Married, Single, or Widowed,	Single
4. Condition of life and previous Occupation (if any),	at School until January 1910
5. Religious Persuasion, so far as known,	Wesleyan Methodist
6. Previous Place of Abode,	43 Roxburgh Terrace Whitley Bay. Northumberland
7. Place where Found and Examined,	Royal Albert Institution Lancaster
8. Length of Time Insane,	12 Months past July 19/1911
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	17 Years
11. When and Where previously under Examination and Treatment,	The Retreat York & Bootham Park York
12. Duration of Existing Attack,	12 Months past July 19-1910
13. Supposed Cause,	Had Brain Fever when 1 Month old. Was alright but (Had Second at Hull Dec 17 falls on head while
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,	Northumberland County Asylum Morpeth
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,	Martin Brabant (Father) 43 Roxburgh Terrace Whitley Bay. Northumberland
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	Mother received Shock from Visit of a Rowdy relative when boy was 1 month old after which he developed Brain Fever. and grew out of it. and was alright but defective since Leaving at Orkdale until 17 Years Old

I certify that, to the best of my knowledge, the above particulars are correctly stated.

Dated this Thirtieth day of August One thousand nine hundred and eleven years.

*Signature of Petitioner, (1) Martin Brabant

(1) *To be signed by the Party applying.*

MEDICAL CERTIFICATE.—No. I.

(1) Name of Registered Medical person.
(2) *Set forth the registered qualification entitling the person certifying to grant the Certificate, e.g.*, Member of the Royal College of Physicians in Edinburgh.
(3) Physician, Surgeon, *or otherwise, as the case may be.*
(4) *Insert the Street, and Number of the House (if any), or other like particulars.*
(5) *Insert Name of Patient in full, Designation, and Residence, and if a Pauper, state so.*
(6) *State Name of Patient in full.*
(7) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned (1) Archibald Robertson Douglas being a (2) Licentiate of the Royal College of Physicians and of the Royal College of Surgeons Edinburgh and being in actual practice as a (3) Physician do hereby certify, on soul and conscience, that I have this day at (4) the Royal Albert Institution Lancaster in the County of Lancaster separately from any other Medical Practitioner visited and personally examined (5) Martin Stanley Brabant and that the said (6) Martin Stanley Brabant is a (7) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(8) *State the Facts, e.g.*, as indicated by the Patient's appearance, demeanour, conversation, writings, actions, conduct, etc.

1. Facts indicating Insanity observed by myself (8) He is an imbecile his appearance, manner and conversation are indications of imbecility. He is quite unable to take care of himself or to manage his affairs. He is restless and excitable, dirty in habits and does not appear to understand all that is said to him

(9) *State the Information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others (9) Mr Andrew Yule Charge Attendant at the Royal Albert Institution Lancaster informs me that this patient is noisy, restless & excitable and that on several occasions he has tried to assault other patients & that he urinates himself about & often gets hold of his stool & throws it

(10) *To be signed by medical person certifying.*

Name and Medical Designation (10) Archibald R. Douglas M.B.C.M.
And Place of Abode Royal Albert Institution Lancaster

Dated this Twenty Eighth day of August One thousand nine hundred and eleven

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MEDICAL CERTIFICATE.—No. II.

(1) Name of Registered Medical person.
(2) *Set forth the registered qualification entitling the person certifying to grant the Certificate, e.g.*, Member of the Royal College of Physicians in Edinburgh.
(3) Physician, Surgeon, *or otherwise, as the case may be.*
(4) *Insert the Street, and Number of the House (if any), or other like particulars.*
(5) *Insert Name of Patient in full, Designation and Residence, and if a Pauper, state so.*
(6) *State Name of Patient in full.*
(7) Lunatic, or an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned (1) Charles William Dean being a (2) Fellow of the Royal College of Surgeons Edinburgh & Licentiate of the Royal College of Physicians Edinburgh and being in actual practice as a (3) Medical Practitioner do hereby certify, on soul and conscience, that I have this day at (4) The Royal Albert Institution Lancaster in the County of Lancaster separately from any other Medical Practitioner visited and personally examined (5) Martin Stanley Brabant and that the said (6) Martin Stanley Brabant is a (7) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz:—

(8) *State the Facts, e.g.*, as indicated by the Patient's appearance, demeanour, conversation, writings, actions, conduct, etc.

1. Facts indicating Insanity observed by myself (8) He was morose & sullen in his manner. Refused to answer questions. His general bearing & actions were a distinct suspicion of feeble mindedness.

(9) *State the Information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others (9) Charge Attendant Whitlock tells me. That he is dirty in his habits. Violent with other patients. & addicted to soiling his person.

(10) *To be signed by medical person certifying.*

Name and Medical Designation (10) Charles William Dean
And Place of Abode 20 Ludlow Square. Lancaster.

Dated this Twenty eighth day of August One thousand nine hundred and eleven

CERTIFICATE OF EMERGENCY.

N.B.—This Certificate is necessary in the event of a Patient being sent to the Institution before the Sheriff's Order is obtained, and it authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any order by the Sheriff. During this period the Sheriff's Order is obtained. When the Certificate of Emergency is employed, both parts should be filled, signed, and dated if possible on the day of removal of the Patient to the Asylum, or otherwise as near the day of removal as possible.

I, the undersigned (1)..... (1) State Name of Registered Medical Person.

being a (2)..... (2) State Registered Medical qualification.

.....

do hereby certify, on soul and conscience, that I have this day at (3)..... (3) State place of Examination.

.....in the County of.....

seen and personally examined (4)..... (4) State Name of Patient, in full, Designation, and Address.

.....

and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at Dumfries.

And I further certify that the case of the said person is one of emergency.

**Signature of Certifier* (5)..... (5) To be signed by Medical Person certifying.

Address of Certifier.....

DATED this.....day of.....One thousand nine hundred and.....

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution, Dumfries, to receive therein (1) Martin Stanley Brabant (1) State Name of Patient in full.

to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Petitioner or Applicant stands to Patient } Father

**Signature of Petitioner or Applicant* (2) Martin Brabant (2) To be signed by the Party applying.

Address of Petitioner or Applicant, 43 Roxburgh Terrace Whitley Bay. Northumberland

DATED this.....day of.....one thousand nine hundred and.....

Order to be Granted by the Sheriff for the Transmission and Reception of the Lunatic.

I William Primrose Esquire

(1) Honorary Sheriff Substitute (1) *State whether* Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.

of ~~Shire~~ Dumfries & Galloway at Dumfries (2) *State whether a* County or Stewartry.

having had produced to me, with a Petition at the instance of (3) Martin Brabant (3) *Insert Name and Designation*

(Collector of Rates) 43 Roxburgh Terrace, Whitley Bay, Northumberland,

Certificates under the hands of Archibald Robertson Douglas

and Charles William Dean, being two Medical Persons duly qualified, in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) (4) *Describe the Patient, and if a Pauper, state so.*

Martin Stanley Brabant 43 Roxburgh Terrace Whitley Bay Northumberland (Petitioner)

and that the said Martin Stanley Brabant (5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

is a (5) person of unsound mind

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Martin Stanley Brabant as a Patient into the Crichton Royal Institution, Dumfries, and I authorize (6) his Transmission to (6) His or her

the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Martin Stanley Brabant which accompanied the said Petition.

DATED [at Dumfries] this Twentieth day of August One thousand nine hundred and eleven

(Signature) Wm Primrose

To the Superintendent of the Crichton Royal Institution, Dumfries.

369 Ann Little (Wamphray)
Am: 6 September 1911.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A.]

25 and 26 Vict., Cap. 54, Section 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Unto the Honourable the[1] Sheriff *of the*[2] ~~County~~ of Dumfries & Galloway *and his Substitutes,* — at Dumfries.

The Petition of David K. Trotter.
Inspector of Poor. Wamphray.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Ann Little

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 Little Royal

~~Royal~~ Crichton's East.

to the

and to sanction her admission into the said Asylum.

(To be signed by the Party applying) David K. Trotter

Dated this sixth[4] day of September One thousand nine hundred and eleven.

STATEMENT.

If any 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 Little
2. Sex and Age, ...	Female: 67 yrs.
3. Married, Single, or Widowed, ...	Single.
4. Condition of Life, and previous Occupation (if any), ...	House Keeper.
5. Religious Persuasion, so far as known,	Presbyterian.
6. Previous Place of Abode, ...	Newton, Wamphray.
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, ...	67 yrs.
11. When and where previously under Examination and Treatment[5]	Never.
12. Duration of Existing Attack, ...	Six months.
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	Wamphray.
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, ...	John Calvert, Newton, Wamphray. Cousin.
19. Special circumstances (if any) preventing the insertion of any of the above particulars, ...	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this sixth day of September One thousand nine hundred and eleven.

(To be signed by the party applying) David K. Trotter.

P.p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *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. F. D. McMurrich M.B.
being a (1) Bachelor of Medicine & Surgery.
and being in actual practice as a (2) Physician.
do hereby certify, on soul and conscience, that I have this day, at (3) Roughlake Wamphray Dumfries-shire in the County of separately from any other Medical Practitioner visited and personally examined (4) Ann Little, Roughlake, Wamphray, a Pauper and that the said Ann Little is a (5) Person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)
States that she is always 'at the point of death' and that the heart has stopped beating and the circulation has gone out of the legs. Also that she is going to be 'taken away and dissected alive'.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
I am informed, that she states that the medicine given her was meant to poison her; and that she wanted to set the house on fire.

Name and Medical Designation, W. F. D. McMurrich M.B. C.M.B.

Place of Abode, Beechfield Johnstone Bridge

DATED this Sixth day of September. One thousand nine hundred and eleven.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, George Irving
being a (1) Doctor of Medicine & Master in Surgery
and being in actual practice as a (2) Physician & Surgeon
do hereby certify, on soul and conscience, that I have this day, at (3) Roughlake Newton Womphray Dumfries in the County of separately from any other Medical Practitioner, visited and personally examined (4) Ann Little, Roughlake, Womphray and that the said Ann Little is a (5) Person of unsound mind. and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) She talks without ceasing, has delusions that she is being murdered & that food is of no use to her. Besides her whole conduct & behaviour are irrational

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Mr. John Coultart informs me that Ann Little is very sleepless & has take constantly wanted on she vowed she'd set everything on fire.

Name and Medical Designation, George Irving M.D

Place of Abode, Lockerbie

DATED this fifth day of September One thousand nine hundred and eleven.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, W. D. D. McMurrich M.B.
being (1) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (2) Roughlake Wamphray
in the County of Dumfries-shire, seen and personally examined
Ann Little Roughlake, and that the said
person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Dumfries.
And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

W. D. D. McMurrich M.B.

DATED this 6th day of September One thousand nine hundred and eleven.

(The following should be filled up in every case in which a Certificate of Emergency is acted on).

I hereby request the Superintendent of the Crichton Royal Institution Asylum to receive therein Ann Little to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Inspector of Poor

Signature and Address, David K. Trotter, Wamphray.

Date, Sept. 6, 1911

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William Primrose Esq. (1) Honorary Sheriff Substitute, of Dumfries & Galloway, at Dumfries, having had produced to me, with a Petition at the instance of (3) David K Trotter Inspector of poor, Wamphray, Certificates under the hands of M. D. D. McMurrich, Beachfield, Johnstone Bridge, and George Irving, M.B., Lockerbie, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Little Roughlake Wamphray, and that the said Ann Little is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Annie Little Roughlake Wamphray as a patient into the (6) Public Asylum of Crichton Royal Institution and I authorize (7) her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Ann Little which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) His, or her.

DATED [at Dumfries] this the seventh day of September One thousand nine hundred and eleven years.

Wm Primrose

(8) Public, District, Parochial or Private.

To the Superintendent of the (8) Public
Asylum of Crichton Royal Institution
Dumfries.

(Signature),

Janet Smellie.
6. September 1911.

20587

[FORM B.]

25 and 26 Vict. Cap. 54, Sect. 16.

BOARD OF LUNACY
REC'D 1 SEP 1911

APPLICATION TO THE GENERAL BOARD OF LUNACY TO GRANT A TRANSFER OF A PATIENT FROM ONE ASYLUM TO ANOTHER.

I the undersigned (1) Robert Smellie being desirous to transfer Janet Smellie at present a Patient in New Sanford Hall Private Asylum and (2) detained at my instance from the said Asylum to the Bicêtre Royal Institution to submit the subjoined Statement of Particulars regarding the said patient, and a Statement with respect to the mental and bodily condition of the said patient:—

(1) Insert Christian and Surname.

(2) If Lunatic is not a Pauper, insert "detained at my instance," or "whose nearest known relative I am." If Lunatic is a Pauper, insert "a Pauper Lunatic of the Parish of which I am Inspector of Poor."

STATEMENT OF PARTICULARS.

Christian Name and Surname of Patient at length,	Janet Smellie
Sex and Age,	F. 32
Married, Single, or Widowed,	Single
Condition of Life, and Previous Occupation (if any),	Lady
Religious Persuasion, so far as known,	Protestant
Parish to which the Lunatic (if a Pauper) is Chargeable,	———
Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of relationship (if known),	Robert Smellie. (Brother) Hamilton Pl. Langham London Road

I certify that, to the best of my knowledge, the above particulars are correctly stated, and I hereby make Application for the authority of the General Board of Commissioners in Lunacy to the transfer of the patient as aforesaid.

(*Signature of Applicant*) Robert Smellie

(3) Brother

(3) State degree of Relationship, or other capacity in which Applicant stands to Patient. If Lunatic is a Pauper, insert "Inspector of Poor of the Parish of ."

DATED this 29th day of August One thousand nine hundred and 11

N.B.—The foregoing particulars, and those contained in the Statement which follows, are required for the information of the Board and of the authorities of the Asylum to which the Patient is to be transferred.

STATEMENT BY THE PRINCIPAL MEDICAL OFFICER

of the New Saughton Hall Private Asylum.

1. Name of Patient, ... Janet Smellie
2. Date of Admission, ... dec 7th 1909
3. Whether Epileptic, ... no
4. Whether Suicidal, ... at times
5. Whether Dangerous to others, . at times
6. Whether fit at present for removal to the Asylum named in the Application, . } Yes
7. Facts (if any) as to the past history of the patient bearing upon risk of suicide or danger to others, which should be kept in view by those who are to have charge of the patient, ... } Has delusions Ballanceling ... At times Suicidal ... Violent:

Batty Tuke MB
Principal Medical Officer.

Date Sept 1st 1911

SANCTION BY THE BOARD OF LUNACY.

(*Under this Sanction a Patient may be Transferred without an Order of the Sheriff.*)

The foregoing Application having been made to the Board to authorize the transfer of Janet Smellie from New Saughton Hall Private Asylum to Crichton Royal Institution, Dumfries and the Board having considered such Application and the accompanying Statements, do hereby authorize the transfer, at any time within fourteen days from the date hereof, of the said patient as requested.

Hamilton T. Marr Commissioner ~~Secretary~~

DATED at Edinburgh, this 2nd day of September One thousand nine hundred and Eleven.

Date of Sheriff's Order [*to be inserted at the Office of Board*].

10th December 1909

Georgina Jemima Elizabeth Tomasina Bell.
6 September 1911. 20591.

Enc.

[FORM B.

BOARD OF LUNACY
REC'D 4 SEP 1911

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 (1) Annie Johnstone Bell
being desirous to transfer Georgina Jemima Elizabeth Tomasina Bell
at present a Patient in New Saughton Hall Asylum and (2) detained at my instance

from the said Asylum to the Fishlin Royal Asylum

(1) Insert Christian and Surname.

(2) If Lunatic is not a Pauper, insert "detained at my instance," or "whose nearest known relative I am." If Lunatic is a Pauper, insert "a Pauper Lunatic of the Parish of which I am Inspector of Poor."

I beg to submit the subjoined Statement of Particulars regarding the said patient, and a Statement with respect to the mental and bodily condition of the said patient:—

STATEMENT OF PARTICULARS.

1. Christian Name and Surname of Patient at length, ... Georgina Jemima Elizabeth Tomasina Bell
2. Sex and Age, ... F. 38
3. Married, Single, or Widowed, . . Single
4. Condition of Life, and Previous Occupation (if any), ... none
5. Religious Persuasion, so far as known, . Protestant
6. Parish to which the Lunatic (if a Pauper) is Chargeable, ... —
7. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of relationship (if known), ... Annie Johnstone Bell (Sister) Rosemount Clynder.

I certify that, to the best of my knowledge, the above particulars are correctly stated, and I hereby make Application for the authority of the General Board of Commissioners in Lunacy to the transfer of the patient as aforesaid.

(*Signature of Applicant*) Annie Johnstone Bell

(3) Sister

(3) State degree of Relationship, or other capacity in which Applicant stands to Patient. If Lunatic is a Pauper, insert "Inspector of Poor of the Parish of ."

DATED this 2nd day of Sept One thousand nine hundred and Eleven

N.B.—The foregoing particulars, and those contained in the Statement which follows, are required for the information of the Board and of the authorities of the Asylum to which the Patient is to be transferred.

T. & A. C.—June 1909.

STATEMENT BY THE PRINCIPAL MEDICAL OFFICER

of the New Saughton Hall Asylum.

1. Name of Patient, . Georgina Jemima Elizabeth Tonasina Bell
2. Date of Admission, Dec 4th 1906.
3. Whether Epileptic, . No .
4. Whether Suicidal, . . No.
5. Whether Dangerous to others, No
6. Whether fit at present for removal to the Asylum named in the Application, . } Yes
7. Facts (if any) as to the past history of the patient bearing upon risk of suicide or danger to others, which should be kept in view by those who are to have charge of the patient, ...

Bally Lake

Principal Medical Officer.

Date Sept 2nd 1911.

SANCTION BY THE BOARD OF LUNACY.

(*Under this Sanction a Patient may be Transferred without an Order of the Sheriff.*)

The foregoing Application having been made to the Board to authorize the transfer of Georgina Jemima Elizabeth Tonasina Bell from New Saughton Hall Private Asylum to Crichton Royal Institution, Dumfries and the Board having considered such Application and the accompanying Statements, do hereby authorize the transfer, at any time within fourteen days from the date hereof, of the said patient as requested.

Hamilton C. Marr Commissioner ~~Secretary~~.

DATED at Edinburgh, this 14th day of September One thousand nine hundred and Eleven.

Date of Sheriff's Order [*to be inserted at the Office of Board*].

7th December 1906

No. 10372. Name David Crawford

Date of Admission 7th Sept 1911

FORM A.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum after the Order of the Sheriff is obtained.

25 and 26 Vict., Cap. 54, Sect. 14.

Petition to the Sheriff to grant Order for the Reception of a Patient into the Crichton Royal Institution, Dumfries.

Unto the Honourable the Sheriff of Dumfries and Galloway and his Substitutes,—

The Petition of (1) James Crawford
Rosnagalla Newbuildings Londonderry
humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that (2) David Crawford
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 (4) David Crawford to the Crichton Royal Institution, Dumfries, and to sanction (5) his admission into the said Asylum.

(1) Insert Name, Designation, and Residence of the Party applying.

(2) Insert Name of Patient in full.

(3) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

(4) Insert Name of Patient in full.

(5) His or her.

*Signature of Petitioner (6) James Crawford

(6) To be signed by the Party applying.

Dated this (7) 7th day of September One thousand nine hundred and Eleven.

(7) N.B.—The Date of the Petition must be within fourteen clear days following the dates of the Medical Certificates Nos. I. and II., and not before.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	David Crawford
2. Sex and Age,	Male Thirty eight
3. Married, Single, or Widowed,	Single
4. Condition of life and previous Occupation (if any),	Licentiate of Irish Presbyterian Church
5. Religious Persuasion, so far as known,	Irish Presbyterian
6. Previous Place of Abode,	Rosnagalla Newbuildings Londonderry
7. Place where Found and Examined,	Do. Do.
8. Length of Time Insane,	Eight days
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	Off & on since 33
11. When and Where previously under Examination and Treatment,	On one occasion was in a nervous home in Belfast Ireland
12. Duration of Existing Attack,	Eight days
13. Supposed Cause,	Nil
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,	James Crawford (Brother) Rosnagalla Newbuildings, Londonderry None
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

I certify that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 7th day of September One thousand nine hundred and Eleven.

*Signature of Petitioner, (1) James Crawford

(1) *To be signed by the Party applying.*

MEDICAL CERTIFICATE.—No. I.

(1) Name of Registered Medical person.
(2) *Set forth the registered qualification entitling the person certifying to grant the Certificate, e.g.*, Member of the Royal College of Physicians in Edinburgh.
(3) Physician, Surgeon, *or otherwise, as the case may be.*
(4) *Insert the Street, and Number of the House (if any), or other like particulars.*
(5) *Insert Name of Patient in full, Designation, and Residence, and if a Pauper, state so.*
(6) *State Name of Patient in full.*
(7) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned (1) Alfred Halsted
being a (2) M.B. C.M. B
and being in actual practice as a (3) Physician & Surgeon
do hereby certify, on soul and conscience, that I have this day at (4) Newbuildings
Londonderry in the County of
separately from any other Medical Practitioner
visited and personally examined (5) David Crawford (Londonderry Presbyterian Church)
and that the said (6) David Crawford
is a (7) 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. :—

(8) *State the Facts, e.g.*, as indicated by the Patient's appearance, demeanour, conversation, writings, actions, conduct, etc.

1. Facts indicating Insanity observed by myself (8)
Rambling statements and delusions
sleepless, excited, and restless.

(9) *State the Information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others (9)
His brother who resides with him informs me
that he is sleepless, restless, and excited and
can not be left alone

(10) *To be signed by medical person certifying.*

Name and Medical Designation (10) Alfred Halsted.
And Place of Abode, 26 Bonds Hill, Waterside, Londonderry

DATED this 6th day of September One thousand nine hundred and eleven.

MEDICAL CERTIFICATE.—No. II.

(1) Name of Registered Medical person.
(2) *Set forth the registered qualification entitling the person certifying to grant the Certificate, e.g.*, Member of the Royal College of Physicians in Edinburgh.
(3) Physician, Surgeon, *or otherwise, as the case may be.*
(4) *Insert the Street, and Number of the House (if any), or other like particulars.*
(5) *Insert Name of Patient in full, Designation and Residence, and if a Pauper, state so.*
(6) *State Name of Patient in full.*
(7) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned (1) Frederick Hugh Clarke
being a (2) Bachelor of Medicine & Master in Surgery of Glasgow University
and being in actual practice as a (3) Physician & Surgeon
do hereby certify, on soul and conscience, that I have this day at (4) The Irish Presbyterian Institution, Dumfries in the County of Dumfries
separately from any other Medical Practitioner,
visited and personally examined (5) David Crawford Licentiate of the Irish Presbyterian Church Newbuildings, Londonderry
and that the said (6) David Crawford
is a (7) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz :—

(8) *State the Facts, e.g.*, as indicated by the Patient's appearance, demeanour, conversation, writings, actions, conduct, etc.

1. Facts indicating Insanity observed by myself (8) He is excited & quite incoherent and rambling in his conversation. He fails to grasp the simplest questions, and his replies are hopelessly confused and irrelevant in their nature

(9) *State the Information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others (9)

(10) *To be signed by medical person certifying.*

Name and Medical Designation (10) Frederick Hugh Clarke, M.B.
And Place of Abode, Charlotte Street Dumfries

DATED this Seventh day of September One thousand nine hundred and eleven years.

CERTIFICATE OF EMERGENCY.

N.B.—This Certificate is necessary in the event of a Patient being sent to the Institution before the Sheriff's Order is obtained, and it authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any order by the Sheriff. During this period the Sheriff's Order is obtained. When the Certificate of Emergency is employed, both parts should be filled, signed, and dated if possible on the day of removal of the Patient to the Asylum, or otherwise as near the day of removal as possible.

I, the undersigned (1) Alfred Malseed
being a (2) M B Ch B

(1) State Name of Registered Medical Person.
(2) State Registered Medical qualification.

do hereby certify, on soul and conscience, that I have this day at (3) Newbuildings in the County of Londonderry

(3) State place of Examination.

seen and personally examined (4) David Crawford
(Elder of Irish Presbyterian Church) Newbuildings; Co Londonderry

(4) State Name of Patient, in full, Designation, and Address.

and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at Dumfries.

And I further certify that the case of the said person is one of emergency.

*Signature of Certifier (5) Alfred Malseed

(5) To be signed by Medical Person certifying.

Address of Certifier 23 Bonds Hill, Waterside, Londonderry

DATED this 6th day of September One thousand nine hundred and eleven

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(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution, Dumfries, to receive therein (1) David Crawford

(1) State Name of Patient in full.

to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Petitioner or Applicant stands to Patient, Brother

*Signature of Petitioner or Applicant (2) James Crawford

(2) To be signed by the Party applying.

Address of Petitioner or Applicant, Newbuildings Londonderry

DATED this 7th day of September one thousand nine hundred and Eleven

---

Order to be Granted by the Sheriff for the Transmission and Reception of the Lunatic.

I William Primrose Esquire
(1) Honorary Sheriff Substitute
of ~~Shire~~ Dumfries & Galloway at Dumfries

(1) *State whether* Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) *State whether a* County or Stewartry.

having had produced to me, with a Petition at the instance of (3) James Crawford Rosnagalla, Newbuildings, Londonderry

(3) *Insert Name and Designation*

Certificates under the hands of Alfred Malseed
and Frederick Hugh Clarke, being two Medical Persons duly qualified, in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) David Crawford, Rosnagalla, Newbuildings, Londonderry (Retd Brother)

(4) *Describe the Patient, and if a Pauper, state so.*

and that the said David Crawford
is a (5) Insane person, a person of unsound mind,
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said David Crawford as a Patient into the Crichton Royal Institution, Dumfries, and I authorize (6) his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said David Crawford which accompanied the said Petition.

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) His or her

DATED [at Dumfries] this eighth day of September One thousand nine hundred and eleven

(Signature) Wm Primrose

To the Superintendent of the Crichton Royal Institution, Dumfries.

R. 10. 373 Mrs Ellen Still Haddow
dw 7 Septr 1911.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of Dumfries & Galloway and his Substitutes—at Dumfries.

The Petition of Andrew Haddow

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mrs Ellen Haddow your Petitioner's (2) wife is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Mrs Ellen Haddow to the Crichton Institution and to sanction the admission into the said Asylum.

(2) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(To be signed by the Party applying) A S Haddow

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 7th (3) day of Sept One thousand nine hundred and eleven

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Ellen Still Haddow
2. Sex and Age,	Female 37 years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	at home
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Kirkconnell Terrace
7. Place where Found and Examined,	Queensberry Street Carlisle
8. Length of time Insane,	Two months
9. Whether First Attack,	Third years ago
10. Age (if known) on First Attack,	25 years
11. When and where previously under Examination and Treatment (4)	at home
12. Duration of Existing Attack,	2 months
13. Supposed Cause,	Death of brother aged 8 months, cert. pneumonia, also recent influenza and suppl. pneumonia during
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. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Wilma Still Kirkconnell Terrace sister no insanity in family
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	/

(4) If patient has been previously in an Establishment, state name and date of latest admission or application thereto. If previously under examination or treatment state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 7th day of Sept One thousand nine hundred and Eleven

(To be signed by the party applying) A S Haddow

T. & A. C.—July 1910.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Ritchie Rodger being a (1) Doctor of Medicine of the University of Glasgow and being in actual practice as a (2) Physician & Surgeon do hereby certify, on soul and conscience, that I have this day, at (3) Queensberry Cottage, Langholm in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Mrs Andrew Haddon of 20 High St. Langholm and that the said (GRH) Ellen Gibb Mrs ~~Andrew~~ Haddon is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, 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 called Jesus Judas and his Devil. Told me two nights ago that her husband was going up to Heaven before morning. Repeats incessantly that her mouth deserted Elizabeth Gone to Hell because she failed to use her influence to God on them.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Mrs Husband tells me it sometimes takes 2 persons to lie in bed. Has at times risen in night and wandered to Manse and Kirk Green.

Name and Medical Designation, T. Ritchie Rodger M.D. F.R.C.P.

Place of Abode, Crichton Hall. Langholm

DATED this Seventh day of September One thousand nine hundred and Eleven.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Wilson being a (1) Bachelor of Medicine & Master in Surgery of Glasgow University and being in actual practice as a (2) Physician & Surgeon do hereby certify, on soul and conscience, that I have this day, at (3) Queensberry Cottage Langholm in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Mrs Helen Gibb or Haddon of 20 High St Langholm and that the said Mrs Helen Gibb or Haddon is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, 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 states that she is a lost soul – that she is in a state of darkness & has lost all light – that she cannot sleep for cries of Mrs Hadden.

(7) *State the information and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Mrs husband Andrew Haddon – states that yesterday afternoon she stated that she was the 'devil' Judas & that her house was the lost house of Israel. Her brother Wm Gibb states that this morning she was raving about Calvin – that she has the devil

Name and Medical Designation, William Wilson M.B. C.M.

Place of Abode, Thornhill

DATED this Seventh day of September One thousand nine hundred and Eleven.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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 Ritchie Rodger being (1) a Doctor of Medicine of Glasgow University hereby certify, on soul and conscience, that I have this day, at (2) Langholm in the County of Dumfries, seen and personally examined Mrs (Ellen (Rae)) Haddow, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Dumfries.

(1) State medical qualification.
(2) State place of examination.

And I further certify that the case of the said person is one of Emergency.

(3) State place at which Asylum is situated.

T Ritchie Rodger M.D. F.R.C.S.E.

DATED this Seventh day of September One thousand nine hundred and eleven.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Institution Asylum to receive therein Mrs Ellen Haddow to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, husband

Signature and Address A S Haddow

Date Sept 7th 1911

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William Primrose Esquire (1) Honorary Sheriff Substitute of the (2) Dumfries & Galloway ~~of~~ at Dumfries having had produced to me, with a Petition at the instance of (3) Andrew Haddow W 20 High Street Langholm Certificates under the hands of Thomas Ritchie Rodger and Mungo Bryson being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Ellen Haddow (Pitro wife) W (~~2 Mansberry Cottage~~ 20 High Street) Langholm and that the said Mrs Ellen Haddow is a (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 Ellen Haddow as a patient into the (6) Public Asylum of Crichton Royal Institution and I authorize (7) her transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mrs Ellen Haddow which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) His, or her.

DATED [at Dumfries] this eighth day of September One thousand nine hundred and eleven

To the Superintendent of the (8) Public *Asylum of* Crichton Royal Institution Dumfries

[*Signature*] Wm Primrose

(8) Public, District, Parochial, or Private.

No. 1037 Name Mrs Eliz: Elsworth

Date of Admission 7 Septr 1911.

FORM A

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum after the Order of the Sheriff is obtained.

25 and 26 Vict., Cap. 54, Sect. 14.

Petition to the Sheriff to grant Order for the Reception of a Patient into the Crichton Royal Institution, Dumfries.

Unto the Honourable the Sheriff of Dumfries and Galloway and his Substitutes,—

The Petition of (1) William James Elsworth
1 Greencroft Avenue, Corbridge on Tyne
humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that (2) Elizabeth Elsworth your Petitioner's (3) Wife ~~Husband~~ is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said (4) Elizabeth Elsworth to the Crichton Royal Institution, Dumfries, and to sanction (5) her admission into the said Asylum.

(1) Insert Name, Designation, and Residence of the Party applying.

(2) Insert Name of Patient in full.

(3) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

(4) Insert Name of Patient in full.

(5) His or her.

*Signature of Petitioner (6) W J Elsworth

(6) To be signed by the Party applying.

Dated this (7) Seventh day of September One thousand nine hundred and Eleven

(7) N.B.—The Date of the Petition must be within fourteen clear days following the dates of the Medical Certificates Nos. I. and II., and not before.

STATEMENT.

If any 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 Elsworth
2. Sex and Age,	female, 55.
3. Married, Single, or Widowed,	married
4. Condition of life and previous Occupation (if any),	
5. Religious Persuasion, so far as known,	Congregationalist
6. Previous Place of Abode,	1 Greencroft Avenue Corbridge on Tyne
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,	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,	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,	
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify that, to the best of my knowledge, the above particulars are correctly stated.

Dated this Seventh day of September One thousand nine hundred and Eleven

*Signature of Petitioner, (1) W J Elsworth

(1) *To be signed by the Party applying.*

MEDICAL CERTIFICATE.—No. I.

(1) Name of Registered Medical person.
(2) *Set forth the registered qualification entitling the person certifying to grant the Certificate, e.g.*, Member of the Royal College of Physicians in Edinburgh.
(3) Physician, Surgeon, *or otherwise, as the case may be.*
(4) *Insert the Street, and Number of the House (if any), or other like particulars.*
(5) *Insert Name of Patient in full, Designation, and Residence, and if a Pauper, state so.*
(6) *State Name of Patient in full.*
(7) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned (1) Daniel Rob Jackson
being a (2) Bachelor of Medicine & Bachelor of Surgery
and being in actual practice as a (3) Physician & Surgeon
do hereby certify, on soul and conscience, that I have this day at (4) 1 Greencroft Avenue Corbridge in the County of Northumberland, separately from any other Medical Practitioner, visited and personally examined (5) Elizabeth Elsworth 1 Greencroft Avenue Corbridge
and that the said (6) Elizabeth Elsworth
is a (7) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(8) *State the Facts, e.g.*, as indicated by the Patient's appearance, demeanour, conversation, writings, actions, conduct, etc.

1. Facts indicating Insanity observed by myself (8)
Her appearance is that of a person of unsound mind
She is continually shouting & singing
It is quite impossible to make out what she is talking about

(9) *State the Information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others (9)
She says she has had a visit from one who has been dead sometime William James Elsworth.
She refuses to speak to her husband one says
he has turned against her
William James Elsworth

(10) *To be signed by medical person certifying.*

Name and Medical Designation (10) Daniel Rob Jackson M.B. B.
And Place of Abode, Burgh House Corbridge on Tyne

DATED this 7th day of September One thousand nine hundred and eleven

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MEDICAL CERTIFICATE.—No. II.

(1) Name of Registered Medical person.
(2) *Set forth the registered qualification entitling the person certifying to grant the Certificate, e.g.*, Member of the Royal College of Physicians in Edinburgh.
(3) Physician, Surgeon, *or otherwise, as the case may be.*
(4) *Insert the Street, and Number of the House (if any), or other like particulars.*
(5) *Insert Name of Patient in full, Designation and Residence, and if a Pauper, state so.*
(6) *State Name of Patient in full.*
(7) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned (1) George Errington Lloyd
being a (2) M.B. B.S.
and being in actual practice as a (3) Medical Practitioner
do hereby certify, on soul and conscience, that I have this day at (4) 1 Greencroft Avenue Corbridge in the County of Northumberland and separately from any other Medical Practitioner, visited and personally examined (5) Elizabeth Elsworth of 1 Greencroft Av. Corbridge
and that the said (6) Elizabeth Elsworth
is a (7) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz:—

(8) *State the Facts, e.g.*, as indicated by the Patient's appearance, demeanour, conversation, writings, actions, conduct, etc.

1. Facts indicating Insanity observed by myself (8) Patient talks incoherently & does not answer questions but wanders on to different subjects. When asked what day it was she counted five & then said "Isles of Spain". Cannot remember what she had for dinner today. Says she has seen her son Hugh recently (he being dead some years ago)

(9) *State the Information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others (9)
She says she has lately seen her sister who is in Siberia. She has also had delusions of seeing other members of the family who are absent.
Oswald Elsworth

(10) *To be signed by medical person certifying.*

Name and Medical Designation (10) G. E. Lloyd M.B. B.S.
And Place of Abode, Riversdale Corbridge on Tyne

DATED this 7th day of Sept One thousand nine hundred and eleven

CERTIFICATE OF EMERGENCY.

N.B.—This Certificate is necessary in the event of a Patient being sent to the Institution before the Sheriff's Order is obtained, and it authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any order by the Sheriff. During this period the Sheriff's Order is obtained. When the Certificate of Emergency is employed, both parts should be filled, signed, and dated if possible on the day of removal of the Patient to the Asylum, or otherwise as near the day of removal as possible.

I, the undersigned (1) Daniel Noel Jackson ..... (1) State Name of Registered Medical Person.

being a (2) Bachelor of Medicine Doctor Surgery ..... (2) State Registered Medical qualification.

.....

do hereby certify, on soul and conscience, that I have this day at (3) 1 Greencroft ..... (3) State place of Examination.

Avenue Cambridge in the County of Northumberland.

seen and personally examined (4) Elizabeth Elsworth ..... (4) State Name of Patient, in full, Designation, and Address.

..... 1 Greencroft Avenue Cambridge

and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at Dumfries.

And I further certify that the case of the said person is one of emergency.

Signature of Certifier (5) D Noel Jackson ..... (5) To be signed by Medical Person certifying.

Address of Certifier Bridge House Cambridge on Tyne

DATED this 7th day of September One thousand nine hundred and eleven.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution, Dumfries, to receive therein (1) Elizabeth Elsworth ..... (1) State Name of Patient in full.

to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Petitioner or Applicant stands to Patient, Husband

Signature of Petitioner or Applicant (2) W. Elsworth ..... (2) To be signed by the Party applying.

Address of Petitioner or Applicant, 1 Greencroft Av. Cambridge on Tyne

DATED this 7th day of Sept. one thousand nine hundred and 11.

Order to be Granted by the Sheriff for the Transmission and Reception of the Lunatic.

I ~~Hugh~~ William Primrose Esquire

(1) Honorary Sheriff Substitute ..... (1) *State whether* Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.

of ~~the~~ Dumfries & Galloway at Dumfries (2) *State whether a County or Stewartry.*

having had produced to me, with a Petition at the instance of (3) William James Elsworth 1 Greencroft Avenue, Cambridge on Tyne (3) *Insert Name and Designation.*

Certificates under the hands of Daniel Noel Jackson

and George Errington Lloyd, being two Medical Persons duly qualified, in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Elsworth 1 Greencroft Avenue, Cambridge on Tyne (Petitioner) (4) *Describe the Patient, and if a child state so.*

and that the said Elizabeth Elsworth

is a (5) person of unsound mind ..... (5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Elizabeth Elsworth as a Patient into the Crichton Royal Institution, Dumfries, and I authorize (6) her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Elizabeth Elsworth which accompanied the said Petition. (6) His or her

DATED [at Dumfries] this eighth day of September One thousand nine hundred and eleven.

(Signature) Wm Primrose

To the Superintendent of the Crichton Royal Institution, Dumfries.

10375 Robert Kirkpatrick (Dumfries)
Adm: 9 Septr 1911.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 Henry B. Reid, Inspector of Poor, Parish of Dumfries,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Robert Kirkpatrick,

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (3) pauper, is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Robert Kirkpatrick to the Brichton Royal Asylum and to sanction his admission into the said Asylum.

(*To be signed by the Party applying*) Henry B Reid.

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Eleventh (4) day of September One thousand nine hundred and Eleven 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,	Robt Kirkpatrick
2. Sex and Age,	19 yrs Male
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	App. Butcher
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	50 High St. Dfs
7. Place where Found and Examined,	Burgh Police Office
8. Length of time Insane,	a short time
9. Whether First Attack,	-
10. Age (if known) on First Attack,	
11. When and where previously under Examination and Treatment (5)	Nowhere
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. Christian Name and Surname, and Place of Abode of nearest known 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 Kirkpatrick Rly Employee residing at 50 High St. Dfs. Father
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

(5) If patient has previously in an Asylum, state the date of latest admission or approval thereto. If previously under examination or treatment, state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Ninth day of September One thousand nine hundred and Eleven Years

(*To be signed by the party applying*) Henry B Reid.

T & A. C.—February 1911.

MEDICAL CERTIFICATE. No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

I, the undersigned, Peter Thomas Murray Leon
being a (1) Bachelor of Medicine and Master in Surgery in the University of Edinburgh
and being in actual practice as a (2) General Practitioner
do hereby certify, on soul and conscience, that I have this day, at (3) Bruce Police Office Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Robert Kirkpatrick, fowler, 50 High Street Dumfries and that the said Robert Kirkpatrick is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
He is stupid & confused. only gives answers when asked a simple question. He is maniacal. throws himself into cataleptic postures.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Mr. Black (Chief Constable) informs me that he jumped into a train at Dumfries Station without a ticket & could give no account of himself.

Name and Medical Designation, Peter Thomas Murray Leon M.B.

Place of Abode, 20 Castle Street Dumfries

DATED this tenth day of September One thousand nine hundred and eleven years.

MEDICAL CERTIFICATE. No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

I, the undersigned, Frederick Hugh Clarke
being a (1) Bachelor of Medicine & Master in Surgery of Glasgow University
and being in actual practice as a (2) Physician & Surgeon
do hereby certify, on soul and conscience, that I have this day, at (3) The Prison Institution Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Robert Kirkpatrick Apprentice Butcher. 50 High Street. Dumfries Pauper and that the said Robert Kirkpatrick is a (5) Person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He lies in bed making grimaces. and will answer no questions further than by shaking his head. or giving a nod. His whole bearing and aspect is imbecilic.

(7) *State the information and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, Fred. Hugh Clarke M.B.

Place of Abode, Charlotte Street Dumfries

DATED this tenth day of September One thousand nine hundred and eleven years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Peter Murray Kerr being (1) Registered Medicine Dumfries hereby certify, on soul and conscience, that I have this day, at (2) Police Office in the County of Dumfries, seen and personally examined Robert Kirkpatrick, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Dumfries

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

And I further certify that the case of the said person is one of Emergency.

Peter Murray Kerr

DATED this ninth day of September One thousand nine hundred and eleventh years

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Asylum to receive therein H.B.M. ~~Robert~~ Kirkpatrick to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Supt of Poor

Signature and Address Henry B Reid Dumfries

Date 9th Sept 1911.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William Primrose, Esquire (1) Honorary Sheriff Substitute of ~~the~~ (1) Dumfries & Galloway at Dumfries having had produced to me, with a Petition at the instance of (2) Henry B. Reid, Inspector of Poor, Parish of Dumfries. Certificates under the hands of Peter Murray Kerr and Frederick Hugh Clarke being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Robert Kirkpatrick, apprentice Butcher, 50 High Street, Dumfries, (Pauper) and that the said Robert Kirkpatrick is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Robert Kirkpatrick as a patient into the (6) Public Asylum of Crichton Royal Institution and I authorize (7) his transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Robert Kirkpatrick which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) His, or her.

DATED [at Dumfries] this eleventh day of September One thousand nine hundred and eleven.

To the Superintendent of the (8) Public *Asylum of* Crichton Royal Institution Dumfries.

(8) Public, District, Parochial, or Private.

[Signature] Wm Primrose

0 76 Albert Albrecht 20609
dim. 23 Sept. 1911.

[FORM B]

25 and 26 Vict. Cap. 54, Sect. 16.

BOARD OF LUNACY
REC^D 19 SEP 1911

APPLICATION TO THE GENERAL BOARD OF LUNACY TO GRANT A TRANSFER OF A PATIENT FROM ONE ASYLUM TO ANOTHER.

I the undersigned (1) Robert Lawson Crabb
being desirous to transfer Albert Albrecht
at present a Patient in The Aberdeen Royal Asylum and (2)
obtained at my instance from the said Asylum to the
Crichton Royal Institution, Dumfries
be to submit the subjoined Statement of Particulars regarding the said patient, and a Statement with respect to the mental and bodily condition of the said patient:—

(1) Insert Christian and Surname.

(2) If Lunatic is not a Pauper, insert "detained at my instance," or "whose nearest known relative I am." If Lunatic is a Pauper, insert "a Pauper Lunatic of the Parish of which I am Inspector of Poor."

STATEMENT OF PARTICULARS.

1. Christian Name and Surname of Patient at length,	Albert Albrecht
2. Sex and Age,	Male. 74
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. Parish to which the Lunatic (if a Pauper) is Chargeable,	
7. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of relationship (if known),	Charles J. Albrecht. Engineer. 65 Ashburnham Road. Bedford Brother

I certify that, to the best of my knowledge, the above particulars are correctly stated, and I hereby make Application for the authority of the General Board of Commissioners in Lunacy to the transfer of the patient as aforesaid.

(*Signature of Applicant*) R L Crabb.

(3) Curator Bonis

(3) State degree of Relationship, or other capacity in which Applicant stands to Patient. If Lunatic is a Pauper, insert "Inspector of Poor of the Parish of ."

DATED this 13th day of September One thousand nine hundred and eleven

N.B.—The foregoing particulars, and those contained in the Statement which follows, are required for the information of the Board and of the authorities of the Asylum to which the Patient is to be transferred.

T. & A. C.—June 1909.

STATEMENT BY THE PRINCIPAL MEDICAL OFFICER

of the Aberdeen Royal Asylum.

1. Name of Patient, . . . Albert Albrecht
2. Date of Admission, . . June 24th 1910
3. Whether Epileptic, . . No
4. Whether Suicidal, . . No
5. Whether Dangerous to others, . No
6. Whether fit at present for removal to the Asylum named in the Application, . } Yes.
7. Facts (if any) as to the past history of the patient bearing upon risk of suicide or danger to others, which should be kept in view by those who are to have charge of the patient, . . . } There are none

Jno. Reid M.D.
Principal Medical Officer.

Date 16th September 1911

SANCTION BY THE BOARD OF LUNACY.

(*Under this Sanction a Patient may be Transferred without an Order of the Sheriff.*)

The foregoing Application having been made to the Board to authorize the transfer of Albert Albrecht
from Aberdeen Royal Asylum
to Crichton Royal Institution, Dumfries.
and the Board having considered such Application and the accompanying Statements, do hereby authorize the transfer, at any time within fourteen days from the date hereof, of the said patient as requested.

Hamilton C. Marr Commissioner
Secretary.

DATED at Edinburgh, this 19th day of September One thousand nine hundred and Eleven

Date of Sheriff's Order [*to be inserted at the Office of Board*].

19th March 1889.

No. 10:377. Name Elizabeth Fulton Paton.

Date of Admission 30th Sept: 1911.

FORM A

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum after the Order of the Sheriff is obtained.

25 and 26 Vict., Cap. 54, Sect. 14.

Petition to the Sheriff to grant Order for the Reception of a Patient into the Crichton Royal Institution, Dumfries.

To the Honourable the Sheriff of Dumfries and Galloway and his Substitutes,—At Dumfries.

The Petition of (1) Wm Paton, Dowen, Redbourn, Dongla Road, Ayr

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that (2) Elizabeth Fulton Paton

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 authorise the transmission of the said (4) Elizabeth Fulton Paton to the Crichton Royal Institution, Dumfries, and to sanction (5) her admission into the said Asylum.

(1) Insert Name, Designation, and Residence of the Party applying.

(2) Insert Name of Patient in full.

(3) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

(4) Insert Name of Patient in full.

(5) His or her.

*Signature of Petitioner (6) William Paton

(6) To be signed by the Party applying.

Dated this (7) 30th day of September One thousand nine hundred and 11.

(7) N.B.—The Date of the Petition must be within fourteen clear days following the dates of the Medical Certificates Nos. I. and II., and not before.

STATEMENT.

If any 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 Fulton Paton
2. Sex and Age,	40
3. Married, Single, or Widowed,	Single
4. Condition of life and previous Occupation (if any),	Staying at home
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Redbourn, Ayr.
7. Place where Found and Examined,	Redbourn Dongla Road, Ayr.
8. Length of Time Insane,	About six months
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	40
11. When and Where previously under Examination and Treatment,	—
12. Duration of Existing Attack,	Since autumn 1910
13. Supposed Cause,	Possibly worrying but a little unknown
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	Fears of suicide
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,	Wm Paton Redbourn Dongla Road Ayr — Father — None
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 30th day of September One thousand nine hundred and eleven

*Signature of Petitioner, (1) William Paton

(1) *To be signed by the Party applying.*

MEDICAL CERTIFICATE.—No. I.

(1) Name of Registered Medical person.
(2) *Set forth the registered qualification entitling the person certifying to grant the Certificate, e.g.*, Member of the Royal College of Physicians in Edinburgh.
(3) Physician, Surgeon, *or otherwise, as the case may be.*
(4) *Insert the Street, and Number of the House (if any), or other like particulars.*
(5) *Insert Name of Patient in full, Designation, and Residence, and if a Pauper, state so.*
(6) *State Name of Patient in full.*
(7) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned (1) George McKessar
being a (2) M.B. C.M. of Glasgow University
and being in actual practice as a (3) Physician
do hereby certify, on soul and conscience, that I have this day at (4) Redburn, 13 Douglas Road, Ayr in the County of Ayr separately from any other Medical Practitioner visited and personally examined (5) Elizabeth Fullerton Paton Redburn, 13 Douglas Road Ayr
and that the said (6) Elizabeth Fullerton Paton
is a (7) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(8) *State the Facts, e.g.*, as indicated by the Patient's appearance, demeanour, conversation, writings, actions, conduct, etc.

1. Facts indicating Insanity observed by myself (8) She states that persons are constantly speaking about her & letting her down. She appears much depressed, admits a desire to commit suicide & her character is completely changed.

(9) *State the Information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others (9) Her mother makes the same statements as above.

(10) *To be signed by medical person certifying.*

Name and Medical Designation (10) Geo McKessar
And Place of Abode, Barnton Ayr

DATED this 29th day of September One thousand nine hundred and eleven

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MEDICAL CERTIFICATE.—No. II.

(1) Name of Registered Medical person.
(2) *Set forth the registered qualification entitling the person certifying to grant the Certificate, e.g.*, Member of the Royal College of Physicians in Edinburgh.
(3) Physician, Surgeon, *or otherwise, as the case may be.*
(4) *Insert the Street, and Number of the House (if any), or other like particulars.*
(5) *Insert Name of Patient in full, Designation and Residence, and if a Pauper, state so.*
(6) *State Name of Patient in full.*
(7) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned (1) Peter Murray Keir
being a (2) Bachelor of Medicine, Master in Surgery of the University of Edinburgh
and being in actual practice as a (3) General Practitioner
do hereby certify, on soul and conscience, that I have this day at (4) Clydesdale Royal Infirmary (Ward) Lanark in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (5) Elizabeth Fullerton Paton Lanark Redburn 13 Douglas Road Ayr
and that the said (6) Elizabeth Fullerton Paton
is a (7) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz :—

(8) *State the Facts, e.g.*, as indicated by the Patient's appearance, demeanour, conversation, writings, actions, conduct, etc.

1. Facts indicating Insanity observed by myself (8) She is very suspicious thinks that every one is against her family. She laughs strangely keeps muttering & refuses to tell me anything she must tell me at once immediately. Has many delusions

(9) *State the Information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others (9)

(10) *To be signed by medical person certifying.*

Name and Medical Designation (10) Peter Murray Keir M.B.
And Place of Abode, Lanark Royal Infirmary

DATED this 30th day of Sept. One thousand nine hundred and eleven

CERTIFICATE OF EMERGENCY.

N.B.—This Certificate is necessary in the event of a Patient being sent to the Institution before the Sheriff's Order is obtained, and it authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any order by the Sheriff. During this period the Sheriff's Order is obtained. When the Certificate of Emergency is employed, both parts should be filled, signed, and dated if possible on the day of removal of the Patient to the Asylum, or otherwise as near the day of removal as possible.

I, the undersigned (Physician) Geo. McKerrow
being a (2) (Physician) - M.B.C.M. -
do hereby certify, in soul and conscience, that I have this day at (3) Redburn 13 Dongola Road Ayr in the County of Ayr
seen and personally examined (4) Elizabeth Fulton Paton, spinster, Redburn, 13 Dongola Road Ayr
and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at Dumfries.

And I further certify that the case of the said person is one of emergency.

(1) State Name of Registered Medical Person.
(2) State Registered Medical qualification.
(3) State place of Examination.
(4) State Name of Patient, in full, Designation, and Address.

*Signature of Certifier (5) George McKerrow
Address of Certifier 7 Balmoch Ayr

(5) To be signed by Medical Person certifying.

DATED this 29th day of September One thousand nine hundred and eleven.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution, Dumfries, to receive therein (1) Elizabeth Fulton Paton to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Petitioner or Applicant stands to Patient, Father

*Signature of Petitioner or Applicant (2) William Paton
Address of Petitioner or Applicant, Dongola Road Ayr

(1) State Name of Patient in full.
(2) To be signed by the Party applying.

DATED this 29th day of September one thousand nine hundred and eleven.

Order to be Granted by the Sheriff for the Transmission and Reception of the Lunatic.

I George Campion Esquire
(1) Sheriff Substitute
of the ~~(2)~~ Dumfries & Galloway at Dumfries
having had produced to me, with a Petition at the instance of (3) William Paton Fulton Dongola Road, Ayr, ~~Father~~
Certificates under the hands of George McKerrow
and Peter Murray Kerr, being two Medical Persons duly qualified, in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Elizabeth Fulton, Paton, Dongola Road Ayr (wife of Peter daughter)
and that the said Elizabeth Fulton Paton
is a (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 Fulton Paton as a Patient into the Crichton Royal Institution, Dumfries, and I authorize (6) her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Elizabeth Fulton Paton which accompanied the said Petition.

(1) *State whether* Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) *State whether a* County or Stewartry.
(3) *Insert Name and Designation*
(4) *Describe the Patient, and if a Pauper, state so.*
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) His or her

DATED [at Dumfries] this Second day of October One thousand nine hundred and eleven. Answer deleted.

(Signature) Geo: Campion

To the Superintendent of the Crichton Royal Institution, Dumfries.

No. 10.378 William Scott. (Troqueer)
Adm: 2 October 1911.

N.B.—This FORM shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

25 and 26 Vict., Cap. 54, Section 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) Dumfries and Galloway and his Substitutes, ~~of Dumfries~~.

The Petition of Robert McCourtie, Inspector of Poor, for the Parish of Troqueer, in the Stewartry of Kirkcudbright humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that William 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 William Scott, 21 King Street Maxwelltown to the Crichton Royal Asylum at Dumfries and to sanction his admission into the said Asylum.

(To be signed by the Party applying) Robert McCourtie

DATED this Second (4) day of October One thousand nine hundred and eleven 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 Scott.
2. Sex and Age, ...	Male - 55 years.
3. Married, Single, or Widowed, ...	Married.
4. Condition of Life and previous Occupation (if any), ...	Stonebreaker.
5. Religious Persuasion, so far as known,	Protestant.
6. Previous Place of Abode, ...	21. King Street, Maxwelltown
7. Place where Found and Examined, ...	21 King St^t + 1 stone Place, Maxwelltown
8. Length of time Insane, ...	Not known.
9. Whether First Attack, ...	No.
10. Age (if known) on First Attack, ...	52 Years.
11. When and where previously under Examination and Treatment,(5)	Crichton Royal Asylum, Dumfries from 14th Febry. 11 to 13 June, 1911
12. Duration of Existing Attack, ...	Not known
13. Supposed Cause, ...	Not known
14. Whether subject to Epilepsy, ...	No.
15. Whether Suicidal, ...	Threatens to be so.
16. Whether dangerous to others, ...	Yes.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, ...	Troqueer Parish
18. Christian Name and Surname, and Place of Abode of nearest known relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been insane.	wife, Annie Scott, 21. King Street, Maxwelltown. No.
19. Special Circumstances (if any) preventing the insertion of any of the above particulars, ...	None

I certify that to the best of my knowledge, the above particulars are correctly stated.

DATED this Second day of October. One thousand nine hundred and eleven Years

(To be signed by the party applying) Robert McCourtie, P.p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic or an insane person, 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 Maxwell Murray being a[1] Graduate of the University of Edinburgh and being in actual practice as a[2] Physician do hereby certify, on soul and conscience, that I have this day, at[3] Police Office, Terregles Street, Maxwelltown in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined[4] William Scott. 21. King Street Maxwelltown, a pauper the said William 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]
will not answer questions put to him, except by a volley of oaths. States that I attempted to poison him when I failed in that I tortured him. Conversation at times coarse and obscene.

2. Other facts (if any) indicating Insanity communicated to me by others :[7]
Police Constable Muir informs me that he threatened to shoot the Provost.

Name and Medical Designation, P M Murray M D

Place of Abode Castle Street

DATED this second day of October One thousand nine hundred and eleven years.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, John Dewar Robson being a[1] Graduate of Edinburgh University and being in actual practice as a[2] Physician do hereby certify on soul and conscience, that I have this day, at[3] 1 Hope Place, Maxwelltown, Dumfries in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined[4] William Scott pauper 21 King St. Maxwelltown. the said William Scott, pauper is a[5] person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds viz. :—

1. Facts indicating Insanity observed by myself :[6] He is illnatured to commit suicide: is rambling in his statements: Has the delusion that he is suffering from venereal disease and syphilis. is outrageous in his behaviour and demeanour in his manner.

2. Other facts (if any) indicating Insanity communicated to me by others :[7]
He has been in the asylum before as a patient & was discharged recovered. Information from Police Office Maxwelltown.

Name and Medical Designation. John Dewar Robson M

Place of Abode 1 Hope Place Maxwelltown

DATED this second day of October One thousand nine hundred and Eleven

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned John Dewar Robson being (1) a Graduate in Medicine of Edinburgh University hereby certify on soul and conscience, that I have this day at (2) Hope Place, Maxwelltown in the County of Kirkcudbright, seen and personally examined William Scott Panther, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Dumfries

(1) State medical qualifications.
(2) State place of examination.
(3) State place at which Asylum is situated.

And I further certify that the case of the said person is one of Emergency.

John Dewar Robson MB CM

DATED this Second day of October One thousand nine hundred and Eleven

(The following should be filled up in every case in which a Certificate of Emergency is acted on.

I hereby request the Superintendent of the Crichton Royal Asylum and to receive therein William Scott, 21. King Street, Maxwelltown to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient. Inspector of Poor, Troqueer.

Signature and Address, Robt. McCourtie.

Date, 2nd October. 1911.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, George Campion Esquire (1) Sheriff Substitute of the (2) Dumfries & Galloway at Dumfries having had produced to me, with a Petition at the instance of (3) Robert M'Courtie, Inspector of Poor Troqueer Certificates under the hands of Patrick Maxwell Murray and John Dewar Robson being two Medical Persons duly qualified in terms of an Act intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) William Scott 21 King Street Maxwelltown (pauper) and that the said William 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 William Scott (6) as a patient into the (6) Public Asylum of Crichton Royal, Dumfries and I authorize (7) his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said William Scott which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial or Private.
(7) His, or her.

DATED [at Dumfries] this Fourth day of October One thousand nine hundred and eleven

To the Superintendent of the (8) Public *Asylum of* Crichton Royal, Institution Dumfries.

(8) Public, District, Parochial, or Private.

(Signature) Geo: Campion

No 10-379. Annie Paterson (Duck)
Adm: 3 October 1911.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) Sheriffdom of Dumfries & Galloway and his Substitutes,— at Dumfries

The Petition of James Milroy Shaw Inspector of Poor, Parish of Tuck

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Annie Paterson, c/o Miss McNeil, Cairnryan,

(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 Annie Paterson to the Crichton Royal Institution and to sanction her admission into the said Asylum.

(*To be signed by the Party applying*) James McShaw

(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 October One thousand nine hundred and Eleven

STATEMENT.

If any 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 Paterson
2. Sex and Age,	Female 36
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,	Cairnryan prior Perth
7. Place where Found and Examined,	Cairnryan
8. Length of time Insane,	short time
9. Whether First Attack,	so far as known
10. Age (if known) on First Attack,	—
11. When and where previously under Examination and Treatment (5)	—
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,	no
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Tuck Parish Council
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Muriel Paterson niece 18 years of age c/o Smith 36 High St Ercol.
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	—

(5) If patient has previously in an Establishment, state the date of latest admission or approximate thereto. If previously under Examination or Treatment state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Second day of October One thousand nine hundred and Eleven

(*To be signed by the party applying*) James McShaw

P p.

T. & A. C.—Feby. 1901.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Blyth Physician Bachelor of Medicine Glasgow University being a (1) and being in actual practice as a (2) Physician & Surgeon do hereby certify, on soul and conscience, that I have this day, at (3) the Poor House Cairn-Ryan Wigtown in the County of separately from any other Medical Practitioner, visited and personally examined (4) Annie Paterson an Inmate of said Poor House and that the said Annie 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 is very excitable in her manner She is voluble & continually talking singing & dancing. She has grandiose ideas She has delusions about men coming to Glasgow to give her motor drives &c

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Mrs Mc Neil the postmistress informs me confidingly that she is about very strong & that she sat on the table & sang That she is excitable & cannot be left

Name and Medical Designation, Andrew Blyth

Place of Abode, 75 George St Stranraer

DATED this 2nd day of October One thousand nine hundred and eleven.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, David Duke Momo being a (1) Bachelor of Medicine & Master of Surgery of Aberdeen University and being in actual practice as a (2) General Practitioner do hereby certify, on soul and conscience, that I have this day, at (3) Cairnryan Wigtown in the County of separately from any other Medical Practitioner, visited and personally examined (4) Annie Paterson (Poor House) and that the said Annie 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 is in a very excited condition: dancing & singing in an erratic way: She has an excited appearance & talks ~~[illegible]~~ too much love to men &c

(7) *State the information and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Mrs Mc Harris Cairnryan, informs me She has been singing & dancing & quite incoherent in her speech &c

Name and Medical Designation, A. Duke Momo M.B.

Place of Abode, Stranraer

DATED this 2nd day of October One thousand nine hundred and eleven.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, being (1) Andrew Cluckie Bachelor of Medicine Glasgow hereby certify, on soul and conscience, that I have this day, at (2) Consultry in the County of Wigtown, seen and personally examined Annie Paterson, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Dumfries

And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

Andrew Cluckie M.B.

DATED this 2nd day of October One thousand nine hundred and eleven.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution or Asylum to receive therein Annie Paterson to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, James McShaw, Inspector of Poor

Signature and Address James McShaw.

Date 2nd October 1911

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Geo Canpion Esq — (1) Sheriff Substitute of Dumfries and Galloway, at Dumfries, having had produced to me, with a Petition at the instance of (2) James McIlroy Shaw Inspector of Poor Parish Wigtownshire Certificates under the hands of Andrew Cluckie M.B — and David Duke Monro M.B C.M being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Annie Paterson (Pauper) and that the said Annie Paterson c/o Miss McNeil, Cairnryan, Stranraer, Wigtownshire — is a (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 Paterson — 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 Annie Paterson which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.

DATED [at Dumfries —] this Fourth — day of October One thousand nine hundred and eleven.

To the Superintendent of the (7) Public *Asylum of* Crichton Royal Institution Dumfries

[*Signature*] Geo. Canpion

(7) Public, District, Parochial, or Private.



No 10·380 Jane Milligan. (Sorbie)
Date: 3 October 1911.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A.]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Sheriffdom of Dumfries & Galloway *and his Substitutes.*—

The Petition of John Ingland Inspector of Poor of the Parish of Sorbie and residing at Garlieston

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Jane Milligan Domestic Servant residing

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

~~your Petitioner's~~ (3) at Garlieston a pauper chargeable to Sorbie Parish is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Jane Milligan to the Crichton Royal Institution Dumfries and to sanction her admission into the said Asylum.

(*To be signed by the Party applying*) John Ingland
Inspector of Poor of Sorbie

(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 October One thousand nine hundred and eleven

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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 Milligan
2. Sex and Age,	Female 38
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	formerly Domestic Servant but for a number of years living with her father
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Been living in Garlieston for 4 years
7. Place where Found and Examined,	Garlieston
8. Length of time Insane,	Three months
9. Whether first Attack,	yes
10. Age (if known) on first Attack,	38
11. When and where previously under Examination and Treatment (5)	not under previous treatment
12. Duration of existing Attack,	Three months
13. Supposed Cause,	Hereditary
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	doubtful
16. Whether Dangerous to others,	no
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Sorbie Parish.
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	James Milligan Garlieston Father. Army Pensioner. no
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	

(5) If patient has previously been an Asylum Patient, state the date of latest Admission or approximate thereto. If previously under Examination or Treatment state fact.

I certify that, to the best of my knowledge, the above particulars are correctly stated.

Dated this second day of October One thousand nine hundred and eleven

(*To be signed by the Party applying*) John Ingland

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, or an idiot, *or* a person of unsound mind.

I, the undersigned, Gilbert Aitken Welch being a (1) Doctor of Medicine of Edinburgh & Univ
and being in actual practice as a (2) Physician
do hereby certify, on soul and conscience, that I have this day, at (3) Earlsto
in the County o
separately from any other Medical Practitioner
visited and personally examined (4) Jane Milligan
domestic servant. Pauper and tha
the said Jane Milligan 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)

Her insane expression, she has
hallucinations of sight and hearing
also delusions that the neighbours are
persecuting her. She refuses to take food
and is unduly reserved in her person, she

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Her father James Milligan told me she is
shouting & swearing at some imaginary
voices this morning & for some hours
was unmanageable

Name and Medical Designation, Gilbert A. Welch M.

Place of Abode, 7a Crescent. Earlston

DATED this thirtieth day of September One thousand nine hundred and eleven

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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 Fleming Smith
being a (1) Bachelor of Medicine & Master in Surgery of
Edinburgh University & Physician
and being in actual practice as a (2)
do hereby certify, on soul and conscience, that I have this day, at (3) Earlestown
in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) Jane Milligan, domestic
servant and that
the said Jane Milligan is a (5) person of
unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She has a
distressed look, says that voices speak to
her which make her shout & swear, refu-
ses taking food.

(7) *State the information and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Her father James Milligan tells me that
she has always been weak minded & that for
three days she has refused food &

Name and Medical Designation, James F. Smith M.B.

Place of Abode, Winstown

DATED this thirtieth day of September One thousand nine hundred and eleven

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3)

And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

DATED this day of One thousand nine hundred and

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the
Asylum to receive therein
to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, _____

Signature and Address _____

Date _____

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Ebenezer Shaw (1) Sheriff Substitute
of the (2) County of Wigtown
having had produced to me, with a Petition at the instance of (3) John Kingland Inspector of Poor of the Parish of Sorbie and residing at Garlieston
Certificates under the hands of Gilbert Aitken Welsh
and James Fleming Smith being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
Jane Milligan domestic servant residing at Garlieston and that the said
Jane 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 Jane Milligan as a patient into the (6) Dumfries Royal ~~Asylum of~~ Institution and I authorize (7) Her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Jane Milligan which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) His, or her.

DATED [at Wigtown] this second day of October
One thousand nine hundred and eleven.

To the Superintendent of the (6) Dumfries
Royal *Asylum of* Dumfries

(6) Public, District, Parochial, or Private.

[*Signature*] Eben Shaw

EXC.

No. 10381 Name William Francis Waland.

Date of Admission 11th October 1911.

25 and 26 Vict., Cap. 54, Sect. 14.

FORM A

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum after the Order of the Sheriff is obtained.

Petition to the Sheriff to grant Order for the Reception of a Patient into the Crichton Royal Institution, Dumfries.

Unto the Honourable the Sheriff of Dumfries and Galloway and his Substitutes,—at Dumfries

The Petition of (1) John James Waland 86 Brooms Road Dumfries

(1) Insert Name, Designation, and Residence of the Party applying.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that (2) William Francis Waland

(2) Insert Name of Patient in full.

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.

(3) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

May it therefore please your Lordship to authorize the transmission of the said (4) William Francis Waland to the Crichton Royal Institution, Dumfries, and to sanction (5) his admission into the said Asylum.

(4) Insert Name of Patient in full.

(5) His or her.

*Signature of Petitioner (6) John James Waland

(6) To be signed by the Party applying.

Dated this (7) Eleventh day of October One thousand nine hundred and eleven years.

(7) N.B.—The Date of the Petition must be within fourteen clear days following the dates of the Medical Certificates Nos. I. and II., and not before.

STATEMENT.

If any 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 Francis Waland
2. Sex and Age,	Male age 28
3. Married, Single, or Widowed,	
4. Condition of life and previous Occupation (if any),	Clerk
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	London
7. Place where Found and Examined,	86 Brooms Road Dumfries
8. Length of Time Insane,	Five years
9. Whether First Attack,	
10. Age (if known) on First Attack,	
11. When and Where previously under Examination and Treatment,	Crichton Royal Institution Dumfries
12. Duration of Existing Attack,	
13. Supposed Cause,	
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to Others,	no
17. Parish or Union to which the Lunatic (if a Pauper) is chargeable,	
18. Christian Name and Surname and Place of Abode of Nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been insane,	Father 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.

Dated this 11th day of October 1911 One thousand nine hundred and eleven years.

*Signature of Petitioner, (1) John James Waland (1) *To be signed by the Party applying.*

MEDICAL CERTIFICATE.—No. I.

(1) Name of Registered Medical person.
(2) *Set forth the registered qualification entitling the person certifying to grant the Certificate, e.g.*, Member of the Royal College of Physicians in Edinburgh.
(3) Physician, Surgeon, *or otherwise, as the case may be.*
(4) *Insert the Street, and Number of the House (if any), or other like particulars.*
(5) *Insert Name of Patient in full, Designation, and Residence, and if a Pauper, state so.*
(6) *State Name of Patient in full.*
(7) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned (1) Joseph Hunter
being a (2) Bachelor of Medicine and Surgery University of Edinburgh
and being in actual practice as a (3) General Practitioner
do hereby certify, on soul and conscience, that I have this day at (4) The Crichton Royal Institution in the County Dumfries separately from any other Medical Practitioner visited and personally examined (5) William Francis Waland 7.8.6 Broomie Road Dumfries
and that the said (6) William Francis Waland is a (7) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(8) *State the Facts, e.g.*, as indicated by the Patient's appearance, demeanour, conversation, writings, actions, conduct, etc.

1. Facts indicating Insanity observed by myself (8) His appearance is indicative of feebleness of mind. He is weak and facile and shakes as he cannot face the outside world and feels in a State of Collapse. He is not at present mentally fit for the Stress of ordinary life

(9) *State the Information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others (9)

(10) *To be signed by medical person certifying.*

Name and Medical Designation (10) Joseph Hunter MB ChB (Edin)
And Place of Abode, 31 Castle St

DATED this tenth day of October One thousand nine hundred and eleven

---

MEDICAL CERTIFICATE.—No. II.

(1) Name of Registered Medical person.
(2) *Set forth the registered qualification entitling the person certifying to grant the Certificate, e.g.*, Member of the Royal College of Physicians in Edinburgh.
(3) Physician, Surgeon, *or otherwise, as the case may be.*
(4) *Insert the Street, and Number of the House (if any), or other like particulars.*
(5) *Insert Name of Patient in full, Designation and Residence, and if a Pauper, state so.*
(6) *State Name of Patient in full.*
(7) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned (1) Thomas Jupraw
being a (2) Bachelor of Medicine of Edinburgh University
and being in actual practice as a (3) General practitioner
do hereby certify, on soul and conscience, that I have this day at (4) The Crichton Royal Institution Dumfries in the County Dumfries separately from any other Medical Practitioner visited and personally examined (5) William Francis Waland 7.8.6 Broomie Road Dumfries
and that the said (6) William Francis Waland is a (7) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz:—

(8) *State the Facts, e.g.*, as indicated by the Patient's appearance, demeanour, conversation, writings, actions, conduct, etc.

1. Facts indicating Insanity observed by myself (8) His manner & appearance & manner He is weak in mind & has noted fancies about his health - wishes to be always alone - Restless & wanders about without object.

(9) *State the Information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others (9)

(10) *To be signed by medical person certifying.*

Name and Medical Designation (10) Thomas Jupraw MB Ch B Edin
And Place of Abode, 16 Castle St Dumfries

DATED this tenth day of October One thousand nine hundred and Eleven Jan.

CERTIFICATE OF EMERGENCY.

N.B.—This Certificate is necessary in the event of a Patient being sent to the Institution before the Sheriff's Order is obtained, and it authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any order by the Sheriff. During this period the Sheriff's Order is obtained. When the Certificate of Emergency is employed, both parts should be filled, signed, and dated if possible on the day of removal of the Patient to the Asylum, or otherwise as near the day of removal as possible.

I, the undersigned (1)..... (1) State Name of Registered Medical Person.

being a (2)..... (2) State Registered Medical qualification.

.....

do hereby certify, on soul and conscience, that I have this day at (3)..... (3) State place of Examination.

.....in the County of.....

seen and personally examined (4)..... (4) State Name of Patient, in full, Designation, and Address.

.....

and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at Dumfries.

And I further certify that the case of the said person is one of emergency.

**Signature of Certifier* (5)..... (5) To be signed by Medical Person certifying.

Address of Certifier.....

DATED this.....day of.....One thousand nine hundred and.....

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution, Dumfries, to receive therein (1)..... (1) State Name of Patient in full.

to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Petitioner or Applicant stands to Patient,.....

**Signature of Petitioner or Applicant* (2)..... (2) To be signed by the Party applying.

Address of Petitioner or Applicant,.....

.....

DATED this.....day of.....one thousand nine hundred and.....

Order to be Granted by the Sheriff for the Transmission and Reception of the Lunatic.

I George Campbell Erskine

(1) Sheriff Substitute (1) *State whether* Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.

of Dumfries and Galloway at Dumfries (2) *State whether a* County *or* Stewartry.

having had produced to me, with a Petition at the instance of (3) John James Waland 8 & 10 Broome Road Dumfries (3) *Insert Name and Designation*

Certificates under the hands of Joseph Hunter

and Thomas Ferguson being two Medical Persons duly qualified, in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) William Francis Waland 8 & 10 Broome Road Dumfries (4) *Describe the Patient, and if a Pauper, state so.*

and that the said William Francis Waland

is a (5) person of unsound mind (5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said William Francis Waland as a Patient into the Crichton Royal Institution, Dumfries, and I authorize (6) his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said William Francis Waland which accompanied the said Petition. (6) His or her

DATED [at Dumfries] this Eleventh day of October One thousand nine hundred and eleven

(Signature) Geo: Campbell Erskine

To the Superintendent of the Crichton Royal Institution, Dumfries.

10-882 Margaret McLachlan (Annan)
Adm: 14th October 1911.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

25 & 26 *Vict.*, *Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) Dumfriesshire & Galloway and his Substitutes,—

The Petition of John Lamie. Inspector of Poor for the Parish of Annan.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Margaret McLachlan 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 McLachlan to the Crichton Royal Institution and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(*To be signed by the Party applying*) John Lamie

DATED this Fourteenth (4) day of October One thousand nine hundred and eleven.

(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 McLachlan
2. Sex and Age,	Female. age 55 years.
3. Married, Single, or Widowed,	Widow.
4. Condition of Life, and previous Occupation (if any),	Housewife
5. Religious Persuasion, so far as known,	Roman Catholic
6. Previous Place of Abode,	2 Murrayfield Cottages. Annan
7. Place where Found and Examined,	5th 5th
8. Length of time Insane,	about 3 weeks
9. Whether First Attack,	yes
10. Age (if known) on First Attack,	—
11. When and where previously under Examination and Treatment (3)	—
12. Duration of Existing Attack,	about 3 weeks.
13. Supposed Cause,	unknown
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	Doubtful
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Annan
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Thomas McLachlan. 14 Maydleton street. Carlisle. Son. No member of family known to have been insane.
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

(3) If patient has been previously in an Establishment, state date and date of latest admission or approximate thereto. If previously under Examination or treatment state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this fourteenth day of October One thousand nine hundred and eleven.

(*To be signed by the party applying*) John Lamie P. p.

T. & A. C.—May 1908.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Ruth Graduate of Glasgow University Bachelor of Medicine being a (1) and being in actual practice as a (2) Physician & Surgeon do hereby certify, on soul and conscience, that I have this day, at (3) No 2 Murrayfield Cottages Annan in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Margaret Mc Lachlan 2 Murrayfield Cottages Annan Pauper and that the said Margaret Mc Lachlan 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) Difficulty in changing from one subject to another; talks of many subjects on the occasion I visited her

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Thomas Mc Lachlan, Son. Says that is nothing wrong with mother, but not knowing what talks about

Name and Medical Designation, John Ruth Graduate of Glasgow University Bachelor of Medicine

Place of Abode, Annan

DATED this twelfth day of October One thousand nine hundred and eleven

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Saffley Surgeon being a (1) Bachelor of Medicine, Master in Surgery of Edinburgh University Member of the Royal College of Physicians & Surgeons and being in actual practice as a (2) Physician & Surgeon do hereby certify, on soul and conscience, that I have this day, at (3) No. 2 Murrayfield cottage, Annan in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Margaret Mc Lachlan 2 Murrayfield cottage Annan - pauper and that the said Margaret Mc Lachlan is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) On being asked a question she frequently answers about something else: is very excitable; talks incoherently, and rambles off into the past.

(7) *State the information and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Thomas Mc Lachlan, Son, states that his mother is in a very nervous excited state and wanders in her mind at times

Name and Medical Designation, John Saffley, MB, Ch.B

Place of Abode, Park House, Annan

DATED this twelfth day of October One thousand nine hundred and eleven.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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 Saffley being (1) M.B., Ch.B. (Edinburgh University) hereby certify, on soul and conscience, that I have this day, at (2) 2 Murrayfield Cottages Annan in the County of Dumfries, seen and personally examined Margaret McLachlan, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Dumfries

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

And I further certify that the case of the said person is one of Emergency.

John Saffley, M.B. Ch.B.

DATED this twelfth day of october One thousand nine hundred and eleven.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Asylum to receive therein Margaret McLachlan to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Inspector of Poor

Signature and Address Johnstone Annan

Date 14 Oct. 1911.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, George Campion Esquire (1) Sheriff Substitute of Dumfries & Galloway at Dumfries having had produced to me, with a Petition at the instance of (2) John Laurie Inspector of Poor, Annan, Certificates under the hands of John P. Muir and John Saffley being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 McLachlan 2 Murrayfield Cottages Annan (Applicant) and that the said Margaret McLachlan is a (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 McLachlan as a patient into the (6) Public Asylum of Crichton Royal Institution and I authorize (7) her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Margaret McLachlan which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) His, or her.

DATED [at Dumfries] this sixteenth day of October One thousand nine hundred and eleven.

To the Superintendent of the (8) Public *Asylum of* Crichton Royal Institution Dumfries

(8) Public, District, Parochial, or Private.

[Signature] Geo. Campion

No. 10383 Name Ellen Jeffrey Leed

Date of Admission 14th October 1911

FORM A

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum after the Order of the Sheriff is obtained.

25 and 26 Vict., Cap. 54, Sect. 14.

Petition to the Sheriff to grant Order for the Reception of a Patient into the Crichton Royal Institution, Dumfries.

Unto the Honourable the Sheriff of Dumfries and Galloway and his Substitutes,— at Dumfries

The Petition of (1) Robert Leed 4 Westwood Avenue Giffnock

(1) Insert Name, Designation, and Residence of the Party applying.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that (2) Mrs Ellen Jeffry Leed

(2) Insert Name of Patient in full.

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 (4) Mrs Ellen Jeffrey Leed to the Crichton Royal Institution, Dumfries, and to sanction (5) her admission into the said Asylum.

(3) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

(4) Insert Name of Patient in full.

(5) His or her.

*Signature of Petitioner (6) Robert Leed

(6) To be signed by the Party applying.

Dated this (7) Fourteenth day of October One thousand nine hundred and eleven years.

(7) N.B.—The Date of the Petition must be within fourteen clear days following the dates of the Medical Certificates Nos. I. and II., and not before.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Ellen Jeffry Leed
2. Sex and Age,	Female 45
3. Married, Single, or Widowed,	Married
4. Condition of life and previous Occupation (if any),	
5. Religious Persuasion, so far as known,	Presbyterian
6. Previous Place of Abode,	Brenda Giffnock
7. Place where Found and Examined,	Crichton Royal Institution Dumfries
8. Length of Time Insane,	Off and on for about 4 months
9. Whether First Attack,	Third attack
10. Age (if known) on First Attack,	
11. When and Where previously under Examination and Treatment,	In the C.R.I. as a Voluntary patient Mar–July 1907. In Glasgow Royal Asylum March 1911 for 3 weeks
12. Duration of Existing Attack,	about 4 months.
13. Supposed Cause,	worry.
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Yes.
16. Whether Dangerous to Others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is chargeable,	
18. Christian Name and Surname and Place of Abode of Nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been insane,	Robert Leed, Husband 4 Westwood Avenue Giffnock. 1 Bro. insane in Portugal.
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify that, to the best of my knowledge, the above particulars are correctly stated.

Dated this Fourteenth day of October One thousand nine hundred and eleven years.

*Signature of Petitioner, (1) Robert Leed

(1) *To be signed by the Party applying.*

MEDICAL CERTIFICATE.—No. I.

(1) Name of Registered Medical person.
(2) *Set forth the registered qualification entitling the person certifying to grant the Certificate, e.g.,* Member of the Royal College of Physicians in Edinburgh.
(3) Physician, Surgeon, *or otherwise, as the case may be.*
(4) *Insert the Street, and Number of the House (if any), or other like particulars.*
(5) *Insert Name of Patient in full, Designation, and Residence, and if a Pauper, state so.*
(6) *State Name of Patient in full.*
(7) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned (1) Peter Murray Ker
being a (2) Bachelor of Medicine and Surgeon of the University of Edinburgh
and being in actual practice as a (3) General Practitioner
do hereby certify, on soul and conscience, that I have this day at (4) Crichton Royal Institution Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (5) Ellen Jeffrey Lead Aged 4 Westwood Avenue Giffnock
and that the said (6) Ellen Jeffrey Lead
is a (7) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(8) *State the Facts, e.g.,* as indicated by the Patient's appearance, demeanour, conversation, writings, actions, conduct, etc.

1. Facts indicating Insanity observed by myself (8) She is very depressed and miserable believes that the millenium set better & that all her troubles and those of her relatives are due to a foolish act which haunts her mind night & day. She is very emotional

(9) *State the Information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others (9)

(10) *To be signed by medical person certifying.*

Name and Medical Designation (10) Peter Murray Ker M.B.
And Place of Abode, 2 Castle Street Dumfries

DATED this Fourteenth day of October One thousand nine hundred and eleven years

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MEDICAL CERTIFICATE.—No. II.

(1) Name of Registered Medical person.
(2) *Set forth the registered qualification entitling the person certifying to grant the Certificate, e.g.,* Member of the Royal College of Physicians in Edinburgh.
(3) Physician, Surgeon, *or otherwise, as the case may be.*
(4) *Insert the Street, and Number of the House (if any), or other like particulars.*
(5) *Insert Name of Patient in full, Designation and Residence, and if a Pauper, state so.*
(6) *State Name of Patient in full.*
(7) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned (1) Frederick Hugh Clarke
being a (2) Bachelor of Medicine & Master in Surgery of Glasgow University
and being in actual practice as a (3) Physician & Surgeon
do hereby certify, on soul and conscience, that I have this day at (4) the Crichton Institution Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (5) Mrs Ellen Jeffrey Lead Aged 4 Westwood Avenue Giffnock
and that the said (6) Mrs Ellen Jeffrey Lead
is a (7) Person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz:—

(8) *State the Facts, e.g.,* as indicated by the Patient's appearance, demeanour, conversation, writings, actions, conduct, etc.

1. Facts indicating Insanity observed by myself (8) She is very depressed Says that years ago she committed an act which has consequences which she and her relatives suffer Grievously She depression followed this never leaves her, and weakens her mind and uncontrollable at times Wishes she

(9) *State the Information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others (9)

(10) *To be signed by medical person certifying.*

Name and Medical Designation (10) Frederick Hugh Clarke M.B.
And Place of Abode, Charlotte Street Dumfries

DATED this Fourteenth day of October One thousand nine hundred and eleven

CERTIFICATE OF EMERGENCY.

N.B.—This Certificate is necessary in the event of a Patient being sent to the Institution before the Sheriff's Order is obtained, and it authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any order by the Sheriff. During this period the Sheriff's Order is obtained. When the Certificate of Emergency is employed, both parts should be filled, signed, and dated if possible on the day of removal of the Patient to the Asylum, or otherwise as near the day of removal as possible.

I, the undersigned (1). George Rutherford Jeffrey. (1) State Name of Registered Medical Person.

being a (2) doctor of Medicine of Glasgow University and a Member of the Royal College of Physicians Edinburgh (2) State Registered Medical qualification.

do hereby certify, on soul and conscience, that I have this day at (3) The Crichton Royal Institution Dumfries in the County of Dumfries (3) State place of Examination.

seen and personally examined (4) Mrs Ellen Jeffrey Leed of 4 Westwood Avenue Giffnock (4) State Name of Patient, in full, Designation, and Address.

and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at Dumfries.

And I further certify that the case of the said person is one of emergency.

Signature of Certifier (5). George R. Jeffrey M.D. M.R.C.P.E. (5) To be signed by Medical Person certifying.

Address of Certifier. Crichton Royal Institution Dumfries

DATED this fourteenth day of October One thousand nine hundred and Eleven years.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution, Dumfries, to receive therein (1) Mrs. Ellen Jeffrey Leed. (1) State Name of Patient in full.

to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Petitioner or Applicant stands to Patient, Husband

Signature of Petitioner or Applicant (2) Robert Leed (2) To be signed by the Party applying.

Address of Petitioner or Applicant, 4 Westwood Avenue Giffnock

DATED this 14th day of October ~~one thousand nine hundred and~~ 1911

Order to be Granted by the Sheriff for the Transmission and Reception of the Lunatic.

I George Campion Esquire

(1) Sheriff Substitute (1) *State whether* Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.

of Dumfries & Galloway, at Dumfries (2) *State whether* a County or Stewartry.

having had produced to me, with a Petition at the instance of (3) Robert Leed, 4 Westwood Avenue, Giffnock, (3) *Insert Name and Designation*

Certificates under the hands of Peter Murray Kerr

and Frederick Hugh Clarke, being two Medical Persons duly qualified, in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Ellen Jeffrey Leed, 4 Westwood Avenue Giffnock (Peter's wife) (4) *Describe the Patient, and if a Pauper, state so.*

and that the said Ellen Jeffrey Leed

is a (5) Person of unsound mind (5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Ellen Jeffrey Leed as a Patient into the Crichton Royal Institution, Dumfries, and I authorize (6) her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Ellen Jeffrey Leed which accompanied the said Petition. (6) His or her

DATED [at Dumfries] this sixteenth day of October One thousand nine hundred and eleven.

(Signature)

To the Superintendent of the Crichton Royal Institution, Dumfries.

Geo. Campion

No. 10384 Name Thomas Henry McCaw. Enc

Date of Admission 15th October 1911.

25 and 26 Vict., Cap. 54, Sect. 14.

FORM A

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum after the Order of the Sheriff is obtained.

Petition to the Sheriff to grant Order for the Reception of a Patient into the Crichton Royal Institution, Dumfries.

Unto the Honourable the Sheriff of Dumfries and Galloway and his Substitutes,—

The Petition of (1) Miss Margaret McCaw Housewife, Elmside, Holywood Co Down Ireland humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that (2) Thomas Henry McCaw 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 (4) Thomas Henry McCaw to the Crichton Royal Institution, Dumfries, and to sanction (5) his admission into the said Asylum.

(1) Insert Name, Designation, and Residence of the Party applying.

(2) Insert Name of Patient in full.

(3) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

(4) Insert Name of Patient in full.

(5) His or her.

*Signature of Petitioner (6) Margaret McCaw

(6) To be signed by the Party applying.

Dated this (7) Sixteenth day of October One thousand nine hundred and eleven.

(7) N.B.—The Date of the Petition must be within fourteen clear days following the dates of the Medical Certificates Nos. I. and II., and not before.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Thomas Henry McCaw
2. Sex and Age,	Male 40
3. Married, Single, or Widowed,	Single
4. Condition of life and previous Occupation (if any),	Book keeper in an accountants office
5. Religious Persuasion, so far as known,	Protestant — Presbyterian
6. Previous Place of Abode,	Elmside Holywood, Co. Down Ireland
7. Place where Found and Examined,	14 Southpark Terrace Hillhead Glasgow
8. Length of Time Insane,	unknown
9. Whether First Attack,	This is second attack
10. Age (if known) on First Attack,	Thirty years of age
11. When and Where previously under Examination and Treatment,	Crichton Royal Institution Dumfries as a voluntary patient
12. Duration of Existing Attack,	unknown
13. Supposed Cause,	unknown
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	not so far as I know
16. Whether Dangerous to Others,	He was dangerous during first attack. I have not been since this attack occurred
17. Parish or Union to which the Lunatic (if a Pauper) is chargeable,	Not chargeable to any 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,	Margaret McCaw Elmside Holywood, Co. Down Ireland Sister none
19. 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 Fifteenth day of October One thousand nine hundred and eleven.

*Signature of Petitioner, (1) Margaret McCaw (1) To be signed by the Party applying.

MEDICAL CERTIFICATE.—No. I.

(1) Name of Registered Medical person.
(2) *Set forth the registered qualification entitling the person certifying to grant the Certificate, e.g.*, Member of the Royal College of Physicians in Edinburgh.
(3) Physician, Surgeon, *or otherwise, as the case may be.*
(4) *Insert the Street, and Number of the House (if any), or other like particulars.*
(5) *Insert Name of Patient in full, Designation, and Residence, and if a Pauper, state so.*
(6) *State Name of Patient in full.*
(7) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned (1) William Francis Somerville
being a (2) Doctor of Medicine of Glasgow University and Fellow of the Royal Faculty of Physicians
and being in actual practice as a (3) Physician
do hereby certify, on soul and conscience, that I have this day at (4) 14 South Park Terrace Hillhead Glasgow in the County of the City of Glasgow separately from any other Medical Practitioner visited and personally examined (5) Thomas Henry Mc Cann at present of no occupation at one time [illegible] at Elmside, Holywood, Ireland, now returned
and that the said (6) Thomas Henry Mc Cann
is a (7) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(8) *State the Facts, e.g.*, as indicated by the Patient's appearance, demeanour, conversation, writings, actions, conduct, etc.

1. Facts indicating Insanity observed by myself (8) His general appearance manner - His inability to continue a conversation for more than a few minutes - His shifty method of speech - From his statements he seems unable to stick to any particular job.

(9) *State the Information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others (9) He has been sent home by Canadian emigration department as unable to work. His sisters state that he is very excitable, that he complains of hearing voices speaking to him, that several people are trying to do him injury.

(10) *To be signed by medical person certifying.*

Name and Medical Designation (10) W. F. Somerville M.D.
And Place of Abode 14 South Park Terr Hillhead Glasgow

DATED this fifteenth day of October One thousand nine hundred and eleven.

MEDICAL CERTIFICATE.—No. II.

(1) Name of Registered Medical person.
(2) *Set forth the registered qualification entitling the person certifying to grant the Certificate, e.g.*, Member of the Royal College of Physicians in Edinburgh.
(3) Physician, Surgeon, *or otherwise, as the case may be.*
(4) *Insert the Street, and Number of the House (if any), or other like particulars.*
(5) *Insert Name of Patient in full, Designation and Residence, and if a Pauper, state so.*
(6) *State Name of Patient in full.*
(7) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned (1) George R. Livingston
being a (2) Doctor of medicine of Edinburgh University
and being in actual practice as a (3) Physician & Surgeon
do hereby certify, on soul and conscience, that I have this day at (4) Crichton Royal Institution Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (5) Thomas Harry Mc Cann formerly of Elmside, Holywood, Ireland
and that the said (6) Thomas Harry Mc Cann
is a (7) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz :—

(8) *State the Facts, e.g.*, as indicated by the Patient's appearance, demeanour, conversation, writings, actions, conduct, etc.

1. Facts indicating Insanity observed by myself (8)
His insane manner & appearance.
His inability to converse on one subject for more than a second, jumping from one subject to another.
Believes people have a grudge against him

(9) *State the Information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others (9)

(10) *To be signed by medical person certifying.*

Name and Medical Designation (10) George R Livingston M.D.
And Place of Abode 47 Castle St Dumfries

DATED this fifteenth day of October One thousand nine hundred and eleven

CERTIFICATE OF EMERGENCY.

N.B.—This Certificate is necessary in the event of a Patient being sent to the Institution before the Sheriff's Order is obtained, and it authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any order by the Sheriff. During this period the Sheriff's Order is obtained. When the Certificate of Emergency is employed, both parts should be filled, signed, and dated if possible on the day of removal of the Patient to the Asylum, or otherwise as near the day of removal as possible.

I, the undersigned (1) William Francis Somerville being a (2) Doctor of Medicine & Surgeon Univers and a Fellow of R.C.P.S. Glas. do hereby certify, on soul and conscience, that I have this day at (3) 14 South Park Ter. Hillhead Glasgow in the County of the city of Glasgow seen and personally examined (4) Thomas Henry McCaw no occupation, Glenside, Holywood Co. Down Ireland and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at Dumfries.

(1) State Name of Registered Medical Person.
(2) State Registered Medical qualification.
(3) State place of Examination.
(4) State Name of Patient, in full, Designation, and Address.

And I further certify that the case of the said person is one of emergency.

**Signature of Certifier* (5) W. F. Somerville
Address of Certifier 14 South park Ter. Hillhead Glasgow

(5) To be signed by Medical Person certifying.

DATED this fifteenth day of October One thousand nine hundred and eleven.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution, Dumfries, to receive therein (1) Thomas Henry McCaw to whom the foregoing Certificate of Emergency refers.

(1) State Name of Patient in full.

Relationship or other capacity in which Petitioner or Applicant stands to Patient, Sister

**Signature of Petitioner or Applicant* (2) Margaret McCaw
Address of Petitioner or Applicant, Glenside Holywood Co Down Ireland

(2) To be signed by the Party applying.

DATED this fifteenth day of October one thousand nine hundred and eleven.

Order to be Granted by the Sheriff for the Transmission and Reception of the Lunatic.

I George Campion Esquire
(1) Sheriff Substitute
of ~~the~~ (2) Dumfries & Galloway at Dumfries
having had produced to me, with a Petition at the instance of (3) Sister Margaret McCaw Glenside Holywood Co Down Ireland Certificates under the hands of William Francis Somerville and George R. Livingston, being two Medical Persons duly qualified, in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Thomas Henry McCaw Glenside Holywood Co Down Ireland (Pts. Both) and that the said Thomas Henry McCaw is a (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 Henry McCaw as a Patient into the Crichton Royal Institution, Dumfries, and I authorize (6) his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Thomas Henry McCaw which accompanied the said Petition.

(1) *State whether* Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) *State whether* a County or Stewartry.
(3) *Insert Name and Designation.*
(4) *Describe the Patient, and if a Pauper, state so.*
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) His or her

DATED [at Dumfries] this Seventeenth day of October One thousand nine hundred and eleven.

(Signature) Geo: Campion

To the Superintendent of the Crichton Royal Institution, Dumfries.

No. 10385. Name Mrs Margaret Allison.

Date of Admission 19th October 1911.

FORM A

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum after the Order of the Sheriff is obtained.

25 and 26 Vict., Cap. 54, Sect. 14.

Petition to the Sheriff to grant Order for the Reception of a Patient into the Crichton Royal Institution, Dumfries.

Unto the Honourable the Sheriff of Dumfries and Galloway and his Substitutes,—at Dumfries

The Petition of (1) Robert Allison Woodside House Kingmoor near Carlisle

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that (2) Margaret Allison

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 (4) Margaret Allison to the Crichton Royal Institution, Dumfries, and to sanction (5) her admission into the said Asylum.

(1) Insert Name, Designation, and Residence of the Party applying.

(2) Insert Name of Patient in full.

(3) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

(4) Insert Name of Patient in full.

(5) His or her.

Signature of Petitioner (6) Robt Allison

(6) To be signed by the Party applying.

DATED this (7) Eighteenth day of October One thousand nine hundred and eleven.

(7) N.B.—The Date of the Petition must be within fourteen clear days following the dates of the Medical Certificates Nos. I. and II., and not before.

STATEMENT.

If any 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 Allison
2. Sex and Age,	Female — 71 or 72
3. Married, Single, or Widowed,	Widowed
4. Condition of life and previous Occupation (if any),	Retired
5. Religious Persuasion, so far as known,	English Church
6. Previous Place of Abode,	48 Edenstown near Carlisle
7. Place where Found and Examined,	Do
8. Length of Time Insane,	Since June or July 1911
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	—
11. When and Where previously under Examination and Treatment,	—
12. Duration of Existing Attack,	See above
13. Supposed Cause,	—
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Suicidal
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,	~~Not Known to have any~~ Brother in Law — the Applicant
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Sixteenth day of October One thousand nine hundred and eleven.

Signature of Petitioner, (1) Robert Allison (1) To be signed by the Party applying.

MEDICAL CERTIFICATE.—No. I.

(1) Name of Registered Medical person.
(2) *Set forth the registered qualification entitling the person certifying to grant the Certificate, e.g.*, Member of the Royal College of Physicians in Edinburgh.
(3) Physician, Surgeon, *or otherwise, as the case may be.*
(4) *Insert the Street, and Number of the House (if any), or other like particulars.*
(5) *Insert Name of Patient in full, Designation, and Residence, and if a Pauper, state so.*
(6) *State Name of Patient in full.*
(7) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned (1) Roderick Maclaren
being a (2) Doctor of Medicine of the University of Edinburgh
and being in actual practice as a (3) Surgeon
do hereby certify, on soul and conscience, that I have this day at (4) 48 Eden Town, near Carlisle
Cumberland separately from any other Medical Practitioner visited and personally examined (5) Margaret Allison, Widow of 48 Eden Town near Carlisle
and that the said (6) Margaret Allison
is a (7) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(8) *State the Facts, e.g.*, as indicated by the Patient's appearance, demeanour, conversation, writings, actions, conduct, etc.

1. Facts indicating Insanity observed by myself (8) Has an extreme depressed look. She states that she recently attempted suicide. She expresses belief that she has committed some serious crime and that she desires to be taken to prison.

(9) *State the Information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others (9) Christina S. Grant, Nurse 16 Spencer St. states that she has been 6 days with Mrs Allison. She has been very depressed. She hardly speaks & takes no interest in her surroundings. She has unusual delusions.

(10) *To be signed by medical person certifying.*

Name and Medical Designation (10) Roderick Maclaren M.B.
And Place of Abode, 22 Portland Sq Carlisle

Dated this sixteenth day of October One thousand nine hundred and eleven

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MEDICAL CERTIFICATE.—No. II.

(1) Name of Registered Medical person.
(2) *Set forth the registered qualification entitling the person certifying to grant the Certificate, e.g.*, Member of the Royal College of Physicians in Edinburgh.
(3) Physician, Surgeon, *or otherwise, as the case may be.*
(4) *Insert the Street, and Number of the House (if any), or other like particulars.*
(5) *Insert Name of Patient in full, Designation and Residence, and if a Pauper, state so.*
(6) *State Name of Patient in full.*
(7) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned (1) Robert Dundas Helm
being a (2) Doctor of Medicine of the University of Edinburgh
and being in actual practice as a (3) Physician
do hereby certify, on soul and conscience, that I have this day at (4) 48 Eden Town Carlisle
Cumberland separately from any other Medical Practitioner visited and personally examined (5) Margaret Allison, Widow of 48 Eden Town. Carlisle
and that the said (6) Margaret Allison
is a (7) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz:—

(8) *State the Facts, e.g.*, as indicated by the Patient's appearance, demeanour, conversation, writings, actions, conduct, etc.

1. Facts indicating Insanity observed by myself (8) She appeared in a dull apathetic condition. She said that she had attempted suicide by swallowing matches. That she was left with the hope of future forgiveness. That she was a deluded spirit under the influence of the evil one.

(9) *State the Information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others (9) Mrs Ferguson in attendance states that Margaret Allison has been extremely depressed refusing food so that she might die.

(10) *To be signed by medical person certifying.*

Name and Medical Designation (10) R. D. Helm M.B.
And Place of Abode, 13. Portland Sq. Carlisle

Dated this eleventh day of October One thousand nine hundred and eleven

CERTIFICATE OF EMERGENCY.

N.B.—This Certificate is necessary in the event of a Patient being sent to the Institution before the Sheriff's Order is obtained, and it authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any order by the Sheriff. During this period the Sheriff's Order is obtained. When the Certificate of Emergency is employed, both parts should be filled, signed, and dated if possible on the day of removal of the Patient to the Asylum, or otherwise as near the day of removal as possible.

I, the undersigned (1) Roderick MacLaren, being a (2) Doctor of Medicine of the University of Edinburgh, do hereby certify, on soul and conscience, that I have this day at (3) 48 Eden Town, near Carlisle, in the County of Cumberland seen and personally examined (4) Margaret Allison, widow, 48 Eden Town near Carlisle, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at Dumfries.

(1) State Name of Registered Medical Person.
(2) State Registered Medical qualification.
(3) State place of Examination.
(4) State Name of Patient, in full, Designation, and Address.

And I further certify that the case of the said person is one of emergency.

Signature of Certifier (5) Roderick MacLaren

Address of Certifier 23 Portland Sq. Carlisle.

(5) To be signed by Medical Person certifying.

DATED this Seventeenth day of October One thousand nine hundred and eleven

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution, Dumfries, to receive therein (1) Margaret Allison to whom the foregoing Certificate of Emergency refers.

(1) State Name of Patient in full.

Relationship or other capacity in which Petitioner or Applicant stands to Patient, Sister-in-Law

Signature of Petitioner or Applicant (2) Robert Allison

Address of Petitioner or Applicant, Woodside House Kingsmoor near Carlisle

(2) To be signed by the Party applying.

DATED this Sixteenth day of October one thousand nine hundred and Eleven

Order to be Granted by the Sheriff for the Transmission and Reception of the Lunatic.

I George Campion Esquire

(1) Sheriff Substitute of Dumfries & Galloway at Dumfries

having had produced to me, with a Petition at the instance of (3) Robert Allison Woodside House Kingsmoor near Carlisle Certificates under the hands of Roderick McLaren and Robert Dundas Helm, being two Medical Persons duly qualified, in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Allison, ~~Widow 48 Eden Town near Carlisle~~ Sister-in-Law of Petitioner and that the said Margaret Allison is a (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 Allison as a Patient into the Crichton Royal Institution, Dumfries, and I authorize (6) Her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Margaret Allison which accompanied the said Petition.

(1) *State whether* Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) *State whether* a County or Stewartry.
(3) *Insert Name and Designation*
(4) *Describe the Patient, and if a Pauper, state so.*
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) His or her

DATED [at Dumfries.] this eighteenth day of October One thousand nine hundred and eleven.

(Signature) Geo. Campion

To the Superintendent of the Crichton Royal Institution, Dumfries.

No. 10386 Asst. Jemima Irving.
Adm: 17 October 1911.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A.]

25 and 26 Vict., Cap. 54, Section 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) Dumfries of Galloway — and his Substitutes,— at Dumfries.

The Petition of David Irving.
Copewood Cottage. Locherbie.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Jemima Irving.
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 Jemima Irving to the Crichton Royal Institution, Dumfries, and to sanction her admission into the said Asylum.

(To be signed by the Party applying) David Irving

Dated this 14th(4) day of October One thousand nine hundred and eleven 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 Irving
2. Sex and Age, ...	Female 63.
3. Married, Single, or Widowed, ...	Married
4. Condition of Life, and previous Occupation (if any), ...	Merchant
5. Religious Persuasion, so far as known,	
6. Previous Place of Abode, ...	Hilltop Smithy, Lochurbie
7. Place where Found and Examined, ...	Got well for nine months
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(5)	
12. Duration of Existing Attack, ...	
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 Family known to be or to have been Insane, ...	David Irving Copewood Cottage Lochurbie. Husband
19. Special circumstances (if any) preventing the insertion of any of the above particulars, ...	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 14th day of October One thousand nine hundred and eleven years.

(To be signed by the party applying) David Irving P.p.

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, James Maclachlan being a (1) Bachelor of Medicine & Master of Surgery and being in actual practice as a (2) Physician & Surgeon do hereby certify, on soul and conscience, that I have this day, at (3) Hilltop Smithy Parish of St Mungo in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Jemima Irving Hilltop Smithy and that the said Jemima 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) Refuses medical assistance suspicious in her manner. Constantly kept by the spirit of a certain woman whom says is a medium. Wears gloves when wearing other people's clothes.

2. Other facts (if any) indicating Insanity communicated to me by others : (7) Her sister Mrs M.c Dougall states that she has been very violent, threatening to kill herself & others. Constantly, during the last few days, out of the house whenever she gets the chance. Constantly, during the last few days, out of the house whenever she gets the chance.

Name and Medical Designation, James Maclachlan M.B.

Place of Abode, Hyde Mount Lochmaben

DATED this twenty fourth day of October One thousand nine hundred and eleven

---

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, George Irving being a (1) Doctor of Medicine & Master in Surgery and being in actual practice as a (2) Physician & Surgeon do hereby certify, on soul and conscience, that I have this day, at (3) Hilltop Smithy St Mungo Parish in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Jemima Irving, Hilltop Smithy St Mungo and that the said Jemima 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 has delusions that the spirit of a woman haunts her Daughter & Husband & can make them do anything she wishes, besides she is excited & her whole own behaviour are irrational.

2. Other facts (if any) indicating Insanity communicated to me by others : (7) Her sister Mrs M.c Dougall informs that Jemima Irving at times becomes very excited violent so as to be quite unmanageable

Name and Medical Designation, George Irving M.D.

Place of Abode, Craigdhu Locherlie

DATED this seventeenth day of October One thousand nine hundred and eleven.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, James Maclachlan being (1) a Bachelor of Medicine & Master of Surgery hereby certify, on soul and conscience, that I have this day, at (2) Kilton in the County of Dumfries, seen and personally examined Jemima Irving, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Dumfries.

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

And I further certify that the case of the said person is one of Emergency.

James Maclachlan

DATED this nineteenth day of Oct. One thousand nine hundred and eleven

(The following should be filled up in every case in which a Certificate of Emergency is acted on).

I hereby request the Superintendent of the Crichton Royal Asylum to receive therein Jemima Irving to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Husband

Signature and Address, David Irving Capewood Cottage Lockerbie

Date, 19th Octr 1911

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, George Campion Esquire — Sheriff Substitute of (1) Dumfries & Galloway, at Dumfries — having had produced to me, with a Petition at the instance of (3) David Irving Capewood Cottage, Lockerbie, Certificates under the hands of James Maclachlan and George Irving being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Jemima Irving, Hillcot Smithy, Lockerbie (Husbands wife) and that the said Jemima 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 Jemima Irving as a patient into the (6) Public Asylum of Crichton Royal Institution and I authorize (7) her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Jemima Irving, Hillcot Smithy, Lockerbie which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) His, or her.

DATED [at Dumfries] this eighteenth day of October One thousand nine hundred and eleven.

To the Superintendent of the (8) Public *Asylum of* Crichton Royal Institution, Dumfries.

(8) Public, District, Parochial or Private.

(Signature), Geo. Campion

No. 10384. Janet McNaught. (Lochrutton)
Adm: 22nd October 1911.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Dumfries & Galloway *and his Substitutes,*— at Dumfries.

The Petition of Anthony McNick, Inspector of Poor, Lochrutton

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Janet McNaught your Petitioner's (3) Inspector of Poor. Pauper. is at present in a state of Mental Derangement, and 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 McNaught to the Crichton Royal Institute and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(To be signed by the Party applying) Anthony McNick.

(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 October One thousand nine hundred and eleven.

STATEMENT.

If any 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 McNaught
2. Sex and Age,	Female 35 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,	Lochfoot Village
7. Place where Found and Examined,	Lochfoot Village
8. Length of time Insane,	Three days.
9. Whether First Attack,	First attack
10. Age (if known) on First Attack,	35 years.
11. When and where previously under Examination and Treatment (5)	None!
12. Duration of Existing Attack,	Three or four days
13. Supposed Cause,	Childbirth
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,	Lochrutton Parish Council
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	James McNaught (brother) Lochfoot Dumfries.
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	

(5) patient has previously in an asylum, state date of latest or approximate thereto. If previously under treatment or not, state the fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Twenty-second day of October One thousand nine hundred and eleven

(To be signed by the party applying) Anthony McNick

T. & A. C.—June 1902. P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, or an idiot, *or* a person of unsound mind.

I, the undersigned, Archibald Chalmers being a (1) M. B., C. M. Glas.

and being in actual practice as a (2) physician & Surgeon do hereby certify, on soul and conscience, that I have this day, at (3) Lochfoot in the County of Kirkcudbright separately from any other Medical Practitioner visited and personally examined (4) Jenny McNaught, Lochfoot, Pauper and that the said Jenny McNaught is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She is stupified, very & incoherent in her talk, & occasionally noisy. (She has a child on Monday. The case is one of puerperal insanity.)

(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, Arch Chalmers, M. B., C.

Place of Abode, Crocketford

DATED this twenty second day of October One thousand nine hundred and Eleven years

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, *or* an insane person, or an idiot, *or* a person of unsound mind.

I, the undersigned, John Stewart Gibson being a (1) Graduate of Edinburgh University and being in actual practice as a (2) Physician do hereby certify, on soul and conscience, that I have this day, at (3) Lochfoot in the County of Kirkcudbright separately from any other Medical Practitioner visited and personally examined (4) Janet McNaught, pauper Lochfoot, and that the said Janet McNaught, pauper is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She is incoherent in speech. is furtive in her look sees strange objects in the room. and manifests common delusions. Has idea of having many questions. Is a case of acute puerperal mania.

(7) *State the information and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her mother says that she has been indecent. Last she was confined on the 16th; and that on Monday she became quer

Name and Medical Designation, John Stewart Gibson

Place of Abode, 1 Hope Place Maxwell

DATED this Twenty second day of October, One thousand nine hundred and eleven

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, John Dewar Robson
being (1) a graduate of Edinburgh University
hereby certify, on soul and conscience, that I have this day, at (2) Lochfoot
in the County of Kirkcudbright, seen and personally examined
Janet McKnaught, pauper.
, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Dumfries.

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

And I further certify that the case of the said person is one of Emergency.

John Dewar Robson MB CM

DATED this twenty second day of October One thousand nine hundred and eleven.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal
Asylum to receive therein Janet McNaught.
to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, } Inspector of Poor. Lochmaben

Signature and Address Anthony M. Dick

Date 22nd October 1911.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Geo. Campion Esquire (1) Sheriff Substitute
of the (2) Dumfries & Galloway at Dumfries
having had produced to me, with a Petition at the instance of (3) Anthony
M. Dick, Inspector of Poor, Lochmaben.
Certificates under the hands of Archibald Chalmers
and John Dewar Robson being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Janet Mc Naught, Domestic Servant, Inspection Pauper and that the said Janet Mc Naught is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Janet Mc Naught 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 Mc Naught which accompanied the said Petition.

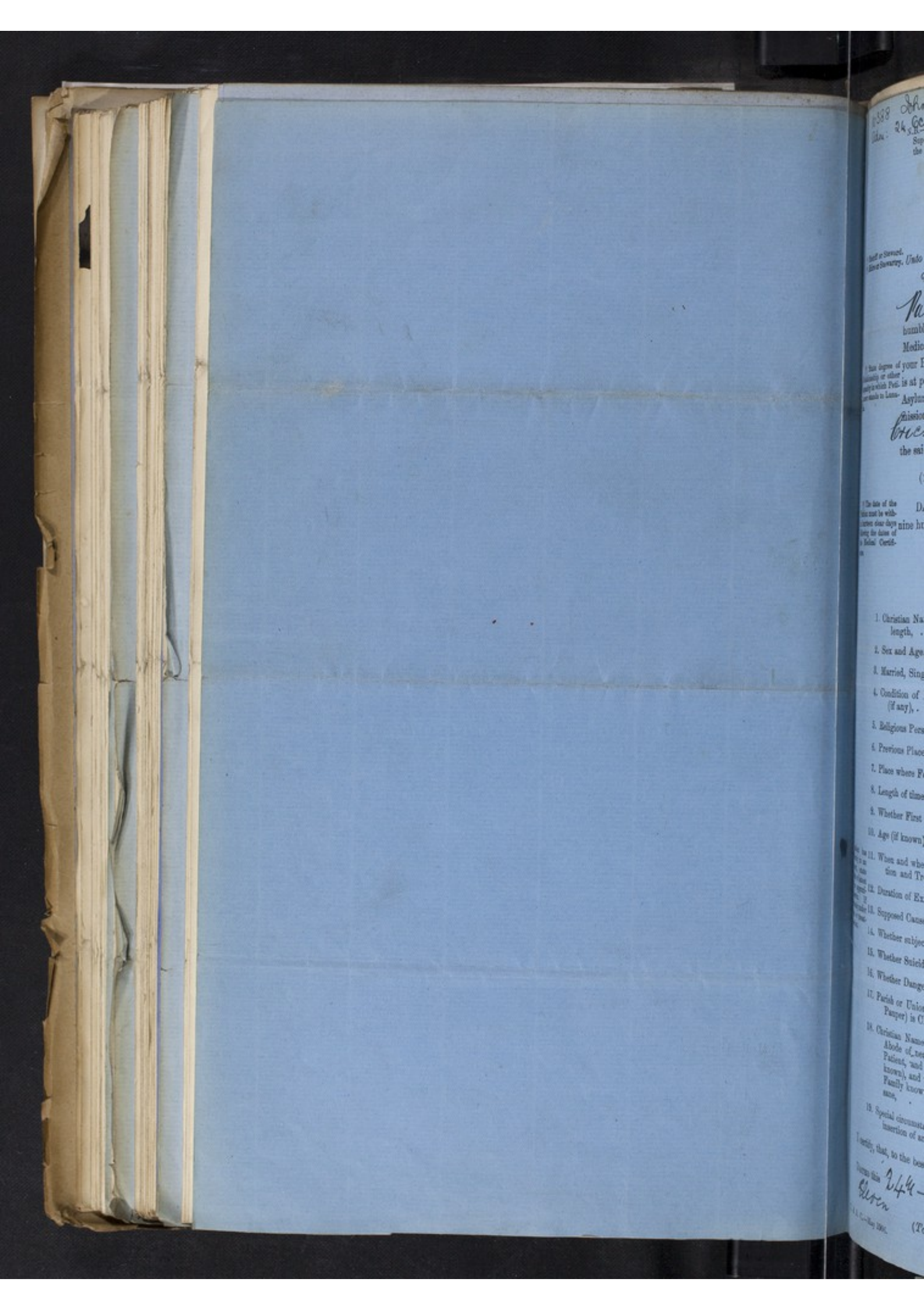
(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.

DATED [at Dumfries] this twenty third day of October One thousand nine hundred and eleven

To the Superintendent of the (7)
Public Asylum of Crichton Royal Institution
Dumfries

[Signature] Geo. Campion

(7) Public, District, Parochial, or Private.



10388 John Walker (Morton)
Adm: 24 October 1911.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 Francis Dodds Inspector of Poor. Parish of Morton: Thornhill humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Walker — Thornhill your Petitioner's (3) Client — Ruper. is at present in a state of Mental Derangement, and 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 Walker — to the Crichton Royal Institution and to sanction his admission into the said Asylum.

(3) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

(To be signed by the Party applying) Francis Dodds

(4) The date of the petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 24th — (4) day of October One thousand nine hundred and eleven.

STATEMENT.

If any 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 Walker.
2. Sex and Age,	M[illegible]
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Stonebreaker
5. Religious Persuasion, so far as known	Church of Scotland
6. Previous Place of Abode,	Has always resided in Thornhill
7. Place where Found and Examined,	Back Lt. Thornhill
8. Length of time Insane,	Not Known
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	32
11. When and where previously under Examination and Treatment (5)	Never under Examination
12. Duration of Existing Attack,	Not Known
13. Supposed Cause,	Epilepsy
14. Whether subject to Epilepsy,	Yes
15. Whether Suicidal,	no
16. Whether Dangerous to others,	Yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Morton.
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Mary; Mother No
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

(5) If Patient has been previously in an Asylum, state name of latest Asylum, and approximate date. If previously under Examination or Treatment, but not in an Asylum, state where.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 24th — day of Octr — One thousand nine hundred and eleven

(To be signed by the party applying) Francis Dodds

MEDICAL CERTIFICATE, No. I.

I, the undersigned, Thomas Dunlop
being a (1) Bachelor of Medicine & Master in Surgery
and being in actual practice as a (2) Physician & Surgeon
do hereby certify, on soul and conscience, that I have this day, at (3) Bach
Thornhill in the County
Dumfries separately from any other Medical Practitioner
visited and personally examined (4) John Walker. Bach
St. Thornhill and th
the said John Walker Pauper is a (5) person
unsound mind and a proper person to be detain
under Care and Treatment, and that I have formed this opinion upon the follow
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) The appearan
of Imbecility; his slowness in answe
questions. The fact of him being a
Chronic Epileptic.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
His mother says that for some time
temper has been unbearable. wishes
fight with anyone, and quarrel also any on

Name and Medical Designation, Thomas Dunlo

Place of Abode, Thornhill Dumfri

DATED this twenty-fourth day of October One thous
nine hundred and Eleven

(1) *Set forth the qualification entitling the person certifying to grant the certificate: e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* 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, Mungo Byron
being a (1) Bachelor of Medicine and Master in Surgery
of Glasgow University
and being in actual practice as a (2) Physician
do hereby certify, on soul and conscience, that I have this day, at (3) Thornhill
Police Station Thornhill in the County
Dumfries separately from any other Medical Practitioner
visited and personally examined (4) John Walker, Bachelor
Thornhill, Pauper and th
the said John Walker is a (5) person
of unsound mind and a proper person to be detain
under Care and Treatment, and that I have formed this opinion upon the follow
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) He is very slow
of understanding what you say — and cannot
express himself clearly — his sentences being confu
and often unfinished — He is unable to concentra
his mind on any idea for any length of time. He is a
known epileptic — A simple question requiring Yes or No
will answered in a comical
2. Other facts (if any) indicating Insanity communicated to me by others: (7)
his mother Mary Walker — Bachelor St. states that he
will have threatened to do grievous
person — He is often observed muttering to himself
Constable Dow; Police states that he is of habit of laughing

Name and Medical Designation, Mungo Byron

Place of Abode, Thornhill

DATED this twenty-fourth day of October One thousa
nine hundred and eleven

(1) *Set forth the qualification entitling the person certifying to grant the certificate: e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

(6) *State the facts.*

(7) *State the information and from whom derived.*

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Thomas Dunlop M.B. Chm. being (1) Physician & Surgeon (Thornhill) hereby certify, on soul and conscience, that I have this day, at (2) Back St. in the County of Dumfries, seen and personally examined John Walker, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Dumfries.

(1) State medical qualification.
(2) State place of examination.

And I further certify that the case of the said person is one of Emergency.

(3) State place at which Asylum is situated.

Thomas Dunlop M.B. Chm.

DATED this Twenty-fourth day of October One thousand nine hundred and Eleven.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton-Royal Asylum to receive therein John Walker to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Inspector of Poor.

Signature and Address Francis Dodds Inspector of Poor Parish of Morton

Date 24th October 1911

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Geo. Campion Esq. (1) Sheriff Substitute of the ~~(2)~~ Dumfries & Galloway, at Dumfries, having had produced to me, with a Petition at the instance of (3) Francis Dodds, Inspector of Poor, Morton, Thornhill, Certificates under the hands of Thomas Dunlop, and Mungo Bryson being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Walker, Stonebreaker, Back St, Thornhill, (Pauper) and that the said John Walker is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said John Walker as a patient into the (6) Public Asylum of Crichton Royal Institution, and I authorize (7) his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said John Walker, which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) His or her.

DATED [at Dumfries] this Twenty-fifth day of October, One thousand nine hundred and eleven.

To the Superintendent of the (8) Public Asylum of Crichton Royal Institution Dumfries.

(8) Public, District, Parochial, or Private.

[*Signature*] Geo: Campion

10·389 Marion Kerr or Macmaster.

121. Adm: 1st November 1911.

34 & 35 VICTORIA, CAP. 55, SEC. 6.

PETITION to the SHERIFF to grant order for the reception of Marion Kerr or Macmaster a Prisoner in H.M. Prison Dumfries into the Asylum at Crichton Royal Institution, Dumfries

UNTO the HONOURABLE the SHERIFF of the County of Dumfries and his Substitutes.

The PETITION of Alexander Drummond Drysdale Governor of H.M. Prison Dumfries as representing The Prison Commissioners for Scotland, incorporated under the Prisons (Scotland) Act, 1877, administrators of said Prison.

Humbly Sheweth,

That by Section 6 of the Criminal and Dangerous Lunatics (Scotland) Amendment Act, 1871, it is provided that "When in relation to any person confined in a "local prison in terms of the 'Prisons (Scotland) Administration Act, 1860,' it is "certified, on soul and conscience, by two medical persons that they have visited and "examined such prisoner, and that in their opinion he is insane, it shall be lawful "for the Sheriff, on summary application at the instance of the administrators of "such Prison, by a warrant under his hand, to order such prisoner to be removed to a "lunatic asylum," and that it appears from the appended Medical Certificates by two Medical Persons that Marion Kerr or Macmaster presently confined in H.M. Prison Dumfries is insane.

34 & 35 Vict. cap. 55, sec. 6.

May it therefore please your Lordship by a Warrant under your hand to order the said Marion Kerr or Macmaster to be removed from H.M. Prison Dumfries to the Lunatic Asylum at Crichton Royal Institution, Dumfries and to sanction his admission into the said Asylum.

A. D. Drysdale

Governor H.M. *Prison* Dumfries

Dated this first day of November Nineteen Hundred and eleven

(2023) W: 262-358 250 4/09 M & G Ltd 27a

STATEMENT OF PARTICULARS REGARDING PRISONER.

(If any of the particulars are not known, the fact to be so stated.)

1. Prisoner's Reg. No., Name, and Age, ...	11/121 Marion Kerr or MacMaster, 44
2. Whether Married, Single, or Widowed, ...	Married
3. Date when first received into Prison, ...	30th October 1911
4. By what Court committed (if untried), ...	
5. Date of sentence, and by what Court (if convicted),	30th October 1911 Hutaf Police Ct
6. Offence, ...	Breach of Peace
7. Length of sentence, ...	14 days
8. Date of expiration of sentence,*	13th Nov. 1911
9. Condition of life, and previous occupation, ...	Outworker
10. Previous place of abode, ...	Watch Hill, Annan
11. Length of time insane, ...	Not Known
12. Whether first attack, ...	do
13. Age (if known) on first attack, ...	do
14. If Prisoner has been previously in an Asylum, state fact and date of latest admission, with name of Asylum, ...	do
15. Duration of existing attack, ...	do
16. Supposed cause, ...	do
17. Whether subject to epilepsy, ...	do
18. Whether suicidal, ...	do
19. Whether dangerous to others, ...	do
20. Name and residence of nearest known relative, and degree of relationship, ...	James MacMaster, Husband Broom Farm, Annan
21. Is any member of the family known to be, or have been, insane, ...	No
22. Special circumstances (if any) preventing the insertion of any of the above particulars,... ...	

I certify that, to the best of my knowledge, the above particulars are correctly stated.

A D Drysdale Governor

Prison of Dumfries

* NOTE.—The authority for detention given under this Warrant ceases on expiration of sentence.

No. 620.

All communications should be addressed to the Governor.

H. M. PRISON, Dumfries,

1st November 1911.

To the Physician Superintendent,
Crichton Royal Institution,
Dumfries

Dear Sir,

I beg to inform you that prisoner Marion Kerr, or Mac Master has been removed to your charge today under warrant of the Sheriff, in terms of Sec. 6, 51 & 55 Vict. cap. 55.

The Prison Commissioners will be responsible for the woman's maintenance until the expiry of her sentence on the 15th instant, and the Inspector of Dumfries Parish accepts liability for her after that date.

Yours faithfully
A. D. Urquhart
Governor

(2949) Wt 477-487 5400 5/10 M & G Ltd

MEDICAL CERTIFICATE, No. 1.

I, the undersigned, Joseph Sharkey

being a[1] Bachelor of Medicine & Surgery, University of Edinburgh

and being in actual practice as a[2] General Practitioner

do hereby certify, on soul and conscience, that I have this day, at H.M. Prison Dumfries

in the County of Kirkcudbright

separately from any other Medical Practitioner, visited and personally examined[3]

Marion Kerr or MacMaster. Prisoner

and that the said Marion Kerr or MacMaster is a[4] person

of unsound mind and a proper person to be detained under

care and treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself:[5] She is excited and confused. She has delusions of suspicion and grandeur. She states that poison is administered to her by her relatives - that she is the best hopscotch woman and dancer in the County - that she is followed by dogs sent to scent her out and that she intends to shoot her husband with a revolver.

2. Other facts (if any) indicating Insanity communicated to me by others:[6]

Name and Medical Designation, Joseph Sharkey M.B. Ch.B. (Edin.)

Place of Abode, 31 Castle St. Dumfries

Dated this Thirty first day of October One Thousand

Nine Hundred and eleven.

MEDICAL CERTIFICATE, No. 2.

I, the undersigned, John Dewar Robson

being a[1] Graduate in medicine of Edinburgh University

and being in actual practice as a[2] Physician

do hereby certify, on soul and conscience, that I have this day, at H.M. Prison Dumfries

in the County of Kirkcudbright.

separately from any other Medical Practitioner, visited and personally examined[3]

Marion Kerr or MacMaster. Prisoner

and that the said Marion Kerr or MacMaster is a[4] person

of unsound mind and a proper person to be detained under

care and treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself:[5] She is talkative and excitable: she says that she is highly accomplished & can play the violin, jack, shoot, and is a good horsewoman: that her husband is constantly attempting to poison her, & is placing poison all over the County

2. Other facts (if any) indicating Insanity communicated to me by others:[6]

Name and Medical Designation, John Dewar Robson M.B. C.M.

Place of Abode, 1 Hope Place Lesmahagow

Dated this Thirty first day of October, One Thousand

Nine Hundred and eleven.

(Place) Dumfries

(Date) 1st November 1911.

The Sheriff having considered the foregoing Petition, with relative Medical Certificates affixed, hereby grants Warrant for the removal of Aaron Kerr or Kermaster from the Prison of Dumfries to Crichton Royal Institution ~~Asylum~~. G.C. Dumfries.

(Signature) Geo: Campbell

No. 10390. Name John Barnes Mark.

Date of Admission 2nd November 1911.

FORM A

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum after the Order of the Sheriff is obtained.

25 and 26 Vict., Cap. 54, Sect. 14.

Petition to the Sheriff to grant Order for the Reception of a Patient into the Crichton Royal Institution, Dumfries.

Unto the Honourable the Sheriff of Dumfries and Galloway and his Substitutes,— at Dumfries.

The Petition of (1) John Mark

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that (2) John Barnes Mark 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 (4) John Barnes Mark to the Crichton Royal Institution, Dumfries, and to sanction (5) his admission into the said Asylum.

(1) Insert Name, Designation, and Residence of the Party applying.

(2) Insert Name of Patient in full.

(3) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

(4) Insert Name of Patient in full.

(5) His or her.

*Signature of Petitioner (6) John Mark

(6) To be signed by the Party applying.

Dated this (7) Second day of November One thousand nine hundred and eleven

(7) N.B.—The Date of the Petition must be within fourteen clear days following the dates of the Medical Certificates Nos. I. and II., and not before.

STATEMENT.

If any 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 Barnes Mark
2. Sex and Age,	Male, 21.
3. Married, Single, or Widowed,	Single
4. Condition of life and previous Occupation (if any),	assisting father at farming
5. Religious Persuasion, so far as known,	Church of England
6. Previous Place of Abode,	Angerton, Kirkcudbright.
7. Place where Found and Examined,	do. do.
8. Length of Time Insane,	Several Months
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	20
11. When and Where previously under Examination and Treatment,	—
12. Duration of Existing Attack,	Indefinite - some months
13. Supposed Cause,	Intemperance - received a knock on head 10 yrs ago.
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Yes
16. Whether Dangerous to Others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is chargeable,	—
18. Christian Name and Surname and Place of Abode of Nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been insane,	John Mark (Father) Angerton Kirkcudbright
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	—

I certify that, to the best of my knowledge, the above particulars are correctly stated.

Dated this Second day of November One thousand nine hundred and eleven

*Signature of Petitioner, (1) John Mark

(1) *To be signed by the Party applying.*

MEDICAL CERTIFICATE.—No. I.

(1) Name of Registered Medical person.
(2) *Set forth the registered qualification entitling the person certifying to grant the Certificate, e.g.*, Member of the Royal College of Physicians in Edinburgh.
(3) Physician, Surgeon, *or otherwise, as the case may be.*
(4) *Insert the Street, and Number of the House (if any), or other like particulars.*
(5) *Insert Name of Patient in full, Designation, and Residence, and if a Pauper, state so.*
(6) *State Name of Patient in full.*
(7) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned (1) Robert S. Park
being a (2) Bac. Medicine Bach. Surgery, St Andrews Univ.
and being in actual practice as a (3) Physician & Surgeon
do hereby certify, on soul and conscience, that I have this day at (4) Angerton Kirkbride
in the County of Cumberland separately from any other Medical Practitioner, visited and personally examined (5) John Mark
assistant farmer, Angerton, Kirkbride
and that the said (6) John Barnes Mark
is a (7) Person of Unsound Mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(8) *State the Facts, e.g.*, as indicated by the Patient's appearance, demeanour, conversation, writings, actions, conduct, etc.

1. Facts indicating Insanity observed by myself (8) Sits brooding in a chair, staring in front of him. When spoken to says nothing, I don't know, nothing at all. is most obstinate impossible to persuade to any course of action.

(9) *State the Information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others (9) By Mrs John Mark, his mother - Does not go to Bed until she goes to drive him - will not get out of bed until she dresses him - will take no food in bed - has threatened to drown himself.

(10) *To be signed by medical person certifying.*

Name and Medical Designation (10) R Park MB ChB
And Place of Abode, Acredale, Abbey Town

Dated this 2nd day of November One thousand nine hundred and eleven.

MEDICAL CERTIFICATE.—No. II.

(1) Name of Registered Medical person.
(2) *Set forth the registered qualification entitling the person certifying to grant the Certificate, e.g.*, Member of the Royal College of Physicians in Edinburgh.
(3) Physician, Surgeon, *or otherwise, as the case may be.*
(4) *Insert the Street, and Number of the House (if any), or other like particulars.*
(5) *Insert Name of Patient in full, Designation and Residence, and if a Pauper, state so.*
(6) *State Name of Patient in full.*
(7) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned (1) Charles Caesar
being a (2) Bachelor of Medicine & Master in Surgery of Edinburgh University
and being in actual practice as a (3) Practitioner of Medicine
do hereby certify, on soul and conscience, that I have this day at (4) The house occupied by John Mark at Angerton, Kirkbride in the County of Cumberland separately from any other Medical Practitioner, visited and personally examined (5) John Barnes Mark, farmer dows, of Angerton, Kirkbride, Cumberland
and that the said (6) John Barnes Mark
is a (7) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz :—

(8) *State the Facts, e.g.*, as indicated by the Patient's appearance, demeanour, conversation, writings, actions, conduct, etc.

1. Facts indicating Insanity observed by myself (8) He has a staring, vacant look & an extremely depressed demeanour - He says he has no interest in life, & that he cannot stick to any work & do it satisfactorily because his mind wanders so. He says he has no definite trouble to cause him to be depressed - & that he has no desire to live.

(9) *State the Information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others (9) Mrs Hannah Mark, his mother. States that the patient complains to her of his being miserable without cause & has threatened to drown himself; that he cannot settle but wanders vacantly about; that he sits at tea with his spoon for minutes on end, vacantly looking, & stopping when spoken to.

(10) *To be signed by medical person certifying.*

Name and Medical Designation (10) Charles Caesar M.B. Ch.B.
And Place of Abode, Morven, Silloth, Cumberland

Dated this Second day of November One thousand nine hundred and eleven.

CERTIFICATE OF EMERGENCY.

N.B.—This Certificate is necessary in the event of a Patient being sent to the Institution before the Sheriff's Order is obtained, and it authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any order by the Sheriff. During this period the Sheriff's Order is obtained. When the Certificate of Emergency is employed, both parts should be filled, signed, and dated if possible on the day of removal of the Patient to the Asylum, or otherwise as near the day of removal as possible.

I, the undersigned (1) George Ritchie for Jeffrey, being a (2) doctor of Medicine of Glasgow University and a Member of the Royal College of Physicians Edinburgh, do hereby certify, on soul and conscience, that I have this day at (3) Crichton Royal Institution Dumfries, in the County of Dumfries, seen and personally examined (4) John Barnes Mark of Angerton, Kirkbride, Cumberland, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at Dumfries.

(1) State Name of Registered Medical Person.
(2) State Registered Medical qualification.
(3) State place of Examination.
(4) State Name of Patient, in full, Designation, and Address.

And I further certify that the case of the said person is one of emergency.

Signature of Certifier (5) George Ritchie for Jeffrey

Address of Certifier Crichton Royal Institution Dumfries

(5) To be signed by Medical Person certifying.

DATED this Second day of November One thousand nine hundred and Eleven years.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution, Dumfries, to receive therein (1) John Barnes Mark: to whom the foregoing Certificate of Emergency refers.

(1) State Name of Patient in full.

Relationship or other capacity in which Petitioner or Applicant stands to Patient, attendant accompanying Patient

Signature of Petitioner or Applicant (2) Alex. Jamie

Address of Petitioner or Applicant, Crichton Royal Institution Dumfries

(2) To be signed by the Party applying.

DATED this Second day of November one thousand ~~and eleven~~ a. x.

Order to be Granted by the Sheriff for the Transmission and Reception of the Lunatic.

I, Geo. Campion Esq.

(1) Sheriff Substitute

of the (2) Dumfries & Galloway at Dumfries

having had produced to me, with a Petition at the instance of (3) John Mark, Angerton Kirkbride

Certificates under the hands of Robert S. Park and Charles Brear, being two Medical Persons duly qualified, in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Barnes Mark, Angerton Kirkbride (Petitioner) and that the said John Barnes Mark, is a (5) person of unsound mind

(1) *State whether* Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) *State whether a* County or Stewartry.
(3) *Insert Name and Designation*
(4) *Describe the Patient, and if a Pauper, state so.*
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said John Barnes Mark as a Patient into the Crichton Royal Institution, Dumfries, and I authorize (6) his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said John Barnes Mark, which accompanied the said Petition.

(6) His or her

DATED [at Dumfries] this Third day of November One thousand nine hundred and eleven.

(Signature) Geo. Campion

To the Superintendent of the Crichton Royal Institution, Dumfries.

10·391 George McIntosh.
Adm: 3rd November 1911.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) Shire of Dumfries & Galloway and his Substitutes, at Dumfries

The Petition of George William McIntosh

5 Millbrae, Maxwelltown

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that George McIntosh

(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 George McIntosh to the ~~Crichton Royal Institution, Dumfries~~ Dumfries and Galloway Royal Infirmary, Dumfries, and to sanction his admission into the said Asylum. Crichton Royal Institution

(To be signed by the Party applying) George W. McIntosh

(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 November One thousand nine hundred and eleven years

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	George McIntosh
2. Sex and Age,	Male 58
3. Married, Single, or Widowed,	widower
4. Condition of Life, and previous Occupation (if any),	Sailor
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Millendale Terrace Dumfries
7. Place where Found and Examined,	" " "
8. Length of time Insane,	10 weeks
9. Whether First Attack,	Many a time he has drunk as much
10. Age (if known) on First Attack,	1
11. When and where previously under Examination and Treatment (5)	—
12. Duration of Existing Attack,	ten 10 weeks
13. Supposed Cause,	Alcohol
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	no
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	George William McIntosh son. 5 Millbrae Maxwelltown no.
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	

(5) If patient has previously in an Asylum, state date of latest admission or approximate thereto. If previously under Examination or treatment, state the fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this third day of November — One thousand nine hundred and eleven years

(To be signed by the party applying) George W. McIntosh

T. & A. C.—March 1901. Pp.

MEDICAL CERTIFICATE, No. I.

I, the undersigned, Peter Murray Kerr
being a (1) Bachelor of Medicine and a Master in Surgery
and being in actual practice as a (2) Medical Practitioner
do hereby certify, on soul and conscience, that I have this day, at (3) Nithsdale Terrace Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) George McIntosh. Sailor Nithsdale Terrace Dumfries and that the said George McIntosh is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an Idiot, *or* a person of unsound mind.

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
He has lost all control of himself. He is stupid & confused. This is caused making drink. I also see intent in himself & his surroundings He has been in bed for 8 weeks

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Mrs Kennall, Nithsdale Terrace, informs me that he (Geo McIntosh) has been all night & remainder absent from home looking for drink & that he is quite intent & has been all day provided he gets money

Name and Medical Designation, Peter Murray Kerr M.B.

Place of Abode, 25 Castle Heads Dumfries

DATED this second day of November One thousand nine hundred and eleven

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MEDICAL CERTIFICATE, No. II.

I, the undersigned, George Robert Livingston
being a (1) Doctor of Medicine of Edinburgh University
and being in actual practice as a (2) Physician & Surgeon
do hereby certify, on soul and conscience, that I have this day, at (3) Nithsdale Terrace Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) George McIntosh (Sailor) Nithsdale Terrace, Dumfries and that the said George McIntosh is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
His insane manner & appearance
His incoherent rambling conversation
Apparently conversing with imaginary Persons

(7) *State the information and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, George Robert Livingston M.B.

Place of Abode, 47 Castle St Dumfries

DATED this Third day of November One thousand nine hundred and eleven.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Peter Murray Kerr being (1) Graduate of Medicine hereby certify, on soul and conscience, that I have this day, at (2) Millbrae Terr in the County of Dumfries, seen and personally examined George McIntosh, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Dumfries.

And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

Peter Murray Kerr

DATED this second day of November One thousand nine hundred and eleven years.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution Dumfries Asylum to receive therein George McIntosh to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, } son.

Signature and Address George W McIntosh

Date 5 Millbrae Maxwelltown 3 Nov 1911

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Geo Campion Esq. (1) Sheriff Substitute of the (2) Dumfries & Galloway at Dumfries. having had produced to me, with a Petition at the instance of (3) George William McIntosh 5 Millbrae Maxwelltown Certificates under the hands of Peter Murray Kerr and George Robert Livingston being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) George McIntosh Nithsdale Terrace, Dumfries (Rhi Valley) and that the said George McIntosh is a (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 McIntosh as a patient into the ~~Private Asylum of Mavisbank at Polton, near Edinburgh~~ Royal Institution Crichton, 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 McIntosh which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED [at Dumfries] this Fourth day of November One thousand nine hundred and eleven

~~To the Superintendent of the Private Asylum of Mavisbank, Polton, Midlothian.~~
The Asylum of Crichton Royal Institution Dumfries

[Signature] Geo. Campion

No. 10. 392 Name Archibald J. B. M. Symington

Date of Admission 6th November 1911.

25 and 26 Vict., Cap. 54, Sect. 14.

FORM A

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum after the Order of the Sheriff is obtained.

Petition to the Sheriff to grant Order for the Reception of a Patient into the Crichton Royal Institution, Dumfries.

Unto the Honourable the Sheriff of Dumfries and Galloway and his Substitutes,—at Dumfries.

The Petition of (1) John Symington

54 Bellevue Crescent Ayr.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that (2) Archibald J. B. M. Symington

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 (4) Archibald J. B. M. Symington to the Crichton Royal Institution, Dumfries, and to sanction (5) his admission into the said Asylum.

(1) Insert Name, Designation, and Residence of the Party applying.

(2) Insert Name of Patient in full.

(3) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

(4) Insert Name of Patient in full.

(5) His or her.

*Signature of Petitioner (6) John Symington

Dated this (7) Sixth day of Nov. One thousand nine hundred and Eleven years.

(6) To be signed by the Party applying.

(7) N.B.—The Date of the Petition must be within fourteen clear days following the dates of the Medical Certificates Nos. I. and II., and not before.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Archibald J. B. M. Symington
2. Sex and Age,	Male 28 Years
3. Married, Single, or Widowed,	Single
4. Condition of life and previous Occupation (if any),	Bank Clerk
5. Religious Persuasion, so far as known,	Episcopalian
6. Previous Place of Abode,	Meikleffe on Sea, Essex
7. Place where Found and Examined,	Kimberley, 54 Bellevue Crescent Ayr.
8. Length of Time Insane,	4 Months
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	28 Years
11. When and Where previously under Examination and Treatment,	Kimberley 54 Bellevue Crescent Ayr.
12. Duration of Existing Attack,	4 Month
13. Supposed Cause,	Overwork & no worry
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,	Private
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,	None
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

I certify that, to the best of my knowledge, the above particulars are correctly stated.

Dated this Sixth day of November One thousand nine hundred and Eleven years.

*Signature of Petitioner, (1) John Symington

(1) *To be signed by the Party applying.*

MEDICAL CERTIFICATE.—No. I.

(1) Name of Registered Medical person.
(2) *Set forth the registered qualification entitling the person certifying to grant the Certificate, e.g.,* Member of the Royal College of Physicians in Edinburgh.
(3) Physician, Surgeon, *or otherwise, as the case may be.*
(4) *Insert the Street, and Number of the House (if any), or other like particulars.*
(5) *Insert Name of Patient in full, Designation, and Residence, and if a Pauper, state so.*
(6) *State Name of Patient in full.*
(7) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned (1) James Rose Watt
being a (2) M.B. Glasgow University
and being in actual practice as a (3) Physician
do hereby certify, on soul and conscience, that I have this day at (4) Carsphairn Dalry (Dalry, Galloway) in the County of separately from any other Medical Practitioner visited and personally examined (5) Archibald J.B.M. Symington of 54 Bellevue Crescent Ayr, Ayrshire and that the said (6) Archibald J.B.M. Symington is a (7) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(8) *State the Facts, e.g.,* as indicated by the Patient's appearance, demeanour, conversation, writings, actions, conduct, etc.

1. Facts indicating Insanity observed by myself (8) has feyed delusions principally of Voices accusing him, is at times violent in his manner & dangerous to approach anyone in charge, full of suspicions of his friends & Landlord by police & others who accuse him of something

(9) *State the Information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others (9) Father & sister say he contemplates suicide or murder of others by firearms if possible: is restless, sleepless, hallucinations & unnecessary, gluttonous

(10) *To be signed by medical person certifying.*

Name and Medical Designation (10) J. R. Watt, M.B. J.P.
And Place of Abode, Ayr

DATED this 6th (Sixth) day of November One thousand nine hundred and Eleven years

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MEDICAL CERTIFICATE.—No. II.

(1) Name of Registered Medical person.
(2) *Set forth the registered qualification entitling the person certifying to grant the Certificate, e.g.,* Member of the Royal College of Physicians in Edinburgh.
(3) Physician, Surgeon, *or otherwise, as the case may be.*
(4) *Insert the Street, and Number of the House (if any), or other like particulars.*
(5) *Insert Name of Patient in full, Designation and Residence, and if a Pauper, state so.*
(6) *State Name of Patient in full.*
(7) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned (1) James Brown
being a (2) L.R.C.P.E., L.R.C.S.E. L.F.P.S.G.
and being in actual practice as a (3) Physician & Surgeon
do hereby certify, on soul and conscience, that I have this day at (4) Croft Villa, Carsphairn in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (5) Archibald J. B. M. Symington and that the said (6) Archibald, J. B. M. Symington is a (7) 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:—

(8) *State the Facts, e.g.,* as indicated by the Patient's appearance, demeanour, conversation, writings, actions, conduct, etc.

1. Facts indicating Insanity observed by myself (8) is listless & cannot carry on conversation for more,

(9) *State the Information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others (9) Mr. Sawker tell me that the patient is suffering of fixed delusions of persecution, at other times more & self-willed.

(10) *To be signed by medical person certifying.*

Name and Medical Designation (10) James Brown
And Place of Abode, Carsphairn, Dalry, Galloway

DATED this 6th day of November One thousand nine hundred and eleven.

CERTIFICATE OF EMERGENCY.

N.B.—This Certificate is necessary in the event of a Patient being sent to the Institution before the Sheriff's Order is obtained, and it authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any order by the Sheriff. During this period the Sheriff's Order is obtained. When the Certificate of Emergency is employed, both parts should be filled, signed, and dated if possible on the day of removal of the Patient to the Asylum, or otherwise as near the day of removal as possible.

I, the undersigned (1) James Ross Watt ..... (1) State Name of Registered Medical Person.

being a (2) Graduate in Medicine Glasgow University ..... (2) State Registered Medical qualification.

do hereby certify, on soul and conscience, that I have this day at (3) Carsphairn ..... (3) State place of Examination.

Daley, Galloway ..... in the County of .....

seen and personally examined (4) Archibald J. B. M. Symington of 54 Bellevue Cres.t Ayr ..... (4) State Name of Patient, in full, Designation, and Address.

and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at Dumfries.

And I further certify that the case of the said person is one of emergency.

Signature of Certifier (5) ..... (5) To be signed by Medical Person certifying.

Address of Certifier .....

DATED this Sixth day of November One thousand nine hundred and Eleven years.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution, Dumfries, to receive therein (1) Archibald J. B. M. Symington ..... (1) State Name of Patient in full.

of whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Petitioner or Applicant stands to Patient Father

Signature of Petitioner or Applicant (2) John Symington ..... (2) To be signed by the Party applying.

Address of Petitioner or Applicant 54 Bellevue Crescent Ayr

DATED this Sixth day of Nov.r one thousand nine hundred and Eleven years.

Order to be Granted by the Sheriff for the Transmission and Reception of the Lunatic.

I George Campion Esq

Sheriff Substitute ..... (1) *State whether* Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.

of Dumfries and Galloway at Dumfries ..... (2) *State whether a* County or Stewartry.

having had produced to me, with a Petition at the instance of (3) John Symington ..... (3) *Insert Name and Designation.*

54 Bellevue Crescent Ayr

certificates under the hands of James Ross Watt

and James 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) Archibald J. B. M. Symington Carsphairn Daley Galloway (Person) ..... (4) *Describe the Patient, and if a Pauper, state so.*

and that the said Archibald J. B. M. Symington

is a (5) person of unsound mind, an insane person ..... (5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Archibald J. B. M. Symington as a Patient into the Crichton Royal Institution, Dumfries, and I authorize (6) his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Archibald J. B. M. Symington which accompanied the said Petition. (6) His or her

DATED [at Dumfries] this Seventh day of November One thousand nine hundred and eleven

(Signature) .....

To the Superintendent of the Crichton Royal Institution, Dumfries.

Geo. Campion

0393 William Walker. (Colvend)

Adm: 11 November 1911

N.B.—This Petition shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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~~ Dumfriesshire and ~~Stewartry of Kirkcudbright~~ and his Substitutes,—

The Petition of John Kearney McLelland, Inspector of Poor, Colvend at Dumfries

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that William Walker 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 Person to the Crichton Royal Institution, Dumfries and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(*To be signed by the Party applying*) John Kearney McLelland

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 11th (4) day of November One thousand ~~eight~~ nine hundred and eleven 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 Walker.
2. Sex and Age,	Male. 64 years.
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Worker in Bobbin Mill. formerly
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Dalbeattie
7. Place where Found and Examined,	Farlillian, Colvend.
8. Length of time Insane,	Cannot say
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	64 years.
11. When and where previously under Examination and Treatment [*name of Establishment into which last received, and Year of Reception or approximation thereto*],	No previous examination
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,	Colvend Parish Council, Meantime
18. Date of becoming Chargeable,	6th November 1911.
19. Christian Name and Surname, and Place of Abode of nearest known 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 11th day of November One thousand ~~eight~~ nine hundred and eleven years.

(*To be signed by the party applying*) John Kearney McLelland, P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Cook.
being a (1) Bachelor of medicine
and being in actual practice as a (2) Physician
do hereby certify, on soul and conscience, that I have this day, at (3) Tarlillian Cottage Kirkmabright in the County of
separately from any other Medical Practitioner, visited and personally examined (4) William Walker, Tarlillian, and that
the said William Walker 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 emotional, without cause into fits of laughter or tears. in a
He confesses to a constant desire to commit suicid

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His housekeeper says he goes out naked and on occasions she has frustrated attempts by him to commit suicide.

Name and Medical Designation, James Cook. M.B. Ch. B.

Place of Abode, Mainsiddle nr. Dumfries

DATED this 8th day of Nov One thousand eight hundred and eleven

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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, Samuel Archibald David Gillespie
being a (1) Bachelor of Medicine & Master in Surgery University of
and being in actual practice as a (2) General Medical Practitioner
do hereby certify, on soul and conscience, that I have this day, at (3) Tarlillian Cottage Kirkmabright in the County of
separately from any other Medical Practitioner, visited and personally examined (4) William Walker
and that the said William Walker is a (5) person of unsound mind
and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
Have known him for many years to be mentally afflicted. He says he is tired of life & wants out of this world.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Mrs Russell (his landlady) says he has attempted several times to destroy himself by drowning - she has premeditated strangling with a thick string &

Name and Medical Designation, S. A. D. Gillespie M.B.Ch.

Place of Abode Dalbeattie

DATED this tenth day of November One thousand eight hundred and eleven

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Samuel Arch^d David Gillespie being (1) Bach. of Medicine & Master in Surgery hereby certify, on soul and conscience, that I have this day, at (2) Tarbillian in the County of Kirkcudbright, seen and personally examined William Walker, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.

(2) State place of examination.

S D Gillespie MB

DATED this tenth day of November One thousand ~~eight~~ nine hundred and eleven

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Asylum to receive therein William Walker to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, } Pauper Guardian,

Signature and Address John Kearney M^cLelland.

Date 11th November 1911.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, George Campion Esquire (1) Sheriff Substitute of Dumfries and Galloway at Dumfries having had produced to me, with a Petition at the instance of (3) John Kearney M^c Lelland, Inspector of Poor, Parkhead, Certificates under the hands of James Cook and Samuel Archibald David Gillespie, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) William Walker, Tarbillian Cottage, Colvend (Pauper) and that the said William Walker is a (5) Lunatic, a person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said William Walker 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 Walker which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.

(3) State whether a County or Stewartry.

(3) Insert Name and Designation.

(4) Describe him, and if a Pauper, state so.

(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

(6) Public, District, Parochial, or Private.

DATED this thirteenth day of November One thousand ~~eight~~ nine hundred and eleven. Amended & dated.

Geo Campion

To the Superintendent of the (7) Public *Asylum of* Crichton Royal Institution Dumfries.

(7) Public, District, Parochial, or Private.

10-394 Marion Kerr McMaster (Dumfries)
Adm: 13 November 1911.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 Henry B. Reid, Inspector of Poor, Dumfries,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Marion Kerr McMaster,

(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 Marion Kerr McMaster to the Crichton Royal Asylum and to sanction her admission into the said Asylum.

(*To be signed by the Party applying*) Henry B Reid.

(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 nine hundred and Eleven years.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Marion Kerr McMaster
2. Sex and Age,	Female - 69
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	
5. Religious Persuasion, so far as known,	
6. Previous Place of Abode,	H.M. Prison Dumfries.
7. Place where Found and Examined,	C.R. Asylum Dumfries
8. Length of time Insane,	a week or so
9. Whether First Attack,	Yes, so far as known
10. Age (if known) on First Attack,	—
11. When and where previously under Examination and Treatment (5),	—
12. Duration of Existing Attack,	—
13. Supposed Cause,	—
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	Yes!
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dumfries
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	James McMaster Horse breaker said to be residing at Milnbrow, Summertrees Not known
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	—

(5) If patient has been previously in an Asylum, state the date of latest admission or approximate thereto. If not previously under observation or treatment state the fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Thirtieth day of November One thousand nine hundred and Eleven Years.

(*To be signed by the party applying*) Henry B Reid.

T & A. C.—February 1911.

MEDICAL CERTIFICATE, No. I.

I, the undersigned, Peter Murray Kerr being a (1) Bachelor Medicine and Master in Surgery of the University of Edinburgh and being in actual practice as a (2) Resident Practitioner do hereby certify, on soul and conscience, that I have this day, at (3) Crichton Royal Institution in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Marion Kerr or McMaster pauper. H. M. Prison Dumfries and that the said Marion Kerr or McMaster is a (5) person of unsound mind and a proper person to be detained 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 excitable and maniacal She is incoherent in speech the believes that her husband has many times tried to poison her with mysterious medicines. She also believes that there is a conspiracy to murder her
2. Other facts (if any) indicating Insanity communicated to me by others: (7)

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

Name and Medical Designation, Peter Murray Kerr M.B.

Place of Abode, Warden's House Dumfries

DATED this Thirteenth day of November One thousand nine hundred and Thirteen.

MEDICAL CERTIFICATE, No. II.

I, the undersigned, Frederick Hugh Clarke being a (1) Bachelor of Medicine & Master in Surgery of Glasgow University and being in actual practice as a (2) Physician & Surgeon do hereby certify, on soul and conscience, that I have this day, at (3) The Crichton Institution, Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Marion Kerr McMaster House wife. pauper. H.M's Prison, Dumfries and that the said Marion Kerr McMaster is a (5) Person of unsound mind and a proper person to be detained 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 garrulous, full of delusions about her husband trying to poison her, and having policemen at work all over the country to annoy her. Says she possesses supernatural powers of scent and is able to tell the fate of persons and certain animals.
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, Fred: Hugh Clarke. M.B.

Place of Abode, Charlotte Street Dumfries

DATED this Thirteenth day of November One thousand nine hundred and Eleven.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Peter Murray Kerr being (1) Medical Practitioner hereby certify, on soul and conscience, that I have this day, at (2) C.R.I. in the County of Dumfries, seen and personally examined Marion Kerr or M'Master, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Dumfries.

(1) State medical qualification.
(2) State place of examination.

And I further certify that the case of the said person is one of Emergency.

(3) State place at which Asylum is situated.

Peter Murray Kerr

DATED this Nineteenth day of November One thousand nine hundred and eleven years.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Asylum to receive therein Marion Kerr M'Master to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Inspector of Poor.

Signature and Address Henry B. Reid. Dumfries.

Date 13th Nov. 1911

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, George Campion Esquire Sheriff Substitute of the Dumfries & Galloway at Dumfries having had produced to me, with a Petition at the instance of (4) Henry B. Reid Inspector of Poor, Dumfries, Certificates under the hands of Peter Murray Kerr and Frederick Hugh Clarke being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (6) Marion Kerr or M'Master H. M. Prison, Dumfries (pauper) and that the said Marion Kerr or M'Master 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 Marion Kerr or M'Master as a patient into the (7) Public Asylum of Crichton Royal Institution and I authorize (8) her transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Marion Kerr or M'Master which accompanied the said Petition.

(3) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(4) State whether a County or Stewartry.
(5) Insert Name and Designation.
(6) Describe him, and if a Pauper, state so.
(6) Lunatic, or as Insane Person, or as Idiot, or a Person of unsound mind.
(7) Public, District, Parochial, or Private.
(8) His, or her.

DATED [at Dumfries] this fourteenth day of November One thousand nine hundred and eleven.

To the Superintendent of the (9) Public Asylum of Crichton Royal Institution Dumfries.

(9) Public, District, Parochial, or Private.

[Signature] Geo: Campion

10·395 Andrew John Graham Kerr. (Hoddam).
Adm: 14 November 1911.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of Dumfries & Galloway and his Substitutes ~~of the (2) Shire~~ Dist. Dumfries

The Petition of William James Taylor Inspector of Poor Hoddam Dumfriesshire humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Andrew John Graham Kerr your Petitioner's (3) person without known means of support immediately available is at present in a state of Mental Derangement, and 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 John Graham Kerr to the Crichton Royal Institution and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(*To be signed by the Party applying*) William James Taylor

DATED this Seventeenth (4) day of November One thousand nine hundred and Eleven

(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,	Andrew John Graham Kerr.
2. Sex and Age,	Male 51 years.
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Farmer (retired)
5. Religious Persuasion, so far as known,	Presbyterian (Church of Scotland)
6. Previous Place of Abode,	Eastgrange Ecclefechan
7. Place where Found and Examined,	Eastgrange Ecclefechan
8. Length of time Insane,	one week
9. Whether First Attack,	Yes.
10. Age (if known) on First Attack,	51 years.
11. When and where previously under Examination and Treatment (5)	Never previous under treatment
12. Duration of Existing Attack,	one week
13. Supposed Cause,	General Paralysis
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Not known
16. Whether Dangerous to others,	Has threatened his sister
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Hoddam Parish
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	(1) Jessie Kerr or Irving, The Oaks Kirkpatrick-Fleming, Ecclefechan his sister. (2) No.
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	

(5) If patient has previously in an Asylum, state date of latest Admission or approximate thereto. If previously under Examination or treatment, state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Seventeenth day of November One thousand nine hundred and Eleven

(*To be signed by the party applying*) William James Taylor

T. & A. C.—September 1911.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Lockerbie being a (1) Bachelor of Medicine & of Surgery of the University of Edinburgh and being in actual practice as a (2) physician and surgeon do hereby certify, on soul and conscience, that I have this day, at (3) Castlegrange, Eccleftechan, Dumfries in the County of separately from any other Medical Practitioner, visited and personally examined (4) Andrew John G. Kerr, Farmer, Castlegrange, Eccleftechan and that the said Andrew John G. 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.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He looks dull, cannot do anything for himself: very slow answering questions, losing himself in the middle of a sentence, has great difficulty in finding words, Staggers when walking - in great danger of falling.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) John Dalziel Retired gamekeeper a neighbour - States that he came to his house & found Kerr with all his clothes, shirts &c strewn all over the floor. That two nights ago he wandered off was found in Eccleftechan next day by a policeman on a horse naked with only jacket & trousers. Had been in water was wet all through. States that he wandered a little his sister.

Name and Medical Designation, William Lockerbie Surgeon

Place of Abode, Annan

DATED this Sixteenth day of November One thousand nine hundred and eleven.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, being a (1) Bachelor of Medicine & Master of Surgery of the University of [illegible] and being in actual practice as a (2) physician and Surgeon do hereby certify, on soul and conscience, that I have this day, at (3) Castlegrange Eccleftechan, Dumfries in the County of separately from any other Medical Practitioner, visited and personally examined (4) Andrew John Graham Kerr, retired Castlegrange Eccleftechan and that the said Andrew John Graham 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.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) His memory is quite lost. He wanders aimlessly from home & is unable to find his way back. He can give no account of where he has been. His attempts at any purposive action are strikingly futile.

(7) *State the information and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) John Dalziel Retired Gamekeeper Neighbour tells me that Kerr spends much time looking for a box in a chest of drawers that he forgets & when reminded is unable to prepare any food for himself. Has to be fed.

Name and Medical Designation, Emrys Duncan Surgeon

Place of Abode, Thornfield, Eccleftechan

DATED this fifteenth day of November One thousand nine hundred and eleven

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1) M.B. & C.M. Edinburgh
hereby certify, on soul and conscience, that I have this day, at (2) Castlegrange
in the County of Dumfries, seen and personally examined
Andrew John Graham Kerr, and that the said
person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Dumfries

And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

E B Logan

DATED this Sixteenth day of November One thousand nine hundred and eleven

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution Dumfries Asylum to receive therein Andrew John Graham Kerr to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Inspector of Poor

Signature Wm Jaylor

Address Ecclefechan

Date 17th November 1911.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, George Campion Esquire (1) Sheriff Substitute of Dumfries and Galloway at Dumfries having had produced to me, with a Petition at the instance of (2) William James Taylor, Inspector of Poor, Hoddam Dumfriesshire Certificates under the hands of William Lockerbie and George Duncan 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) Andrew John Graham Kerr, Castlegrange, Ecclefechan (Pauper) and that the said Andrew John Graham 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 Andrew John Graham Kerr as a Patient into the (6) Public Asylum of Crichton Royal Institution and I authorize (7) his transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Andrew John Graham Kerr which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) His, or her.

DATED [at Dumfries] this Eighteenth day of November One thousand nine hundred and eleven

To the Superintendent of the (8) Public *Asylum of* Crichton Royal Institution Dumfries

[Signature] Geo: Campion

(8) Public, District, Parochial, or Private.

396. James Dickson (Canonbie)
Adm: 18 November 1911. 20662.

REC'D 14 NOV. 19..

[FORM B²]

25 *and* 26 *Vict. Cap.* 54, *Sect.* 16.

BOARD OF LUNACY
REC'D 10 NOV. 19

APPLICATION TO THE GENERAL BOARD OF LUNACY TO GRANT TRANSFER OF A PATIENT FROM ONE ASYLUM TO ANOTHER.

I, the undersigned (1) Alexander Hastie Burns being desirous to transfer James Dickson at present a Patient in Roxburgh District Asylum Melrose and (2) a pauper Lunatic of the Parish of which I am Inspector of Poor from the said Asylum to the Crichton Royal Institution Dumfries (Crichton Royal Institution) beg to submit the subjoined Statement of Particulars regarding the said Patient, and a Statement with respect to the mental and bodily condition of the said Patient:—

(1) Insert Christian and Surname.

(2) If Lunatic is not a Pauper, insert "detained at my instance," or "whose nearest known relative I am." If Lunatic is a Pauper, insert "a Pauper Lunatic of the Parish of which I am Inspector of Poor."

STATEMENT OF PARTICULARS.

1. Christian Name and Surname of Patient at length,	James Dickson
2. Sex and Age,	male - 42 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 (U.F. Church)
Parish to which the Lunatic (if a Pauper) is Chargeable,	Canonbie
7. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of relationship (if known),	Ann Prentice Dickson - wife 50 Douglas Place Galashiels

I certify that, to the best of my knowledge, the above particulars are correctly stated, and I hereby make Application for the authority of the General Board of Commissioners in Lunacy to the transfer of the Patient as aforesaid.

(*Signature of Applicant*) A. H. Burns

(3) Inspector of Poor

(3) State degree of Relationship, or other capacity in which Applicant stands to Patient. If a Lunatic is a Pauper, insert "Inspector of Poor of the Parish of ."

DATED this ninth day of November One thousand nine hundred and Eleven

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N.B.—The foregoing particulars, and those contained in the Statement which follows, are required for the information of the Board and of the authorities of the Asylum to which the Patient is to be transferred.

(3901) Wt 919-201 1000 6/09 M & G Ltd

STATEMENT BY THE PRINCIPAL MEDICAL OFFICER

of the ROXBURGH DISTRICT Asylum.

1. Name of Patient, ...	James Dickson
2. Date of Admission, . .	10 September 1911.
3. Whether Epileptic, . . .	No
4. Whether Suicidal, . . .	Not at present
5. Whether Dangerous to others, . .	No
6. Whether fit at present for removal to the Asylum named in the Application, .	Yes
7. Facts (if any) as to the past history of the Patient bearing upon risk of suicide or danger to others, which should be kept in view by those who are to have charge of the Patient, ...	He is stated to have attempted to commit suicide by cutting his throat two years ago.

Danyle Johnstone, M.D.
Principal Medical Officer.

Date 13 November 1911.

SANCTION BY THE BOARD OF LUNACY.

(Under this Sanction a Patient may be Transferred without an Order of the Sheriff.)

The foregoing Application having been made to the Board to authorize the transfer of James Dickson from Roxburgh District Asylum to Crichton Royal Institution, Dumfries, and the Board having considered such Application and the accompanying Statements, do hereby authorize the transfer, at any time within fourteen days from the date hereof, of the said Patient as requested.

John Macpherson *Secretary.* pro tem.

DATED at Edinburgh, this 11th day of November One thousand nine hundred and Eleven.

Date of Sheriff's Order *[to be inserted at the Office of Board].*

11th September 1911

No. (0 39 Robert Paton (Monswald)
Adm. 21st November 1911.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff ~~of the (2) Shire~~ of Dumfries & Galloway and his Substitutes,—The Petition of James Forsythe Young, Inspector of Poor of the Parish of Monswald humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Robert Paton ~~Guardian~~ Pauper your Petitioner's (3) is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Robert Paton to the Crichton Royal Institution and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(*To be signed by the Party applying*) Jas. F. Young

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Twenty first (4) day of November One thousand nine hundred and Eleven.

STATEMENT.

If any 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 Paton
2. Sex and Age,	42 (?)
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,	Horseholm Farm, Parish of Monswald
7. Place where Found and Examined,	3 Days.
8. Length of time Insane,	no
9. Whether First Attack,	34 (?)
10. Age (if known) on First Attack,	In Crichton R.I. 1903 (?)
11. When and where previously under Examination and Treatment (5)	3 Days.
12. Duration of Existing Attack,	— not known
13. Supposed Cause,	— do.
14. Whether subject to Epilepsy,	— do.
15. Whether Suicidal,	Yes
16. Whether Dangerous to others,	not yet ascertained
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	not known
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Been here only 6 months and was very reserved prior to outbreak.
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	

(5) If patient has previously in an Asylum, state date of latest admission or approximate. If previously under Treatment or treatment without Asylum.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Twenty first day of November One thousand nine hundred and Eleven

(*To be signed by the party applying*) Jas. F. Young

P. V.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, William Scott
being a (1) Bachelor of Medicine + Master of Surgery
and being in actual practice as a (2) General Practitioner
do hereby certify, on soul and conscience, that I have this day, at (3) Hosehold. Mouswald Dumfries in the County
separately from any other Medical Practitioner visited and personally examined (4) Robert Paton (Pauper)
and th
the said Robert Paton is a (5) person
of unsound mind and a proper person to be detain
under Care and Treatment, and that I have formed this opinion upon the followi
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)
great excitement of manner, trying t
Strike everybody near a stick, Howlin
at the top of his voice, Striking everythi
within his reach, + behaving like a mad

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
James Paterson Farmer says he
been talking nonsense for a few days, ha
wandering about, delusions of being in
Upper + Country

Name and Medical Designation, William Scott M.B.

Place of Abode, Rutherglen

DATED this 21st day of November One thousan
nine hundred and eleven.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

(6) *State the facts.*

(7) *State the information and from whom derived.*

I, the undersigned, Roderick Alex Campbell
being a (1) Doctor of Medicine + Bachelor of Surgery
and being in actual practice as a (2) Physician
do hereby certify, on soul and conscience, that I have this day, at (3) The Crichton Royal Institution Dumfries in the County o
Dumfriesshire
separately from any other Medical Practitioner visited and personally examined (4) Robert Paton, Pauper
and tha
the said Robert Paton is a (5) Person
of unsound mind and a proper person to be detained
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 is
hilarious and excited. He laughs
when spoken to. He has lost entire
recollection of what he did the last
few days.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, Roderick Campbell M.B.

Place of Abode, Crichton Royal Institution

DATED this 22nd day of November One thousand
nine hundred and eleven.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, William Scott being (1) Bachelor of Medicine & Master of Surgery hereby certify, on soul and conscience, that I have this day, at (2) Horsholm in the County of Dumfries, seen and personally examined Robert Paton (Pauper), and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Crichton Dumfries.

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

And I further certify that the case of the said person is one of Emergency.

William Scott M.B. C.M.

DATED this 21st day of November One thousand nine hundred and eleven.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Southern Counties ~~Asylum~~, Asylum to receive therein Robert Paton to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Guardian

Signature and Address Jas. Young Monswald.

Date 20th Nov., 1911.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Geo. Campion Esquire (1) Sheriff Substitute of ~~the~~ Dumfries & Galloway ~~of~~ at Dumfries having had produced to me, with a Petition at the instance of (2) James Forsythe Young Inspector of Poor, Kirkwald ——— Certificates under the hands of William Scott ——— and Roderick Alan Campbell —— being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Paton Ploughman, Horsholm Farm, Kirkwall (Pauper) and that the said Robert Paton —— is a (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 Paton ——— as a patient into the (6) Public —— Asylum of Southern Counties and I authorize (7) his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Robert Paton ——— which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) His or her.

DATED [at Dumfries ——] this Twenty first day of November One thousand nine hundred and eleven ———

To the Superintendent of the (8) Public *Asylum of* Southern Counties Dumfries.

(8) Public, District, Parochial, or Private.

[Signature] Geo. Campion

No 10398 Jane Robson or Johnstone (Middlebie)
Adm: 24 November 1911.

N.B.—This FORM shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

25 and 26 Vict., Cap. 54, Section 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Unto the Honourable the (1) Sheriff of ~~of the Lordship~~ of Dumfries & Galloway and his Substitutes, at Dumfries

The Petition of James Richardson Inspector of Poor of Middlebie

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Johnstone

your Petitioner's (2) Pauper

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Jane Johnstone to the Brighton Royal Asylum and to sanction her admission into the said Asylum.

(To be signed by the Party applying) James Richardson Insp of Poor Middlebie

DATED this Twenty fourth (4) day of November One thousand nine hundred and Eleven

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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 Johnstone Robson
2. Sex and Age,	Female. 28 years
3. Married, Single, or Widowed,	Married
4. Condition of Life and previous Occupation (if any),	Wife formerly Domestic Servant
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Branteth Kirkpatrick F G
7. Place where Found and Examined,	Chapelhill Middlebie
8. Length of time Insane,	Two weeks
9. Whether First Attack,	yes
10. Age (if known) on First Attack,	—
11. When and where previously under Examination and Treatment, (5)	—
12. Duration of Existing Attack,	—
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,	Middlebie Newtown
18. Christian Name and Surname, and Place of Abode of nearest known relative of the Patient; and degree of Relationship (if known), and whether any Member of Family known to be or to have been insane.	William Johnston Husband Chapelhill Ecclefechan
19. Special Circumstances (if any) preventing the insertion of any of the above particulars,	none

I certify that to the best of my knowledge, the above particulars are correctly stated.

DATED this 24th day of November One thousand nine hundred and eleven

(To be signed by the party applying) James Richardson Inspector of Poor

P.p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2 Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, J. S. Bell being a[1] Bachelor of Medicine & Master in Surgery of Edinburgh University and being in actual practice as a[2] Physician & Surgeon do hereby certify, on soul and conscience, that I have this day, at[3] Chapelhill Cottage in the parish of Middlebie in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined[4] Mrs Jane Robson or Johnstone Chapelhill Cottage, Pauper and that the said Mrs Jane Robson or Johnstone is a[5] person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself :[6]

She seems very much depressed. Says that she is love with a Freemason Gentleman (now dead) & that She wishes to go to Dumfries churchyard to be his grave.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others :[7]

William Johnstone (the husband) informs me that she has remonstrated with him for having a woman in bed (Delusion) Also accuses him of being fond of his master's wife (Delusion)

Name and Medical Designation, J. S. Bell M.B. C.M.

Place of Abode Fore Kirkbie

DATED this twenty-third day of November One thousand nine hundred and Eleven

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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 Gibson being a[1] Licentiate of the Royal Faculty of Physicians & Surgeons of Glasgow and a Bachelor of Medicine & Master in Surgery of Glasgow University and being in actual practice as a[2] physician and surgeon do hereby certify on soul and conscience, that I have this day, at[3] Chapelhill Cottage Parish of Middlebie in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined[4] James Robson or Johnstone Pauper's the said Jane Robson or Johnstone is a[5] person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself :[6]

She is pre occupied in her manner and silent and suspicious people are poisoning her food. Her eyes are red and her demeanour is that of an insane person.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others :[7]

She wishes to go to Dumfries to see some men in a [illegible] there. She locks door of her house & leaves it when she [illegible]

Name and Medical Designation. James Gibson M.B. C.M. L.R.F.P.S.

Place of Abode Waterfoot Eaglesham

DATED this twenty third day of November One thousand nine hundred and eleven

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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 Gilroy being (1) a Physician & Surgeon hereby certify on soul and conscience, that I have this day at (2) Chapelhill in the County of Dumfries, seen and personally examined Jane Robson or Johnstone, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Dumfries

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

And I further certify that the case of the said person is one of Emergency.

James Gilroy M.B. C.M.

DATED this Twenty third day of November One thousand nine hundred and Eleven

(The following should be filled up in every case in which a Certificate of Emergency is acted on.

I hereby request the Superintendent of the Crichton Royal Institution Asylum and to receive therein Jane Johnstone to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient. Patients Guardian

Signature and Address, James Richardson Chapelhill Kecleghern

Date, 24th Nov 1911

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Geo. Campion Esq. (1) Sheriff Substitute of the (2) Dumfries & Galloway at Dumfries having had produced to me, with a Petition at the instance of (3) James Richardson, Inspector of Poor Middlebie Certificates under the hands of J. S. Bell and James Gilroy being two Medical Persons duly qualified in terms of an Act intituled "An Act for the Regulation of the Care and Treatment 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 Robson or Johnstone, Chapelhill Cottage, Middlebie (parish) and that the said Jane Robson or Johnstone is a (5) person of unsound mind.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper state so.
(5) Lunatic or an Insane Person, or an Idiot, or a Person of unsound mind.

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Jane Robson or Johnstone as a patient into the (6) Public Asylum of Crichton Royal Institution and I authorize (7) her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Jane Johnstone Robson or which accompanied the said Petition.

(6) Public, District, Parochial or Private.
(7) His, or her.

DATED [at Dumfries] this Twenty fifth day of November One thousand nine hundred and eleven

To the Superintendent of the (8) Public *Asylum of* Crichton Royal Institution Dumfries

(8) Public, District, Parochial, or Private.

(Signature) Geo: Campion

10·399 James Walsh.
Adm: 24 November 1911.

To 121.

34 & 35 Victoria, Cap. 55, Sec. 6.

PETITION to the Sheriff to grant order for the reception of James Walsh a Prisoner in H.M. Prison Dumfries into the Asylum at Crichton Royal Institution

UNTO the Honourable the Sheriff of the County of Dumfries and his Substitutes.

The PETITION of Alexander Drummond Dryedale Governor of H.M. Prison Dumfries as representing The Prison Commissioners for Scotland, incorporated under the Prisons (Scotland) Act, 1877, administrators of said Prison.

Humbly Sheweth,

That by Section 6 of the Criminal and Dangerous Lunatics (Scotland) Amendment Act, 1871, it is provided that "When in relation to any person confined in a "local prison in terms of the 'Prisons (Scotland) Administration Act, 1860,' it is "certified, on soul and conscience, by two medical persons that they have visited and "examined such prisoner, and that in their opinion he is insane, it shall be lawful "for the Sheriff, on summary application at the instance of the administrators of "such Prison, by a warrant under his hand, to order such prisoner to be removed to a "lunatic asylum," and that it appears from the appended Medical Certificates by two Medical Persons that James Walsh presently confined in H.M. Prison Dumfries is insane.

34 & 35 Vict. cap. 55, sec. 6.

May it therefore please your Lordship by a Warrant under your hand to order the said James Walsh to be removed from H.M. Prison Dumfries to the Lunatic Asylum at Crichton Royal Institution and to sanction his admission into the said Asylum.

A D Dryedale
Governor H.M. *Prison* Dumfries

Dated this seven day of November Nineteen Hundred and eleven

(2523) Wt 262-368 250 4/09 M & G Ltd 27a

STATEMENT OF PARTICULARS REGARDING PRISONER.

(If any of the particulars are not known, the fact to be so stated.)

1. Prisoner's Reg. No., Name, and Age, ...	11/464 James Walsh 46
2. Whether Married, Single, or Widowed, ...	Single
3. Date when first received into Prison, ...	11th September 1911
4. By what Court committed ~~(if untried)~~, ...	Sheriff Dumfries
5. Date of sentence, and by what Court (if convicted),	18th September 1911 Sheriff Dumfries
6. Offence, ...	Sodomy
7. Length of sentence, ...	6 Months
8. Date of expiration of sentence,*	18th March 1912
9. Condition of life, and previous occupation, ...	Ostler
10. Previous place of abode, ...	U.S. America
11. Length of time insane, ...	One Day
12. Whether first attack, ...	see 14
13. Age (if known) on first attack, ...	do
14. If Prisoner has been previously in an Asylum, state fact and date of latest admission, with name of Asylum, ...	prisoner states that he he beenconfined in an institution in America. one day
15. Duration of existing attack, ...	Low physical state and confinement
16. Supposed cause, ...	No
17. Whether subject to epilepsy, ...	Yes
18. Whether suicidal, ...	yes
19. Whether dangerous to others, ...	unknown
20. Name and residence of nearest known relative, and degree of relationship, ...	do
21. Is any member of the family known to be, or have been, insane, ...	Prisoner is an alien and his antecedents are not known.
22. Special circumstances (if any) preventing the insertion of any of the above particulars,... ...	

I certify that, to the best of my knowledge, the above particulars are correctly stated.

A D Dryedale Governor

Prison of Dumfries

2nd November 1911

* NOTE.—The authority for detention given under this Warrant ceases on expiration of sentence.

Communications should be addressed to the Governor.

H. M. PRISON, Dumfries,

24th November 1911.

To the Physician Superintendent,
Crichton Royal Institution,
Dumfries.

Dear Sir,

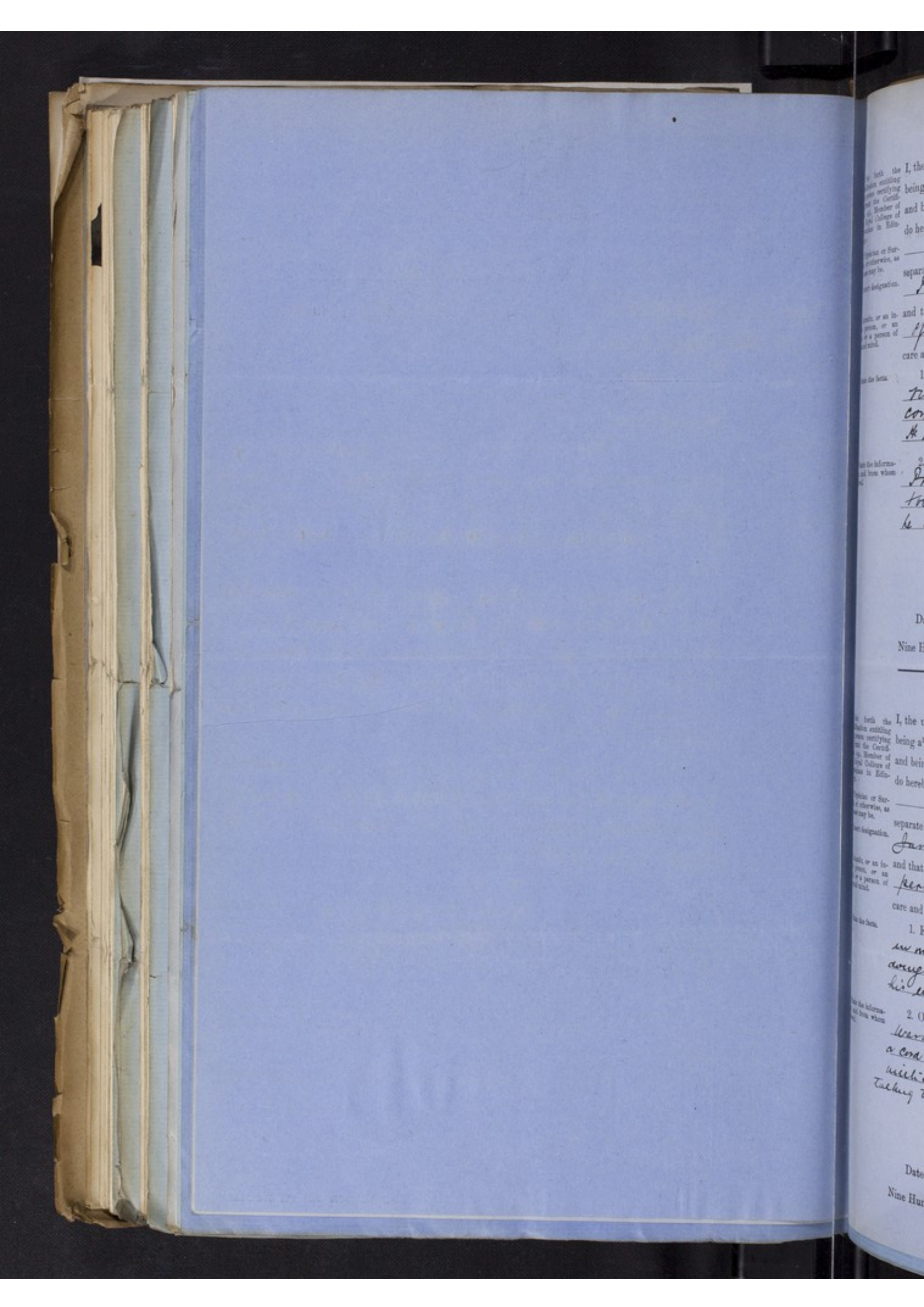
Prisoner James Walsh, particulars of whose conviction are noted on the margin, has been certified to be insane and removed to the Crichton Royal Institution today under Sec. 6 of 54 & 55 Vict. Cap. 55.

The prisoner's sentence expires on 18th March 1912 and until that date the Prison Commissioners will be responsible for his maintenance, but, should he recover from the attack of insanity during the currency of his sentence, he will be brought back to Prison.

The Inspector of Poor for Dumfries Parish will be liable for the man's maintenance on the expiry of his sentence, if he has not been brought back to Prison before that time.

I am
Yours faithfully
H. D. Drysdale
Governor

(2361) Wt 172-570 3000 4/11 M & G Ltd



MEDICAL CERTIFICATE, No. 1.

I, the undersigned, Joseph Hunter

being a[1] Bachelor of Medicine and Surgery. Universities of Edinburgh.

and being in actual practice as a[2] General Practitioner.

do hereby certify, on soul and conscience, that I have this day, at H.M. Prison Dumfries.

in the County of Kirkcudbright.

separately from any other Medical Practitioner, visited and personally examined[3] James Walsh. Prisoner.

and that the said James Walsh. is a[4] person of unsound mind. and a proper person to be detained under care and treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself:[5] He is excited and violent - talks incessantly of his wrongs and threatens constantly to commit suicide by any available means. He is confused in his mind and irresponsible in his acts.

2. Other facts (if any) indicating Insanity communicated to me by others:[6] Prisoner James Monaghan states that Walsh told him this morning while at Cook House that he would hang himself to end his trouble.

Name and Medical Designation, Joseph Hunter. M.B.(Edin.) D.P.H.(Camb.)

Place of Abode, 31 Castle Street Dumfries

Dated this twenty third day of November One Thousand Nine Hundred and Eleven

---

MEDICAL CERTIFICATE, No. 2.

I, the undersigned, John Dewar Robson

being a[1] Graduate in medicine of Edinburgh University

and being in actual practice as a[2] Physician

do hereby certify, on soul and conscience, that I have this day, at H.M. Prison Dumfries

in the County of Kirkcudbright.

separately from any other Medical Practitioner, visited and personally examined[3] James Walsh. prisoner

and that the said James Walsh. prisoner is a[4] person of unsound mind and a proper person to be detained under care and treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself:[5] He is furtive and suspicious in manner: mutters to himself: says that everyone is doing his best to get rid of him: and threatens to take his life on the first opportunity that occurs.

2. Other facts (if any) indicating Insanity communicated to me by others:[6] Warder Smythe informs me that he was found with a cord round his waist: and a piece of iron about his person with intent to commit suicide. and that he is constantly talking to himself

Name and Medical Designation, John Dewar Robson M.B.C.M.

Place of Abode, 1 Hope Place Maxwelltown

Dated this twenty third day of November. One Thousand Nine Hundred and eleven.

---

[1] Set forth the qualification entitling the person certifying to grant the Certificate, e.g., Member of the Royal College of Physicians in Edinburgh.

[2] Physician or Surgeon or otherwise, as the case may be.

[3] Insert designation.

[4] Lunatic, or an insane person, or an idiot or a person of unsound mind.

[5] State the facts.

[6] State the information and from whom received.

(*Place*) Dumfries,

(*Date*) 24th November 1911.

THE Sheriff having considered the foregoing Petition, with relative Medical Certificates ~~affixed~~, hereby grants ~~Warrant~~ for the removal of James Walsh from the Prison of Dumfries to the Crichton Royal Institution, ~~Dumfries~~.*

(*Signature*) Wm Pearson

No. 10·400 Alexander Callander. (Holywood)
Adm: 24th November 1911.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.

25 & 26 *Vict.*, *Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honorable the (1) Sheriff of the (2) Shire of Dumfries and Galloway and his Substitutes,—at Dumfries.

The Petition of William Kennedy, Inspector of Poor, Holywood

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Alexander Callander 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 Callander to the Crichton Royal Asylum and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(To be signed by the Party applying) Wm Kennedy

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 24th (4) day of November One thousand nine ~~eight~~ hundred and eleven.

STATEMENT.

If any 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 Callander
2. Sex and Age,	Male
3. Married, Single, or Widowed,	Married
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,	Holywood Village
7. Place where Found and Examined,	Holywood Village
8. Length of time Insane,	Two days
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	
11. When and where previously under Examination and Treatment (5)	
12. Duration of Existing Attack,	Two days
13. Supposed Cause,	Religious Mania
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,	Holywood
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	

(5) If patient has previously in an Asylum, state the date of latest admission or approximate thereto. If previously under Medical notice or treatment, state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 24th day of November One thousand nine ~~eight~~ hundred and eleven.

(To be signed by the party applying) Wm Kennedy

T. & A. C.—June 1895. P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, James Williamson Martin being a (1) M.D. F.R.C.P.E.

and being in actual practice as a (2) General Practitioner do hereby certify, on soul and conscience, that I have this day, at (3) Holywood Village in the County of Dumfries-shire separately from any other Medical Practitioner, visited and personally examined (4) Alexander Callander and that the said Alex. 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.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He is restless and unmanageable. refuses to be fed in bed. He shouts "God is coming". "His God upheld". groans & Cries "Lord have mercy" and other such expressions. He is violent

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) He becomes violent and excitable and stuffs to get at glass and breaks things flinging his arms about

Name and Medical Designation, James W. Martin.

Place of Abode, Newbridge. Dumfries

DATED this twenty fourth day of November One thousand eight hundred and eleven.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Richmond Architard being a (1) M.B., Ch. B.

and being in actual practice as a (2) General Practitioner do hereby certify, on soul and conscience, that I have this day, at (3) Holywood village in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Alexander Callander and that the said Alexander 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.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Incoherence of thought — lack of ability to concentrate — religious delusions & hallucinations

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) History of acute delirium

Name and Medical Designation, R. R. Architard

Place of Abode 47 Castle St Dumfries

DATED this twenty fifth day of November One thousand eight hundred and eleven.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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 Richmond Archibald being (1) an M.B. Ch. B. hereby certify, on soul and conscience, that I have this day, at (2) Holywood Village in the County of Dumfries, seen and personally examined Alexander Callander, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Crichton Royal Asylum.

And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

R. R. Archibald.

DATED this 24 day of November One thousand ~~eight~~ nine hundred and eleven.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Asylum Asylum to receive therein Alexander Callander to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Inspector

Signature and Address Wm Kennedy, Holywood

Date 24th Nov. 1911

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Geo. Campion Esq. — (1) Sheriff Substitute of the ~~(2)~~ Dumfries & Galloway at Dumfries having had produced to me, with a Petition at the instance of (3) William Kennedy, Inspector of Poor, Holywood Certificates under the hands of James Williamson Martin and Robert Richmond Archibald — being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Callander, Holywood Village (pauper) and that the said Alexander 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 Alexander Callander — as a Patient into the (6) Public Asylum of Crichton Royal Institution and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Alexander Callander which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.

DATED [at Dumfries] this Twenty fifth day of November One thousand ~~eight~~ nine hundred and eleven

To the Superintendent of the (7) Public *Asylum of* Crichton Royal Institution Dumfries

(7) Public, District, Parochial, or Private.

[*Signature*] Geo. Campion

No. 10401 Agnes Flint.
Adm: 8 December 1911.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) of Dumfries & Galloway *and his Substitutes,*

The Petition of John Flint, Kirkpatrick-Durham, Dalbeattie

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Agnes Flint my Sister

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (3) is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Agnes Flint to the Crichton Institution, Dumfries, and to sanction her admission into the said Asylum.

(To be signed by the Party applying) John Flint

(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 December — One thousand nine hundred and Eleven.

STATEMENT.

If any 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 Flint
2. Sex and Age,	Female 73
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Laundress.
5. Religious Persuasion, so far as known,	Protestant.
6. Previous Place of Abode,	Kirkpatrick Durham Village
7. Place where Found and Examined,	Do " " "
8. Length of time Insane,	Ten Days.
9. Whether First Attack,	First Attack.
10. Age (if known) on First Attack,	—
11. When and where previously under Examination and Treatment (5)	—
12. Duration of Existing Attack,	Ten Days.
13. Supposed Cause,	Not Known.
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	Slight Tendency.
16. Whether Dangerous to others,	No.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	John Flint. Kirkpatrick Durham (Brother). Insane short time
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	—

(5) If patient has previously in an Asylum, state date of latest admission or approximate thereto. If previously under Examination or treatment, state the fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Seventh — day of December — One thousand nine hundred and Eleven.

(To be signed by the party applying) John Flint

T. & A. C.—January 1904.

P. T.

MEDICAL CERTIFICATE, No. I.

I, the undersigned, Robert B. Lorraine
being a (1) Graduate of Edinburgh University
and being in actual practice as a (2) Physician & Surgeon
do hereby certify, on soul and conscience, that I have this day, at (3) Kirkpatrick Durham Village in the County of Kirkcudbright separately from any other Medical Practitioner visited and personally examined (4) Agnes Flint, Laundress Kirkpatrick Durham and that the said Agnes Flint is a (5) person of unsound mind and a proper person to be detained 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 Emotional crying and wringing her hands has delusions thinks she has neglected her brother who lives with her. Looks depressed and anxious and constantly moving her hands

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Her brother John Flint says he has often found her wandering. She tries to be put out of the way. Gets out and wanders about aimlessly when found. has suicidal tendency

Name and Medical Designation, Robert B. Lorraine

Place of Abode, Castle Douglas N.B.

Dated this Seventh day of December One thousand nine hundred and Eleven

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) *Physician or Surgeon, or otherwise, as the case may be.*
(3) *Insert the street and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper state so.*
(5) *Lunatic, or 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, Arch. Chalmers
being a (1) M.B., C.M. Glasg.
and being in actual practice as a (2) Physician & Surgeon
do hereby certify, on soul and conscience, that I have this day, at (3) Kirkpatrick Durham village in the County of Kirkcudbright separately from any other Medical Practitioner visited and personally examined (4) Agnes Flint, Laundress, Kirkpatrick-Durham village and that the said Agnes Flint is a (5) person of unsound mind and a proper person to be detained 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 sullen & suspicious; refuses food; is afraid Not to be poisoned; neglects her home & all her worldly concerns; & not sure is no use for life in this world or in the next.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Her brother tells me that she said to him she wished the police would put her in the lock-up, or she would go down herself in the loch.

Name and Medical Designation, Arch. Chalmers, M.B., C.M.

Place of Abode, Crocketford

Dated this Seventh day of December One thousand nine hundred and eleven years

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) *Physician or Surgeon, or otherwise, as the case may be.*
(3) *Insert the street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a pauper state so.*
(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*
(6) *State the facts.*
(7) *State the information and from whom derived.*

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined , and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3)

And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

DATED this day of One thousand nine hundred and

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the

Asylum to receive therein
to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, ——

Signature and Address ——

Date ——

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, George Campion Esquire (1) Sheriff Substitute
of the (2) Dumfries and Galloway at Dumfries
having had produced to me, with a Petition at the instance of (3) John Flint Kirkpatrick Durham Village, Dalbeattie
Certificates under the hands of Robert B Lorraine
and Archibald Chalmers being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Flint, Kirkpatrick Durham Village Dalbeattie (Peter sister)
and that the said Agnes Flint is a (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 Flint 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 Agnes Flint which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.

DATED [at Dumfries] this Eighth day of December One thousand nine hundred and eleven.

To the Superintendent of the (7) Public
Asylum of Crichton Royal Institution
Dumfries

(7) Public, District, Parochial, or Private.

[*Signature*] Geo. Campion

10.10.11 & Jane Galloway. (Dumfries)
Edin: 10th December 1911.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

25 & 26 *Vict.*, *Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry

Unto the Honourable the (1) Sheriff *of the* (1) Shire *of* Dumfries, *and his Substitutes*—

The Petition of Henry B. Reid, Inspector of Poor, Parish of Dumfries,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Jane Galloway, your Petitioner's (2) Pauper, is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Jane Galloway to the Crichton Royal Asylum and to sanction her admission into the said Asylum.

(2) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(To be signed by the Party applying) Henry B. Reid.

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Eleventh (3) day of December One thousand nine hundred and Eleven 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 Galloway
2. Sex and Age,	Female – 36.
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Domestic work
5. Religious Persuasion, so far as known,	Presbyterian
6. Previous Place of Abode,	89 Lorebwn St, Dfs
7. Place where Found and Examined,	do do do
8. Length of time Insane,	a short time
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	
11. When and where previously under Examination and Treatment (5)	Nowhere
12. Duration of Existing Attack,	Not known
13. Supposed Cause,	Not known
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Yes
16. Whether Dangerous to others,	May be
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dumfries
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Mother, residing at 89 Lorebwn Street Dfs
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

(5) If patient has previously in an Asylum, state name and date of latest admission or approximate thereto. If not previously under Examination or treatment, state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Tenth day of December One thousand nine hundred and Eleven Years.

(To be signed by the party applying) Henry B. Reid.

Inspector of Poors

T & A. C.—February 1911.

MEDICAL CERTIFICATE. No. I.

I, the undersigned, Peter Murray Kerr being a (1) Bachelor Medicine and Master in Surgery of the University of Edinburgh and being in actual practice as a (2) Medical Practitioner do hereby certify, on soul and conscience, that I have this day, at (3) 84 Irelburn Street Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Jane Galloway. pauper 84 Irelburn St. Dumfries and that the said Jane Galloway is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
She is at times very excited at times meeks & quiet. She is very hypochondriacal & thinks of nothing but herself.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Her mother Mrs Galloway informs me that she has been outrageous & struggling to get out of the window.

Name and Medical Designation, Peter Murray Kerr MB

Place of Abode, 84 Castle Street Dumfries.

DATED this Tenth. day of December One thousand nine hundred and Eleven years

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MEDICAL CERTIFICATE. No. II.

I, the undersigned, Frederick Hugh Clarke being a (1) Bachelor of Medicine & Master in Surgery of Glasgow University and being in actual practice as a (2) Physician & Surgeon do hereby certify, on soul and conscience, that I have this day, at (3) The Crichton Institution, Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Jane Galloway. pauper. 84 Loreburn Street, Dumfries and that the said Jane Galloway is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She is depressed complains of a strange feeling in her head and noises in her ears. Also states that she could get no peace at home, and that she was cruelly treated and abused.

(7) *State the information and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, Fred Hugh Clarke

Place of Abode, Charlotte Street, Dumfries

DATED this Eleventh day of December One thousand nine hundred and Eleven years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Peter Murray Kerr.
being (1) Graduate of Medicine
hereby certify, on soul and conscience, that, I have this day, at (2) 89 Loreburn St
in the County of Dumfries, seen and personally examined
Jane Galloway, and that the said
person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Dumfries

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

And I further certify that the case of the said person is one of Emergency.

Peter Murray Kerr

DATED this Tenth day of December One thousand nine hundred and eleven years

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal

Asylum to receive therein Jane Galloway
to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Inspector of Poor

Signature and Address Henry B Reid. 28 Nunn St
Date 10th December 1911 Dumfries.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Geo Campion Esq. (1) Sheriff Substitute
of ~~the~~ (2) Dumfries and Galloway at Dumfries
having had produced to me, with a Petition at the instance of (3) Henry B Reid Inspector of Poor Parish of Dumfries
Certificates under the hands of Peter Murray Kerr
and Frederick Hugh Clarke being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Jane Galloway, 89 Loreburn Street, Dumfries (pauper)
and that the said Jane Galloway is a (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 Galloway as a patient into the (6) Public Asylum of Crichton Royal Institution and I authorize (7) her transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Jane Galloway which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) His, or her.

DATED [at Dumfries] this Eleventh day of December
One thousand nine hundred and eleven

To the Superintendent of the (6) Public
Asylum of Crichton Royal Institution
Dumfries

(6) Public, District, Parochial, or Private.

[*Signature*] Geo Campion

N. 10403 Jessie Orr Graham.
Adm: 11th December 1911. 20689

[FORM B.]

BOARD OF LUNACY
REC'D 4 DEC 19

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 (1) James White Graham
being desirous to transfer Jessie Orr Graham —
a present a Patient in Glasgow Royal asylum and (2)
ster whose nearest relatives I am from the said Asylum to the
Crichton Royal Institution, Dumfries
ng to submit the subjoined Statement of Particulars regarding the said patient, and a
tatement with respect to the mental and bodily condition of the said patient:—

(1) Insert Christian and Surname.

(2) If Lunatic is not a Pauper, insert "detained at my instance," or "whose nearest known relative I am." If Lunatic is a Pauper, insert "a Pauper Lunatic of the Parish of which I am Inspector of Poor."

STATEMENT OF PARTICULARS.

1. Christian Name and Surname of Patient at length,	Jessie Orr Graham.
2. Sex and Age,	Female. 38. years.
3. Married, Single, or Widowed,	Single.
4. Condition of Life, and Previous Occupation (if any),	None.
5. Religious Persuasion, so far as known,	Protestant.
6. Parish to which the Lunatic (if a Pauper) is Chargeable,	—
7. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of relationship (if known),	Her mother Mrs Graham, 12 Park Circus. Glasgow. W.

I certify that, to the best of my knowledge, the above particulars are correctly stated, and I hereby make Application for the authority of the General Board of Commissioners in Lunacy to the transfer of the patient as aforesaid.

(*Signature of Applicant*) J. W. Graham

(3) Brother

(3) State degree of Relationship, or other capacity in which Applicant stands to Patient. If Lunatic is a Pauper, insert "Inspector of Poor of the Parish of ."

DATED this 2nd day of December One thousand nine hundred and eleven years

N.B.—The foregoing particulars, and those contained in the Statement which follows, are required for the information of the Board and of the authorities of the Asylum to which the Patient is to be transferred.

T. & A. C.—June 1909.

STATEMENT BY THE PRINCIPAL MEDICAL OFFICER

of the Glasgow Royal Asylum.

1. Name of Patient, ... Jessie Orr Graham.
2. Date of Admission, . . . October 5th. 1910.
3. Whether Epileptic, . no .
4. Whether Suicidal, . . no . . . .
5. Whether Dangerous to others, . maybe, but not marked
6. Whether fit at present for removal to the Asylum named in the Application, . } Yes
7. Facts (if any) as to the past history of the patient bearing upon risk of suicide or danger to others, which should be kept in view by those who are to have charge of the patient, ... } She has made attacks on nurses, but not of a serious character

L. R. Oswald M.B.
Principal Medical Officer.

Date 2nd. December 1911.

SANCTION BY THE BOARD OF LUNACY.

(*Under this Sanction a Patient may be Transferred without an Order of the Sheriff.*)

The foregoing Application having been made to the Board to authorize the transfer of Jessie Orr Graham
from Glasgow Royal asylum
to Crichton Royal Institution, Dumfries
and the Board having considered such Application and the accompanying Statements, do hereby authorize the transfer, at any time within fourteen days from the date hereof, of the said patient as requested.

W. A. Fraser
Secretary.

DATED at Edinburgh, this Fourth day of December One thousand nine hundred and Eleven.

Date of Sheriff's Order [*to be inserted at the Office of Board*].

5th October 1910.

No. 10404 Name Malcolm Macdonald Mc Hardy

Date of Admission 11th December 1911.

FORM A

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum after the Order of the Sheriff is obtained.

25 and 26 Vict., Cap. 54, Sect. 14.

Petition to the Sheriff to grant Order for the Reception of a Patient into the Crichton Royal Institution, Dumfries.

Unto the Honourable the Sheriff of Dumfries and Galloway and his Substitutes,—

The Petition of (1) Emily L. Mc Hardy, Nurse, Duncrana East Liss Hants

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that (2) Malcolm Macdonald Mc Hardy your Petitioner's (3) Husband, Sister, 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 (4) Malcolm Macdonald Mc Hardy to the Crichton Royal Institution, Dumfries, and to sanction (5) His admission into the said Asylum.

(1) Insert Name, Designation, and Residence of the Party applying.

(2) Insert Name of Patient in full.

(3) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

(4) Insert Name of Patient in full.

(5) His or her.

**Signature of Petitioner* (6) E L Mc Hardy.

(6) To be signed by the Party applying.

Dated this (7) Fifteenth day of December One thousand nine hundred and eleven years.

(7) N.B.—The Date of the Petition must be within fourteen clear days following the dates of the Medical Certificates Nos. I. and II., and not before.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Malcolm Macdonald Mc Hardy.
2. Sex and Age,	59 years 9 months.
3. Married, Single, or Widowed,	Married
4. Condition of life and previous Occupation (if any),	Oculist
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Tay Terrace Dunkeld N.B.
7. Place where Found and Examined,	Tay Terrace Dunkeld N.B.
8. Length of Time Insane,	Three weeks.
9. Whether First Attack,	Yes.
10. Age (if known) on First Attack,	59 years.
11. When and Where previously under Examination and Treatment,	—
12. Duration of Existing Attack,	Three 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. Christian Name 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,	Captain Hardy Mc Hardy R.N. Duncrana, East Liss, Hants Brother. 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.

Dated this Fourteenth day of December One thousand nine hundred and eleven years.

**Signature of Petitioner,* (1) Emily Lus Mc Hardy.

(1) *To be signed by the Party applying.*

MEDICAL CERTIFICATE.—No. I.

(1) Name of Registered Medical person.
(2) *Set forth the registered qualification entitling the person certifying to grant the Certificate, e.g.*, Member of the Royal College of Physicians in Edinburgh.
(3) Physician, Surgeon, *or otherwise, as the case may be.*
(4) *Insert the Street, and Number of the House (if any), or other like particulars.*
(5) *Insert Name of Patient in full, Designation, and Residence, and if a Pauper, state so.*
(6) *State Name of Patient in full.*
(7) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned (1) James Anderson Taylor
being a (2) Doctor in Medicine of the Edinburgh University
and being in actual practice as a (3) general practitioner
do hereby certify, on soul and conscience, that I have this day at (4) Jay Terrace, Dunkeld in the County of Perth separately from any other Medical Practitioner, visited and personally examined (5) Malcolm Macdonald McHardy, Oculist, Jay Terrace, Dunkeld
and that the said (6) Malcolm Macdonald McHardy
is a (7) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(8) *State the Facts, e.g.*, as indicated by the Patient's appearance, demeanour, conversation, writings, actions, conduct, etc.

1. Facts indicating Insanity observed by myself (8) Patient has a vacant look & is often apparently quite unconscious of his surroundings; keeps repeating words without any sense or context; and is sometimes very dirty in his actions.

(9) *State the Information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others (9) His niece, Miss Emily McHardy, who has been nursing him lately, tells, and that he tears up his clothing with hands & teeth.

(10) *To be signed by medical person certifying.*

Name and Medical Designation (10) J. A. Taylor.
And Place of Abode, Jay Terrace, Dunkeld

Dated this thirteenth day of December One thousand nine hundred and eleven.

MEDICAL CERTIFICATE.—No. II.

(1) Name of Registered Medical person.
(2) *Set forth the registered qualification entitling the person certifying to grant the Certificate, e.g.*, Member of the Royal College of Physicians in Edinburgh.
(3) Physician, Surgeon, *or otherwise, as the case may be.*
(4) *Insert the Street, and Number of the House (if any), or other like particulars.*
(5) *Insert Name of Patient in full, Designation and Residence, and if a Pauper, state so.*
(6) *State Name of Patient in full.*
(7) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned (1) Frederick Hugh Clarke
being a (2) Bachelor of Medicine & Master in Surgery of Glasgow University
and being in actual practice as a (3) Physician & Surgeon
do hereby certify, on soul and conscience, that I have this day at (4) The Crichton Institution, Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (5) Malcolm Macdonald McHardy, Oculist, Jay Terrace, Dunkeld
and that the said (6) Malcolm Macdonald McHardy
is a (7) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz :—

(8) *State the Facts, e.g.*, as indicated by the Patient's appearance, demeanour, conversation, writings, actions, conduct, etc.

1. Facts indicating Insanity observed by myself (8) He lies in bed making facial contortions, fixing his eyes on different parts of the room, and in different manners of his surroundings. Tears his bed-clothes in an aimless way, and dirt on his hands.

(9) *State the Information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others (9)

(10) *To be signed by medical person certifying.*

Name and Medical Designation (10) Fred. Hugh Clarke M.B.
And Place of Abode, Charlotte Street, Dumfries

Dated this fifteenth day of December One thousand nine hundred and eleven years.

CERTIFICATE OF EMERGENCY.

N.B.—This Certificate is necessary in the event of a Patient being sent to the Institution before the Sheriff's Order is obtained, and it authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any order by the Sheriff. During this period the Sheriff's Order is obtained. When the Certificate of Emergency is employed, both parts should be filled, signed, and dated if possible on the day of removal of the Patient to the Asylum, or otherwise as near the day of removal as possible.

I, the undersigned (1) James Anderson Taylor
being a (2) M. D. Edin.

do hereby certify, on soul and conscience, that I have this day at (3) Jay Terrace Dunkeld in the County of Perth seen and personally examined (4) Malcolm Macdonald McHardy Oculist, Jay Terrace, Dunkeld and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at Dumfries.

And I further certify that the case of the said person is one of emergency.

*Signature of Certifier (5) J. A. Taylor

Address of Certifier Jay Terrace, Dunkeld

DATED this thirteenth day of December One thousand nine hundred and eleven

(1) State Name of Registered Medical Person.
(2) State Registered Medical qualification.
(3) State place of Examination.
(4) State Name of Patient, in full, Designation, and Address.
(5) To be signed by Medical Person certifying.

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution, Dumfries, to receive therein (1) Malcolm Macdonald McHardy. to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Petitioner or Applicant stands to Patient Niece

*Signature of Petitioner or Applicant (2) Emily Lee McHardy

Address of Petitioner or Applicant, Bunerana, East Liss, Hants.

DATED this ~~the~~ fourteenth day of December, one thousand nine hundred and eleven

(1) State Name of Patient in full.
(2) To be signed by the Party applying.

Order to be Granted by the Sheriff for the Transmission and Reception of the Lunatic.

I Wm Penrose Esq
(1) Honorary Sheriff Substitute
of ~~the~~ (2) Dumfries & Galloway at Dumfries
having had produced to me, with a Petition at the instance of (3) Emily Lee McHardy, Bunerana, East Liss, Hants
Certificates under the hands of James Anderson Taylor
and Frederick Hugh Clarke being two Medical Persons duly qualified, in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Malcolm Macdonald McHardy, Oculist, Jay Terrace, Dunkeld (Perth) and that the said Malcolm Macdonald McHardy
is a (5) person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Malcolm Macdonald McHardy as a Patient into the Crichton Royal Institution, Dumfries, and I authorize (6) his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Malcolm Macdonald McHardy which accompanied the said Petition.

DATED [at Dumfries] this Seventh day of December One thousand nine hundred and eleven

(Signature) Wm Penrose

To the Superintendent 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 the Patient, and if a pauper, state so.*
(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.
(6) His or her

G.10.405. Christina Amelia Masson.
Adm: 16 December 1911.

20699

[FORM B 2.]

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

BOARD OF LUNACY
REC'D 15 DEC. 1911

I, the undersigned (1) Donald T. Masson being desirous to transfer Christina Amelia Masson at present a Patient in Royal Edinburgh Asylum. and (2) detained at my instance from the said Asylum to the Crichton Royal Institution, Dumfries beg to submit the subjoined Statement of Particulars regarding the said Patient, and a Statement with respect to the mental and bodily condition of the said Patient:—

(1) Insert Christian and Surname.

(2) If Lunatic is not a Pauper, insert "detained at my instance," or "whose nearest known relative I am." If Lunatic is a Pauper, insert "a Pauper Lunatic of the Parish of which I am Inspector of Poor."

STATEMENT OF PARTICULARS.

1. Christian Name and Surname of Patient at length,	Christina Amelia Masson
2. Sex and Age,	Female - 47
3. Married, Single, or Widowed,	Single
4. Condition of Life, and Previous Occupation (if any),	Governess.
5. Religious Persuasion, so far as known,	Protestant
6. Parish to which the Lunatic (if a Pauper) is Chargeable	—
7. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of relationship (if known),	The Rev. Donald T. Masson, M.D. 36 Comiston Drive, Edinburgh

I certify that, to the best of my knowledge, the above particulars are correctly stated, and I hereby make Application for the authority of the General Board of Commissioners in Lunacy to the transfer of the Patient as aforesaid.

(*Signature of Applicant*) applicat Donald T. Masson

(3) father

(3) State degree of Relationship, or other capacity in which Applicant stands to Patient. If a Lunatic is a Pauper, insert "Inspector of Poor of the Parish of ."

Dated this 14th day of December One thousand nine hundred and eleven.

N.B.—The foregoing particulars, and those contained in the Statement which follows are required for the information of the Board and of the authorities of the Asylum to which the Patient is to be transferred.

STATEMENT BY THE PRINCIPAL MEDICAL OFFICER

of the Royal Edinburgh Asylum.

1. Name of Patient, - - Christina Amelia Masson
2. Date of Admission, - - 23rd December 1908
3. Whether Epileptic, - - No
4. Whether Suicidal, - - No
5. Whether Dangerous to others, - Her conduct has occasionally been uncertain and she has threatened to assault
6. Whether fit at present for removal to the Asylum named in the Application - Yes
7. Facts (if any) as to the past history of the Patient bearing upon risk of suicide or danger to others, which should be kept in view by those who are to have charge of the Patient - - - - See 5

George W. Robertson
Principal Medical Officer.

Date 14th December 1911

SANCTION BY THE BOARD OF LUNACY.

(Under this Sanction a Patient may be Transferred without an Order of the Sheriff.)

The foregoing Application having been made to the Board to authorize the transfer of Christina Amelia Masson, from Edinburgh Royal Asylum to Dumfries Royal Asylum, (Crichton Royal Institution), and the Board having considered such Application and the accompanying Statements, do hereby authorize the transfer, at any time within fourteen days from the date hereof, of the said Patient as requested.

W. A. Spence
Secretary.

DATED at Edinburgh, this 15th day of December One thousand nine hundred and Eleven.

Date of Sheriff's Order [*to be inserted at the Office of Board*].

26th December, 1908.

9.10.406 William Kelly.
den: 19 December 1911.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Dumfries & Galloway

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) ~~Sheriff~~ *of the* (2) ~~Stewartry~~ of ~~Kirkcudbright~~ *and his Substitutes,*— at Dumfries

The Petition of William Kelly
John K

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that William Kelly your Petitioner's (3) Father is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said William Kelly to the Crichton Asylum and to sanction this admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(To be signed by the Party applying) John Kelly

DATED this 19th (4) day of Dec One thousand nine hundred and Eleven

(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 Kelly
2. Sex and Age,	Male 62 yrs
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Baker
5. Religious Persuasion, so far as known,	Church of Scotland
6. Previous Place of Abode,	Tongueland
7. Place where Found and Examined,	Tongueland
8. Length of time Insane,	Two months
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	62
11. When and where previously under Examination and Treatment (5)	
12. Duration of Existing Attack,	2 months
13. Supposed Cause,	—
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	John ~~or~~ William Kelly 20 High St Kirkcudbright Son
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	No

(5) If patient has been previously in an establishment, state it, and date of latest admission or approximation thereto. If never previously under examination or treatment, state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 19th day of Dec One thousand nine hundred and Eleven

(To be signed by the party applying) John Kelly

P. p.

T. & A. C.—March 1909.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Ernest S. Forde being a (1) Licentiate of the Royal Colleges of Surgeons & Physicians and being in actual practice as a (2) Physician & Surgeon do hereby certify, on soul and conscience, that I have this day, at (3) Tongueland in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) William Kelly and that the said William Kelly is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
He told me that he was shadowed by way body that they were trying to do him harm should at my body in a very loud voice. has told me that his family are doing him harm & that other people are his enemies

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
He has turned against his daughter whom he brought specially home from Edinburgh against all his family without any reason allow he is much concerned about his wife's health & says she is ill which is untrue

Name and Medical Designation, Ernest S. Forde

Place of Abode, Castle Douglas

DATED this 19th day of Dec One thousand nine hundred and Eleven

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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 Mac Wynn being a (1) Doctor of Medicine and Master in Surgery of Edinburgh University and being in actual practice as a (2) General Practitioner do hereby certify, on soul and conscience, that I have this day, at (3) Tongland Village, Kirkcudbright in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) William Kelly senior, Tongland Village Kirkcudbright, a retired Baker and that the said William Kelly is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
Says that his Son Robert came home last night the worse of drink. Now his son Robert ~~has~~ takes strong drink to excess as a matter of fact He is excited in his manner and behaviour is different from what he used to be. He is under the influence of drink

(7) *State the information and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Confirmed by wife.
His son Alexander tells me that he turned his family out of the house this morning and threatened violence to one of them.

Name and Medical Designation, John Mac Wynn M.D. C.M.

Place of Abode, Kirkcudbright

DATED this nineteenth day of December One thousand nine hundred and eleven years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Ernest S. Forde
being (1) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (2) Dalgueland
in the County of Kirkcudbright, seen and personally examined
William Kelly, and that the said
person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Dumfries

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

And I further certify that the case of the said person is one of Emergency.

Ernest S. Forde

DATED this 19th day of Dec One thousand nine hundred and eleven

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Asylum Asylum to receive therein William Kelly to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Son

Signature and Address John Kelly

Date 19th Dec 1911

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.

I, Geo. Campion Esq. (1) Sheriff Substitute of the (2) Dumfries & Galloway at Dumfries having had produced to me, with a Petition at the instance of (3) John Kelly 26 High Street, Kirkcudbright Certificates under the hands of Ernest S. Forde and John Mac Myn being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Father William Kelly retired Baker Dalgueland, Kirkcudbright and that the said William Kelly is a (5) person of unsound mind

(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said William Kelly as a patient into the (6) Public Asylum of Crichton Royal Institution and I authorize (7) his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said William Kelly which accompanied the said Petition.

(6) Public, District, Parochial, or Private.
(7) His, or her.

DATED [at Dumfries] this Twentieth day of December One thousand nine hundred and eleven

To the Superintendent of the (6) Public Asylum of Crichton Royal Institution Dumfries.

(6) Public, District, Parochial, or Private.

[*Signature*] Geo. Campion

No. 10407 Robert Boyes (Inch)
Adm: 20 December 1911.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Sheriffdom of Dumfries Galloway *and his Substitutes,*— at Dumfries

The Petition of James M'Law
Inspector of Poor, Parish of Inch

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Robert Boyes 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 Boyes to the Crichton Royal Institution and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(To be signed by the Party applying) James M'Law

(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 December One thousand nine hundred and eleven

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STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Robert Boyes
2. Sex and Age,	Male
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Chemist assistant.
5. Religious Persuasion, so far as known,	Protestant.
6. Previous Place of Abode,	62 London Road. Thornhill.
7. Place where Found and Examined,	do do do
8. Length of time Insane,	coming on gradually.
9. Whether First Attack,	yes
10. Age (if known) on First Attack,	
11. When and where previously under Examination and Treatment (5)	
12. Duration of Existing Attack,	gradually coming on
13. Supposed Cause,	unknown
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Parish of Inch
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Robert Boyes his father 62 London Road. Thornhill.
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	

(5) If patient has previously been in an Asylum, state name and date of latest admission or approximate thereto. If not previously under examination or treatment state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 19th day of December One thousand nine hundred and eleven

(To be signed by the party applying) James M'Law

T. & A. C.—Feby. 1901.

P p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and 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, David Duke Monro being a (1) M.B.Cm. Aberdeen University and being in actual practice as a (2) Physician & Surgeon do hereby certify, on soul and conscience, that I have this day, at (3) 62 London Road Warren in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) Robert Boyes Pauper 62 London Road Warren and that the said Robert Boyes is a (5) person of unsound mind and a proper person to be detained 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 apathetic appearance, he cannot talk coherently he has no idea of dates

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His father informed me that he has been stupid for more than a year & getting worse & talks obscene words & his friends

Name and Medical Designation, D. Duke Monro M.B.

Place of Abode, Warren

DATED this 14th day of December One thousand nine hundred and eleven

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MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

(6) *State the facts.*

I, the undersigned, Roderick Alan Campbell being a (1) Doctor of Medicine & Bachelor of Surgery and being in actual practice as a (2) Physician do hereby certify, on soul and conscience, that I have this day, at (3) Crichton Royal Institution Dumfries Dumfriesshire in the County of separately from any other Medical Practitioner, visited and personally examined (4) Robert Boyes, Pauper and that the said Robert Boyes 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). His appearance in itself is indicative of insanity. He has no notion of time. He is deficient in intellect is hindered and cannot carry on a conversation.

(7) *State the information and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, Roderick A Campbell M.D.

Place of Abode, Crichton Royal Institution

DATED this twentieth day of December One thousand nine hundred and eleven

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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 Duke Morro~~ David Duke Morro being (1) a M.B., Ca. of Aberdeen University hereby certify, on soul and conscience, that I have this day, at (2) 62 London Road Stranraer in the County of Wigtown, seen and personally examined Robert Boyes, and that the said person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3) Dumfries

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

And I further certify that the case of the said person is one of Emergency.

D Duke Morro M.B. Ca.,

DATED this 19th day of December One thousand nine hundred and Eleven

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution Asylum to receive therein Robert Boyes to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Inspector of Poor Parish of Inch

Signature and Address James M Shaw

Date 19th December 1911

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, George Campion Esquire (1) Sheriff Substitute of the Stewartries of Dumfries and Galloway at Dumfries having had produced to me, with a Petition at the instance of (2) James M. Shaw Inspector of Poor, Inch Wigtownshire Certificates under the hands of David Duke Morro and Roderick Alan Campbell being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Boyes, 62 London Road Stranraer, Pauper and that the said Robert Boyes — is a (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 Boyes as a patient into the (6) Public — Asylum of Crichton Royal Institution and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Robert Boyes which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.

DATED [at Dumfries] this Twenty first day of December One thousand nine hundred and eleven

To the Superintendent of the (7) Public Asylum of Crichton Royal Institution Dumfries

(7) Public, District, Parochial, or Private.

[Signature] Geo. Campion

10408 Sarah Jane Welsh (Kirkcudbright)
Adm: 23 December 1911.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff ~~of the (2) ...~~ *of* Dumfries & Galloway *and his Substitutes,—*

The Petition of William Wallace Morrison, Inspector of Poor for the Parish of Kirkcudbright

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Sarah Jane Welsh ~~your Petitioner's~~ (3) a pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Sarah Jane Welsh to the Southern Counties Asylum and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(To be signed by the Party applying) Wm W Morrison

DATED this 23rd (4) day of December One thousand nine hundred and eleven

(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 Jane Welsh
2. Sex and Age,	Female. 25 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	None
5. Religious Persuasion, so far as known,	Church of Scotland
6. Previous Place of Abode,	
7. Place where Found and Examined,	Atkinson Place, Kirkcudbright
8. Length of time Insane,	Since infancy
9. Whether First Attack,	Continuous
10. Age (if known) on First Attack,	—
11. When and where previously under Examination and Treatment (5)	Has been treated as a pauper Lunatic in a Private Dwelling for 3 or 4 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,	Kirkcudbright
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Mrs Clyde (the Master), Atkinson Place, Kirkcudbright, mother. No.
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	

(5) If patient has been previously in an Establishment, state fact, and date of latest admission or approximation thereto. If never previously under examination or treatment, state fact.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 23rd day of December One thousand nine hundred and eleven

(To be signed by the party applying) Wm W Morrison
Inspector of Poor P. P.

T. & A. C.—March 1909.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Muria Babington Stewart being a (1) Bachelor of Medicine of Edinburgh University and being in actual practice as a (2) Physician do hereby certify, on soul and conscience, that I have this day, at (3) 5 Atkinson Place Kirkcudbright in the County of Kirkcudbright- separately from any other Medical Practitioner, visited and personally examined (4) Sarah Jane Welsh pauper 5 Atkinson Place Kirkcudbright and that the said Sarah Jane 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.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She has a peculiar vacant expression, does not answer any Question put to her - but occasionally claps her hand instead of giving an answer — She has been an Epileptic for Many Years

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Elizabeth McMeeken Mother of above tells me that the ~~the~~ above Sarah Jane Welsh is unable to dress or wash herself. Does no work & is unable to do any. She takes Epileptic fits in groups of three or four at a time within a few days & perhaps an interval of a fortnight- without any

Name and Medical Designation, Muria B Stewart M.B. Cm

Place of Abode, Oakley Kirkcudbright-

DATED this twenty Second day of December One thousand nine hundred and Eleven

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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 Mac-Nyn being a (1) Doctor of medicine & Master in Surgery of Edinburgh University and being in actual practice as a (2) General Practitioner do hereby certify, on soul and conscience, that I have this day, at (3) 5, Atkinson Place Kirkcudbright, Kirkcudbright, separately from any other Medical Practitioner, visited and personally examined (4) Sarah Jane Welsh, a pauper 5, Atkinson Place Kirkcudbright, and that the said Sarah Jane 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.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

Will not, or cannot answer questions when Spoke to. Looks as if she were devoid of intelligence. Have seen her in Epileptic convulsions.

(7) *State the information and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Her mother tells me she cannot look after herself or dress herself.

Name and Medical Designation, John Mac-Nyn M.D.

Place of Abode, Kirkcudbright

DATED this twenty-second day of December One thousand nine hundred and eleven years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in a sufficiently good state of bodily health at this date to be removed to the Asylum at (3)

And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.
(3) State place at which Asylum is situated.

DATED this day of One thousand nine hundred and

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the

Asylum to receive therein
to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity in which Applicant stands to Patient,

Signature and Address

Date

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Elliot Francis Mure Logan Ass Sheriff Substitute of the (1) Ayr Wigtown and Kirkcudbright at Kirkcudbright having had produced to me, with a Petition at the instance of (2) William Wallace Morrison, Inspector of Poor, Kirkcudbright Certificates under the hands of Murray Babington Stewart, MRCP and John Macaya, 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) Sarah Jane Welsh, pauper and that the said Sarah Jane 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 Sarah Jane Welsh as a patient into the Southern Counties Asylum of Dumfries and I authorize (6) her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Sarah Jane Welsh which accompanied the said Petition.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) His, or her.

DATED [at Kirkcudbright] this Twenty third day of December One thousand nine hundred and eleven

To the Superintendent of the (8) Southern Counties *Asylum of* Dumfries.

(8) Public, District, Parochial, or Private.

[*Signature*] Elliot F Mure Logan

10·409 James Stroyan.
Adm: 28 December 1911.

N.B.—*This Form shall remain in the keeping of the Superintendent of the Asylum for the order of the Sheriff obtained.*

[FORM A.]

25 and 26 Vict., Cap. 54, Sec. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO THE CRICHTON ROYAL INSTITUTION.

Unto the Honourable the Sheriff of Dumfries and Galloway — *and his Substitutes,—* at Dumfries.

The Petition of Hugh Ross Stroyan humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that James Stroyan of 14 Gwendoline Street, Merthyr Tydvil So. Wales at present residing at Crocketford House Crocketford Kirkcudbrightshire your Petitioner's (1) father is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorise the transmission of the said James Stroyan to the Crichton Royal Institution at Dumfries, and and to Sanction his admission into the said Institution.

(1) State degree of relationship or other capacity in which petitioner stands to Lunatic.

(To be signed by the Party applying) Hugh Ross Stroyan

DATED this 28th (2) day of December One thousand eight hundred and eleven

(2) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificate.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	James Stroyan
2. Sex and Age,	male
3. Married, Single, or Widowed,	widowed
4. Condition of Life, and previous Occupation (if any),	Drapery Trade
5. Religious persuasion, so far as known,	Protestant
6. Previous Place of Abode,	14 Gwendoline St. Merthyr Tydvil S. Wales
7. Place where Found and Examined,	Crocketford House Dumfries
8. Length of Time Insane,	24 hours
9. Whether First Attack,	yes
10. Age (if known) on First Attack,	64
11. When and where previously under Examination and Treatment. (Name of Establishment into which last received, and Year of reception of approximation thereto,	Nil
12. Duration of Existing Attack,	24 hours
13. Supposed Cause,	unknown
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	yes not as far as known
16. Whether dangerous to others,	nil
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Hugh Ross Stroyan Crocketford House Dumfries none.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify that to the best of my knowledge, the above particulars are correctly stated.

DATED this 28th day of December One thousand ~~eight~~ nine hundred and eleven

(To be signed by party applying) H R Stroyan

MEDICAL CERTIFICATE No. I.

I, the undersigned Archibald Chalmers being a (1) M.B., C.M. Glasg. and being in actual practice as a (2) medical practitioner do hereby certify, on soul and conscience, that I have this day, at (3) Crocketford House, in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) James Strogan, Draper, 14 Queensberry St., married & resid at present and that the said James Strogan is a (5) person of unsound mind 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 attempts to cut his throat and this morning with a penknife, & tells me he does not know what came over him

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Mr Ross, Crocketford House tells me he has been rather peculiar of late, & has been taking green powders.

(7) *State the information and from whom derived.*

Name and Medical Designation, Arch. Chalmers, M.B., C.M.
Place of abode, Crocketford

DATED this twenty eighth day of December One thousand ~~eight~~ nine hundred and eleven years

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MEDICAL CERTIFICATE No. II.

I, the undersigned George Robert Livingston being a (1) Doctor of Medicine of Edinburgh University and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Crocketford House, Crocketford, in the County of Kirkcudbright this separately from any other Medical Practitioner, visited and personally examined (4) James Strogan Draper of 14 Queensberry Street, Maxwell & resid at present residing at Crocketford House Crocketford and that the said James Strogan is a (5) person of unsound mind 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*

His insane manner & appearance
He has made two attempts to cut his throat and taken the dressings off after Dr Chalmers dressed his wounds

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

(7) *State the information and from whom derived.*

Name and Medical Designation, George R Livingston M.D.
Place of abode, 47 Castle Street, Dumfries

DATED this twenty eighth day of December One thousand ~~eight~~ nine hundred and eleven years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding Three days without any Order by the Sheriff).

I, the undersigned Archibald Chalmers
being (1) M.B., C.M. Glasg.
hereby certify, on soul and conscience, that I have this day, at (2)
Crocketford House
in the County of Kirkcudbright, seen and personally examined
James Stroyan, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.
And I further certify that the case of the said person is one of Emergency.

(1) State medical qualification.
(2) State place of examination.

Arch. Chalmers

DATED, this twenty eighth day of December One thousand ~~eight~~ nine hundred and eleven years

(The following should be filled up in every case in which a Certificate of Emergency is acted on.)

I hereby request the Superintendent of the Crichton Royal Institution at Dumfries, to receive therein James Stroyan —
to whom the foregoing certificate of emergency refers.

Relationship or other capacity in which Applicant stands to Patient, Son

Signature and Address, Hugh Ross Stroyan Crocketford House Dumfries

Date, 28th December 1911

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, George Campion, Esquire, Advocate, – Sheriff Substitute of the the County of Dumfries
having had produced to me, with a Petition at the instance of (1) Hugh Ross Stroyan, Crocketford House, Dumfries
Certificates under the hands of Archibald Chalmers
and George Robert Livingstone, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (2) James Stroyan, Draper, 14 Gwendoline Street, Maryhill
and that the said James Stroyan is a (3) Person of unsound mind and a proper person to be detained and taken care of, DO HEREBY AUTHORISE you to receive the said James Stroyan as a Patient into the Crichton Royal Institution for Lunatics, at Dumfries, and I authorize his Transmission to the said Institution accordingly: and I transmit you herewith the said Medical Certificates, and a Statement regarding the said James Stroyan, Draper, 14 Gwendoline Street Maryhill which accompanied the said Petition.

(1) Insert Name & Designation
(2) Describe him, and if a Pauper, state so.
(3) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.

DATED this twentyninth day of December One thousand ~~eight~~ nine hundred and eleven years. – One word deleted.

Geo: Campion

To the Superintendent of the
Crichton Royal Institution for Lunatics, at Dumfries.

No......

Name,.....

Date of Admission,.....