Sheriff's Warrants

Publication/Creation

1880-1881

Persistent URL

https://wellcomecollection.org/works/kdad6x69

License and attribution

You have permission to make copies of this work under a Creative Commons, Attribution, Non-commercial license.

Non-commercial use includes private study, academic research, teaching, and other activities that are not primarily intended for, or directed towards, commercial advantage or private monetary compensation. See the Legal Code for further information.

Image source should be attributed as specified in the full catalogue record. If no source is given the image should be attributed to Wellcome Collection.

Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
https://wellcomecollection.org

Unable to display this page

DGHI/5/1/1/31

1. 57. 288

6203

[FORM B²]

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

1800 87

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

I, the undersigned James Christison, Inspector of Poor of the Parish of Kirkinner being desirous to transfer Elizabeth Drake or Mc. William at present a Patient in the City Parochial Asylum Glasgow, and (*) a Pauper Lunatic of the Parish of which I am Inspector of Poor ____ from the said Asylum to the Dumfries Royal and Southern Counties Asylum hereby request the authority of the Board to such transfer; and I subjoin a Statement of Particulars regarding the said Elizabeth Drake or Mc. William and a Medical Certificate with respect to her mental and bodily condition.

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

James Christison

Inspector of Poor of the Parish of Kirkinner

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

DATED at Barglass this 25th day of December One thousand eight hundred and Seventy nine

STATEMENT.

1. Christian Name and Surname of Patient at length,	Elizabeth Drake or Mc. William
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. Date of Admission into Asylum,	5 April 1879.
7. Length of time Insane,	Nearly Nine Months
8. Whether first Attack,	Yes
9. Age (if known) on first Attack,	44 years.
10. Duration of existing Attack,	Nearly Nine Months
11. Supposed Cause,	Unknown
12. Whether subject to Epilepsy,	No
13. Whether Suicidal,	Yes
14. Whether Dangerous to others,	Yes.
15. Parish to which the Lunatic (if a Pauper) is Chargeable,	Kirkinner.
16 Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of relationship (if known), and whether any Member of Family known to be, or to have been Insane,	Thomas Mc. William, 70 Robertson Street Glasgow, husband of the patient. The patients mother and Aunt were weak minded

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

(*To be signed by the Applicant*) James Christison

DATED this 25th day of December One thousand eight hundred and Seventy nine

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

MEDICAL CERTIFICATE.

I, the undersigned Alexander Robertson being (1) a Graduate in Medicine of Glasgow hereby certify that I have this day at (2) the City Parochial asylum, I personally examined Elizabeth Drake or McWilliam at present a Patient in said Asylum, and with respect to her Mental State that she imagines she has a right to enormous wealth, etc.

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

; and with respect to her Bodily Health and Condition that they are pretty good

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

Alex Robertson M.

DATED this 24 day of December One thousand eight hundred and 79

2/334
Eliz.th Drake or McWilliam
6th January 1880

SANCTION BY THE BOARD OF LUNACY.

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

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

(2) Valid for fourteen days from date.

Application having been made to the Board by (1) Inspector of Poor Kirkinner to authorize the transfer of Elizabeth Drake or McWilliam from Glasgow Parochial asylum to Dumfries Royal asylum, and the Board having considered such application and the accompanying Medical Certificate, do hereby authorize the transfer (2) of the said Eliz.th Drake or McWilliam as requested.

John Sibbald Commissioner.

DATED at Edinburgh, this 27th day of December One thousand eight hundred and seventy nine

Date of Sheriff's Order } 8th April 1879

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

[FORM A]

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

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

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

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

The Petition of Elizabeth Walker Leamington Square Dalmahoy

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

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

Elizabeth Walker

(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 eight hundred and 80

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Mary Ann Walker
2. Sex and Age,	female 31 years
3. Married, Single, or Widowed,	single
4. Condition of Life, and previous Occupation (if any),	living at home
5. Religious Persuasion, so far as known,	protestant
6. Previous Place of Abode,	Dalmahoy
7. Place where Found and Examined,	Leamington Square Dalmahoy
8. Length of time Insane,	16 months
9. Whether First Attack,	many times
10. Age (if known) on First Attack,	24 years
11. When and where previously under Examination and Treatment,	treated at home
12. Duration of Existing Attack,	two days
13. Supposed Cause,	not known
14. Whether subject to Epilepsy,	yes
15. Whether Suicidal,	yes
16. Whether Dangerous to others,	yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	6th Jan 1880
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of the Family known to be or to have been Insane,	Elizabeth Walker Leamington Square Dalmahoy none positively insane
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

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

DATED this 6th day of January One thousand eight hundred and 80

(*To be signed by Party applying*) Elizabeth Walker

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

I, the undersigned, William Carruthers being a (1) Graduate in Medicine of Edinburgh University and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 14 Castle Street Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Mary Ann Walker Leamington Square Lochmaben and that the said Mary Ann Walker is a (5) insane person and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Her insane & excited appearance. Says she has used violence to her mother. Intends to kill her and other people

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her sister says they have had no sleep for some time watching her and this morning she had to be taken out of the Lake intending to drown herself

Name and Medical Designation, William Carruthers M.D.

Place of Abode, 14 Castle Street Dumfries

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

MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

I, the undersigned, Thomas Reid being a (1) Graduate of Glasgow University and being in actual practice as a (2) General practitioner hereby certify, on soul and conscience, that I have this day, at (3) Leamington Square Lochmaben in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Mary Ann Walker Leamington Square Lochmaben and that the said Mary Ann Walker is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Great paroxysms of temper. threatening to use violence to all around and wondering why some of her friends still can speak as she declares she had killed them, smearing terribly and assuming strange positions. pretending not being able to speak a

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) her mother says she had a Knife in the bed and rose to attack her, threw a chair at her head, ran into the lock trying to drown herself. and has had to be physically restrained the whole night through

Name and Medical Designation, Thomas Reid M.D., C.M.

Place of Abode Lochmaben

DATED this 6th day of January One thousand eight hundred and 80

CERTIFICATE OF EMERGENCY.

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

I, the undersigned, Thomas Reid being (1) a Graduate of Medicine of Glasgow University hereby certify, on soul and conscience, that I have this day, at (2) Leamington Sq. Lochmaben in the County of Dumfries, seen and personally examined Mary Ann 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.

Thomas Reid M.D. CM.

DATED this 6th day of January One thousand eight hundred and 80

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

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

I, David Boyle Stope (1) Sheriff-Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Elizabeth Walker Leamington Square, Lochmaben, Certificates under the hands of William Barrathen and Thomas Reid, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Mary Ann Walker, Leamington Square Lochmaben (Elizabeth's daughter) and that the said Mary Ann Walker is a Lunatic 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 Mary Ann Walker as a Patient into the (6) Public Asylum of Crichton Institution and I authorize the Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mary Ann Walker, which accompanied the said Petition.

DATED this Seventh day of January One thousand eight hundred and ~~seventy~~ eighty years. Jone good deleted.

David Boyle Stope

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

Crichton Royal Institution Dumfries.

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

1660

Mary Ann Walker

6th January

1880

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

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

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

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

The Petition of John M'Gachen, Inspector of Poor Portpatrick humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John French residing at Blair St. Portpatrick is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said John French to the Southern Counties Asylum Dumfries and to sanction his admission into the said Asylum.

(SIGNED) John M'Gachen

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

DATED this Sixth (3) day of January one thousand eight hundred and Eighty

STATEMENT.

If any 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 French
2. Sex and Age,	Male, 27 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Labourer; was at one time a policeman
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Blair St Portpatrick
7. Place where Found and Examined,	Blair St Portpatrick
8. Length of time Insane,	Four or Five days
9. Whether first Attack,	First attack
10. Age (if known) on first Attack,	———
11. When and where previously under Examination and Treatment,	———
12. Duration of existing Attack,	Commenced to manifest peculiarities about a fortnight ago.
13. Supposed Cause,	Unknown
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	Threatens but has used no violence
17. Parish or Union to which the Lunatic (if a Panper) is Chargeable,	Portpatrick
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,	Agnes Glinton. Blair St. Portpatrick, Mother; none known to be or have been insane.
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	———

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

(SIGNED)* *Name,* John M'Gachen

DATED this day of one thousand eight hundred and

[4] * To be Signed by the Party applying.

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

I, the undersigned, William Wallace ~~M.B. & Cm~~ being a (1) Bachelor of Medicine & master of Surgery — and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Blair St Portpatrick Wigton in the County of separately from any other Medical Practitioner, visited and personally examined (4) John French Labourer Portpatrick a Pauper and that the said John French 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) On 31st Dec. 1879 I visited him when I found him much excited & saying he would do for a lot of people at eight o'clock & told me that I was one of the brethren — On 6th Jany I found him sitting almost naked & when unobserved he had a wild look & staring at the wall opposite with outstretched hands — He refused to dress —

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Instead of going to work his friends found him one day sitting in the woods whistling & singing & when asked to go home he said he didn't know the road — For a time he could not stay in the house at night but when out wandered a good part of night — He talks in a rambling manner — Praying & crying

(SIGNED) *Name and Medical Designation,* William Wallace M.B. & C

Place of Abode, Portpatrick

DATED this Sixth day of January One thousand eight hundred and eighty —

MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

I, the undersigned, William McNeil ~~being a Doctor of~~ being a (1) Doctor of Medicine of the University of Edinburgh and a Licentiate of the Royal College of Surgeons Edinburgh and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Blair Street Portpatrick Wigtown in the County of separately from any other Medical Practitioner, visited and personally examined (4) John French, Labourer Portpatrick a pauper residing there and that the said John French is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He is restless & excited broke out into a passion when I spoke to him, refused to answer [illegible] but ~~talked~~ to himself about Freemasons coming in at the window Kill him, repeated the 23d Psalm, prayed, & repeated portions of Scripture had his head in the bedclothes &c &c

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) His mother Agnes Glinton says he has been quite changed of late has had delusions about some of his fellow workmen who are Freemasons coming in thro' the window at night to kill him. Says frequently he must take a life, wanders out at night and refuses to be controlled. His grandmother corroborates the above.

(SIGNED) *Name and Medical Designation,* William McNeil M.D. &c

Place of Abode Stranraer

DATED this Sixth day of January one thousand eight hundred and Eighty years.

CERTIFICATE OF EMERGENCY.

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

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

Name, _____

Place of Abode, _____

DATED this day of one thousand eight hundred and

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

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

I, Macduff Rhind Esquire Advocate (2) Sheriff Substitute of the (2) County of Wigtown having had produced to me, with a Petition at the instance of (3) John Nobracken Inspector of Poor Portpatrick Certificates under the hands of William Wallace, Physician Portpatrick and William McNeil M. D. Stranraer, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) John French residing in Blair street Portpatrick a pauper and that the said John French is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said John French as a Patient into the (6) Public Asylum of Southern Counties Dumfries and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said John French which accompanied the said Petition.

(SIGNED) M. S. Mind

DATED this Eighth day of January one thousand eight hundred and eighty years

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

---

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

2335.

8th Jany 1880

Petition
To
Sheriff of Inverness
for order
To detain in Asylum
John French

1880

2
335.

John French

8th January

1880

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

[Form A]

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

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

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

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

The Petition of John Brown, Coach Smith, Whiteside Kirkgunzeon humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mrs Mary Brown or Morrison 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 Mrs Mary Brown or Morrison to the Southern Counties Asylum and to sanction her admission into the the said Asylum. Four words deleted.

John Brown

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

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

Dated this Eighth (4) day of January One thousand eight hundred and Eighty years.

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Mary Brown or Morrison
2. Sex and Age,	Female. 60 –
3. Married, Single, or Widowed,	
4. Condition of Life, and previous Occupation (if any),	Farmer's Wife
5. Religious Persuasion, so far as known,	Protestant.
6. Previous Place of Abode,	Whiteside, Kirkgunzeon.
7. Place where Found and Examined,	Dumfries.
8. Length of time Insane,	Two Months
9. Whether first Attack,	First Attack.
10. Age (if known) on first Attack,	60
11. When and where previously under Examination and Treatment,	Never previously under treatment.
12. Duration of existing Attack,	Two Months
13. Supposed Cause,	None known
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Not Chargeable.
18. Date of becoming Chargeable,	—
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	James Brown, Craigen Buttock Dunscore – Brother –
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None –

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

Dated this Eighth day of January One thousand eight hundred and Eighty

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

P. p.

MEDICAL CERTIFICATE, No. I.

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

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

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

(4) *Insert Designation and Residence, 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 Inverhouse being a (1) Graduate of the Faculty of Physicians & Surgeons Glasgow & Licentiate of the College of Physicians & Surgeons Edinburgh and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) My own house Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Mrs Mary Robinson and that the said Mrs Mary Robinson Mid Steps Dumfries is a (5) Person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Talks incoherently Has delusions as to her husband's conduct towards her & threatens violence to me & to her daughter

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her friends state much the same as above

Name and Medical Designation, Marshall M.D. & D.P.

Place of Abode, Dumfries

DATED this 8th day of January One thousand eight hundred and eighty 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 or the house (if any), or other like particulars.*

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

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

I, the undersigned, William Smith Kerr being a (1) Graduate of Aberdeen University &c and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) 15 Buccleuch Street Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Mary Brown or Morrison and that the said Mary Brown or Morrison is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She is very excited and depressed. Looks sad & melancholic. Has delusions about the state of her soul. Sees spirits and other visits. She is sleepless and refuses food.

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Dr Marshall his medical attendant tells me she has been long subject to melancholia.

Name and Medical Designation, W. S. Kerr L.R.C.P.E.

Place of Abode, Dumfries

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

CERTIFICATE OF EMERGENCY.

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

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

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

DATED this day of One thousand eight hundred and

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

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

I, David Boyle Hope — (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) John Brown, Coachsmith, Maitside Sanquhar — Certificates under the hands of William Marshall — and William Smith Senr —, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Mrs Mary Brown or Morrison Maitside aforesaid, [illegible] and that the said Mrs Mary Brown or Morrison is a (5) Person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Mrs Mary Brown or Morrison as a Patient into the (6) Public Asylum of Southern Counties, and I authorize the Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mrs Mary Brown or Morrison which accompanied the said Petition.

DATED this Eighth day of January One thousand eight hundred and eighty four.

David Boyle Hope

To the Superintendent of the (7) Public Asylum of

Southern Counties
Dumfries

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

232
336

Mary Brown or Morrison

8th January

1880

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

[FORM A]

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

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

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

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

The Petition of Thomas Carson Mason Pensport humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary Carson or Carnduff your Petitioner's (3) wife is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Mary Carson or Carnduff to the Southern Counties Asylum and to sanction the admission into the said Asylum.

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

Thomas Carson

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

DATED this Seventh (4) day of January One thousand eight hundred and Eighty

STATEMENT.

If any 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 Carson or Carnduff
2. Sex and Age,	Female 34 years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	House wife
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Pensport
7. Place where Found and Examined,	Pensport Village
8. Length of time Insane,	Shewn Symtoms for some time
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,	Symptoms for nearly a year
13. Supposed Cause,	— — — —
14. Whether subject to Epilepsy,	— —
15. Whether Suicidal,	no
16. Whether Dangerous to others,	no
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Pensport
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Thos Carson Husband Pensport not any known of
20. Special circumstances (if any) preventing the 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 January One thousand eight hundred and Eighty

(*To be signed by Party applying*) Thomas Carson

P P

MEDICAL CERTIFICATE, No. I.

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

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

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

(4) *Insert Designation and Residence, 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 Logan being a (1) Doctor of Medicine and Licentiate of the Faculty of Physicians and Surgeons of Glasgow and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Penpont Village in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Mary Carson or Candlish and that the said Mary Carson or Candlish is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She informs me that she is Queen of England, and she means to declare war. Will only very partially dress herself and keeps her person, children, and house, in a state of abominable filth

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her husband informs me that she once attacked him with intent to do him serious harm, and that she almost totally neglects her household duties

Name and Medical Designation, Thomas Logan M.D. &c

Place of Abode, Penpont, Dumfriesshire

DATED this seventh day of January One thousand eight hundred and eighty 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, Edward Hoggan being a (1) Doctor of Medicine and Licentiate of the Royal College of Surgeons Edinbro and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Penpont in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Mary Carson or Candlish and that the said Mary Carson or Candlish is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Incoherent rambling talk – Fancies herself the wife of Jesus Christ – Has a divine mission to fulfil – Her children are of divine origin – She is Queen of the four nations – and daughter of Prince Albert – Gets excedingly excited in her manner – House & family entirely neglected –

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Similar to the facts stated above – Husband says she attempted striking him – Gets up at night & dresses herself and walks out with youngest child in arms – Neglects her children so much so that they cannot find food, except what they themselves pick up –

Name and Medical Designation, Ed: Hoggan M.D. &c

Place of Abode Thornhill

DATED this Seventh day of January One thousand eight hundred and Eighty years —

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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 Logan
being (1) a Doctor of Medicine &c
hereby certify, on soul and conscience, that I have this day, at (2) Penpont
in the County of Dumfries, seen and personally examined
Mary Carson or Candlish, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

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

Thomas Logan M.D.

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

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

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

I, David Boyle Stoke – (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Thomas
Carson Mason, Penpont
Certificates under the hands of Thomas Logan
and Edward Hogan, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Candlish or Carson Penpont Village (Glasgow wife) and that the said Mary Candlish or Carson (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 Candlish or Carson as a Patient into the (6) Public Asylum of Southern Counties and I authorize the Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mary Candlish or Carson which accompanied the said Petition.

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

David Boyle Stoke

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

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

2
337

Mary Carson or Candlish

9th January

1880

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

[FORM A]

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

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

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

Unto the Honourable the (1) Sheriff Substitute, *of the* (2) Stewartry of Kirkcudbright *and his Substitutes,—*

The Petition of Charles Finlayson Inspector of Poor humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that William Murphy 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 Murphy to the Southern Counties Asylum and to sanction his admission into the said Asylum.

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

C Finlayson

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

DATED this 9th (4) day of January One thousand eight hundred and eighty

---

STATEMENT.

If any 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 Murphy
2. Sex and Age,	Male - Twenty seven
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Mason
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Rothesay -
7. Place where Found and Examined,	Millburn Kirkcudbright
8. Length of time Insane,	Eight days
9. Whether First Attack,	First
10. Age (if known) on First Attack,	
11. When and where previously under Examination and Treatment,	
12. Duration of Existing Attack,	
13. Supposed Cause,	The consumption
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,	Kirkcudbright
18. Date of becoming Chargeable,	2nd January 1880
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Mary Murphy - his mother - Insane -
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

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

DATED this 10th day of January One thousand eight hundred and Eighty

(*To be signed by Party applying*) C Finlayson

P. P.

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

I, the undersigned, Wm Johnstone
being a (1) M.D. of Edinr.

and being in actual practice as a (2) Physician & Surgeon.
hereby certify, on soul and conscience, that I have this day, at (3) Millburn
Kirkcudbright in the County of
Kirkcudbright separately from any other Medical Practitioner,
visited and personally examined (4) William Murphy, a pauper
and that
the said William Murphy 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 has delusions on all subjects with paroxysms of fury

(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, Wm Johnstone M.D.

Place of Abode, Kirkcudbright

DATED this Tenth day of January One thousand eight hundred and Eighty.

MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

I, the undersigned, Moreau Urquhart
being a (1) M.B. Ecc. Edin. Univ.

and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Millburn
Kirkcudbright in the County of
Kirkcudbright separately from any other Medical Practitioner,
visited and personally examined (4) William Murphy, pauper
and that
the said William Murphy is a (5) person of unsound mind
and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
Evidence of delusions at first more especially with reference to Religious matters, now on all subjects.

(N.B. Murphy has Phthisical disease of both lungs.)

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
I am informed by his Mother, that he becomes violent at times breaking the windows, and conducting himself generally in a violent and irrational manner.

Name and Medical Designation, Moreau Urquhart

Place of Abode Kirkcudbright

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

CERTIFICATE OF EMERGENCY.

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

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

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

DATED this day of One thousand eight hundred and

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

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

I, Alexander Nicolson, Esquire, Sheriff-Substitute of the (3) Stewartry of Kirkcudbright having had produced to me, with a Petition at the instance of (4) Charles Finlayson Certificates under the hands of Andrew James Urquhart and William Johnstone, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (5) William Murphy (Pauper) and that the said William Murphy is a (6) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said William Murphy as a Patient into the Southern Counties Asylum of Dumfries and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said William Murphy which accompanied the said Petition.

DATED this tenth day of January One thousand eight hundred and eighty

Alex. Nicolson

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

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

2
338

William Murphy

10th January

1880

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

[FORM A]

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

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

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

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

The Petition of Alexander Neurison, Inspector of Poor for Morton humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Susan Wood —

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

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

Alex Neurison

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

DATED this Ninth (4) day of January One thousand eight hundred and Eighty years —

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Susan Wood
2. Sex and Age,	Female - 27 years of age
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	— At home with parents —
5. Religious Persuasion, so far as known,	—
6. Previous Place of Abode,	Thornhill
7. Place where Found and Examined,	Thornhill
8. Length of time Insane,	From birth
9. Whether First Attack,	—
10. Age (if known) on First Attack,	—
11. When and where previously under Examination and Treatment,	—
12. Duration of Existing Attack,	—
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,	Morton parish
18. Date of becoming Chargeable,	— 6 January 1880 —
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Isabella Craven wife of Wm Craven labourer in Drumcaring street is her Mother
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

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

DATED this ~~Eighth~~ day of January One thousand eight hundred and Eighty years. one word deleted

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

P P

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

(6) *State the facts.*

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

I, the undersigned, Wm Mann
being a (1) M.B.C.M. Edinburgh University
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) 7 Drumlanrig Street, Thornhill Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Susan Wood a pauper on the Roll of the parish of Morton and that the said Susan Wood is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6)
Stupid unintelligent appearance. — Has no idea of time or numbers. Defective memory — extremely slow in replying to questions.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Her Mother informs me that she suffer from fits & that sometimes previous to these occurrences she is violent & dangerous & difficult to control. Further that as a rule she is mild & tractable.

Name and Medical Designation, Wm Mann MBC.

Place of Abode, Thornhill

DATED this 16th day of January One thousand eight hundred and eighty. —

MEDICAL CERTIFICATE, No. II.

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

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

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

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

(5) Lunatic, or an insane person, 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 Scott Wilson
being a (1) Bachelor of Medicine and Master in Surgery of the University of Glasgow
and being in actual practice as a (2) Physician & Surgeon in Thornhill Street Dumfries
hereby certify, on soul and conscience, that I have this day, at (3) 7 Drumlanrig Street Thornhill in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Susan Wood, a pauper on the Roll of the parish of Morton and that the said Susan Wood is a (5) person of Unsound Mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6)
Unintelligent & Stupid, can neither read nor write, has no idea of time,

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Would wander away & requires to be watched subject to fits of an epileptic nature as stated by her mother

Name and Medical Designation, James S Wilson Bachelor of Medicine

Place of Abode Thornhill

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

CERTIFICATE OF EMERGENCY.

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

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

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

DATED this day of One thousand eight hundred and

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

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

I, David Boyle Hope — (1) Sheriff Substitute of the (2) County of Dumfries — having had produced to me, with a Petition at the instance of (3) Alexander Newsom Inspector of Poor Morton — Certificates under the hands of Jas K. Mann — and James Scott Wilson —, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Susan Wood, 7 Drumlanrig Hall, Thornhill (a pauper) and that the said Susan Wood — is a (5) person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Susan Wood — as a Patient into the (6) Public Asylum of Southern counties and I authorize the Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Susan Wood, — which accompanied the said Petition.

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

David Boyle Hope

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

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

2
339

Susan Wood

14th Jany

1880

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

[FORM A]

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

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

(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 Mc Cracken, Inspector of Poor, Portpatrick

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Parker, Craigngnaurock, Portpatrick

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

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

John M Cracken

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

DATED this 26th (4) day of January One thousand eight hundred and Eighty years.

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	James Parker
2. Sex and Age,	Male. about thirty years of age.
3. Married, Single, or Widowed,	Single.
4. Condition of Life, and previous Occupation (if any),	Agricultural Labourer.
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	—
7. Place where Found and Examined,	Craigngnaurock, Portpatrick.
8. Length of time Insane,	Not known.
9. Whether First Attack,	Craigngnaurock.
10. Age (if known) on First Attack,	not known.
11. When and where previously under Examination and Treatment,	—
12. Duration of Existing Attack,	about three months.
13. Supposed Cause,	unknown.
14. Whether subject to Epilepsy,	—
15. Whether Suicidal,	Yes.
16. Whether Dangerous to others,	supposed not.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Portpatrick
18. Date of becoming Chargeable,	1st January 1880.
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Mary Moor or Parker, Craigngnaurock his mother.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

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

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

(*To be signed by Party applying*) John M Cracken

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, 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 Wallace
being a (1) Bachelor of Medicine & Master of Surgery
and being in actual practice as a (2) physician & surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Craigneguarroch - Portpatrick in the County of Wigton separately from any other Medical Practitioner, visited and personally examined (4) James Parker Craigneguarroch and that the said James Parker is a (5) lunatic and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He states that he is hopelessly lost in a great dread of punishment following upon some foolishness he committed in his youth that every minute adds to the debt. He says that he would like to do away with himself - He is in a very depressed

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His cousin states that he has attempted to strangle himself & that he is ~~[illegible]~~ frightened for the de

Name and Medical Designation, William Wallace M

Place of Abode, Portpatrick

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

MEDICAL CERTIFICATE, No. II.

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

I, the undersigned, William Mc Neil
being a (2) Doctor of Medicine of the University of Edin and a recent fellow of the Royal College of Surgeons Edi
and being in actual practice as a (3) General practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Craignagnarroch in the parish of Portpatrick in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) James Parker residing there and that the said James Parker is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He is restless & excitable & talks incessantly about his lost state on account of sins committed in his youth. Hopes that Stranraer and surrounding district has not been destroyed on his account. Refuses to talk on any other subject &

(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 for more than a month he has raved about his guilt as a sinner. Seldom sleeps frequently threatens to commit suicide. Today they could with difficulty take a rope from him, with which he was attempting to strangle himself.

Name and Medical Designation, William Mc Neil, M

Place of Abode Stranraer

His father corroborates the above statement

DATED this twenty sixth day of January One thousand eight hundred and eighty seven

CERTIFICATE OF EMERGENCY.

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

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

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

DATED this day of One thousand eight hundred and

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

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

I, Macduff Rhind Esquire (1) Advocate Sheriff Substitute of the (2) County of Wigtown having had produced to me, with a Petition at the instance of (3) John McCracken Inspector of Poor, Portpatrick Certificates under the hands of William Wallace Bachelor of Medicine, Portpatrick and William M'Gill Doctor of Medicine, Stranraer, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) James Parker Craigenquarroch, Portpatrick a Pauper and that the said James Parker is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said James Parker as a Patient into the (6) Public Asylum of Southern Counties Dumfries and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said James Parker which accompanied the said Petition.

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

M. Rhind

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

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

Petitioner
by
Mo. McCracken
Inspr of Poor
Johane James Parker
received into Asylum

1880

2
340

James Parker

31st January

1880

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

[FORM A]

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

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

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

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

The Petition of John Ferguson Solicitor Lincluden

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Ferguson, architect, Dalry, Galloway your Petitioner's (3) Brother

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

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

John Ferguson

(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 February One thousand eight hundred and eighty

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	James Ferguson
2. Sex and Age,	male - 34 years of age
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Son of the late Dr James Ferguson, Surgeon Dalry Bred as an Architect
5. Religious Persuasion, so far as known,	Protestant Presbyterian
6. Previous Place of Abode,	Glasgow
7. Place where Found and Examined,	Dumfries
8. Length of time Insane,	Removed attacks last his equivalent three or four days back
9. Whether First Attack,	no
10. Age (if known) on First Attack,	about 4 years since
11. When and where previously under Examination and Treatment,	(1) at Lincluden in or about Oct 1875 (2) at Edinburgh about June 1878 (3) at Dalry about Oct 1879 (4) at Dalry since 12th January 1880 - Was removed on the 27th ult to Crichton Royal Institution Dumfries
12. Duration of Existing Attack,	Certified insane Lincluden Valley Friday 30th Jany 1880
13. Supposed Cause,	Nervous excitability perhaps induced by the fragrance of medicine and examen.
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	Medd once or twice threaten but never any overt act
16. Whether Dangerous to others,	Not to my knowledge
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	will be supported by Petitioner in the meantime
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	The Petitioner and his Brother William Ferguson (Reid Secretary's Assistant) with Mrs Gibson 14 Lower Ormond Quay Dublin no member of Patient's family has ever been insane
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

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

DATED this Third day of February One thousand eight hundred and eighty

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

P. p.

MEDICAL CERTIFICATE, No. I.

I, the undersigned, James M: M'Culloch, M: D: &c.
being a (1) Graduate of the University of Edinburgh &c.
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) 16 Castle Street
Dumfries in the County of Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) James Fergusson, Architect, Dalry
the said James Fergusson 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) Excitable, amounting to phrenzy, avows that he is sleepless, thinks he hears person speaking in his head, raised looking.

2. Other facts (if any) indicating Insanity communicated to me by others: (7) At times very violent, breaks windows &c. tries jumps out of the window &c. altogether restless & excited.

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

Place of Abode, 16 Castle Street, Dumfries

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

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

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

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

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

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

(6) *State the facts.*

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

MEDICAL CERTIFICATE, No. II.

I, the undersigned, Mark J. Symons
being a (1) Doctor of Medicine of Edinburgh University
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Castle Street
Dumfries in the County of
visited and personally examined (4) James Fergusson separately from any other Medical Practitioner,
the said James Fergusson 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) Sleepless & restless, convulsive excitable. Mental faculties blunted especially the memory. Shuns society of his friends. Has delusions, to day he imagines the Lamp in the Railway carriage was the 'Bell of Death', and the Bell waved struck him on the forehead, telling him he admits experiencing other delusions of same class.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) James McGill informs me that he will suddenly fly about in a phrenzy, requiring two men to hold him, he tries to get out of the window several times.

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

Place of Abode Buccleuch St. Dumfries

DATED this third day of February One thousand eight hundred and eighty

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

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

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

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

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

(6) *State the facts.*

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

CERTIFICATE OF EMERGENCY.

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

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

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

DATED this day of One thousand eight hundred and

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

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

I, David Boyle Hope — (1) Sheriff Substitute — of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) John Ferguson Solicitor Lauderdale, Certificates under the hands of James M. McCulloch — and Mark J. Symers — , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) James Ferguson Architect Dalry Galloway (Kirkcudbrightshire) and that the said James Ferguson is a (5) Person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said James Ferguson as a Patient into the (6) Public Asylum of Crichton Royal Institution, and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said James Ferguson, which accompanied the said Petition.

DATED this Third day of February One thousand eight hundred and

David Boyle Hope

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

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

1661

James Fergusson

3d February

1880

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

[Form A]

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

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

(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 Hugh Thompson, residing in Shenchan St. Stranraer.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Agnes Thompson 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 Agnes Thompson to the Southern Counties Asylum at Dumfries and to sanction her admission into the said Asylum.

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

× Hugh Thompson

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

Dated this 26th (4) day of January One thousand eight hundred and Eighty Years

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Agnes Thompson
2. Sex and Age,	Female. 38 Years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Protestant
5. Religious Persuasion, so far as known,	
6. Previous Place of Abode,	44 Shenchan St. Stranaer
7. Place where Found and Examined,	nineteen Years
8. Length of time Insane,	Nineteen Years
9. Whether First Attack,	In Southern Counties' Asylum from Jan, 1871 to Jan, 1878.
10. Age (if known) on First Attack,	Not Known
11. When and where previously under Examination and Treatment,	do do
12. Duration of Existing Attack,	No
13. Supposed Cause,	No
14. Whether subject to Epilepsy,	at times outbreaks—
15. Whether Suicidal,	Not a pauper
16. Whether Dangerous to others,	do do
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Hugh Thompson, 44 Shenchan St. Stranaer, Father.
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

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

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

(To be signed by Party applying) × Hugh Thompson

P. P.

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

I, the undersigned, David Easton being a (1) Doctor of Medicine & Licentiate of the Royal College of Surgeons Edinburgh and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Shenkan Street Stranraer Wigtown in the County of separately from any other Medical Practitioner, visited and personally examined (4) Agnes Thomson. and that the said Agnes Thomson is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She is constant talking in an incoherent manner. Has a wild ex she keeps her eyes rolling about. At times she laughs immoder and suddenly changes it to greeting when she commences to in a raving and unintelligible manner. When frowning sh grinds her teeth during the paroxysm with one eye. When seen was in a state of fury.

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Mr Thomson & Mary Thomson, father & mother say is very changeable, sometimes quiet at other times very violent, she offers at them & would injure them in any way she could. Laugh sounds at them as the case may be. Is restless at night & talks in incessantly. When in the garden wished for a pitchfork to stab h -4c 4c

Name and Medical Designation, David Easton M D

Place of Abode, Stranraer

DATED this 27th day of January One thousand eight hundred and Eighty -

MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

I, the undersigned, Hugh Cochrane being a (1) Licentiate of the Royal College of Physicians Edin and Licentiate of the Faculty of Physicians & Surgeons Gla and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) No 111 Shenkan St. Stranraer in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) Agnes Thompson, Shenkan Street and that the said Agnes Thompson is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She has a very vacant look. Talks very incoherently. Suddenly she bursts into fits of laughter. On putting several questions she always replies "it is a very fine night." Seems always to be talking to

(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 she has been in the condition since she was 30 years of age. She says she may be sitting very quietly when suddenly she springs up and rushes at them making wild & incoherent remarks. On anything & anyone that may be near her. On account of her violence towards them she has to be kept

Name and Medical Designation, Hugh Cochrane L R C P & L Ed

Place of Abode Stranraer

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

CERTIFICATE OF EMERGENCY.

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

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

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

DATED this day of One thousand eight hundred and

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

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

I, Mordiff Rhind Esquire (1) Advocate Sheriff Substitute of the (2) County of Wigtown having had produced to me, with a Petition at the instance of (3) Hugh Thompson residing in Shenbean Steel Stranraer Certificates under the hands of David Easton Doctor of Medicine and Hugh Cochrane Doctor of Medicine both in Stranraer, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Agnes Thompson residing in Shenbean Steel Stranraer and that the said Agnes Thompson is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Agnes Thompson as a Patient into the (6) Public Asylum of Southern Counties, Dumfries and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Agnes Thompson which accompanied the said Petition.

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

M. Rhind

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

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

Petition
for Reception of
Agnes Thompson
into
Public Asylum of
Southern Counties Dumfries

2
341

Agnes Thompson

4th February

1880

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

[FORM A]

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

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

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

Unto the Honourable the (1) ~~of the~~ (2) Sheriff Substitute of Dumfriesshire – *and his Substitutes,*–

The Petition of Robert Wright Mason Lochanbriggs.

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

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

Robert Wright

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

DATED this Sixth (4) day of February One thousand eight hundred and eighty 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 Anderson
2. Sex and Age,	Male 64
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Journy Master
5. Religious Persuasion, so far as known,	Free Church
6. Previous Place of Abode,	Lochanbriggs
7. Place where Found and Examined,	Three days
8. Length of time Insane,	Third Attack
9. Whether First Attack,	22 yers
10. Age (if known) on First Attack,	16 Asylum Dumfries
11. When and where previously under Examination and Treatment,	Three days
12. Duration of Existing Attack,	Religon
13. Supposed Cause,	59
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Yes
16. Whether Dangerous to others,	
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Georgina Anderson, Lochanbriggs (wife)
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

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

DATED this 6th day of Feby One thousand eight hundred and 80

(*To be signed by Party applying*) Robt Wright.

P. P.

MEDICAL CERTIFICATE, No. I.

I, the undersigned, Alexander Thomson being a (1) Doctor of medicine of the University of Edinburgh and Surgeon and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 20 Charlotte St in the Parish of Dumfries and in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Thomas Anderson Quarry-master, Locharbriggs and that the said Thomas Anderson is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Great excitement singing, praying and swearing attempted to threaten violence, and requires to be restrained by several men.

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Told by his wife Mrs Anderson, that she noticed some change in his manner about three days ago and that during the last 24 hours he has been violent, excited and quite unmanageable

Name and Medical Designation, Alex Thomson MD. Phys

Place of Abode, 20 St Dumfries

DATED this Sixth day of February One thousand eight hundred and eighty years

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

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

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

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

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

(6) *State the facts.*

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

MEDICAL CERTIFICATE, No. II.

I, the undersigned, William Carruthers being a (1) Graduate in Medicine of Edinburgh & Thom and being in actual practice as a (2) Physician & Surgery hereby certify, on soul and conscience, that I have this day, at (3) 4 the Southern Circular Quarters Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Thomas Anderson Quarry Master Locharbriggs Dumfries and that the said Thomas Anderson 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) His insane rolling & hysterical appearance, Sits erect when talked to and talks incoherently about some public business. Does not know whether he is married

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) His friends in law state that he is constantly raving about religion & spiritual sermons & ~~[illegible]~~ He will remain awake some two and three days & then raves of various things & religion

Name and Medical Designation, William Carruthers M.

Place of Abode 12 Castle Street Dumfries

DATED this Sixth day of February One thousand eight hundred and eighty years

CERTIFICATE OF EMERGENCY.

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

I, the undersigned, Alexander Thomson being (1) a Doctor of Medicine of the University of Glasgow hereby certify, on soul and conscience, that I have this day, at (2) Lochar Briggs in the County of Dumfries, seen and personally examined Thomas Anderson, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

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

Alex Thomson M.D. &c.

DATED this Sixth day of February One thousand eight hundred and eighty-years.

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

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

I, David Boyle Hope (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Robert Wright Mason Locharbriggs Certificates under the hands of Alexander Thomson and William Carruthers, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Thomas Anderson Quarrymaster Locharbriggs (Petr's patient in case) and that the said Thomas Anderson is a (5) person of unsound mind and an Insane person and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Thomas Anderson as a Patient into the (6) Public Asylum of Southern Counties and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Thomas Anderson, which accompanied the said Petition.

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

David Boyle Hope

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

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

2

342

Thomas Anderson

6th February

1880

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

[FORM A]

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

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

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

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

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

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

John Dinwoodie

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

DATED this Tenth (4) day of Febry One thousand eight hundred and Eighty

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Jane Laurie or Johnstone
2. Sex and Age,	Female 40 years
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,	Georgetown
7. Place where Found and Examined,	Righead
8. Length of time Insane,	a few days
9. Whether first Attack,	2d
10. Age (if known) on first Attack,	38 years
11. When and where previously under Examination and Treatment,	At Georgetown as Jane Laurie or Wallace 5. 6 Asylum
12. Duration of existing Attack,	a day or two
13. Supposed Cause,	
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	doubtful
16. Whether Dangerous to others,	
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dumfries
18. Date of becoming Chargeable,	9 Feby 1880
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	John Johnstone Righead 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 Feby. One thousand eight hundred and Eighty

(To be Signed by Party applying) John Dinwoodie Inspector

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

I, the undersigned, William Marshall being a (1) Graduate of the Faculty of Physicians & Surg Glasgow and College of Wondering and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Rigghead of Rosehall Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Jane Lawrie or Johnston (a pauper) and that the said Jane Lawrie or Johnston is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) talks incoherently has delusions as to being on bad terms with her God and as to every person being against her seems really agitated and restless &c

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her husband states that she roams about by day and night talking to herself &c

Name and Medical Designation, Marshall M'D &c

Place of Abode, Dumfries

DATED this 9th day of Feby One thousand eight hundred and eighty years

MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

I, the undersigned, William Carruthers being a (1) Graduate in Medicine of Edinburgh University and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Rigghead of Rosehall Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Jane Lawrie or Johnstone (pauper) and that the said Jane Lawrie or Johnstone is a (5) insane person and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Her insane appearance Rambling & incoherent talk. She wishes to write sermons and get some of the ministers to preach them. Thinks that her mother is trying to do her some harm. She is greatly excited when examined

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her husband & daughter state she sits up very late at night writing sermons and talking excitedly. They also say she has been in an asylum before

Name and Medical Designation, William Carruthers M.D.

Place of Abode, 14 Castle Street Dumfries

DATED this 9th day of February One thousand eight hundred and eighty years

CERTIFICATE OF EMERGENCY.

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

I, the undersigned, William Marshall, College of St Andrews being (1) a Graduate of the Faculty of Physicians and Surgeons Glasgow &c hereby certify, on soul and conscience, that I have this day, at (2) Rigghead of Roseball Dumfries in the County of Dumfries, seen and personally examined Jane Laurie or Johnstone, and that the said ~~Jane Laurie~~ ~~or Johnstone~~ person is of unsound mind, and a proper Patient to be placed in an Asylum.

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

W Marshall M D &c.

DATED this 9th day of Feby One thousand eight hundred and eighty years

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

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

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

DATED this Tenth day of February, One thousand eight hundred and eighty years.

David Boyle Hope

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

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

2
343

Jane Laurie or Johnstone

9th February

1880

[FORM A[1]]

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

NOTICE OF ADMISSION.

I HEREBY GIVE NOTICE, That (1)

was received into this House as a (2)

Patient on the (3) day of

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

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

Superintendent.

DATED at this (4) day of

One thousand eight hundred and

To the Secretary of the
General Board of Lunacy.

REPORT.

I HAVE this day (5) seen and personally examined

the Patient named in the above Notice,

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

and with respect to bodily health and condition, that (7)

(8)

DATED this day of One thousand eight hundred and

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

(Copies.)

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

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

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

Unto the Honourable the (1) Sheriff Substitute *of the* (2) Stewartry of Kirkcudbright ~~and his Substitute~~,

The Petition of Christopher P. Richardson, Inspector of Poor of Kelton

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Richard Davies, in Castle Douglas

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

C Richardson

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

DATED this Sixth (4) day of February One thousand eight hundred and Eighty.

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Richard Davies
2. Sex and Age,	Male - 50 years.
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Coach-trimmer.
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	England: Lives in Castle Douglas about 25 years
7. Place where Found and Examined,	King Street Castle Douglas
8. Length of time Insane,	about ten months.
9. Whether First Attack,	The first.
10. Age (if known) on First Attack,	———
11. When and where previously under Examination and Treatment,	———
12. Duration of Existing Attack,	Ten months.
13. Supposed Cause,	Has had fever (rheumatic)
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	supposed so
16. Whether Dangerous to others,	yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Kelton
18. Date of becoming Chargeable,	6th February 1880
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Mary Halliday or Davies - wife, King St. Castle Douglas. No other member of family ever insane.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

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

DATED this Sixth day of February One thousand eight hundred and eighty

(*To be signed by the Party applying*)

C Richardson

Insp

(*Copies.*)

MEDICAL CERTIFICATE, No. I.

I, the undersigned, Walter Lorraine
being a (1) Graduate of Edinburgh University

and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) ~~Castle Douglas~~ King street, Castle Douglas in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) Richard Davies Pauper and that the said Richard Davies is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) His state of mind varies, sometimes morose & sullen. He is under the delusion that he has insured to work on account of his great property. He has other delusions.

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His wife says that he has several times escaped and on one occasion got as far as Dumfries. He is at times difficult to watch yelling up in the middle of the night & escaping from the house.

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

Place of Abode, Castle Douglas

DATED this Sixth day of February One thousand eight hundred and eighty

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

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

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

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

(5) Lunatic, *or* 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, Richard B. Lorraine
being a (1) Graduate of Edinburgh University

and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) King Street Castle Douglas in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) Richard Davies - Pauper and that the said Richard Davies is a (5) person of unsound mind and a proper person to be detained 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 suspects his friends of trying to do him injury. Will not answer the questions I put to him. Wont allow his wife to give any information or answer the questions put to her.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Tell me he thinks he has no need to work, and tells her not to do anything as she has plenty of money - his wife says he is inclined to travel from home on one occasion going to Dumfries and had to be brought home.

Name and Medical Designation, Richard B. Lorraine M.B.C.M.

Place of Abode Castle - Douglas

DATED this 6th day of February One thousand eight hundred and eighty

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

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

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

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

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

(6) *State the facts.*

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

(*Copies.*)

CERTIFICATE OF EMERGENCY.

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

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

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

DATED this day of One thousand eight hundred and

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

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

I, Alexander Nicolson Jr. (1) Sheriff Substitute of the (2) Stewartry of Kirkcudbright having had produced to me, with a Petition at the instance of (3) Christopher Pringle Richardson Certificates under the hands of Walter Torrance and Richard B. Torrance, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Richard Davies (Pauper) and that the said Richard Davies is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Richard Davies as a Patient into the (6) Southern Counties Asylum of Dumfries and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Richard Davies which accompanied the said Petition.

DATED this Ninth day of February One thousand eight hundred and eighty

Alex Nicolson

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

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

2
3 Hts
Richard Davies
10th Feby
1880

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

[Form A]

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

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

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

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

The Petition of Sarah Mein 72 St. Michael Street Dumfries

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Mein your Petitioner's (*) Husband

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

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

Sarah Mein

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

Dated this 12th (*) day of February One thousand eight hundred and 80 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 Mein
2. Sex and Age,	Male. 55
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous occupation (if any),	Joiner
5. Religious Persuasion, so far as known,	Established Church of Scotland
6. Previous Place of Abode,	72 St Michael Street Dumfries
7. Place where Found and Examined,	72 St Michael Street Dumfries
8. Length of time Insane,	4 years
9. Whether first Attack,	Yes
10. Age (if known) on first Attack,	51
11. When and where previously under Examination and Treatment,	—
12. Duration of existing Attack,	4 years.
13. Supposed Cause,	Excessive use of intoxicating drinks
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No.
16. Whether Dangerous to others,	Yes.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Sarah Mein. Wife — No
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

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

Dated this 12th day of February. One thousand eight hundred and 80 years.

(*To be Signed by Party applying*) Sarah Mein

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

I, the undersigned, John Smith being a (1) Graduate in Medicine of Edinburgh University and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 72 St. Michael Street Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) John Mein, Joiner 72 St. Dumfries and that the said John Mein is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, 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 changed appearance indicating mental weakness. Violent actions & expressions, at one time swearing & in a few minutes laughing boisterously.

(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 owing to loss of memory & mental weakness he has been for several years quite unfit to conduct any business. Lately he has been subject to violent & sudden fits of passion without cause, swearing, breaking furniture & threatening to murder her. The servant makes the same statement to me.

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

Place of Abode, 14 Castle St. Dumfries

DATED this 11th day of February One thousand eight hundred and 80 years.

MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

I, the undersigned, Alexander Thomson being a (1) Doctor of Medicine of the University of Glasgow and Surgeon and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 72, St. Michael Street, Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) John Mein, Joiner 72, St. Michael St. Dumfries and that the said John Mein is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself : (6) Violence, excitement, incoherent conversation, swearing one minute followed by outbursts of laughter the next.

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

2. Other Facts (if any) indicating Insanity communicated to me by others : (7) Told by Mrs. Mein, his wife, that his memory has become very defective, and that he is unable to conduct business; that he is often violent and unmanageable, and is subject to outbursts of passion without any apparent cause.

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

Place of Abode, 27 Castle St. Dumfries

DATED this Eleventh day of February One thousand eight hundred and Eighty years.

CERTIFICATE OF EMERGENCY.

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

I, the undersigned, John Smith
being (1) Grad. Univ. Edin. 1879 Licentiate of Royal College of Physicians Edinburgh
hereby certify, on soul and conscience, that I have this day, at (2) 72 St. Michael Street
in the County of Dumfries, seen and personally examined
John Mein, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

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

John Smith M.B. C.M.

Dated this 11th day of February One thousand eight hundred and 80 years.

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

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

I, David Boyle Hope (1) Sheriff-Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Sarah Mein
72 St Michael Street Dumfries
Certificates under the hands of John Smith,
and Alexander Thomson, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) John Mein
Junr 72 St Michael Street Dumfries (Painter) and that the said
John Mein is a (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 Mein as a Patient into the (6) Public Asylum of Crichton Royal Institution, and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said John Mein,
which accompanied the said Petition.

Dated this Fourteenth day of February, One thousand eight hundred and eighty years.

David Boyle Hope

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

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

1662

John Mein

11th February

1880

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

[FORM A]

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

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

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

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

The Petition of Rowland Reed Inspector of Poor Canonbie humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Catherine M^c^Lellan ———

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

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

Rowland Reed

(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 February ——— One thousand eight hundred and Eighty years.—

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Catherine M^c^Lellan
2. Sex and Age,	Female Aged 18 years.
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Daughter of Irongroom in Humble Circumstances and acted as Message Girl.
5. Religious Persuasion, so far as known,	Presbyterian
6. Previous Place of Abode,	Charles Street Langholm Dumfries Shire
7. Place where Found and Examined,	Charles Street Langholm &c
8. Length of time Insane,	About five weeks
9. Whether first Attack,	No. Second.
10. Age (if known) on first Attack,	Sixteen years.
11. When and where previously under Examination and Treatment,	Southern Counties Asylum Dumfries
12. Duration of existing Attack,	About five weeks since first Observed on this occasion
13. Supposed Cause,	unknown to Petitioner
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	Not so far as yet shown
16. Whether Dangerous to others,	Yes Greatly violent at times very treacherous would strike or throw anything at any person if not watched.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Canonbie Parish Dumfries Shire
18. Date of becoming Chargeable,	9th February 1880. at present.
19. Christian Name and Surname, and Place of Abode of nearest known 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 M^c^Lellan and Mother Catherine Page or M^c^Lellan, resides at Charles Street Langholm Dumfries Shire — None Known to have been Insane
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None whatever

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

DATED this Eleventh day of February — One thousand eight hundred and Eighty years.

(*To be signed by Party applying*) Rowland Reed

P. p.

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

(6) *State the facts.*

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

I, the undersigned, John Robertson MB & M Bsc being a (1) Bachelor of Medicine and Master of Surgery of the University of Edinburgh and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Charles Street, Old Langholm in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Catherine McLellan - Charles Street Old Langholm - pauper and that the said Catherine McLellan is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Her feelings are perverted and she considers those who have the care of her hostile to her. She is excitable restless and turbulent / mutters strings of words and thinks that people wish to convert her to the Roman Catholic Religion

2. Other facts (if any) indicating Insanity communicated to me by others: (7) She takes dislikes to people suddenly and would strike them with anything within her reach. She gets out of bed and dances till she is exhausted and sings for hours together any stray words she may hear -

Informant Catherine McLellan - her Mother -

Name and Medical Designation, John Robertson MB & M Bsc

Place of Abode, Charles St Old Langholm.

Dated this tenth day of February One thousand eight hundred and eighty

---

MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

(6) *State the facts.*

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

I, the undersigned, William Johnstone Carlyle being a (1) Doctor of medicine of Edinburgh University Licentiate of the Royal College of Surgeons in Edinburgh and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Old Charles Street Langholm Dumfries in the County of separately from any other Medical Practitioner, visited and personally examined (4) Catherine McLellan, old, Charles St Langholm, pauper, and that the said Catherine McLellan is a (5) an insane person and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Spends her waking hours in furious excitement screaming yelling and dancing till her clothes fall off, after that becoming worse, alternating with occasional outbursts of furious rage at her parents, attempts to strike them.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Mother & Father of Catherine McLellan complain to me that she is so violent they are afraid to stay in the house with & that they are worn out watching her from home.

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

Place of Abode, Langholm

Dated this 11th day of February One thousand eight hundred and 80

CERTIFICATE OF EMERGENCY.

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

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

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

DATED this day of One thousand eight hundred and

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

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

I, David Boyle Hope (1) Sheriff-Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Rowland Reed Inspector of Poor, Canonbie
Certificates under the hands of John Robertson
and William Johnstone Carlyle, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Catherine McLellan, Charles Street, Old Langholm (a Pauper) and that the said Catherine McLellan, is a (5) person of unsound mind, and an insane person
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Catherine McLellan as a Patient into the (6) Public Asylum of Southern Counties, and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Catherine McLellan, which accompanied the said Petition.

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

David Boyle Hope

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

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

2
345

Catherine M. Lellan

12th February

1880

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

[FORM A]

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

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

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

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

The Petition of Julia Winter 33 Bank St Carlisle humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Hannah Eliza Forster 33 Bank St Carlisle your Petitioner's (3) 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 Hannah Eliza Forster 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.

Julia Winter

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

DATED this Eighteenth (4) day of February One thousand eight hundred and Eighty

---

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Hannah Eliza Forster
2. Sex and Age,	Female, age 50
3. Married, Single, or Widowed,	Unmarried
4. Condition of Life, and previous Occupation (if any),	Dressmaker with limited circumstances
5. Religious Persuasion, so far as known,	Roman Catholic
6. Previous Place of Abode,	33 Bank Street Carlisle
7. Place where Found and Examined,	Bank Street! Examined Dumfries
8. Length of time Insane,	about 3 Weeks
9. Whether First Attack,	No
10. Age (if known) on First Attack,	50
11. When and where previously under Examination and Treatment,	None
12. Duration of Existing Attack,	3 Weeks
13. Supposed Cause,	Depression in Business
14. Whether subject to Epilepsy,	None
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	St Cuthbert Within Bloomsbury
18. Date of becoming Chargeable,	16. Feby
19. Christian Name and Surname, and Place of Abode of nearest known 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 Forster 84 9th Russell St London No Insane in Family
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	Depression

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

DATED this Eighteenth day of February One thousand eight hundred and Eighty

(*To be signed by Party applying*) Julia Winter

MEDICAL CERTIFICATE, No. I.

I, the undersigned, John Smith

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

being a (1) Graduate in Medicine of Edinburgh Univ

(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.*

hereby certify, on soul and conscience, that I have this day, at (3) 14 Castle St in the County of Dumfries separately from any other Medical Practitioner,

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

visited and personally examined (4) Hannah Eliza Foster Dressmaker. 33 Bank St Carlisle and that

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

the said Hannah Eliza Foster is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Her insane appearance, wandering conversation & delusions: states that the Ladies of Carlisle are continually annoying her wherever she goes. that some time ago she wore a bird on her hat which has since caused her a great deal of misery

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

2. Other facts (if any) indicating Insanity communicated to me by others (7): Charles Gray who brought her from Carlisle informed me that during the last three weeks he has had many delusions & has at times been much excited & been unmanageable

Name and Medical Designation, John Smith MD

Place of Abode, 14 Castle St Dumfries

DATED this 16 day of February One thousand eight hundred and 80 years

---

MEDICAL CERTIFICATE, No. II.

I, the undersigned, Alex Thomson

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

being a (1) Doctor of Medicine of the University of Glasgow and Surgeon

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

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

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

hereby certify, on soul and conscience, that I have this day, at (3) 14 Castle Street, Dumfries 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) Hannah Eliza Foster, Dressmaker, 33 Bank St Carlisle and that

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

the said Hannah Eliza Foster is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Delusions of various kinds, amongst others that everybody has turned against her: and that when the Sun shines on her in a peculiar way.

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Told by Charles Gray who brought her here from Carlisle – that she jumped out into the Street this morning, and had to be taken in charge by the police

Name and Medical Designation, Alex Thomson MD.

Place of Abode 14 Castle St Dumfries

DATED this Sixteenth day of February One thousand eight hundred and Eighty years.

CERTIFICATE OF EMERGENCY.

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

I, the undersigned, Alexander Thomson being (1) a Doctor of medicine of Glasgow University hereby certify, on soul and conscience, that I have this day, at (2) 14 Castle St. Dfs. in the County of Dumfries, seen and personally examined Hannah Eliza Foster, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

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

Alex Thomson M.D. &c.

DATED this Sixteenth day of February One thousand eight hundred and eighty years —

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

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

I, David Boyle Hope (1) Sheriff-Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) Julia Winter 33 Bank Street Carlisle Certificates under the hands of John Smith and Alexander Thomson, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Hannah Eliza Foster 33 Bank St Carlisle (Petitioner's Friend) and that the said Hannah Eliza Foster, is a (5) person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Hannah Eliza Foster as a Patient into the (6) Public Asylum of Crichton Institution and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Hannah Eliza Foster, which accompanied the said Petition.

DATED this Ninteenth day of February, One thousand eight hundred and eighty years.

David Boyle Hope

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

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

1663

Hannah Eliza Foster

16th Febry

1880

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

[FORM A]

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

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

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

Unto the Honourable the (1) Sheriff Substitute of the (2) County of Dumfries.
~~of Stewartry of Kirkcudbright and his Substitutes;~~

The Petition of Thomas Benson Unthank Gamblesby Cumld.

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

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

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

Thomas Benson.

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

DATED this eighteenth (4) day of February One thousand eight hundred and eighty.

STATEMENT.

If any 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 Harrison
2. Sex and Age,	Male fifty five
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Yeoman
5. Religious Persuasion, so far as known,	Wesleyan
6. Previous Place of Abode,	Gamblesby. Penrith.
7. Place where Found and Examined,	Dumfries
8. Length of time Insane,	twelve months
9. Whether First Attack,	yes.
10. Age (if known) on First Attack,	nowhere
11. When and where previously under Examination and Treatment,	12 mos.
12. Duration of Existing Attack,	
13. Supposed Cause,	Cold
14. Whether subject to Epilepsy,	not.
15. Whether Suicidal,	not
16. Whether Dangerous to others,	no
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Wm. Harrison 13. Kin Edward Road. a brother Newgate St. London. Mary Harrison Gamblesby Penrith wife Cumberland.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

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

DATED this eighteenth day of February One thousand eight hundred and eighty.

(*To be signed by Party applying*) Thomas Benson.

P. p.

MEDICAL CERTIFICATE, No. I.

I, the undersigned, Alexander Dall MacDonald
being a (1) Graduate of Edinburgh University

and being in actual practice as a (2) Physician and Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) 1 Heathfield
Dumfries
Dumfries in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) John Harrison Yeoman
Gamblesby Penrith and that
the said John Harrison is a (5) Person of
Unsound Mind and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) He is a very melancholy expression was not answering any questions readily and is depressed at first which is not unusual

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Told by his brother in law He is his family and think for some days are alarming; refuses to take food and thinks he is all injured

Name and Medical Designation, A D MacDonald M.B.

Place of Abode, 1 Heathfield Dumfries

DATED this 18th day of February One thousand eight hundred and eighty.

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

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

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

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

(5) Lunatic, or 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 Smith Kerr
being a (1) Graduate of Glasgow University

and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) 15 Castle Street
Dumfries
Dumfries in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) John Harrison, Yeoman
Gamblesby, Penrith and that
the said John Harrison is a (5) person of
unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) He is quite melancholic - very reticent. Says he feels low spirited. cannot eat. - He has delusion about his food being poisoned

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Mr Benson his brother in law says he has been getting more and more melancholy. They are afraid of him at home.

Name and Medical Designation, W. S. Kerr M.B.C.M.

Place of Abode Dumfries

DATED this 18th day of Feby. One thousand eight hundred and Eighty.

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

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

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

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

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

(6) *State the facts.*

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

CERTIFICATE OF EMERGENCY.

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

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

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

A Dall Macdonald MD

DATED this 18th day of February One thousand eight hundred and eighty.

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

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

I, David Boyle Stope — (1) Sheriff-Substitute — of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) Thomas Benson Rutherford Gamblesby Cumberland — Certificates under the hands of Alexander Dall Macdonald and William Smith Kerr —, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) John Harrison Gamblesby Penrith (Petitioner's Brother-in-law) and that the said John Harrison — is a (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 Harrison — as a Patient into the (6) Public — Asylum of Crichton Institution and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said John Harrison, — which accompanied the said Petition.

DATED this Nineteenth day of February, One thousand eight hundred and eighty years.

David Boyle Stope

To the Superintendent of the (7) Asylum of

Public
Crichton Royal Institution
Dumfries

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

1661

John Harrison

18th February

1880

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

[FORM A]

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

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

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

Unto the Honourable the (1) Sheriff Substitute of the (2) County of Dumfries

The Petition of Mrs Elizabeth Craig or Docherty, widow, No 3. Mill Road, Maxwelltown humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Margaret Jane Stothard, No 3. Mill Road, Maxwelltown your Petitioner's (3) grand-daughter is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Margaret Jane Stothard 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.

John McNaughton Witness
R Barbour Witness

Her
Elizabeth X Craig or Docherty
mark

(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 February One thousand eight hundred and Eighty.

STATEMENT.

If any 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 Jane Stothard
2. Sex and Age,	Female - 20 years.
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Telegraph Clerk
5. Religious Persuasion, so far as known,	Member of Established Church of Scotland
6. Previous Place of Abode,	No 3. Mill Road, Maxwelltown
7. Place where Found and Examined,	Same place.
8. Length of time Insane,	About three weeks
9. Whether First Attack,	First Attack
10. Age (if known) on First Attack,	Twenty years
11. When and where previously under Examination and Treatment,	Nil.
12. Duration of Existing Attack,	About three weeks
13. Supposed Cause,	Only supposed cause was a fright from a woman on the street about mid night, when returning from her work.
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	Sometimes threatens it.
16. Whether Dangerous to others,	No.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Her mother Mrs Martha Brown or Wilson resides at No 1. Mill Road, Maxwelltown. No member afflicted with insanity so far as known to the Petitioner
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

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

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

(To be signed by Party applying) Her Elizabeth X Craig or Docherty
mark

P. p.

Alex. Marjoribanks Witness
Wm McDowall, Witness.

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

I, the undersigned, Alexander Thomson being a (1) Doctor of Medicine of the University of Glasgow and Surgeon – and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 3 Mill Road Maxwelltown, Troqueer – in the County of Kirkcudbright – separately from any other Medical Practitioner, visited and personally examined (4) Margaret Jane Stotherd Telegraph Clerk and that the said Margaret Jane Stotherd is a (5) Person of Unsound mind – and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Delusions of various kinds – of a religious description and otherwise: often thinks there are people about the bed and under the bed – that her body has been cut in pieces &c. At times becomes excited – talks very incoherently, and starts out of bed suddenly –

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Mrs Wilson her mother, states she is often very unmanageable, and that it requires all the efforts of her nurse to prevent her attempting to get out of a window, or doing herself bodily harm

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

Place of Abode, Castle St. Dumfries

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

MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

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

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Her insane appearance, she is continually weeping & talking inco refuses to answer questions

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her Mother informs me that during the last night she has several times attempted to commit sui That she sleeps very little & talks incoherently contin

Name and Medical Designation, John Smith M.D.

Place of Abode 14 Castle St. Dum

DATED this 18th day of February One thousand eight hundred and 80 years.

CERTIFICATE OF EMERGENCY.

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

I, the undersigned, Alexander Thomson being (1) a Doctor of Medicine &c hereby certify, on soul and conscience, that I have this day, at (2) 3 Mill Road in the County of Kirkcudbright, seen and personally examined Margaret Jane Stotherd, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

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

Alex Thomson MD &c

DATED this Eighteenth day of February One thousand eight hundred and eighty years

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

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

I, David Boyle Hope, (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Mrs Elizabeth Craig or Docherty, Widow, No 3 Millroad, Maxwelltown Certificates under the hands of Alexander Thomson, and John Smith, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Margaret Jane Stotherd, Telegraph Clerk, No 3 Millroad Maxwelltown (Petitioners Grand-daughter) and that the said Margaret Jane Stotherd is a (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 Jane Stotherd as a Patient into the (6) Public Asylum of Crichton Institution and I authorize Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Margaret Jane Stotherd which accompanied the said Petition.

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

David Boyle Hope

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

---

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

Petition

of

Mrs Doherty

1880.

1665

Margaret Jane Stoltard

19th February

1880

6230

[Form B²]

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

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

I, the undersigned Thomas Kennedy Inspector of Poor, Stonykirk being desirous to transfer Janet Cochran at present a Patient in The Ayrshire District Asylum, and (¹) a Pauper of the Parish of which I am Inspector from the said Asylum to the Southern Counties Asylum hereby request the authority of the Board to such transfer; and I subjoin a Statement of Particulars regarding the said Janet Cochran and a Medical Certificate with respect to her mental and bodily condition.

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

Thomas Kennedy
Inspector of Poor

Dated at Stonykirk this Twelfth day of February One thousand eight hundred and 80.

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

STATEMENT.

1. Christian Name and Surname of Patient at length,	Janet Cochran
2. Sex and Age,	Female, Aet 16 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and Previous Occupation (if any),	Field Worker
5. Religious Persuasion, so far as known,	Protestant
6. Date of Admission into Asylum,	17th Nov 1879
7. Length of time Insane,	since 16th Nov 1879
8. Whether first Attack,	Yes
9. Age (if known) on first Attack,	16 years
10. Duration of existing Attack,	since 16th Nov 1879
11. Supposed Cause,	unknown
12. Whether subject to Epilepsy,	no
13. Whether Suicidal,	no
14. Whether Dangerous to others,	no
15. Parish to which the Lunatic (if a Pauper) is Chargeable,	Stonykirk
16. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of relationship (if known), and whether any Member of Family known to be, or to have been Insane,	William Cochran, Ploughman, Waterside, Galston - Father

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

(*To be signed by the Applicant*) Thomas Kennedy Inspector

Dated this Twelfth day of February One thousand eight hundred and Eighty.

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

MEDICAL CERTIFICATE.

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

I, the undersigned Charles H. Skae being (1) a M.D., M. Andrews, & L.R.C.S.E. hereby certify that I have this day at (2) the Ayr County Asylum personally examined Janet Corkeran at present a Patient in said Asylum, and with respect to ~~his~~ her Mental State that She is demented

; and with respect to ~~his~~ they are four. She suffers from Dysmenorrhoea

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

Charles H. Skae

DATED this 5th day of February One thousand eight hundred and 80

SANCTION BY THE BOARD OF LUNACY.

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

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

Application having been made to the Board by (1) Inspector of Poor, Stoneykirk, to authorize the transfer of Janet Corkran from Ayr District Asylum to Dumfries Royal Asylum and the Board having considered such application and the accompanying Medical Certificate, do hereby authorize the transfer of the said Janet Corkran as requested.

[signature] Commissioner.

DATED at Edinburgh, this 13 day of February One thousand eight hundred and eighty.

Date of Sheriff's Order; - 18 Nov. 1879

Janet Corkeran
20th Feby
1880
346

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

[FORM A]

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

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

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

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

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

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

Thomas Johnstone

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

DATED this twenty first (4) day of February One thousand eight hundred and eighty

---

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Thomas Johnstone
2. Sex and Age,	male aged 21 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	molecatcher
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Kirkpatrick Durham
7. Place where Found and Examined,	Lochside parish of Urr
8. Length of time Insane,	about five months
9. Whether First Attack,	yes
10. Age (if known) on First Attack,	21 years
11. When and where previously under Examination and Treatment,	
12. Duration of Existing Attack,	
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,	Thomas Johnstone father residing at Lochside parish of Urr
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

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

DATED this twenty first day of February One thousand eight hundred and eighty

(*To be signed by Party applying*) Thomas Johnstone

P. p.

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

I, the undersigned, John Paterson Lewis M.B. ——— being a (1) Graduate of the University of Glasgow ——— and being in actual practice as a (2) General practitioner ——— hereby certify, on soul and conscience, that I have this day, at (3) Lochside in the parish of Urr ——— in the County of Kirkcudbright ——— separately from any other Medical Practitioner, visited and personally examined (4) Thomas Johnstone - Mole Catcher Lochside, parish of Urr ——— and that the said Thomas Johnstone ——— is a (5) a person of unsound mind ——— and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

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

Talks very incoherently — Does not know his age — not sure of the month of the year — says that he saw an angel last night — That I might kill him for something he had said to his father, and no one would be able to do anything to me for doing so —

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

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

His father tells me that for many weeks he has wandered about the fields — does about in a melancholy manner — That he is very forgetful —

Name and Medical Designation, John Paterson Lewis M.B.

Place of Abode, Alma, Dalbeattie

DATED this nineteenth day of February One thousand eight hundred and eighty —

MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

I, the undersigned, John Meggat M.B., C.M. being a (1) Graduate of Edinburgh University and being in actual practice as a (2) General practitioner hereby certify, on soul and conscience, that I have this day, at (3) Lochside in Parish of Urr in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) Thomas Johnstone Mole Catcher Lochside parish of Urr and that the said Thomas Johnstone is a (5) person of unsound mind — and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

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

He is very confused in his talk — Can scarcely be made to understand what is said to him. Forgets the day of month & year. Cant remember his age. Imagines he sees angels —

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

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

He at one time wanders about the fields a day about two miles always in the same direction. Some days very melancholy lying in bed most of the [illegible]

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

Place of Abode Thippatrick Durham

DATED this twentieth day of February One thousand eight hundred and eighty —

CERTIFICATE OF EMERGENCY.

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

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

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

DATED this day of One thousand eight hundred and

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

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

I, David Boyle Hope — (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Thomas Blacklock,
Lochside Inn Dalbeattie
Certificates under the hands of Wm Paterson Lewis —
and Wm Maggat , being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Blacklock Mckenzie, Lochside aforesaid and that the said Thomas Blacklock, is a (5) person of (illegible) unsound mind,
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Thomas Blacklock — as a Patient into the (6) Public — Asylum of Southern Counties and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Thomas Blacklock, — which accompanied the said Petition.

DATED this Twenty first day of February One thousand eight hundred and eighty seven.

David Boyle Hope

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

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

2
347

Thomas Johnstone

21st February

1880

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

[FORM A]

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

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

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

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

The Petition of William Heughan

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Alexander Carson

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

your Petitioner's (3) Nephew

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

Wm Heughan

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

DATED this Eighteenth (4) day of February One thousand eight hundred and eighty

STATEMENT.

If any 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 Carson
2. Sex and Age,	Male 51
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Small farmer
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Gateside. Balmaghie
7. Place where Found and Examined,	Gateside.
8. Length of time Insane,	about five years
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	—
11. When and where previously under Examination and Treatment,	—
12. Duration of Existing Attack,	Five years
13. Supposed Cause,	Unknown
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	Yes. to a certain extent
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
18. Date of becoming Chargeable,	—
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Wm Heughan. Uncle residing at Gateside, Balmaghie No insanity in the family previously
20. Special circumstances (if any) preventing the 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 February One thousand eight hundred and eighty

(*To be signed by Party applying*) Wm Heughan

P. P.

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

(6) *State the facts.*

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

I, the undersigned, Walter Lorraine
being a (1) Graduate of Edinburgh University

and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Gatesides
Parish of Balmaghie in the County of
Kirkcudbright separately from any other Medical Practitioner,
visited and personally examined (4) Alexander Carson
and that
the said Alexander Carson is a (5) person of
unsound mind and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)
He is impressed by the delusion that his parents
with whom he lives particularly his sister have secret
supernatural means of annoying him with smells
& vapours - He spends the whole day burning up tobacco

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
His friends say that he is becoming ill tempered
and struck his sister with tongs causing a considerable
contusion on the forehead

Name and Medical Designation, Walter Lorraine MD

Place of Abode, Castle Douglas

DATED this Seventeenth day of February One thousand eight hundred and Eighty

MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

(6) *State the facts.*

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

I, the undersigned, John Nivison
being a (1) Graduate of Edinburgh University

and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Gatesides
, Balmaghie in the County of
Kirkcudbright separately from any other Medical Practitioner,
visited and personally examined (4) Alexander Carson
and that
the said Alexander Carson is a (5) person of
unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)
He fancies that his friends, more especially his
sister are the cause of his illness by producing in his
room Strange vapours & smells. Has an absent-
vacant look & keeps moving about in a restless manner

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
His friends say that of late he is becoming
- manageable & the other day attacked his sister with
the poker

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

Place of Abode Castle Douglas

DATED this Eighteenth day of February One thousand eight hundred and Eighty

CERTIFICATE OF EMERGENCY.

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

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

DATED this day of One thousand eight hundred and

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

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

I, Alexander Nicolson (1) Jr. Steward Substitute
of the (2) Stewartry of Kirkcudbright
having had produced to me, with a Petition at the instance of (3) William Heughan
Certificates under the hands of Walter Lorraine, M.D. and John Norrison, M.D., being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Alexander Carson and that the said Alexander Carson is a (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 Carson as a Patient into the (6) Crichton Royal Asylum of Dumfries and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Alexander Carson which accompanied the said Petition.

DATED this Twentieth day of February One thousand eight hundred and eighty

Alex. Nicolson

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

Alex. Nicolson

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

7

2

348

Alexander Larson

26th February

1880

6245

[FORM B²]

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

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

I, the undersigned John McCracken Inspector of Poor Portpatrick being desirous to transfer David Bennett at present a Patient in Woodilee Asylum —, and (¹) a pauper Lunatic of the Parish of Portpatrick from the said Asylum to the to the Southern District Asylum Dumfries hereby request the authority of the Board to such transfer; and I subjoin a Statement of Particulars regarding the said David Bennett and a Medical Certificate with respect to his mental and bodily condition.

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

John McCracken

(²) Inspector of Poor —

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

DATED at Portpatrick this 20th day of February — One thousand eight hundred and Eighty

STATEMENT.

1. Christian Name and Surname of Patient at length,	David Bennett
2. Sex and Age,	Male 51 years —
3. Married, Single, or Widowed,	Married
4. Condition of Life, and Previous Occupation (if any),	Labourer
5. Religious Persuasion, so far as known,	Protestant
6. Date of Admission into Asylum,	31 July 1879 —
7. Length of time Insane,	one year
8. Whether first Attack,	yes —
9. Age (if known) on first Attack,	50 years —
10. Duration of existing Attack,	One year
11. Supposed Cause,	unknown
12. Whether subject to Epilepsy,	no
13. Whether Suicidal,	no
14. Whether Dangerous to others,	no
15. Parish to which the Lunatic (if a Pauper) is Chargeable,	Portpatrick
16 Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of relationship (if known), and whether any Member of Family known to be, or to have been Insane,	Mary Price Wife unknown England —

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

(*To be signed by the Applicant*) John McCracken —

DATED this 20th day of February — One thousand eight hundred and Eighty

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

MEDICAL CERTIFICATE.

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

I, the undersigned James Rutherford being (1) a Fellow of the Royal College of Physicians hereby certify that I have this day at (2) Woodilee Asylum, Lenzie personally examined David Bennett at present a Patient in said Asylum, and with respect to his Mental State that he is a Lunatic, being in a state of mental Exaltation

; and with respect to his Bodily Health and Condition that he is the subject of General paralysis - but his bodily condition is good -

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

James Rutherford M.D.

DATED this 18th day of February One thousand eight hundred and Eighty

2
249
David Bennett
24th February
1880

SANCTION BY THE BOARD OF LUNACY.

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

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

(2) Valid for fourteen days from date.

Application having been made to the Board by (1) Inspector of Poor Portpatrick to authorize the transfer of David Bennett from Barony Parochial Asylum to Dumfries Royal Asylum, and the Board having considered such application and the accompanying Medical Certificate, do hereby authorize the transfer (2) of the said David Bennett as requested.

[signature] Commissioner.

DATED at Edinburgh, this 21 day of February One thousand eight hundred and eighty.

Date of Sheriff's Order; - 31 July 1879

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

[Form A]

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

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

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

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

The Petition of Samuel Walker, Inspector of Poor Crossmichael humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mrs Jane Kay or Mackenzie 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 Mrs Jane Kay or Mackenzie to the Southern Counties Asylum and to sanction her admission into the the said Asylum.

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

Sam: Walker Inspr of Poor

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

Dated this Twenty seventh (4) day of February One thousand eight hundred and eighty.

STATEMENT.

If any 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 Mackenzie Maiden Surname Kay
2. Sex and Age,	Female 77 yrs.
3. Married, Single, or Widowed,	Widow
4. Condition of Life, and previous Occupation (if any),	Pauper
5. Religious Persuasion, so far as known,	protestant
6. Previous Place of Abode,	Twynholm
7. Place where Found and Examined,	Mid park, Crossmichael
8. Length of time Insane,	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,	months
13. Supposed Cause,	Bankruptcy of her son by whom she lost her money.
14. Whether subject to Epilepsy,	no.
15. Whether Suicidal,	no
16. Whether Dangerous to others,	rather
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Twynholm
18. Date of becoming Chargeable,	27th February
19. Christian Name and Surname, and Place of Abode of nearest known 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) Hugh Mackenzie, Cotton St Castledouglas (2) none
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

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

Dated this Twenty seventh day of February One thousand eight hundred and eighty.

(*To be signed by Party applying*) Sam: Walker, Inspr.

P. p

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

(6) *State the facts.*

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

I, the undersigned, Walter Lorraine being a (1) Graduate of Edinburgh University and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Mid Parks Crossmichael Parish Kirkcudbright in the County of separately from any other Medical Practitioner, visited and personally examined (4) Mrs Jane McKenzie or Kay (Mrs Kenzie's Daughter) Wife of Kay, Residing and that the said Mrs McKenzie is a (5) person of unsound mind and a proper person to be detained 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 completely lost her memory & cannot remember the most recent incidents. She labours under delusion respecting family affairs

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Mrs Crosbie the woman with whom she resides states that she is always trying to run away and when restrained becomes violent

Name and Medical Designation, Walter Lorraine M.

Place of Abode, Castle Douglas

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

---

MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

(6) *State the facts.*

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

I, the undersigned, Richard B Lorraine being a (1) Graduate of Edinburgh University and being in actual practice as a (2) Medical Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Sandpits in the Parish of Crossmichael Kirkcudbright in the County of separately from any other Medical Practitioner, visited and personally examined (4) Mrs Jane Kay or McKenzie (Daughter) and that the said Mrs Jane Kay or McKenzie (Daughter) is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)—
She is very irritable.. Has no memory very She does not recognise the difference between past & present living & dead & the one she lately came from although staying in Crossmichael - She answers me she was at
2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
her attendant says she sometimes is very violent threatening to hit her with the poker also. She insists on sitting up in bed at night & singing -

Name and Medical Designation, Richard B Lorraine M.B.

Place of Abode, Castle Douglas

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

CERTIFICATE OF EMERGENCY.

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

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

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

DATED this day of One thousand eight hundred and

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

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

I, Alexander Nicolson Esqr. (1) Sheriff Substitute
of the (2) Stewartry of Kirkcudbright
having had produced to me, with a Petition at the instance of (3) Samuel Walker
Certificates under the hands of Walter Browne
and Richard B. Browne , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
Mrs. Jane Kay a M'Kenzie (a Pauper) and that the said
Mrs. Jane Kay a M'Kenzie is a (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. Jane Kay a M'Kenzie as a Patient into the (6) ~~Southern~~ Asylum of Dumfries and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Jane Kay a M'Kenzie which accompanied the said Petition.

DATED this twenty seventh day of February One thousand eight hundred and eighty

Alex. Nicolson

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

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

2
350

Jane Kay v. Mackenzie

28th February

1880

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

[FORM A]

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

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

(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 Septimus Lloyd Chase, S. John's Parsonage Melbourne Victoria humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Charles Lloyd Purvis Chase 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 Charles Lloyd Purvis Chase 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.

S. Lloyd Chase.

(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 March One thousand eight hundred and eighty.

STATEMENT.

If any 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 Lloyd Purvis Chase
2. Sex and Age,	male born May 15th 1854
3. Married, Single, or Widowed,	Single. (eighteen hundred & fifty four
4. Condition of Life, and previous Occupation (if any),	Articled Clerk in a Solicitor's Office
5. Religious Persuasion, so far as known,	Church of England
6. Previous Place of Abode,	Melbourne, Australia
7. Place where Found and Examined,	Dumfries.
8. Length of time Insane,	18 months to 2 years
9. Whether First Attack,	First attack.
10. Age (if known) on First Attack,	About 24 years
11. When and where previously under Examination and Treatment,	Melbourne & in Bethlem R. Hospital London.
12. Duration of Existing Attack,	18 months, or 2 years
13. Supposed Cause,	Spermatorrhoea or some kindred evil
14. Whether subject to Epilepsy,	no.
15. Whether Suicidal,	yes, but without decision
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,	Septimus Lloyd Chase, S. John's Parsonage, Melbourne Victoria, father. No member of his own family ever insane, but insanity more or less in more distant relatives N.B. My address till June 1883, 62 London St Reading.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

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

DATED this third day of March One thousand eight hundred and eighty

(*To be signed by Party applying*) S. Lloyd Chase, M.A.
Canon of Melbourne.

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

I, the undersigned, Alexander Dall MacDonald being a (1) Graduate of Edinburgh University and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 18 Castle St Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Charles Lloyd Purvis Chase and that the said Charles Lloyd Purvis Chase is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) is of a very depressed and melancholic expression of countenance and says life is not worth living

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) has been an inmate of Bethlehem Esq 18 months. is addicted to self abuse as told me by Dr Richardson

Name and Medical Designation, } A D MacDonald

Place of Abode, 18 Castle St - Dumfries

DATED this 3d day of March One thousand eight hundred and eighty

MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

I, the undersigned William Carruthers being a (1) Graduate of 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) 18 Castle St Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Charles Lloyd Purvis Chase and that the said Charles Lloyd Purvis Chase is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) His insane appearance & melancholic appearance & slow undecided way of answering questions. says he wishes he was [illegible] and often fears something dreadful is coming to [illegible]

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Has been in Bethlehem Asylum until lately & has practised Masturbation

Name and Medical Designation, } William Carruthers

Place of Abode 14 Castle Street Dumfries

DATED this 3rd day of March One thousand eight hundred and eighty

CERTIFICATE OF EMERGENCY.

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

I, the undersigned, Alexander Dall Macdonald being (1) Graduate of Edinburgh University hereby certify, on soul and conscience, that I have this day, at (2) 18 Castle St Dumfries in the County of Dumfries, seen and personally examined Charles Lloyd Purvis Chase, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

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

A D Macdonald MD

DATED this 30 day of March One thousand eight hundred and eighty.

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

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

I, David Boyle Storie — (1) Sheriff-Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Septimus Lloyd Chase, J. P. Hon Parsonage Melbourne Victoria Certificates under the hands of Alexander Dall Macdonald and William Carruthers —, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Charles Lloyd Purvis Chase Melbourne Australia (Patient) and that the said Charles Lloyd Purvis Chase is a (5) person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Charles Lloyd Purvis Chase as a Patient into the (6) Public — Asylum of Crichton Institution, and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Charles Lloyd Purvis Chase, — which accompanied the said Petition.

DATED this Fourth — day of March — One thousand eight hundred and eighty years.

David Boyle Storie

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

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

1666

Charles L. P. Chase

3d March

1880

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

[FORM A]

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

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

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

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

The Petition of James Dally Inspector of Poor Parish of Mch residing in Stranraer humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Elizabeth McHargor McKail ~~your Petitioner's~~ (3) a pauper, residing at Dalrymple Street Stranraer is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Elizabeth McHargor McKail to the Southern Counties Asylum Dumfries and to sanction her admission into the said Asylum.

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

James Dally

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

DATED this fifth (4) day of March One thousand eight hundred and eighty.—

STATEMENT.

If any 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 McHargor McKail
2. Sex and Age,	female—27
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,	Dalrymple Street Stranraer
7. Place where Found and Examined,	do do
8. Length of time Insane,	about a fortnight
9. Whether First Attack,	yes
10. Age (if known) on First Attack,	27.
11. When and where previously under Examination and Treatment,	Never before under treatment
12. Duration of Existing Attack,	about a fortnight
13. Supposed Cause,	seeing a sister who was in a similar state of mind—
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,	Mch
18. Date of becoming Chargeable,	5 March 1880
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Husband Robert McKail, Joiner Dalrymple St Stranraer
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

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

DATED this fifth day of March One thousand eight hundred and eighty

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

R. P.

MEDICAL CERTIFICATE, No. I.

I, the undersigned, William R. Reid
being a (1) Doctor of Medicine of the University of Edinburgh and a licentiate of the Royal College of Surgeons Edinburgh
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) 23 Dalrymple Street Stranraer Wigtown
in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) Elizabeth McKay or McKail wife of Robert McKail Joiner residing there
and that
the said Elizabeth McKay or McKail is a (5) Person of unsound mind
and a proper Person to be detained
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 constantly tries to get out of bed in an excited manner. Keeps shouting "She's awful". What is it? Keeps her face in & talks incoherently on all kinds of subjects. When spoken to or asked a question seems to have no idea of what is said to her, but replies away. Appearance very dirty, hair matted & uncombed.

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her husband says she has been quite changed of late is violent & attempting to strike or bite him. Appears to be most dreading more malevolent towards him than any one else. Has made many enquiries about her Baby or other children for a few days past. Mrs Macgregor Rankin. Confirms above and says she has no idea of attending to any of the natural functions of the Body

Name and Medical Designation, William R. Reid M.D. L.R.C.

Place of Abode, Stranraer

Dated this fifth day of March One thousand eight hundred and eighty.

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

MEDICAL CERTIFICATE, No. II.

I, the undersigned, David Easton
being a (1) Doctor of Medicine & Licentiate of the Royal College of Surgeons of Edinburgh
and being in actual practice as a (2) General Practitioner.
hereby certify, on soul and conscience, that I have this day, at (3) 23 Dalrymple Street Stranraer Wigtown
in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) Elisabeth McKay or McKail. a pauper
and that
the said Elisabeth McKay or McKail is a (5) person of unsound mind
and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) She is very restless, her eyes rolling about occasionally rests her look accompanied by frown on her countenance. Is constantly muttering & talking incoherently. Cannot comprehend ordinary questions but a number of them on one subject. Has whole feelings are changed towards her relatives, she tries to strike & bite them when within reach & refuses to take food.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Mr McKail her Husband says she has great ill will towards her every time he goes to bed & tries & strikes at him when within reach. That she is at times very outrageous & violent. Must have to keep her from injuring herself & others. That she is quite careless of her children & — Mrs Rankin corroborates above.

Name and Medical Designation, David Easton M.D. L.R.C.

Place of Abode Stranraer

Dated this twenty eighth day of March One thousand eight hundred and eighty.

CERTIFICATE OF EMERGENCY.

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

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

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

DATED this day of One thousand eight hundred and

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

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

I, Macduff Rhind Esqre (1) Sheriff Substitute
of the (2) County of Wigtown
having had produced to me, with a Petition at the instance of (3) James Dally Inspector of Poor of the Parish of Inch
Certificates under the hands of Williamson M'Neal Doctor of medicine
and David Easton M.D. both in Stranraer, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Elizabeth M'Harg or M'Kail before designed a pauper, and that the said Elizabeth M'Harg or M'Kail is a (5) person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Elizabeth M'Harg or M'Kail as a Patient into the (6) Public Asylum of Southern Counties Dumfries and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Elizabeth M'Harg or M'Kail which accompanied the said Petition.

DATED this Sixth day of March One thousand eight hundred and eighty years.

M. Rhind

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

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

2
351

Eliz^th. M^c. Haig ou M^c. Kail

9th. March

1880

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

[Form A]

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

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

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

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

The Petition of John Hamilton, Inspector of Poor Torthorwald

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Agnes Carruthers, Roucan Torthorwald 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 Agnes Carruthers to the Southern Counties Asylum and to sanction her admission into the the said Asylum. Six words deleted

John Hamilton

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

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

Dated this 12th (4) day of March One thousand eight hundred and 80

STATEMENT.

If any 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 Carruthers
2. Sex and Age,	Female. About 62
3. Married, Single, or Widowed,	Widow
4. Condition of Life, and previous Occupation (if any),	Agricultural labourer
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Torthorwald
7. Place where Found and Examined,	Roucan
8. Length of time Insane,	6 days
9. Whether first Attack,	First
10. Age (if known) on first Attack,	About 62
11. When and where previously under Examination and Treatment,	—
12. Duration of existing Attack,	6 days
13. Supposed Cause,	Not known
14. Whether subject to Epilepsy,	
15. Whether Suicidal,	
16. Whether Dangerous to others,	
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Torthorwald
18. Date of becoming Chargeable,	5th March 1880
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Mary Carruthers, Roucan, daughter William Carruthers, Son, who has been two times detained in an Asylum
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

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

Dated this 12th day of March One thousand eight hundred and 80.

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

P. p.

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

(6) *State the facts.*

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

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

1. Facts indicating Insanity observed by myself: (6) Melancholic imagines people are annoying & threatening her - thinks the Radio is to hinder the people from attacking her - refuses to turn it off

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her daughter says that she restless, is constantly turning the things with pins up & down - Hopes she will not appear hurt by it.

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

Place of Abode, Castle St Dumfries

DATED this 12th day of March One thousand eight hundred and 80

MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

(6) *State the facts.*

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

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

1. Facts indicating Insanity observed by myself: (6) She is quite Melancholic, moving about excitedly. She has delusions about her own being dirty: she cannot sleep for thinking &c

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her daughter & neighbours see a great change in her habits. She is becoming more restless and excited.

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

Place of Abode, Dumfries

DATED this 12th day of March One thousand eight hundred and Eighty years

CERTIFICATE OF EMERGENCY.

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

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

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

DATED this day of One thousand eight hundred and

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

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

I, David Boyle Hope (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) John Hamilton Inspector of Poor, Torthorwald
Certificates under the hands of Patrick M. Murray
and William Smith Kerr, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Agnes Carruthers Widow Roucan Torthorwald (a Pauper) and that the said Agnes Carruthers is a (5) person of unsound mind,

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

DATED this Twelfth day of March One thousand eight hundred and eighty years.

David Boyle Hope

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

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

2

2

352

Agnes Carruthers

12th March

1880

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

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

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

Unto the Honourable the (*) Sheriff of the (*) ~~County~~ of Dumfries ~~Stewartry~~ and his Substitutes.

The Petition of James Nish, Inspector of Poor, Old Luce

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Peter Mc Jaggart

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

(SIGNED) James Nish

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

DATED this 14th (*) day of March one thousand eight hundred and sixty years

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Peter Mc Jaggart
2. Sex and Age,	Male 42 years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Butler
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Wandering in Burn
7. Place where Found and Examined,	Glenluce & Dumfries
8. Length of time Insane,	Six months as he went back and forth between Glenluce & Dumfries over seven times leaving the asylum
9. Whether first Attack,	~~third~~ first to my knowledge but time not quite sure, left the wife and family in very extremely nervous state for a long time
10. Age (if known) on first Attack,	
11. When and where previously under Examination and Treatment,	—
12. Duration of existing Attack,	Six months
13. Supposed Cause,	Shock
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Not known
16. Whether Dangerous to others,	Seeming might be at any time Threatens
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Old Luce 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,	Janet Mc Jaggart, Glenluce, Sister. ~~Dead~~
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

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

(SIGNED)* *Name,* James Nish

DATED this 14th day of March one thousand eight hundred and sixty years

[4]

* To be Signed by the Party applying.

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

I, the undersigned, William McCormack being a (1) Licentiate of the Royal College of Surgeons Edinburgh and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Glenluce in my surgery in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) Peter McTaggart. pauper residing in Glenluce. and that the said Peter McTaggart is a (5) Person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Says that he hears people threatening him at night imagines that women are following after him and that they were present when at a distance. is gradually getting more restless since he left the asylum

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Jane McKnight with whom he lodged some weeks. Says that he wd not rest at night & that he got up and talked to imaginary company

(SIGNED) *Name and Medical Designation,* Wm McCormack

Place of Abode, Glenluce

DATED this 16 day of March One thousand eight hundred and Eighty

MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

I, the undersigned, Alexander Thomson being a (1) Doctor of Medicine of the University of Glasgow and Surgeon and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 27 Castle Street - Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Peter McTaggart. a pauper from Glenluce and that the said Peter McTaggart is a (5) person of unsound mind - and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) His general appearance & conversation - Says that he feels restless and nervous, and is disturbed by strange fancies: has uneasy sensations in his head -

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Told by James Fish - Inspector of Poor, Old Luce - that the nervous condition of Peter McTaggart prevents him following his employment and that he was formerly in an asylum -

(SIGNED) *Name and Medical Designation,* Alex Thomson MD

Place of Abode Castle St - Dumfries

DATED this Seventeenth day of March one thousand eight hundred and Eighty years.

CERTIFICATE OF EMERGENCY.

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

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

Name, Wm McCormack

Place of Abode, Glenluce

DATED this 17 day of March one thousand eight hundred and 80

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

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

I, David Boyle Hope (2) Sheriff Substitute of the (3) County of Dumfries having had produced to me, with a Petition at the instance of (4) James Nish Inspector of Poor, Parish of Luce, Wigtownshire, Certificates under the hands of William McCormack and Alexander Thomson, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (5) Peter McLaggart, Baker, Glenluce, (a Pauper) and that the said Peter McLaggart 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 Peter McLaggart as a Patient into the (7) Public Asylum of Southern Counties and I authorize the Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Peter McLaggart, which accompanied the said Petition.

(SIGNED) David Boyle Hope

DATED this seventeenth day of March one thousand eight hundred and eighty.

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

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

2
353

Peter McTaggart

17th March

1880

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

[Form A]

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

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

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

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

The Petition of Francis Ker, Inspector of Poor, Gretna

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

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

Francis Ker

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

Dated this Eighteenth (4) day of March One thousand eight hundred and Eighty 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,	Eliza Scott (twin)
2. Sex and Age,	Female 23. 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
6. Previous Place of Abode,	Rigg. Gretna
7. Place where Found and Examined,	Rigg. Gretna
8. Length of time Insane,	about 10 weeks
9. Whether First Attack,	Second attack
10. Age (if known) on First Attack,	19. years
11. When and where previously under Examination and Treatment,	never before
12. Duration of Existing Attack,	about 10 weeks
13. Supposed Cause,	not Known
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	yes
16. Whether Dangerous to others,	yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Parish of Gretna
18. Date of becoming Chargeable,	16th March 1880,
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	John Scott, Rigg, Gretna, Father. no other member of the family, Known to have been Insane
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

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

Dated this Eighteenth day of March One thousand eight hundred and Eighty Yrs

(To be signed by Party applying)

Francis Ker
Insp of Poor
Gretna

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

(6) *State the facts.*

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

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

1. Facts indicating Insanity observed by myself: (6) Vague answers to ordinary questions, purposeless acts & behaviour, suspicious as to food & medicine, considering the one filth & the other poison, false impressions of her friends & intentions.

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Tendency to destroy dishes & articles around her, throwing food &c at her friends.

Name and Medical Designation, Daniel Mackenzie M.B.

Place of Abode, Annan.

DATED this seventeenth day of March One thousand eight hundred and eighty years.

MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

(6) *State the facts.*

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

I, the undersigned, William Carruthers being a (1) Lic: Fac: Phys & Surg: Glasgow & Lic: Roy: Coll: Phys: Edin. and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Rigg in the parish of Gretna in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Eliza Scott, Kanker Rigg and that the said Eliza 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) Patient is filthy in her habits; excitable without cause, sleepless, mutters incoherently

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her mother states that patient refuses to be cleaned, is suspicious of being poisoned & is at times unmanageable

Name and Medical Designation, William Carruthers

Place of Abode Kirkpatrick Fleming

DATED this seventeenth day of March One thousand eight hundred and eighty —

CERTIFICATE OF EMERGENCY.

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

I, the undersigned, Daniel Mackenzie
being (1) a Bachelor of Medicine & Master in Surgery
hereby certify, on soul and conscience, that I have this day, at (2) Rigg Gretna
in the County of Dumfries, seen and personally examined
Eliza Scott, , and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

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

Daniel Mackenzie MB. & CM.

DATED this seventeenth day of March One thousand eight hundred and eighty years.

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

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

I, David Boyle Hope, Sheriff Substitute,
of the (3) County of Dumfries
having had produced to me, with a Petition at the instance of (4) Francis Keir,
Inspector of Poor, Gretna,
Certificates under the hands of Daniel Mackenzie
and William Carruthers, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (5)
Eliza Scott Domestic Servant, Rigg Gretna (a pauper) and that the said
Eliza Scott is a (6) 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 Eliza Scott as a Patient into the (7) Public Asylum of Southern Counties and I authorize you to Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Eliza Scott, which accompanied the said Petition.

DATED this Eighteenth day of March One thousand eight hundred and eighty years.

David Boyle Hope

To the Superintendent of the (8) Public
Asylum of Southern Counties
Dumfries

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

2
354

Eliza Scott

18th March

1880

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

[FORM A]

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

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

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

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

The Petition of Francis Ker, Inspector of Poor, Gretna

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

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

Francis Ker

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

DATED this Eighteenth (4) day of March One thousand eight hundred and Eighty Years

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Isabella Agnes Scott (twin)
2. Sex and Age,	Female, 23. 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
6. Previous Place of Abode,	Rigg. Gretna
7. Place where Found and Examined,	Rigg Gretna
8. Length of time Insane,	about 10. Weeks
9. Whether First Attack,	Second attack
10. Age (if known) on First Attack,	19. Years
11. When and where previously under Examination and Treatment,	never before
12. Duration of Existing Attack,	about 10. Weeks
13. Supposed Cause,	not Known
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	Yes
16. Whether Dangerous to others,	Yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Parish of Gretna
18. Date of becoming Chargeable,	16th March 1880
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	John Scott Rigg, Gretna. Father, no other member of the family Known to have been Insane
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

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

DATED this Eighteenth day of March One thousand eight hundred and Eighty Yrs

(*To be signed by Party applying*) Francis Ker.
Insp of Poor
Gretna

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

(6) *State the facts.*

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

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

1. Facts indicating Insanity observed by myself: (6) Imbecility: vague unreasonable answers to ordinary questions, inability to give satisfactory reasons for her actions & general behaviour,

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Tendency to destroy dishes, throwing away food refusing both that & medicine, Attempting to injure friends &c,

Name and Medical Designation, Daniel MacKenzie M.B.

Place of Abode, Annan.

DATED this seventeenth day of March One thousand eight hundred and eighty years.

MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

(6) *State the facts.*

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

I, the undersigned, William Carruthers
being a (1) late Roy: Coll: Phys: Edin: & late Fac: Phys & Surg: Glasgow
and being in actual practice as a (2) Physician & Surgeon,
hereby certify, on soul and conscience, that I have this day, at (3) Rigg, in the parish of Gretna in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Isabella Agnes Scott, Gretna, Rigg and that the said Isabella Agnes 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) loss of memory, inability to reason or comprehend simple matters; melancholy with periods of frenzy,

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Mrs Mackie heard her threaten to do herself serious harm, and has seen patient behaving in a most violent manner

Name and Medical Designation, William Carruthers

Place of Abode Kirkpatrick Fleming

DATED this seventeenth day of March One thousand eight hundred and eighty —

CERTIFICATE OF EMERGENCY.

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

I, the undersigned, Daniel Mackenzie
being (1) a Bachelor of Medicine & Master in Surgery
hereby certify, on soul and conscience, that I have this day, at (2) Rigg, Eskdale
in the County of Dumfries, seen and personally examined
Isabella Agnes Scott, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

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

Daniel Mackenzie MB. & CM.

Dated this seventeenth day of March One thousand eight hundred and eighty years.

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

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

I, David Boyle Hope (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Francis Rae,
Inspector of Poor Eskdale,
Certificates under the hands of Daniel Mackenzie
and William Saunders, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Agnes Scott, Domestic Servant Rigg Eskdale (a Pauper) and that the said Isabella Agnes Scott is a (5) Person of unsound mind and a Lunatic
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Isabella Agnes Scott as a Patient into the (6) Public Asylum of Southern Counties and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Isabella Agnes Scott which accompanied the said Petition.

Dated this Eighteenth day of March One thousand eight hundred and eighty years.

David Boyle Hope

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

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

2
354

Isabella Agnes Scott

18th March

1880

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

[FORM A]

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

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

(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 Lt. Col. James Hare, Philpstoun House, Winchburgh

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Miss Margaret Hare 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 Margaret Hare to the Crichton Royal Institution and to sanction admission into the said Asylum.

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

J Hare

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

DATED this nineteenth (4) day of March One thousand eight hundred and eighty five

STATEMENT.

If any 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 Hare
2. Sex and Age,	Female - Age about 65
3. Married, Single, or Widowed,	Spinster
4. Condition of Life, and previous Occupation (if any),	Church of England
5. Religious Persuasion, so far as known,	Dumfries
6. Previous Place of Abode,	do
7. Place where Found and Examined,	about eighteen years
8. Length of time Insane,	yes
9. Whether First Attack,	about 47 years
10. Age (if known) on First Attack,	Sanpton Hall + Dr Brown Crindau Dumfries
11. When and where previously under Examination and Treatment,	about eighteen years
12. Duration of Existing Attack,	nervous temperament
13. Supposed Cause,	no
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Mrs Cecil Larken Bournemouth Sister No member of the family that I am aware of has been insane
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	Age is uncertain from want of any documents at hand to refer to.

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

DATED this 19th day of March One thousand eight hundred and eighty five

(*To be signed by Party applying*) J Hare

P. p.

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

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

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
Her general appearance and conversation - says she hears voices and noises about the house & people talking around her bed, when there is no one present -

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Told by Dr Brown Cupar - that she has been under his care many years - was at one time in Sanchton Hall Asylum - Thence transferred to Dr Brown's House, and has been for several years under his care as a private patient in private house: has hallucinations, but delusions of suspicion, as to poisoning of food, pistols read in eyes, delusions of hearing voices &c &c

Name and Medical Designation, Alex. Thomson MD &c

Place of Abode, Castle St - Dumfries

DATED this Eighteenth day of March. One thousand eight hundred and Eighty-Years -

MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

I, the undersigned, Mark Johnston Symmons being a (1) Doctor of Medicine and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Cruden in the County of Dumfries. separately from any other Medical Practitioner, visited and personally examined (4) Margaret Hare and that the said Margaret Hare is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, 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 constant state of alarm & suspicion. Has many delusions, as Believing she is being slowly poisoned, imagines hears voices at night threatening to drown her & &c Her

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Dr Brown informs me Insane for many years. Is subject to occasional delusions, but has latterly believed that she is to be shot drowned murdered & mutilated in some way. She is a prey to various hallucinations, more or less affecting the safety of herself & others. She has scarcely been in bed for three months

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

Place of Abode Buccleuch St. Dumfries

DATED this Eighteenth day of March One thousand eight hundred and Eighty -

CERTIFICATE OF EMERGENCY.

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

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

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

DATED this day of One thousand eight hundred and

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

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

I, David Boyle Hope (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Lt. Col. James Hare Philpstoun House, Winchburgh Certificates under the hands of Alexander Thomson and Mark Johnston Symons, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Margaret Hare, Crindau, Dumfries, (Petitioner's aunt) and that the said Margaret Hare is a (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 Hare as a Patient into the (6) Public Asylum of Crichton Institution and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Margaret Hare, which accompanied the said Petition.

DATED this Twentieth day of March, One thousand eight hundred and eighty years.

David Boyle Hope

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

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

1668

Margaret Ware

26th. March

1880

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

[FORM A]

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

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

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

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

The Petition of Peter Galloway Inspector of Poor of the parish of Mochrum humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Margaret Sinclair 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 Sinclair to the ~~Southern Counties Asylum~~ Dumfries and to sanction her admission into the said Asylum.

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

Peter Galloway Inspector

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

DATED this 22nd (4) day of March One thousand eight hundred and eighty 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 Sinclair
2. Sex and Age,	Female. Seventy seven years
3. Married, Single, or Widowed,	Widow
4. Condition of Life, and previous Occupation (if any),	Pauper
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Port William
7. Place where Found and Examined,	Mochrum Village
8. Length of time Insane,	Four days
9. Whether First Attack,	Fourth attack
10. Age (if known) on First Attack,	about 68 years
11. When and where previously under Examination and Treatment,	Southern Counties Asylum Dumfries
12. Duration of Existing Attack,	Four days
13. Supposed Cause,	not known
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Parish of Mochrum
18. Date of becoming Chargeable,	6th April 1872
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Has no Relatives in this Parish has a Sister living somewhere in Glasgow
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

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

DATED this 22 day of March One thousand eight hundred and eighty years

(*To be signed by Party applying*) Peter Galloway Inspector of Poor of the Parish of Mochrum P. P.

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

I, the undersigned, William Anderson being a (1) Bachelor of medicine & master in Surgery of Glasgow University and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Mochrum Village in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) Margaret Sinclair and that the said Margaret Sinclair is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
She talked very incoherently, would not answer questions but kept talking disconnectedly. I asked her to show her tongue. She said it was full of blue glass

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
William Reid told me she had broken the clock & had hammering at the door with a hatchet & that she continually kept talking nonsense

Name and Medical Designation, William Anderson M.B.

Place of Abode, Whitton, Wigtownshire

DATED this 20th day of March One thousand eight hundred and eighty years.

MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

I, the undersigned, Robert Bird Selby being a (1) Doctor of Medecine of Edinburgh Universities and Licentiate of the Royal College of Surgeons Edin and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Mochrum Village Wigtown separately from any other Medical Practitioner, visited and personally examined (4) Margaret Sinclair and that the said Margaret Sinclair is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
She sang or talked incessantly and incoherently

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Mrs John White told me that Margaret has been very sleepless lately – & that she has talked or sang nonsense continually for the last four & twenty hours –

Name and Medical Designation, Robert B. Selby M.B. & L.R.C.S. Ed

Place of Abode Portwilliam

DATED this 21st day of March One thousand eight hundred and eighty years

CERTIFICATE OF EMERGENCY.

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

I, the undersigned, Robert Bird Selby being (1) Doctor of Medecine of Edinburgh University L.R.C.S. Ed. hereby certify, on soul and conscience, that I have this day, at (2) Mochrum Village in the County of Wigtown, seen and personally examined Margaret Sinclair, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

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

Robert B. Selby M.D. L.R.C.S.Ed.

DATED this 21st day of March One thousand eight hundred and eighty years.

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

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

I, Nithom Mackie Esquire (3) Sheriff Substitute of the (4) County of Wigtown having had produced to me, with a Petition at the instance of (5) Peter Galloway Inspector of Poor of the parish of Mochrum Certificates under the hands of William Anderson M.B. C.M. Whithorn and Robert Bird Selby M.D. Portwilliam, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (6) Margaret Sinclair a Pauper and that the said Margaret Sinclair is a (7) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Margaret Sinclair as a Patient into the (8) Public Asylum of the Southern Counties, Dumfries and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Margaret Sinclair which accompanied the said Petition.

DATED this 22d day of March One thousand eight hundred and eighty

Wm Mackie

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

---

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

2
356

Margaret Sinclair

21st March

1880

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

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

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

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

The Petition of George C. McMillan Inspector of Poor ...h of Carsphairn humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John McMath Junior is at present in a state of Mental Derangement, and 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 McMath Jnr to the Dumfries Southern Counties Assylum and to sanction his admission into the said Asylum.

(~~Signed~~) George C McMillan

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

Dated this second (3) day of April one thousand eight hundred and Eighty

STATEMENT.

If any 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 McMath Junior
2. Sex and Age,	Male aged Forty
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,	Dalmellington Ironworks
7. Place where Found and Examined,	Ligget Carsphairn
8. Length of time Insane,	Several years of weak mind
9. Whether first Attack,	First
10. Age (if known) on first Attack,	
11. When and where previously under Examination and Treatment,	Not under Treatment
12. Duration of existing Attack,	Five years
13. Supposed Cause,	Not known
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	Partly
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dalry, 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 his Family known to be or to have been Insane,	John McMath & Marion McCulloch Father and Mother, a Maternal Grand Uncle committed suicide
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	

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

(~~Signed~~)* Name, George C McMillan

Dated this Second day of April one thousand eight hundred and Eighty

* To be Signed by the Party applying.

Lunacy Board,—Dec.—57.—1890.

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

I, the undersigned, William Maclachlan being a (1) Doctor of Medicine & Master of Surgery of Glasgow University and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Carsphairn in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) John McMath Junr and that the said John McMath Junr is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He labours under various delusions - such as that he is proprietor of various farms in the neighbourhood - is moody & subject to sudden fits of irritability & states he at times feels inclined to shoot out the brains of people - is despondent & subject to fits of melancholy.

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Other delusions have been noticed of the most ridiculous character. His temper is subject to unaccountable fits irritability & violence alternating with despondency & gloom. He mediterent & ridiculous nonsense to himself &c

(SIGNED) Name and Medical Designation, Wm Maclachlan Mo Glas

Place of Abode, Doonbank Ratna by A

DATED this first day of April One thousand eight hundred and Eighty

MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

I, the undersigned, Alfred McKinley Millman being a (1) Doctor of Medicine of the University of Aber and a Member of the Royal College of Surgeons in England and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Carsphairn Village in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) John McMath Junr a pauper residing in Carsphairn village and that the said John McMath is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Is a monomaniac labouring under the delusion that certain farms are property and that others belong to his father whom considers is a fool for not asserting his rights ~~[illegible]~~

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Father states - that he suffers from the above delusions and that Garryhorn, woodhead and part of Beech farms are his prop and that Lamloch farm belongs to the father - that a Mrs Jane M or Brown receives an annual sum of £300 from Breech - that the of Woodhead are lodged in the Bank for him but he is unable to draw the money &c. &c

(SIGNED) Name and Medical Designation, A. McK. Millman M.B.

Place of Abode New Galloway

DATED this First day of April one thousand eight hundred and Eighty.

CERTIFICATE OF EMERGENCY.

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

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

Name, _____

Place of Abode, _____

DATED this day of one thousand eight hundred and

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

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

I, David Boyle Stope, — (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) George P. McMillan Inspector of Poor Carsphairn, Certificates under the hands of William MacLachlan and Alfred McKinley Millman, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 McMatte Junior, Lobmer Lyggit Carsphairn (a Pauper) and that the said John McMatte Junior is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said John McMatte Junior 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 McMatte Junior — which accompanied the said Petition.

~~(SIGNED)~~ David Boyle Stope

DATED this Second day of April, one thousand eight hundred and Eighty Years.

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

---

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

2
357

John McMath Jr.

2nd April

1880

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

[Form A]

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

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

(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 Robert Knox Jr. Merchant Glasgow

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

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

AKJ Rob. Knox Jr.

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

Dated this fifth (4) day of April One thousand eight hundred and eighty 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 Ferguson Knox
2. Sex and Age,	Female - about twenty nine years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Spinster
5. Religious Persuasion, so far as known,	Free Church
6. Previous Place of Abode,	1 Queen Terrace - Glasgow
7. Place where Found and Examined,	Hamilton N. Dumfries / Kirkcudbrightshire
8. Length of time Insane,	About a week
9. Whether First Attack,	First Attack
10. Age (if known) on First Attack,	About twenty nine years
11. When and where previously under Examination and Treatment,	None
12. Duration of Existing Attack,	A week
13. Supposed Cause,	Over study & mental excitement
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Not as far as known
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
18. Date of becoming Chargeable,	—
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Her mother - Eliza Ferguson Knox at present in the Crichton Asylum Dumfries
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	—

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this third day of April One thousand eight hundred and Eighty years

(*To be signed by Party applying*) Rob. Knox Jr.

P. p.

MEDICAL CERTIFICATE, No. I.

I, the undersigned, James Mc. McCulloch, M. D. &c.
being a (1) Graduate of the University of Edinburgh
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) the Free Close
House in Maxwelltown in the County of
Kirkcudbright separately from any other Medical Practitioner,
visited and personally examined (4) Margaret Ferguson Knox
and that
the said Margaret Ferguson Knox is a (5) person of unsound
mind - Hate Mania -
and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) Constantly talking
muttering incoherently, excited in appearance &
dangerously irritable &c. &c.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
At times very violent both in language & action;
furious in fact &c. &c.. Hereditary

Name and Medical Designation, James Mc. McCulloch. M. D.

Place of Abode, 16 Castle Street, Dumfries

DATED this Third day of April One thousand eight
hundred and eighty years

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

MEDICAL CERTIFICATE, No. II.

I, the undersigned, Alexander Thomson
being a (1) Doctor of Medicine of the University of
Glasgow and Surgeon
and being in actual practice as a (2) Physician and Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) the Crichton
Institution - Dumfries - in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Margaret Ferguson Knox.
Spinster - 1 Queen's Terrace Glasgow and that
the said Margaret Ferguson Knox is a (5) person
of unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6)
Talks incoherently and confused by
about Electric sparks, Steam engines and
railway trains and fancies She sees
them —

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Told by Robert Knox - her uncle, that
he has observed a change in her manner for
some months past: and that during the last
few days She has been violent & excited & talking constantly

Name and Medical Designation, Alex. Thomson M.D.

Place of Abode Castle St. Dumfries

DATED this Fourth day of April One thousand eight
hundred and Eighty 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, James M. McCulloch, M. D. &c.
being (1) Physician in practice in Dumfries
hereby certify, on soul and conscience, that I have this day, at (2) the Free Church Manse in Moniaive
in the County of Kirkcudbright, seen and personally examined
Margaret Ferguson Heron, and that the said Margaret Ferguson
person is of unsound mind, and a proper Patient to be placed in an Asylum. of Heron

And I further certify that the case of the said person is one of Emergency.

James M. McCulloch M. D. &c.

Dated this third day of April One thousand eight hundred and eighty

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Norman MacLennan, (3) Sheriff of Dumfries Galloway
~~of the~~ (4)
having had produced to me, with a Petition at the instance of (5) Robert Heron, Junr
Merchant Glasgow
Certificates under the hands of James M. McCulloch
and Alexander Harvey being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (6) Margaret Ferguson Heron, the Manse Moniaive (Kirkcudbrightshire) and that the said Margaret Ferguson Heron is a (7) person of unsound mind

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Margaret Ferguson Heron as a Patient into the (8) Public Asylum of Crichton Institution and I authorize the Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Margaret Ferguson Heron which accompanied the said Petition.

Dated this Fifth day of April, One thousand eight hundred and eighty.

Norman MacLennan

To the Superintendent of the (9) Asylum of
Public
Crichton Royal Institution
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1669

Margt. Ferguson Knox

3d April 1880

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(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 Peter McDonald Inspector of Poor Newabbey humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Janet Johnston Craigyside Newabbey your Petitioner's (3) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Janet Johnston to the Southern Counties asylum and to sanction the admission into the the said Asylum.

(3) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

Peter McDonald

(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 April One thousand eight hundred and eighty-

---

STATEMENT.

If any 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 Johnston
2. Sex and Age,	female – 67 years
3. Married, Single, or Widowed,	single
4. Condition of Life, and previous Occupation (if any),	servant
5. Religious Persuasion, so far as known,	Established
6. Previous Place of Abode,	Newabbey
7. Place where Found and Examined,	Newabbey in Dumfries
8. Length of time Insane,	Three months
9. Whether first Attack,	no 53 years
10. Age (if known) on first Attack,	
11. When and where previously under Examination and Treatment,	Southern Counties asylum Dumfries
12. Duration of existing Attack,	Three 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,	Newabbey
18. Date of becoming Chargeable,	15th December 1866
19. Christian Name and Surname, and Place of Abode of nearest known 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 Johnston Labourer Newabbey. not known
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	none

I certify that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 8th day of April One thousand eight hundred and eighty-

(*To be signed by Party applying*) Peter McDonald

P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Peterson
being a (1) Doctor of Medicine
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Craigieside
in the County
~~Craigieside~~ Kirkendbright separately from any other Medical Practitioner
visited and personally examined (4) Janet Johnston
residing at Craigieside (Pauper) and th
the said Janet Johnston 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) *State the facts.*

1. Facts indicating Insanity observed by myself: (1)
At first drew back my attention was called to the state of her head. She would neither comb it herself allow others to do it. On examining it the hair was found to be all matted together that it required to be cut off, which was done. She was then induced to have a comb & wash, which she did herself. Her habits are dirty & untidy. She destroys her clothes & bedding when in her power. She has no regard for decency & frequently exposes herself. She has been known to eat her own excrement. She is subject to fits of violence during which she is dangerous to those around her. She is subject to epileptic fits. She is quarrelsome & abusive to her neighbours.

(1) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (1)
Mrs McAllum, the sister of Elizabeth Thomson, tells me that she has been subject to fits of violence during the last 10 years. She also states that she is subject to epileptic fits. She is dangerous to those around her. She is subject to fits of violence during which she is dangerous to those around her. She

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification, (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Peter McDonald
Inspector of Poor, New Abbey
Certificates under the hands of James Paterson
and William Carruthers, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Janet Johnston, Craigyside, New Abbey (a Pauper) and that the said Janet Johnston is a (5) person of unsound mind and an insane person, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Janet Johnston as a Patient into the (6) Public Asylum of Southern Counties and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Janet Johnston which accompanied the said Petition.

DATED this Eighth day of April, One thousand eight hundred and eighty years.

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of Southern Counties,
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2
368

Janet Johnston

8th April

1880

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff ~~of the (2) County~~ of Dumfries & Kirkcudbrightshire *and his Substitutes,*—

Lindilo South Wales

The Petition of Wm Peel Esquire of Talisnis Park

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that William Peel

(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 William Peel to the Chrichton Royal Mishkuhora Dumfries and to sanction his admission into the said Asylum.

William Peel

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this fifth (4) day of April One thousand eight hundred and eighty 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 Peel
2. Sex and Age,	Male 37
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Sea farming man
5. Religious Persuasion, so far as known,	Episcopalian
6. Previous Place of Abode,	Mollendo House Musselburgh
7. Place where Found and Examined,	do do do
8. Length of time Insane,	of x on for 5 or 6 years
9. Whether First Attack,	
10. Age (if known) on First Attack,	
11. When and where previously under Examination and Treatment,	at Dr Foxes Asylum near Bristol
12. Duration of Existing Attack,	about 10 days
13. Supposed Cause,	he had an attack of fever at
14. Whether subject to Epilepsy, no	Dumfries a while then his supposed
15. Whether Suicidal, no	cale the cause—
16. Whether Dangerous to others,	Yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	William Peel Talisnis Park Lindilo South Wales— his Father—
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	No

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this fifth day of April One thousand eight hundred and eighty

(*To be signed by Party applying*) William Peel

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Rennie Scott being a (1) M B (Edin) and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Mollendo House Musselburgh in the County of Mid Lothian separately from any other Medical Practitioner, visited and personally examined (4) William Peel and that the said William Peel is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

Restlessness. Excitability. Has delusion
E: g: imagines he is Christ & wishes to sacrifice somel
for himself

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Mr Mackenzie informs me that he struck
Mrs Mackenzie without provocation or any cause wha
Mr Mackenzie believes him to be homicida

Name and Medical Designation, Thomas R Scott M B (Ed

Place of Abode, Musselburgh

DATED this Fifth day of April One thousand eight hundred and Eighty 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 William Taylor being a (1) MB, OM Edinburgh and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Mollendo House Musselburgh in the County of Mid Lothian separately from any other Medical Practitioner, visited and personally examined (4) William Peel and that the said William Peel is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

morbid excitability. labouring
under delusions, dangerous to

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

He has been violent to Mrs Macke

Name and Medical Designation, John W Taylor M

Place of Abode Bridge St Musselburg

DATED this Fifth day of April One thousand eight hundred and eighty years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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 Rennie Scott
being (1) MB (Edin)
hereby certify, on soul and conscience, that I have this day, at (2) Mollendo House, Musselburgh
in the County of Mid-Lothian, seen and personally examined
William Peel, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Thomas R Scott

DATED this Fifth day of April One thousand eight hundred and Eighty years.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (3) — Sheriff-Substitute
of the (2) County of Dumfries,
having had produced to me, with a Petition at the instance of (3) William Peel
Esquire of Talaricas Park Llandilo South Wales,
Certificates under the hands of Thomas Rennie Scott
and John William Taylor, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Peel Mollendo House, Musselburgh (Pope Son) and that the said William Peel is a (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 Peel as a Patient into the (6) Public Asylum of Crichton Institution and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said William Peel, which accompanied the said Petition.

DATED this Eighth day of April One thousand eight hundred and eighty years.

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of
Crichton Royal Institution
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1670

William Peel

9th April

1880

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the ~~Shire~~ Dumfries and Galloway *and his Substitute*

The Petition of John Dinwoodie Inspector of Poor for the Parish of Dumfries—

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary Anderson your Petitioner's (2) Pauper—

(3) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Mary Anderson— to the Southern Counties Asylum and to sanction her admission into the said Asylum.

John Dinwoodie

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this Eighteenth (4) day of April — One thousand eight hundred and Eighty—

STATEMENT.

If any 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 Anderson
2. Sex and Age,	female age 28 years
3. Married, Single, or Widowed,	Single—
4. Condition of Life, and previous occupation (if any),	Single— Millworker
5. Religious Persuasion, so far as known,	Protestant—
6. Previous Place of Abode,	Wellgreen
7. Place where Found and Examined,	do
8. Length of time Insane,	since Thursday—
9. Whether first Attack,	yes first attack—
10. Age (if known) on first Attack,	
11. When and where previously under Examination and Treatment,	was not under treatment before
12. Duration of existing Attack,	since Thursday
13. Supposed Cause,	no Cause assigned
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	no
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dumfries meantime
18. Date of becoming Chargeable,	18th April 1880—
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	—

I certify that, to the best of my knowledge, the above particulars are correctly stated.

Dated this Eighteenth day of April One thousand eight hundred and Eighty—

(To be Signed by Party applying) John Dinwoodie Inspector

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, William James Lobb being a (1) Graduate of the faculty of Physicians and Surgeons Glasgow and College of Edinburgh and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Well green Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Mary Anderson Mill worker Dumfries and that the said Mary Anderson is a (5) Lunatic and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Talks incoherently Roars Cries Screaming and Tearing her clothes appears wild and Maniacal

(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 never sleeps and is on great excitement for the last day 7

Name and Medical Designation, Marshall M.D.

Place of Abode, Dumfries

Dated this 15th day of April One thousand eight hundred and eighty years

---

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, John Smith being a (1) Graduate in Medicine of Edinburgh University and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Wellgreen. Dumfries. in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Mary Anderson. Millworker Pauper. and that the said Mary Anderson 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) Her wild excited appearance & loud rambling incoherent speech

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her sister informs me that early this morning she became suddenly much excited & has continued so since. Screaming out & shrieking more or less at times quite unmanageable

Name and Medical Designation, John Smith M.D.

Place of Abode, 14 Castle St Dumfries

Dated this 18th day of April One thousand eight hundred and 80 years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorises the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, John Smith, being (1) Graduate of Medicine & Edinburgh hereby certify, on soul and conscience, that I have this day, at (2) Millgreen Dumfries in the County of Dumfries, seen and personally examined Mary Anderson, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

John Smith MD &c

Dated this 18th day of April One thousand eight hundred and 80 years.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope, Sheriff Substitute, of the (3) County of Dumfries, having had produced to me, with a Petition at the instance of (4) John Dunwoodie, Inspector of Poor, Dumfries, Certificates under the hands of William Marshall, and John Smith, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (5) Mary Anderson Millgreen Dumfries (a pauper) and that the said Mary Anderson is a (6) Lunatic and a person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Mary Anderson as a Patient into the (7) Public Asylum of Southern Counties and I authorise her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mary Anderson which accompanied the said Petition.

Dated this Nineteenth day of April, One thousand eight hundred and eighty.

David Boyle Hope

To the Superintendent of the (7) Public Asylum of Southern Counties Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1
369

Mary Anderson,

18th April

1880

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Sheriff or Steward, Shire or Stewartry.

Unto the Honourable the (1) Sheriff of ~~the~~ (2) Dumfries and ~~&~~ Galloway and his Substitutes,—

The Petition of John Maxwell. Inspector of Poor.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Helen Dowd. 6 Glasgow St. Maxwelltown

(3) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (3) Charge.

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Helen Dowd to the Southern Counties asylum and to sanction her admission into the the said Asylum.

John Maxwell.

(4) The date of the petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Twenty second (4) day of April One thousand eight hundred and Eighty Years.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

Christian Name and Surname of Patient at length,	Helen Dowd.
Sex and Age,	Female. aged 22 past on the 14th January
Married, Single, or Widowed,	Single
Condition of Life, and previous Occupation (if any),	Domestic Servant.
Religious Persuasion, so far as known,	Roman Catholic
Previous Place of Abode,	6 Glasgow St. about 9 Years.
Place where Found and Examined,	same place.
Length of time Insane,	a few days
Whether first Attack,	First attack
Age (if known) on first Attack,	
When and where previously under Examination and Treatment,	Never under treatment before.
Duration of existing Attack,	a few days.
Supposed Cause,	Hatred to Mother.
Whether subject to Epilepsy,	No.
Whether Suicidal,	Not that her parents are aware of. Has threatened both Father & mother
Whether Dangerous to others,	
Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Parish of Dregnen.
Date of becoming Chargeable,	22nd April. 1880.
Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Michael Dowd. father. Same address. Never Known a Relation insane before. on either Father or Mothers side. None.
Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Twenty second day of April One thousand eight hundred and Eighty years

(*To be signed by Party applying*) John Maxwell. Insp. of Poor Dregnen, P.P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate: e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, William Smith Kerr
being a (1) Graduate of Glasgow University
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) 6 Glasgow
Maxwelltown. Troqueer in the County
Kirkcudbright separately from any other Medical Practitioner
visited and personally examined (4) Helen Dowd and th
the said Helen Dowd is a (5) Person
unsound mind and a proper person to be detain
under Care and Treatment, and that I have formed this opinion upon the followi
grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) A peculiar
Expression. She answers evasively. Questions about
eccentric actions. Tearing her clothing. Breaking o
her window and going about the streets at night. &c

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Her parents can manage her no longer. She is idle, s
and sleepless. They are quite frightened for her now, a
say she is getting worse and worse

Name and Medical Designation, W. S. Kerr M.D. &c

Place of Abode, Dumfries

DATED this 22nd day of April One thousand eig
hundred and Eighty Years

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate: e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Patrick M Murray
being a (1) Graduate of the University of Edinburg
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) 6 Glasgow
Maxwelltown Troqueer in the County
Kirkcudbright separately from any other Medical Practitioner
visited and personally examined (4) Helen Dowd, Paup
and th
the said Helen Dowd 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 followi
grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Is restless
& agitated - is evasive in her answers
and sometimes does not reply to
questions put to her - refused to wo

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Mrs Paddler informs me that s
imagines the bells are ringing for her
marriage - has threatened her mother

Name and Medical Designation, P M Murray M

Place of Abode, 33 Castle St Dumf

DATED this 22d day of April One thousand eigh
hundred and 80

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope — (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) John Maxwell, Inspector of Poor Dropper Certificates under the hands of William Smith Kerr — and Patrick M. Murray, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Helen Dowd Domestic Servant & Glasgow Workhouse (a Pauper) and that the said Helen Dowd, — is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Helen Dowd — as a Patient into the (6) Public Asylum of Southern Counties, and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Helen Dowd — which accompanied the said Petition.

DATED this twenty second day of April, — One thousand eight hundred and eighty years.

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of Southern Counties,
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an Idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2
360

Helen Dowd

22.d April

1880

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff — of ~~the~~ (2) Dumfries ~~of~~ and Galloway — *and his Substitutes,*—

The Petition of Robert Smellie Merchant in Langholm humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Barbara Lillie — your Petitioner's (3) neighbour and acquaintance — is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Barbara Lillie — to the Southern Counties Asylum at Dumfries and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

Robert Smellie

(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 April — One thousand eight hundred and Eighty years.—

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Barbara Lillie
2. Sex and Age,	Female Aged 38 years.
3. Married, Single, or Widowed,	Single —
4. Condition of Life, and previous Occupation (if any),	Governess some time ago
5. Religious Persuasion, so far as known,	Presbyterian —
6. Previous Place of Abode,	Irvine Road Langholm
7. Place where Found and Examined,	Irvine Road Langholm
8. Length of time Insane,	At intervals for a number of years.
9. Whether First Attack,	No —
10. Age (if known) on First Attack,	About 27 years.
11. When and where previously under Examination and Treatment,	Southern Counties Asylum at Dumfries
12. Duration of Existing Attack,	About Two Months.
13. Supposed Cause,	Not known to Petitioner
14. Whether subject to Epilepsy,	No —
15. Whether Suicidal,	—yes at intervals
16. Whether Dangerous to others,	—very Changeable
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 Lillie — Brother Railway Porter Motherwell Matthew Lillie Engineer London — None
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Twenty Second day of April — One thousand eight hundred and Eighty years.

(*To be signed by Party applying*) Robert Smellie

P. p.

MEDICAL CERTIFICATE, No. I.

I, the undersigned, John Robertson
being a (1) Bachelor of Medicine and Master of Surgery
and being in actual practice as a (2) Physician and Surgeon
hereby certify, on soul and conscience, that I have this day, at (3)
Dove Road Langholm in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Barbara Little. Dove Road
Langholm and that
the said Barbara 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 thinks she is with a baby to the Saviour. Last night she th
it was the day of judgment and broke the looking glass and
about a tray. She thinks there is going to be peace for a thousand

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Corroborative evidence as to breaking the looking glass and
the tray from Mrs Graden and Mrs Murray next door neighbou

Name and Medical Designation, John Robertson MB & CM

Place of Abode, Langholm.

Dated this twenty first day of April One thousand eight
hundred and eighty

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or 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 Johnstone Carlyle
being a (1) Doctor of Medicine and Licentiate of the Roy
College of Surgeons Edinburgh
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Dove Road
Langholm in the County of
Dumfries, separately from any other Medical Practitioner,
visited and personally examined (4) Barbara Little, Dove Road
Langholm and that
the said Barbara Little is a (5) insane
person and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) Her conversation
was rambling incoherent and incessant
She is obviously labouring under
very great excitement accompanied by ever
changing delusions

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Mrs Murray her neighbour hears her noisy du
the night & on going in finds her excited & la
night. Found some of the furniture broken a
her, also notices that she cannot rest night nor day

Name and Medical Designation, W. J. Carlyle M.B.

Place of Abode Langholm

Dated this twenty first day of April One thousand eight
hundred and eighty.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope, — (1) Sheriff Substitute,
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Robert Smellie
Merchant Langholm
Certificates under the hands of John Robertson
and William Wheatstone Carlyle —, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Barbara Little Drove Road Langholm (Petitioner's respondent) and that the said Barbara Little is a (5) person of unsound mind and an insane person
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Barbara Little as a Patient into the (6) Public — Asylum of Southern Counties and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Barbara Little, which accompanied the said Petition.

DATED this Twenty third day of April — One thousand eight hundred and eighty years.

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2
361

Barbara Little

9th April

1880

[FORM B²]

25 and 26 Vict. Cap. 54, Sect. 16.

APPLICATION TO THE GENERAL BOARD OF LUNACY TO GRANT TRANSFER OF A PATIENT FROM ONE ASYLUM TO ANOTHER.

GENERAL BOARD OF LUNACY
28 APR 80
SCOTLAND

I, the undersigned Alex Kirk
being desirous to transfer James Douglas
at present a Patient in the Royal Edinburgh Asylum, and (†)
a Pauper Lunatic of the Parish of which I am
Inspector of Poor
from the said Asylum to the South Counties Asylum Dumfries
I hereby request the authority of
the Board to such transfer; and I subjoin a Statement of Particulars regarding the said
James Douglas and a Medical Certificate with
respect to his mental and bodily condition.

(†) *If Lunatic is not a Pauper:* deceased at my instance, or whose nearest known relative I am. *If Lunatic is a Pauper:* a Pauper Lunatic of the Parish of which I am Inspector of Poor.

Alex Kirk
(*) Inspector of Poor

(*) State degree of Relationship, or other capacity in which Applicant stands to Patient.

DATED at Dalry this 26th day of April
One thousand eight hundred and eighty

STATEMENT.

1. Christian Name and Surname of Patient at length,	James Douglas
2. Sex and Age,	Male 30 years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and Previous Occupation (if any),	Clerk in Telegraph Department of Post Office
5. Religious Persuasion, so far as known,	Protestant
6. Date of Admission into Asylum,	25 March 1880
7. Length of time Insane,	Seven weeks
8. Whether first Attack,	Yes
9. Age (if known) on first Attack,	30 years
10. Duration of existing Attack,	Seven weeks
11. Supposed Cause,	Grief at sudden death of his child
12. Whether subject to Epilepsy,	No
13. Whether Suicidal,	No
14. Whether Dangerous to others,	No
15. Parish to which the Lunatic (if a Pauper) is Chargeable,	Dalry, Galloway
16 Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of relationship (if known), and whether any Member of his Family known to be, or to have been Insane,	Mrs Margaret Smith or Douglas 26 Lorne Street Leith Wife None known

I certify that, to the best of my knowledge, the above particulars are correctly stated.

(*To be signed by the Applicant*) Alex Kirk. Inspector of Poor. Parish of Dalry Galloway

DATED this 26th day of April One thousand eight hundred and 80

N.B.—The foregoing particulars are required for the information of the authorities to whose care the Patient is to be transferred.

MEDICAL CERTIFICATE.

(1) State Medical Qualification.
(2) Name Asylum.

I, the undersigned Thomas Smith Clouston being (1) a Fellow of the College of Physicians Edinr hereby certify that I have this day at (2) the Royal Edinr. Asylum personally examined James Douglas at present a Patient in said Asylum, and with respect to his Mental State that he labours under many delusions of a morbidly exalted nature. e.g. that he would have got in as M.P. for Leith if he had stood, that he could make many hundreds a year with ease, that he should be Chancellor of the Exchequer, and with respect to his Bodily Health and Condition that they are weak he showing some of the incipient signs of General Paralysis

and I further certify that, in my opinion, there is nothing in the Mental or Bodily Condition of the Patient to contraindicate removal to the Asylum of Dumfries.

T. S. Clouston M.D.

Dated this 26th day of April One thousand eight hundred and 80.

SANCTION BY THE BOARD OF LUNACY.

(Under this Sanction a Patient may be Transferred without an Order of the Sheriff.)

(1) Insert at whose instance the Lunatic is detained, or the nearest known Relative of the Lunatic, or the Inspector of the Parish by which the expense of the maintenance of the Lunatic is defrayed.

(2) Valid for fourteen days from date.

Application having been made to the Board by (1) the Inspector of Poor, Dalry to authorize the transfer of James Douglas from Edinburgh Royal Asylum to Dumfries Royal asylum, and the Board having considered such application and the accompanying Medical Certificate, do hereby authorize the transfer (2) of the said James Douglas as requested.

Arthur Mitchell Commissioner.

Dated at Edinburgh, this 28th day of April One thousand eight hundred and 80.

Date of Sheriff's Order:- 27 Mch 1880

2/262
James Douglas
29 Apr 1880

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of ~~the (2)~~ ~~County of~~ Dumfries & Galloway ~~[illegible]~~ *and his Substitutes,*

The Petition of James Nisbet, Impr of Poor

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Janet Cause, Pauper,

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (3) is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Janet Cause to the S. C. Asylum, Dumfries and to sanction her admission into the the said Asylum.

James Nisbet, Impr of Poor Old Luce

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 29th (4) day of April One thousand eight hundred and Eighty years

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Janet Cause
2. Sex and Age,	Female 54
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Had moderate means of support, never occupied herself much either with house work or anything else
5. Religious Persuasion, so far as known,	protestant
6. Previous Place of Abode,	resided always in glenluce
7. Place where Found and Examined,	at her own house glenluce
8. Length of time Insane,	Melancholy nearly three years. Latterly more so
9. Whether first Attack,	had an attack about 24 hours when it had a religious turn
10. Age (if known) on first Attack,	about 30
11. When and where previously under Examination and Treatment,	same place never left home
12. Duration of existing Attack,	about 3 years dating from commencement
13. Supposed Cause,	Hereditary
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Threatened to hang or drown herself
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	" Old Luce
18. Date of becoming Chargeable,	" present time
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	George Buelie guardian
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 29th day of April One thousand eight hundred and Eighty years

(*To be signed by Party applying*) James Nisbet

Impr of Poor Old Luce

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or an* insane person, *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 McCormack being a (1) Licentiate of the Royal College of Surgeons Edin and being in actual practice as a (2) General practitioner hereby certify, on soul and conscience, that I have this day, at (3) Glenluce at the house of Janet Cause in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) the said Janet Cause Pauper and that the said Janet Cause is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) She is constantly complaining that she is most miserable and tor with thoughts against her Maker. Thinks at times th she has committed the unpardonable sin, was not ad to stimulants, but now manifests a strong desire fo

2. Other facts (if any) indicating Insanity communicated to me by others: (7) was told By Mr John Tait that she told him she wd destroy herself by drowning or hang

Name and Medical Designation, Wm McCormack Surgeon

Place of Abode, Glenluce

DATED this Twenty seventh day of April One thousand eight hundred and eighty

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, *or an* insane person, *or an* idiot, *or a* person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, David Easton being a (1) Doctor of medicine & Licentiate of the R College of Surgeons, Edinburgh and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Glenluce Wigtown in the County of separately from any other Medical Practitioner, visited and personally examined (4) Janet Cause (pauper) and that the said Janet Cause is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) She is restless, is constantly whining, wringing her hands, crying saying she is lost, and that she has committed the gre sin and entertains the worst thoughts towards her maker. She is tired of life and would take a bottle of Laudanum if had it &c &c

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Janet Boyles her attendant says she is very sleep rises often during night & walks up & down in her nigh visits in this state her nighbours, is constantly bewailing lost condition, & that she will receive comfort from ne

Name and Medical Designation, David Easton M.D.

Place of Abode, Stranraer

DATED this 26th day of April One thousand eight hundred and eighty.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope, (1) Sheriff Substitute
of the (2) County of Dumfries,
having had produced to me, with a Petition at the instance of (3) James Nish
Inspector of Poor Old Luce
Certificates under the hands of ~~Janet Cause~~ William McCormack
and David Easton, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Janet Cause Glenluce Wigtownshire (a Pauper) and that the said Janet Cause, is a (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 Cause as a Patient into the (6) Public Asylum of Southern Counties, and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Janet Cause which accompanied the said Petition.

DATED this First day of May One thousand eight hundred and eighty years. Two words deleted.

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of Southern Counties,
Dumfries

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2

363

Janet Canse

1st May ~~188~~

1886

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of (2) ———
of Dumfries & Galloway *and his Substitutes—*

The Petition of John Dinwoodie Inspector of Poor for the Parish of Dumfries — humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Clark 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 Clark Bell to the Southern Counties Asylum and to sanction his admission into the said Asylum.

(3) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

John Dinwoodie

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this Third (4) day of May — One thousand eight hundred and Eighty —

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Clark Bell —
2. Sex and Age,	Male — 57 years
3. Married, Single, or Widowed,	Married —
4. Condition of Life, and previous occupation (if any),	do — Stockingmaker
5. Religious Persuasion, so far as known,	Protestant —
6. Previous Place of Abode,	Bee Stane Close, Dumfries
7. Place where Found and Examined,	do do —
8. Length of time Insane,	a few weeks —
9. Whether first Attack,	yes —
10. Age (if known) on first Attack,	57 years —
11. When and where previously under Examination and Treatment,	was not under treatment before
12. Duration of existing Attack,	a few weeks —
13. Supposed Cause,	not Known —
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	no
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dumfries
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Janet Beggs wife — has a Son insane in the Asylum at present — Adam Bell —
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify that, to the best of my knowledge, the above particulars are correctly stated.

Dated this Third day of May One thousand eight hundred and Eighty

(To be Signed by Party applying) John Dinwoodie Inspector

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, William Marshall being a (1) Graduate of the Faculty of Physicians & Surgeons Glasgow and College of St Andrews and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Youngs Close Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Clark Bell, Pauper and that the said Clark Bell is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) talks, incoherently moves about in his bed incessantly, cannot comprehend the meaning of any question &c &c

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His wife states that he roams about [illegible] and day and will not be kept quiet

Name and Medical Designation, W Marshall M.D. &c

Place of Abode, Dumfries

DATED this 3 day of May One thousand eight hundred and eighty years

---

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, John Smith being a (1) Graduate in Medicine of Edinburgh Univ and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Youngs Close 34 Queensberry St Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Clark Bell. Pauper and that the said Clark Bell is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Rambling incoh speech: inability to understand questions vacant insane appearance

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) His wife informs me that he is so restless, talking continually in an incoherent man she can with difficulty keep him in bed.

Name and Medical Designation, John Smith H.M.

Place of Abode, 14 Castle St Dumfries

DATED this 3 day of May One thousand eight hundred and eighty years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, John Smith being (1) Graduate in Medicine of Edinburgh University hereby certify, on soul and conscience, that I have this day, at (2) Youngs Close, 34 Queensberry St. in the County of Dumfries, seen and personally examined Clark Bell, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

John Smith MD &c.

DATED this 3d day of May One thousand eight hundred and eighty years.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff-Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) John Dinwoodie, Inspector of Poor, Dumfries Certificates under the hands of William Marshall and John Smith, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Clark Bell, Stockingmaker Bell Nine close Dumfries (a Pauper) and that the said Clark Bell is a (5) person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Clark Bell as a Patient into the (6) Public Asylum of Southern Counties and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Clark Bell which accompanied the said Petition.

DATED this Fourth day of May One thousand eight hundred and eighty years.

David Boyle Hope

To the Superintendent of the (7) Public *Asylum of* Southern Counties, Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2
364

Clark Bell

3d May

1880

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(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 James Kally, Inspector of Poor Parish of Stranraer humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Jenny L. L. Lagan ~~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 Jenny L. L. Lagan to the Southern Counties Asylum at Dumfries and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

James Kally

(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 May One thousand eight hundred and eighty.—

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Jenny L. L. Lagan
2. Sex and Age,	female - 55 (55)
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Housewife
5. Religious Persuasion, so far as known,	Not Known
6. Previous Place of Abode,	Not Known
7. Place where Found and Examined,	County Buildings, Stranraer
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,	Yes
16. Whether Dangerous to others,	Yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Stranraer
18. Date of becoming Chargeable,	3d May 1880 -
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	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 third day of May One thousand eight hundred and eighty

(*To be signed by Party applying*) James Kally

P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Hugh Cochrane being a (1) Licentiate of the Royal College of Physicians of [illegible] and a Licentiate of the Faculty of Phys. & Surg. of [illegible] and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) County Buildings Stranraer in the County [illegible] Wigtown separately from any other Medical Practitioner visited and personally examined (4) Jenny L. L. Lagan, a Pauper and the said Jenny L. L. Lagan is a (5) person of unsound mind, and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Appears dull and continually talking to herself in low mutterings. On asking her about her employment she replied that she did not require [illegible] as she was of Royal blood.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Superintendent McNeil informs me that last night she threatened to destroy her and that she had gone into an eating [illegible] ordered some refreshments would not pay. but [illegible] the people & any them abusive language.

Name and Medical Designation, Hugh Cochrane, Sr. Ed. L. F. P. S. G.

Place of Abode, Stranraer

DATED this third day of May One thousand eight hundred and eighty years.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, David Easton being a (1) Doctor of medicine & Licentiate of the Royal College of Surgeons Edinburgh and being in actual practice as a (2) General practitioner hereby certify, on soul and conscience, that I have this day, at (3) Stranraer Court House in the County of Wigtown separately from any other Medical Practitioner visited and personally examined (4) Jenny L. L. Lagan and that the said Jenny L. L. Lagan is a (5) person of unsound mind. and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She is constantly muttering & talking in an incoherent manner. She labours under various delusions. She says she is descended from Royal blood that she is the [illegible] an Emperor, and must be obeyed. Her eye is very restless. The slightest contradiction excites her, when she is very [illegible] to be outrageous.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Sergeant McNeil corroborates the above, & [illegible] states that she threatened to destroy herself. &c &c

Name and Medical Designation, David Easton M.D.

Place of Abode Stranraer

DATED this third day of May One thousand eight hundred and eighty

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Peter Maclean Esquire (1) Sheriff Substitute of the (2) County of Wigtown having had produced to me, with a Petition at the instance of (3) James Dalby, Inspector of Poor, parish of Stranraer Certificates under the hands of Hugh Cochrane and David Easton, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Jenny L. L. Lagan and that the said Jenny L. L. Lagan is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Jenny L. L. Lagan as a Patient into the (6) District Asylum of Southern Counties Dumfries and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Jenny L. L. Lagan which accompanied the said Petition.

DATED this third day of May One thousand eight hundred and eighty years.

P. MacLean Sh. Sub

To the Superintendent of the (7) District *Asylum of* Southern Counties, Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2

365

Jenny L. L. Logan

4th May

1880

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap. 54, Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) Dumfriesshire and Galloway and his Substitutes,—.

The Petition of Alexander Meurson Inspector of for Morton humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Rachel Milligan or Kefferty your Petitioner's (3) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Rachel Milligan or Kefferty to the Southern Counties Asylum Dumfries and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

Alex, Meurison

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Fifth (4) day of May One thousand eight hundred and Eighty years.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Rachel Milligan or Kefferty
2. Sex and Age,	46
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Dressmaker
5. Religious Persuasion, so far as known,	Presbyterian
6. Previous Place of Abode,	Edinburgh
7. Place where Found and Examined,	Thornhill
8. Length of time Insane,	3
9. Whether First Attack,	second — ?
10. Age (if known) on First Attack,	about 34 ?
11. When and where previously under Examination and Treatment,	Yes — 7 3
12. Duration of Existing Attack,	
13. Supposed Cause,	
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	
16. Whether Dangerous to others,	Said to be
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Morton in the meantime
18. Date of becoming Chargeable,	30th April 1880 —
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	George Kefferty gardener 6 M'Neil Street Edinburgh her husband —
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	not Known

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 5th day of May One thousand eight hundred and 80

(*To be signed by Party applying*) Alex, Meurison

P P

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Edward Hoggan
being a (1) Doctor of Medicine and Licentiate of the Roy[illegible] College of Surgeons Edinbro
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Old Street Thornhill in the County o[illegible] Dumfries separately from any other Medical Practitioner visited and personally examined (4) Rachel Milligan or Kefferty and tha[illegible]
the said Rachel Milligan or Kefferty is a (5) person of unsound mind and a proper Person to be detaine[illegible] under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

Extreme excitability of manner - Fancies she "perpetually followed by the devil in person - that her friends and relatives are against[illegible] Has an inconceivable hatred to the memory of her late mother, by[illegible] She says she was much abused - Restless & does not sleep but no tendency to [illegible]

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7).

Continually rambling & talking - Haunted by the devil [illegible] & night. Uses obscene language & swearing - Hatred [illegible] relative - Father committed suicide - Elizabeth Bryd[illegible] is my informant.

Name and Medical Designation, } Edi. Hoggan M. D. L. R. [illegible]

Place of Abode, Thornhill. Dumfriesshire -

DATED this third day of May One thousand eigh[illegible] hundred and Eighty.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, James S Wilson
being a (1) Bachelor of Medicine and Master in Surgery
and being in actual practice as a (2) General practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Old Street in the County o[illegible] Thornhill. Dumfries separately from any other Medical Practitioner visited and personally examined (4) Rachel Milligan or Kefferty and tha[illegible]
the said Rachel Milligan or Kefferty is a (5) person of Unsound Mind and a proper person to be detaine[illegible] under Care and Treatment, and that I have formed this opinion upon the followin[illegible] grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

Extreme nervous temperament. Imagines she carries the devil on her back in person - That her friends are going to take her life, she also threatens to pull down houses, or blow them up with gun powder. She does not sleep she says unless there is a company of soldiers keeping guard at the door.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

If she could get rid of the devil she would be all right. Imagines her child a little girl is also haunted & that her friends are all in much the same condition. Elizth Bryden is my informant.

Name and Medical Designation, } James S Wilson M.B. C.M.

Place of Abode Thornhill Dumfries Shire

DATED this fourth day of May One thousand eigh[illegible] hundred and eighty.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Edward Hoggan being (1) Doctor of Medicine & Licentiate of the Royal College of Surgeons hereby certify, on soul and conscience, that I have this day, at (2) Old St. Thornhill in the County of Dumfries, seen and personally examined Rachel Milligan or Kefferty, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Edw. Hoggan M.D. L.R.C.S.E.

DATED this Fifth day of May One thousand eight hundred and Eighty —

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope —(1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Alexander Stewart, Inspector of Poor Morton, — Certificates under the hands of Edward Hoggan and James S. Wilure, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Rachel Milligan or Kefferty, Old St. Thornhill, (a Pauper) and that the said Rachel Milligan or Kefferty is a (5) person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Rachel Milligan or Kefferty as a Patient into the (6) Public — Asylum of Southern Counties and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Rachel Milligan or Kefferty which accompanied the said Petition.

DATED this Fifth day of May One thousand eight hundred and eighty years.

David Boyle Hope

To the Superintendent of the (7) Public *Asylum of* Southern counties Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1

2

366

Rachel Milligan or Heffordy

5th to = May 1880

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(†) Sheriff or Steward. (‡) Shire or Stewartry.

Unto the Honourable the (†) Sheriff ~~of the (‡) Shire~~ of Dumfries & Galloway *and his Substitutes,*—

The Petition of Mrs Elspeth Rutherford Widow Strawberry Point Kirkmichael humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary Christie Rutherford your Petitioner's (§) Daughter is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Mary Christina Rutherford ——— to the Southern Counties Asylum Dumfries — and to sanction her admission into the said Asylum.

(§) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

Elspeth Rutherford

(*) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 10th (*) day of May One thousand eight hundred and Eighty two

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Mary Christina Rutherford
2. Sex and Age,	Female - 25
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	No occupation
5. Religious Persuasion, so far as known,	Established
6. Previous Place of Abode,	Strawberry Bank Kirkmichael
7. Place where Found and Examined,	do
8. Length of time Insane,	Fortnight
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	24
11. When and where previously under Examination and Treatment,	Crichton Asylum
12. Duration of Existing Attack,	about 7 months
13. Supposed Cause,	Cannot tell
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Not that to the Dr. of Lunacy
16. Whether Dangerous to others,	
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Elspeth Rutherford the Petitioner Strawberry Bank Her mother - No.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 10th day of May One thousand eight hundred and eighty two

(*To be signed by Party applying*) Elspeth Rutherford

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, John Smith
being a (1) Graduate in Medicine of Edinburgh University
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Southern Co[illegible] Lisgham Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Mary Christina Rutherford Strawberry bank Cottage Parkgate, Kirkmichael and that the said Mary Christina Rutherford is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Her insane appearance & constant rambling incoherent talking.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) She was 14 months ago an inmate the Crichton Royal Institution.

Name and Medical Designation, John Smith M[illegible]

Place of Abode, 14 Castle St. Dumf[illegible]

DATED this 10th day of May One thousand eight hundred and eighty years.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Thomas Reid
being a (1) Graduate in Medicine of Glasgow University
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Strawberry bank Cottage, Parkgate Kirkmichael in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Mary Christina Rutherford Strawberry bank Cottage Parkgate and that the said Mary Christina Rutherford is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) In a constant movement catching at or addressing every object she notices. Incessant incoherent talking under the delusion that every one is conspiring against her, swearing and using threatening language.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her brother Thomas Rutherford says that she has had to be restrained from doing damage to the furniture, has threatened person herself and her mother, has been in a constant frenzy [illegible] night and using obscene language.

Name and Medical Designation, Thomas Reid M.D. C[illegible]

Place of Abode Lochmaben

DATED this ninth day of May One thousand eight hundred and eighty

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Thomas Reid,
being (1) a graduate in Medicine of Glasgow University
hereby certify, on soul and conscience, that I have this day, at (2) Strawberry Bank Ecclefechan
in the County of Dumfries, seen and personally examined
Mary Christina Rutherford, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Thomas Reid M.D. CM.

DATED this ninth day of May One thousand eight hundred and eighty

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope — (1) Sheriff-Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Mrs Elspeth Rutherford, widow, Strawberry Bank, Ecclefechan,
Certificates under the hands of John Smith
and Thomas Reid, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Mary Christina Rutherford Strawberry Bank a spinster and that the said Mary Christina Rutherford is a (5) person of unsound mind,
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Mary Christina Rutherford as a Patient into the (6) Public Asylum of Southern Counties, — and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mary Christina Rutherford which accompanied the said Petition.

DATED this Eleventh day of May — One thousand eight hundred and eighty.

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of Southern Counties,
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2

367

Mary C. Rullingford

10th May

1880

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) ~~County~~ of Dumfries and Galloway *and his Substitutes,*—

The Petition of David Johnston, Inspector of Poor, Middlebie

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Margaret Wishart 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 Wishart 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.

David Johnston Inspector of Poor

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Eighth (4) day of May One thousand eight hundred and Eighty.

STATEMENT.

If any 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 Wishart
2. Sex and Age,	Female 69 years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Labourers Wife
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Burnhead
7. Place where Found and Examined,	Brownmoor
8. Length of time Insane,	Two months
9. Whether First Attack,	First
10. Age (if known) on First Attack,	
11. When and where previously under Examination and Treatment,	
12. Duration of Existing Attack,	
13. Supposed Cause,	none
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	no
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Middlebie Dumfriesshire
18. Date of becoming Chargeable,	18th May 1869
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	William Wishart Brownmoor Husband none
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Eighth day of May One thousand eight hundred and Eighty

(*To be signed by Party applying*) David Johnston Inspector of Poor.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, George Richardson Underwood being a (1) Bachelor of Medicine of the University of Edinburgh and being in actual practice as a (2) physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Brownmoor in the parish of Arnan in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Mrs Margaret Weishart, pauper, resident at Brownmoor - Arnan and that the said Mrs Margaret Weishart is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) When seen by me today she was restless and frightened looking, unable to sit still for more than few minutes. She keeps that grown, and often from them she has been getting goods given, as was asking them back, and she asks me imploringly that she is to go. Seeing any one at the door, she runs out of the house and seems afraid to return. She thought formerly any person coming to the house was coming to murder them.

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Heard this morning a few weeks ago as I am informed by Mrs Bell of Brownmoor that she came to the farm house round the hundred yards from her own house - with only part of her clothes on - asking for shelter from somebody going to take her away - the other Mrs Bell says came to the farm asking for cream, saying that there was none at home, though such was not the case.

Name and Medical Designation, George Richardson Underwood M.B.

Place of Abode, Wauchope, Middlebie

DATED this seventh day of May One thousand eight hundred and eighty.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, 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 Drummond being a (1) Bachelor of Medicine of Edinburgh University Licentiate of Royal College of Surgeons Edinburgh and being in actual practice as a (2) a Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Brownmoor in the Parish of Arnan in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Mrs Margaret Weishart of Brownmoor, Arnan and that the said Mrs Margaret Weishart is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) When seen by me today she laboured under certain delusions, the principal being, that people especially the shepherds wanted restoration of money and goods which she could not give. She has a firm conviction that she is to be removed soon.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) — Mrs Bell of Brownmoor farm informs that she has gone on the public road very imperfectly dressed on more than once has come to her husband to protect her from being taken away by people whom she imagines

Name and Medical Designation, Thomas Drummond. M.B.C.S.

Place of Abode Bank Mrs Arnan

DATED this Seventh day of May One thousand eight hundred and eighty.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of
, seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff-Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) David Thurston Inspector of Poor Middlebie
Certificates under the hands of George Richardson Underwood
and Thomas Drummond, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Mrs Margaret Kirkland Brownmoor Annan a pauper and that the said Mrs Margaret Kirkland is a (5) person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Mrs Margaret Kirkland as a Patient into the (6) Public Asylum of Southern counties and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mrs Margaret Kirkland, which accompanied the said Petition.

DATED this Tenth day of May One thousand eight hundred and eighty.

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of Southern counties
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2
268

Margaret Workhart

11th May

1888

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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

~~or~~ and Galloway

or this Substitute—

The Petition of James Kirk, Pub^r Officer, Dalbeattie

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that your Petitioner's (3) pauper John Miller, Farmer

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said John Miller to the Northern Counties Asylum and to sanction his admission into the said Asylum.

James Kirk.

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 13th (4) day of May One thousand eight hundred and eighty 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 Miller
2. Sex and Age,	Male
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Pauper - Clerk
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Nottingham
7. Place where Found and Examined,	Barlockhurt
8. Length of time Insane,	2 days
9. Whether First Attack,	first decided attack but has been subject to Epilepsy for some years and appeared at times, dull
10. Age (if known) on First Attack,	—
11. When and where previously under Examination and Treatment,	Not aware
12. Duration of Existing Attack,	two days
13. Supposed Cause,	Fall
14. Whether subject to Epilepsy,	Epileptic
15. Whether Suicidal,	No
16. Whether Dangerous to others,	doubtful
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Kirkcudbright
18. Date of becoming Chargeable,	13 May 1880
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	John Miller, Barlockhurt,
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	No

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 13th day of May One thousand eight hundred and eighty years

(*To be signed by Party applying*) James Kirk

Pub^r Officer

Dalbeattie

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Wm Mellis Cormack being a (1) Licentiate of the Royal College of Surgeons Edinburgh and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Burnfoothall Parish of Old Luce in the County of Wigtown separately from any other Medical Practitioner visited and personally examined (4) John Miller. Pauper Residing at Burnfoothall and that the said John Miller is a (5) Person of unsound Mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Found him standing at the end of Barn at Burnfoothall, gazing vacantly on an old News paper, when addressed he stared at me but did not answer, then moved a step or two forward and began to mutter to himself and look at the same spot on the newspaper again, would not answer questions or converse his manner and conduct [illegible] with regard to diet and [illegible]

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Was told by Jane Miller that he had got up and gone out during the night, stated that he had [illegible] done a certain thing which Godsell he did not do, said that he must be taken, and if so, one of a dog would be best

Name and Medical Designation, Wm Mellis Cormack M.R.C.S.

Place of Abode, Gloucester

DATED this twelfth day of May One thousand eight hundred and Eighty

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Mirrlees being a (1) Graduate of Edin. University and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Castle Douglas Station Kirkcudbright- in the County of separately from any other Medical Practitioner visited and personally examined (4) John Miller. Pauper. and that the said John Miller is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Wild & dangerous appearance - was in charge of police & was struggling & [illegible] all and would [illegible] to all appearance dangerous if unrestrained

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) His uncle says he has [illegible] suddenly - [illegible] he threatened [illegible] some one Says that life must be taken

Name and Medical Designation, John Mirrlees M.B.C.M.

Place of Abode Castle Douglas

DATED this 13th day of May One thousand eight hundred and Eighty.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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 McCormack being (1) Surgeon and in actual practice hereby certify, on soul and conscience, that I have this day, at (2) Glenluce in the County of Wigtown, seen and personally examined John Miller, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency. The patient having become furious

Wm McCormack Licentiate R C S Ed

DATED this 13 day of May One thousand eight hundred and Eighty

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (3) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) James Nish Inspector of Poor Old Luce Certificates under the hands of William McCormack and John Nivison, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) John Miller Barlockhart Old Luce (a Pauper) and that the said John Miller is a (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 Miller 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 Miller, which accompanied the said Petition.

DATED this Thirteenth day of May One thousand eight hundred and eighty years.

David Boyle Hope

To the Superintendent of the (7) Public *Asylum of* Southern counties, Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2
369

Johnelliller

13th May

1880

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of ~~the~~ (2) Dumfries & Galloway
of _____ *and his Substitutes for the Stewartry*

The Petition of James McKie, Inspector of Poor, Kirkpatrick
humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Peter Smith
your Petitioner's (3) Pauper
is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Peter Smith to the
Southern Counties Asylum and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

James McKie

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 19th (4) day of May One thousand eight hundred and Eighty

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Peter Smith
2. Sex and Age,	Male 56 years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Labourer
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Blackcraig Minnigaff
7. Place where Found and Examined,	Kirkcudbright Prison
8. Length of time Insane,	Some months
9. Whether First Attack,	No. Was in asylum before
10. Age (if known) on First Attack,	Ten years ago
11. When and where previously under Examination and Treatment,	Kirkcudbright
12. Duration of Existing Attack,	Some months
13. Supposed Cause,	Not known
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	Yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Minnigaff
18. Date of becoming Chargeable,	18th May 1880. Was chargeable before
19. Christian Name and Surname, and Place of Abode of nearest known 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 Clark or Smith wife
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	—

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 19th day of May One thousand eight hundred and eighty years

(*To be signed by Party applying*) James McKie

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, W. S. S. Reid
being a (1) Bachelor of Medicine & Master of S[illegible] at the University of Edinburgh.
and being in actual practice as a (2) Physician and Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) the Prison Kirkcudbright in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) Peter Smith of Blackcraig Minnigoff and that the said Peter Smith is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He suffers under delusion of his wife's unfaithfulness & he also has delusion that his daughter intends burning down house. ~~[illegible]~~ out of these ideas he cannot be reasoned. He imagines himself a much-abused person.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) From Governor of the Prison of Kirkcudbright, I hear he was frequently in a state of great excitement while in these ~~states~~ frequently gave utterance ~~[illegible]~~ words referring to the above delusions.

Name and Medical Designation, W. S. S. Reid M.B.: C[illegible]

Place of Abode, Oakley - Kirkcudbright

DATED this 18th day of May One thousand eight hundred and 80.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Wm Johnstone
being a (1) M.D. Edin.
and being in actual practice as a (2) Annual practitioner
hereby certify, on soul and conscience, that I have this day, at (3) the Prison Kirkcudbright in the County of Kirkcudbrightshire separately from any other Medical Practitioner, visited and personally examined (4) Peter Smith Blackcraig Minnigoff a Pauper and that the said Peter Smith is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) That he suffers from various delusions, such as, a belief in his wife's unfaithfulness and that his daughter wants to injure him. also he suffers occasionally from great excitement.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) That he gets little sleep &c.

Name and Medical Designation, Wm Johnstone M.D.

Place of Abode Kirkcudbright

DATED this eighteenth day of May One thousand eight hundred and eighty.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Alexander Nicolson (1) Sheriff Substitute
of the (2) Stewartry of Kirkcudbright
having had produced to me, with a Petition at the instance of (3) James McKie
Inspector of the Poor Minnigaff
Certificates under the hands of W. S. S. Reid
and Wm Johnston , being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
Peter Smith (Pauper) and that the said
Peter Smith is a (5) person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Peter Smith as a Patient into the (6) Female 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 Peter Smith which accompanied the said Petition.

DATED this Eighteenth day of May One thousand eight hundred and Eighty seven

Alex. Nicolson.

To the Superintendent of the (7)
Southern Asylum of Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2
370

Peter Smith

19th May

1880

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of ~~of the~~ (2) Dumfries ~~of~~ and Galloway of Kirkcudbright and his Substitutes, for the Stewartry

The Petition of James McMichael, Inspector of Poor for the Parish of ~~Lolls~~ Balmaclellan humbly sheweth, that it appears from the subjoined Statement and accompanying Medical Certificates, that David McGarrach 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 McGarrach to the Southern Counties Asylum Dumfries and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

James McMichael
Inspector of Poor

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 26th (4) day of May One thousand eight hundred and Eighty.

STATEMENT.

If any 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 McGarrach
2. Sex and Age,	Male. forty Eight.
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Vagrant
5. Religious Persuasion, so far as known,	Not Known
6. Previous Place of Abode,	Not Known
7. Place where Found and Examined,	Parish of Balmaclellan
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,	
12. Duration of Existing Attack,	Not Known
13. Supposed Cause,	Not Known
14. Whether subject to Epilepsy,	Not Known
15. Whether Suicidal,	No Known
16. Whether Dangerous to others,	Yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Balmaclellan in the Meantime
18. Date of becoming Chargeable,	26th May 1880
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Not Known
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None Known

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 26th day of May One thousand eight hundred and Eighty

(*To be signed by Party applying*) James McMichael
Inspector of Poor

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Wm Swanston Spence Reid being a (1) Bachelor of Medicine and Master of Surgery of the University of Edinburgh and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) the Prison of Kirkcudbright in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) David McGarroch. Pauper and that the said David McGarroch is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He suffers from various hallucination and delusion the principal being that he imagines forms floating in the [illegible] & also that some one is on the front of stealing [illegible]

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Maniacal delirium & violence offered to the warder in discharge of his duty. He [illegible] constantly speaking to himself & sometimes cries [illegible]

From the warder of the prison of Kirkcudbright

Name and Medical Designation, W. S. S. Reid MB. C[illegible]

Place of Abode, Oakley Kirkcudbright

DATED this 24th day of May One thousand eight hundred and 80 –

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Wm Johnstone being a (1) M.D. Edn. and being in actual practice as a (2) General practitioner hereby certify, on soul and conscience, that I have this day, at (3) the Prison of Kirkcudbright in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) David McGarroch a pauper and that the said David McGarroch is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He suffers from various delusions, such as, seeing different [illegible] there being none in reality and that some [illegible] is going to steal his clothes.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) From the Warder of Prison – That he constantly muttering to himself and sometimes violent in conduct.

Name and Medical Designation, Wm Johnstone [illegible]

Place of Abode Kirkcudbright

DATED this 26th day of May One thousand eight hundred and 80.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Robert Macarthur Gordon (1) Esq Sheriff Substitute of the (2) Stewartry of Kirkcudbright having had produced to me with a Petition at the instance of (3) David Mc Garrock James McMichael
Certificates under the hands of W. S. S. Reid and William Johnston, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) David McGarrock. Pauper and that the said David McGarrock is a (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 McGarrock as a Patient into the Southern Counties Asylum of Dumfries and I authorize this Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said David McGarrock which accompanied the said Petition.

DATED this twenty sixth day of May One thousand eight hundred and eighty

Robt Gordon W. S. S.

To the Superintendent of the (7) Southern Counties
Asylum of Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2
371

David McGarroch

27th May

1880

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Sheriffdom of Dumfries and Galloway *and his Substitutes.*—

The Petition of John Nicholson, Farm Servant, residing at Barnacham by Portarlliam, Wigtownshire humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Robert Nicholson, Labourer, Barnacham aforesaid your Petitioner's (3) Brother is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Robert Nicholson to the Southern Counties Asylum Dumfries and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

John Nicholson

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this twenty seventh (4) day of May One thousand eight hundred and eighty.

STATEMENT.

If any 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 Nicholson
2. Sex and Age,	Male. 28 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Crofters Son. Labourer
5. Religious Persuasion, so far as known,	Protestant. Member of Established Church.
6. Previous Place of Abode,	Barnacham by Portarlliam, Wigtownshire.
7. Place where Found and Examined,	Barnacham by Portarlliam, Wigtownshire.
8. Length of time Insane,	~~Two Weeks~~ Upwards of three years to this date.
9. Whether First Attack,	No
10. Age (if known) on First Attack,	about 24 years
11. When and where previously under Examination and Treatment,	Southern Counties Asylum Dumfries and at Barnacham
12. Duration of Existing Attack,	About two weeks
13. Supposed Cause,	Now Known
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
18. Date of becoming Chargeable,	—
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	David Nicholson, Crofter, Barnacham by Portarlliam Wigtownshire — Father. None
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	—

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this twenty seventh day of May One thousand eight hundred and eighty

(To be signed by Party applying) John Nicholson

P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper state so.*
(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, William Anderson
being a (1) Bachelor of Medicine of University of Glasgow
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Ballachan
in the County
Wigtown separately from any other Medical Practitione
visited and personally examined (4) Robert Nicholson
and th
the said Robert Nicholson, Labourer is a (5) person of unso
mind and a proper Person to be detaine
under Care and Treatment, and that I have formed this opinion upon the followin
grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) I was told by the said Nicholson that if he was only sure of dying in Dumfries Asylum for months ago he would be happier & till then was but since then he will not make not speak words a yes or no". Said yesterday to his father Robert this look is peculiar. Can scarcely force an answer from him. To all questions he "You see me" & "Thank you for visiting". Though repeatedly asked would not share his tongue anything as to the state of his health.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
His father David Nicholson tells me that he has been in Dumfries Asylum is only at matters that he wrought up till three weeks ago but not since then. He will not speak a yes or no. Said yesterday to his father David that he would ~~not~~ die first before any food except he paid for it has eaten nothing since yesterday morning & then only bread

Name and Medical Designation, William Anderson M.B.

Place of Abode, Whithorn Wigtownshire

DATED this Twenty sixth day of May One thousand eigh
hundred and eighty years.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the street and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper state so.*
(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Charles R. Bride,
being a (1) Doctor of Medicine of the University of
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Ballach
in the County o
Wigtown separately from any other Medical Practitioner
visited and personally examined (4) Robert Nicholson.
Labourer and tha
the said Robert Nicholson is a (5) person
of Unsound Mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
In Boy and Records, both agitated
When spoken to stop abruptly. "Thou
not forgetting." "I never did." "Do
going to America". Refused to take food
My Margaret Nicholson Mr Bride
told her he wanted Jay to be
he was detained at Dumfries Asylu

(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, Charles R. Bride

Place of Abode Wigtown

DATED this Twenty sixth day of May One thousand eight
hundred and eighty

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William Mactie Esquire (1) Sheriff Substitute
of the (2) County of Wigtown
having had produced to me, with a Petition at the instance of (3) John Nicholson Farm Servant Barrachan by Portwilliam
Certificates under the hands of William Anderson M.B. Whithorn
and Charles McBride M.D. Wigtown ——, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Robert Nicholson, Labourer, Barrachan aforesaid and that the said Robert Nicholson —— is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Robert Nicholson —— as a Patient into the (6) Public —— Asylum of the Southern Counties and I authorize his —— Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Robert Nicholson —— which accompanied the said Petition.

DATED this twenty seventh day of May —— One thousand eight hundred and eighty

Wm Mactie

To the Superintendent of the (7)
Public Asylum of the Southern Counties
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2
342

Robert Nicholson

24th May

1880

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(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 Miles Mc Dowall, Inspector of Poor for the Parish of Dumfries

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Ephriam Percy 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 Ephriam Percy 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.

~~This First~~ Miles Mc Dowall

(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 May One thousand eight hundred and Eighty-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,	Ephriam Percy.
2. Sex and Age,	Male 28 years.
3. Married, Single, or Widowed,	Married.
4. Condition of Life, and previous occupation (if any),	Baker.
5. Religious Persuasion, so far as known,	Protestant.
6. Previous Place of Abode,	28 English Street, Dumfries.
7. Place where Found and Examined,	28 English Street, Dumfries.
8. Length of time Insane,	Four Weeks.
9. Whether first Attack,	First attack.
10. Age (if known) on first Attack,	28 years.
11. When and where previously under Examination and Treatment,	Never under treatment.
12. Duration of existing Attack,	Four Weeks.
13. Supposed Cause,	No cause known
14. Whether subject to Epilepsy,	no.
15. Whether Suicidal,	no.
16. Whether Dangerous to others,	no.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dumfries.
18. Date of becoming Chargeable,	30th May 1888.
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Elizabeth Duncan or Percy (wife). Father was insane before he died and ultimately committed suicide.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	none.

I certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this ~~First~~ day of May One thousand eight hundred and Eighty-years.

(To be Signed by Party applying) Miles Mc Dowall
Inspector of Poor

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or an insane person, or an idiot, or a person of unsound mind.*

I, the undersigned, John Smith
being a (1) Licentiate in Medicine of Edinburgh
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) 28 English
Dumfries in the County
Dumfries separately from any other Medical Practitioner
visited and personally examined (4) Ephraim Percy. Baker
the said Ephraim Percy and that
Unsound mind is a (5) Person
and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Insane appearance
Rambling incoherent speech & inability to answer
or understand questions.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
His wife informs me that during the
3 weeks he has been very peculiar in his manner
& muttered muttering & talking to himself in a way she
understand.

Name and Medical Designation, John Smith MB

Place of Abode, 14 Castle St Dumfries

DATED this 30th day of May One thousand eight
hundred and 80 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, Archibald Marshall
being a (1) Graduate of the Faculty of Physicians & Surgeons
Glasgow and College of Edinburgh
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Asylum
Dumfries in the County of
Dumfries. separately from any other Medical Practitioner.
visited and personally examined (4) Ephraim Percy (a pauper)
the said Ephraim Percy and that
Unsound mind is a (5) person of
and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Talks incoherently
Lately professed himself a Prophet which the Stat
are dangerous to the safety of his soul Reasons
right and Roy &c &c

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
His Brother states much the same of abov

Name and Medical Designation, A Marshall M.D. &c

Place of Abode, Dumfries

DATED this 31st day of May One thousand eight
hundred and Eighty Years

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, John Smith being (1) Graduate in Medicine of Edinburgh University hereby certify, on soul and conscience, that I have this day, at (2) 28 English St. Dumfries in the County of Dumfries, seen and personally examined Ephraim Percy, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

John Smith MRCP

DATED this 30th day of May One thousand eight hundred and 80 years.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Stope (3) Sheriff Substitute of the (4) county of Dumfries having had produced to me, with a Petition at the instance of (5) Miss McInnes, Inspector of Poor, Dumfries, Certificates under the hands of John Smith and William Marshall, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (6) Ephraim Percy Baker English St. Dumfries (a Pauper) and that the said Ephraim Percy, is a (7) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Ephraim Percy as a Patient into the (8) Public Asylum of Southern counties and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Ephraim Percy, which accompanied the said Petition.

DATED this Thirty first day of May One thousand eight hundred and eighty years.

David Boyle Stope

To the Superintendent of the (9) Public *Asylum of* Southern counties Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2
3/3

Ephraim Perez

30th May

1880

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(*) Sheriff or Steward. (†) Shire or Stewartry.

Unto the Honourable the (*) Sheriff *of the* (†) Dumfries & Galloway *and his Substitutes,—*

The Petition of Isabella Little Purves, residing in Irish St. Dumfries, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Charlotte Purves, your Petitioner's (*) Sister is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Charlotte Purves to the Crichton Royal Institution and to sanction her admission into the said Asylum.

(*) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

Isabella Little Purves.

(*) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this ~~1st~~ 3rd day of (*) June One thousand eight hundred and 80

STATEMENT.

If any 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 Purves
2. Sex and Age,	female 31 years
3. Married, Single, or Widowed,	single
4. Condition of Life, and previous Occupation (if any),	Lady
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Free Church Manse Moffat Scotland
7. Place where Found and Examined,	Free Church Manse Moffat Scotland
8. Length of time Insane,	
9. Whether First Attack,	one year + three months
10. Age (if known) on First Attack, — 19	2nd attack
11. When and where previously under Examination and Treatment,	Crichton Royal Institution 4 Feb. 1868
12. Duration of Existing Attack,	6 Days
13. Supposed Cause,	over work & want of sleep
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
18. Date of becoming Chargeable,	1st June 1880
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Rev. David Purves brother Father ~~late~~ Free Church Manse Moffat Scotland ~~now Lochgelly, Canada~~ New Zealand
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated. words underlined

DATED this ~~1st~~ 3rd day of June One thousand eight hundred and 80

(*To be signed by Party applying*) Isabella Little Purves.

P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Alexander Dall Macdonald
being a (1) Doctor of Medicine of Edinburgh Univ
and being in actual practice as a (2) Physician and Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) 18 Castle St
Dumfries in the County
separately from any other Medical Practitioner
visited and personally examined (4) Charlotte Purves Spinster
and that
the said Charlotte Purves is a (5) Person
unsound mind and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) is excedingly excitable and talks in a rambling excited manner very different from her ordinary state.

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Throws basins and tea cups about the house at home and at times to the children

Name and Medical Designation, A D Macdonald M.B.

Place of Abode, 18 Castle St Dumfries

Dated this 1st day of June One thousand eight hundred and eighty

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, William Smith Kerr
being a (1) graduate of Glasgow university
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Crichton Royal Institution, Dumfries in the County of Dumfries
separately from any other Medical Practitioner
visited and personally examined (4) Charlotte Purves Spinster
and that
the said Charlotte Purves is a (5) Person of unsound mind and a proper person to be detained
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 & excited. Talks incessantly in a rambling strain, and to herself. She is destructive, throws basins, tea cups about the room & breaks with her hands & throws at any one who comes near her. She likes to keep her clothes dirty about her.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Dr Murray, her family doctor tells me she has been wrong in her head again and that there is insanity in the family

Name and Medical Designation, W. S. Kerr M.D.

Place of Abode Dumfries

Dated this 2nd day of June One thousand eight hundred and eighty seven.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, being (1) a doctor of Medicine of Edinburgh Alexander Dale MacDonald hereby certify, on soul and conscience, that I have this day, at (2) Castle Douglas in the County of Kirkcudbright, seen and personally examined Charlotte Purves, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

A D MacDonald MD

DATED this 1st day of June One thousand eight hundred and eighty-

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope — (1) Sheriff-Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) Isabella Little Purves residing in Irish Street Dumfries Certificates under the hands of Alexander Dale MacDonald and William Smith Kerr —, being two Medical Persons, duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Charlotte Purves, Free Church Manse Maxwelltown (Kirkcudbrightshire) and that the said Charlotte Purves — is a (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 Purves — as a Patient into the (6) Public — Asylum of Crichton Institution and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Charlotte Purves — which accompanied the said Petition.

DATED this Third — day of June — One thousand eight hundred and eighty years.

David Boyle Hope

To the Superintendent of the (7) Public *Asylum of* Crichton Royal Institution, Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1671

Charlotte Purves

2d June

1880

[FORM A[1]]

20 & 21 *Vict., Cap.* 71, *Sect.* 37.

NOTICE OF ADMISSION.

I HEREBY GIVE NOTICE, That (1)

was received into this House as a (2)

Patient on the (3) day of

and I hereby transmit a Copy of the Order and Medical Certificates and Statement on which was received.

Subjoined is a Report with respect to the mental and bodily condition of the above-named Patient.

_____ *Superintendent.*

DATED at this (4) day of

One thousand eight hundred and seventy

To the Secretary of the
General Board of Lunacy.

REPORT.

I HAVE this day (5) seen and personally examined

the Patient named in the above Notice,

and hereby report and certify, with respect to mental state, that (6)

and with respect to bodily health and condition, that (7)

_____

(8) _____

DATED this day of One thousand eight hundred and

---

(1) Name and Designation.
(2) Private or Pauper.
(3) Some day within fourteen days after the date of the Order of the Sheriff; or within twenty-one days, if the Order be granted by the Sheriff of Orkney and Shetland.
(4) Some day not less than two clear days after the admission of the Patient, and before the expiration of fourteen clear days after admission.
(5) Insert Particulars.
(7) Insert Particulars.
(8) Add Designation.

(Copies.)

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) ~~Sheriff~~ ~~of the~~ (2) ~~Shire~~ of (Dumfries & Galloway) and his Substitutes,—

The Petition of James McMichael Inspector of Poor Parish

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Janet McNeill

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (3) Pauper ~~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 Janet McNeill to the Southern Counties ~~S.C.~~ Asylum and to sanction her admission into the said Asylum.

James McMichael

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Ninth (4) day of June One thousand eight hundred and Eighty

STATEMENT.

If any 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 McNeill
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,	High Park Cottage Balmaclellan
7. Place where Found and Examined,	Do
8. Length of time Insane,	10 or 12 months
9. Whether First Attack,	First attack
10. Age (if known) on First Attack,	25
11. When and where previously under Examination and Treatment,	Never previously under Treat
12. Duration of Existing Attack,	10 or 12 Months
13. Supposed Cause,	Nervous temperament - Partially hereditary (Grandfather hanged himself)
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Threatens Suicide
16. Whether Dangerous to others,	Threatens her mother & child
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Balmaclellan. New Galloway
18. Date of becoming Chargeable,	9 June 1880
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	John McNeill. High Park Cottage Balmaclellan. New Galloway Her Maternal Uncle was insane
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Ninth day of June One thousand eight hundred and Eighty

(*To be signed by the Party applying*) James McMichael

(Copies.)

MEDICAL CERTIFICATE, No. I.

I, the undersigned, being a (1) Walter Lorraine Graduate of Edin University and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) High Park Cottage Balmacellan in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) Janet McKill Pauper and that the said Janet McKill is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

1. Facts indicating Insanity observed by myself: (6) She labours under delusions of various kinds - silent & preoccupied with difficulty got to answer questions

(6) *State the facts.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her mother says that for almost 12 months she has sat silent & moody except at times when she becomes outrageous Sleeps badly - accuses the neighbours of injuring her & makes runs off in an undressed condition

(7) *State the information, and from whom derived.*

Name and Medical Designation, Walter Lorraine MBEdin

Place of Abode, Castle Douglas

DATED this Eighth day of June One thousand eight hundred and eighty

MEDICAL CERTIFICATE, No. II.

I, the undersigned, being a (1) Alfred McKinley Millman Doctor of Medicine of the University of Aberdeen and a Member of the Royal College of Surgeons in England and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) High Park Cottage in the parish of Balmacellan in the County of separately from any other Medical Practitioner, visited and personally examined (4) Janet McKill, Pauper lunatic in High Park Cottage as above and that the said Janet McKill is a (5) person of unsound mind 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) Wild appearance Taciturn, ridiculous attitudes - indisposed to talk - suffers from various delusions, thinks her mother puts poison into her food &c

(6) *State the facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her mother makes a similar report to me as stated above by Mr Lorraine.

(7) *State the information, and from whom derived.*

Name and Medical Designation, A. McK. Millman, M.B. M.R.C.S.E.

Place of Abode New Galloway

DATED this eighth day of June One thousand eight hundred and eighty.

(*Copies.*)

CERTIFICATE OF EMERGENCY.

(*This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.*)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

9th June 1880

Janet McKill

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff-Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) James McMichael Inspector of Poor, Balmaclellan, Kirkcudbrightshire
Certificates under the hands of Walter Lorraine
and Alfred McKinley Millman, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 McKill High Park Cottage Balmaclellan (a pauper) and that the said Janet McKill is a (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 McKill as a Patient into the (6) Public Asylum of Southern Counties, and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Janet McKill which accompanied the said Petition.

DATED this Ninth day of June One thousand eight hundred and eighty years.

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) ~~Steward~~ Sheriff of Dumfries and Galloway of the (2) ~~Stewartry~~ of Kirkcudbright *and his Substitutes,—*

The Petition of William Sproat Farmer Culdoach

humbly sheweth that it appears from the subjoined Statement and accompanying Kirkcudbright Medical Certificates, that Agnes Sproat, 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 Agnes Sproat 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.

William Sproat

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 12th (4) day of ~~May~~ June One thousand eight hundred and eighty

STATEMENT.

If any 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 Sproat
2. Sex and Age,	Femal 26 Years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Daughter of a farmer
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Culdoach
7. Place where Found and Examined,	Culdoach
8. Length of time Insane,	3 Months
9. Whether First Attack,	Second attack
10. Age (if known) on First Attack,	25 yrs
11. When and where previously under Examination and Treatment,	Culdoach
12. Duration of Existing Attack,	3 Month.
13. Supposed Cause,	Grief thro' death of her brother
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
18. Date of becoming Chargeable,	—
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Wm Sproat, Culdoach, Father
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	—

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 12th day of June One thousand eight hundred and eighty

(*To be signed by Party applying*) William Sproat

P. P.

MEDICAL CERTIFICATE, No. I.

I, the undersigned, William Swanston S. Reid being a (1) Bachelor of Medicine & master [illegible] of the University of Edinburgh and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Oakley Kirkcudbright in the County of separately from any other Medical Practitioner, visited and personally examined (4) Agnes Sproat and that the said Agnes Sproat is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert 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.*

Constant recurring fits of intense religious mela[illegible] During these she will not speak and either sits [illegible] in a semi-unconscious state.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

(7) *State the information, and from whom derived.*

Same facts communicated to me by her mother and also that she sometimes often makes irrel[illegible] & uncalled for remarks –

Name and Medical Designation, W. S. S. Reid M.B. C[illegible]

Place of Abode, Oakley Kirkcudbright

DATED this tenth day of June One thousand eight hundred and 80

MEDICAL CERTIFICATE, No. II.

I, the undersigned, James Moffat being a (1) Graduate in Medicine of the University of Glasgow and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Culdoach in the Parish of Kirkcudbright in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) Agnes Sproat, Daughter of Mr Sproat Farmer and that the said Agnes Sproat is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert 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.*

Found her in a very low, melancholy condition, and perfectly incommunica[illegible]

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

(7) *State the information, and from whom derived.*

Mother informed me that the above condition had existed for three months

Name and Medical Designation, James Moffat M.B. C.M.

Place of Abode Church Place, Kirkcudbright

DATED this eighth day of June One thousand eight hundred and Eighty

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope — (1) Sheriff Substitute
of the (2) County of Dumfries,
having had produced to me, with a Petition at the instance of (3) William Sproat, Farmer Culdoach Kirkcudbright
Certificates under the hands of William Houston J. Reid
and James Moffat, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had apparately visited and examined (4) Agnes Sproat Culdoach aforesaid (Petitioners Daughter) and that the said Agnes Sproat, is a (5) Person of unsound mind,
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Agnes Sproat as a Patient into the (6) Public Asylum of Criehton 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 Sproat, which accompanied the said Petition.

DATED this Twelfth day of June — One thousand eight hundred and eighty years.

David Boyle Hope

To the Superintendent of the (7) Public Asylum of
Criehton Royal Institution,
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1672

Agnes Sprout

12th June

1880

6354

GENERAL BOARD OF LUNACY SCOTLAND 10 JUN 80

[FORM B²]

25 and 26 Vict. Cap. 54, Sect. 16.

APPLICATION TO THE GENERAL BOARD OF LUNACY TO GRANT TRANSFER OF A PATIENT FROM ONE ASYLUM TO ANOTHER.

I, the undersigned John Irving being desirous to transfer Margaret Murphy or Flynn at present a Patient in Roxburgh Dist. Asylum, and (¹) a Pauper Lunatic of the Parish of which I am Inspector of Poor from the said Asylum to the Southern Counties Asylum hereby request the authority of the Board to such transfer; and I subjoin a Statement of Particulars regarding the said Margaret Murphy or Flynn and a Medical Certificate with respect to her mental and bodily condition.

(¹) If Lunatic is not a Pauper: detained at my instance, or whose nearest known relative I am. If Lunatic is a Pauper: a Pauper Lunatic of the Parish of which I am Inspector of Poor.

John Irving

² Inspector of Poor, Cummertrees

(²) State degree of Relationship, or other capacity in which Applicant stands to Patient.

DATED at Cummertrees this Eighth day of June One thousand eight hundred and Eighty Yrs.

STATEMENT.

1. Christian Name and Surname of Patient at length,	Margaret Murphy or Flynn
2. Sex and Age,	Female 30 Years.
3. Married, Single, or Widowed,	Single
4. Condition of Life, and Previous Occupation (if any),	Working Housekeeper
5. Religious Persuasion, so far as known,	Roman Catholic
6. Date of Admission into Asylum,	27 October 1879.
7. Length of time Insane,	Three days prior to date of admission
8. Whether first Attack,	No
9. Age (if known) on first Attack,	24 Years
10. Duration of existing Attack,	See No 7
11. Supposed Cause,	Childbirth
12. Whether subject to Epilepsy,	No
13. Whether Suicidal,	No
14. Whether Dangerous to others,	Yes
15. Parish to which the Lunatic (if a Pauper) is Chargeable,	Cummertrees
16. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of relationship (if known), and whether any Member of her Family known to be, or to have been Insane,	Unknown

I certify that, to the best of my knowledge, the above particulars are correctly stated.

(To be signed by the Applicant) John Irving

DATED this Eighth day of June One thousand eight hundred and Eighty Years

N.B.—The foregoing particulars are required for the information of the authorities to whose care the Patient is to be transferred.

MEDICAL CERTIFICATE.

(1) State Medical Qualification.
(2) Name Asylum.

I, the undersigned Samuel Grierson being (1) a member of the Royal College of Surgeons of Lond; hereby certify that I have this day at (2) the District Asylum, for Roxburgh personally examined Margaret Murphy or Flynn at present a Patient in said Asylum, and with respect to his Mental State that she is delusive. Fancies herself the mother of my children; is occasionally very abusive and noisy and even violent.

; and with respect to his Bodily Health and Condition that they are fairly good

and I further certify that, in my opinion, there is nothing in the Mental or Bodily Condition of the Patient to contraindicate removal to the Asylum of the southern Counties at Dumfries

T. Grierson

DATED this ninth day of June One thousand eight hundred and Eighty years

---

SANCTION BY THE BOARD OF LUNACY.

(Under this Sanction a Patient may be Transferred without an Order of the Sheriff.)

(1) Insert at whose instance the Lunatic is detained, or the nearest known Relative of the Lunatic, or the Inspector of the Parish by which the expense of the maintenance of the Lunatic is defrayed.

(2) Valid for fourteen days from date.

Application having been made to the Board by (1) The Inspector of Poor Cummertrees to authorize the transfer of Margaret Murphy or Flynn from Roxburgh District Asylum to Dumfries Royal Asylum, and the Board having considered such application and the accompanying Medical Certificate, do hereby authorize the transfer (2) of the said Margaret Murphy or Flynn as requested.

Wm Sibbald Commissioner.

DATED at Edinburgh, this 10th day of ~~May~~ June One thousand eight hundred and 80

Date of Sheriffs Order 29th Octr 18

2/3/5

Margt Murphy or Flynn

14th June 1880

N.B.—This FORM shall remain in the keeping of the Superintendant of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) Shire of Dumfries ~~& Galloway~~ and his Substitutes—

The Petition of Jas. Staff and Inspector of Poor Dumfries,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Margaret Carruthers or Mitchell 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 Carruthers or Mitchell 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.

Jas. Staffd Insp of Poor

DATED this Fourteenth (4) day of June One thousand eight hundred and eighty years.

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Margaret Carruthers or Mitchell
2. Sex and Age,	Female 29 years
3. Married, Single, or Widowed,	Widow
4. Condition of Life, and previous occupation (if any),	Pauper Field worker
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Rockhall
7. Place where Found and Examined,	Rockhall. Monswald
8. Length of time Insane,	~~Several months~~ 2 years
9. Whether first Attack,	Several slight attacks
10. Age (if known) on first Attack,	27 years
11. When and where previously under Examination and Treatment,	Never Under medical treatment
12. Duration of existing Attack,	3 weeks
13. Supposed Cause,	
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Doubtful
16. Whether Dangerous to others,	Nein
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	1877
18. Date of becoming Chargeable,	Barbara Mitchell Castle St Dumfries. Sister
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	No insanity known in family
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 14th day of June One thousand eight hundred and eighty years

(To be Signed by Party applying) Jas Staffd Insp.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Hugh Cunningham being a (1) Licentiate of the Royal College of Physicians in Edinburgh and of the Faculty of Physicians and Surgeons Glasgow and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Dovecot, Mousnalo in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Margaret Carruthers or Mitchell Pauper, and that the said Margaret Carruthers or Mitchell is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She has a vacant appearance of the countenance, and she believes that there are persons outside her cottage, who want to punish her for her past conduct

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her sister informs me, that she fled with her boy last night as she was under the impression that someone desired to [illegible] him.

Name and Medical Designation, Hugh Cunningham L.R.C.P. Edinb.

Place of Abode, 25 Castle Street, Dumfries

DATED this Fourteenth day of June One thousand eight hundred and eighty years.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, John Cunningham being a (1) Licentiate of the Royal College of Physicians and Surgeons in Edinburgh and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Brooke St. Dumfries. in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Margaret Carruthers or Mitchell Pauper and that the said Margaret Carruthers or Mitchell is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Her facial expression indicates mental disease — [illegible] talks incoherently —

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) She fancies that people are endeavouring to kill her: Her sister gives the information

Name and Medical Designation, John Cunningham Mu. Bl.

Place of Abode, 35 Buccleuch Street [illegible]

DATED this 14th day of June One thousand eight hundred and eighty years

CERTIFICATE OF EMERGENCY.

(This Certificate authorises the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, Hugh Cunningham being (1) licentiate of the Royal Coll of Physicians in Edinburgh hereby certify, on soul and conscience, that I have this day, at (2) Dovecot, Moorwalds in the County of Dumfries, seen and personally examined Margaret Carruthers or Mitchell, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Hugh Cunningham L.R.C.P.S.E.

DATED this Fourteenth day of June One thousand eight hundred and eighty years

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Stope, ——— (1) Sheriff Substitute of the (2) county of Dumfries, having had produced to me, with a Petition at the instance of (3) James Stafford Inspector of Poor Moorwalds, Certificates under the hands of Hugh Cunningham and Hugh Cunningham, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Margaret Carruthers or Mitchell Rockhall, Moorwalds, (a pauper) and that the said Margaret Carruthers or Mitchell, (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 Carruthers or Mitchell, as a Patient into the (6) Public Asylum of Southern Counties, and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Margaret Carruthers or Mitchell, which accompanied the said Petition.

DATED this Seventeenth day of June, One thousand eight hundred and eighty years.

David Boyle Stope

To the Superintendent of the (7) Public Asylum of Southern Counties, Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2
376

Marg.t Carruthers or Mitchell

14th June

1880

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of ~~Kirkcudbright~~ *of the* (2) ~~Shire~~ Sheriffdom of Dumfries and Galloway *and his Substitutes,—*

The Petition of Peter Gordon Inspector of Poor Kirkcowan humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Ann Orr your Petitioner's (3) Pauper — is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Ann Orr to the Southern Counties Asylum 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.

Peter Gordon Inspector of Poor Kirkcowan

Dated this 15th day of June One thousand eight hundred and Eighty

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

Christian Name and Surname of Patient at length,	Ann Orr
Sex and Age,	Female aged 47 yrs
Married, Single, or Widowed,	Single
Condition of Life, and previous Occupation (if any),	Seamstress
Religious Persuasion, so far as known,	Protestant
Previous Place of Abode,	Kirkcowan
Place where Found and Examined,	Kirkcowan
Length of time Insane,	6 or 7 days Symptoms
Whether first Attack,	no
1 Age (if known) on first Attack,	41 yrs when first Lodged in Asylum by Parochial Board but was chargable when appears of said Poor from childhood
1 When and where previously under Examination and Treatment,	Southern Counties Asylum Dumfries
1 Duration of existing Attack,	about 7 days Since first observed.
1 Supposed Cause,	unknown to me
1 Whether subject to Epilepsy,	no
1 Whether Suicidal,	no
1 Whether Dangerous to others,	somewhat threatening violence
1 Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Kirkcowan Parish.
1 Date of becoming Chargeable,	15th June 1880
1 Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Agnes Aitken her daughter. Kirkcowan None ever known to be Insane —
2 Special circumstances (if any) preventing the insertion of any of the above particulars,	none

I certify that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 15th day of June One thousand eight hundred and Eighty

(*To be signed by Party applying*) Peter Gordon Inspector of Poor P. p. 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,
being a (1) Licentiate of the Faculty of Physicians and Surgeons Glasgow
and being in actual practice as a (2) General Medical Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Kirkcowan in the County of Wigtown separately from any other Medical Practitioner visited and personally examined (4) Ann Orr and that the said Ann Orr is a (5) of Unsound Mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Great Restlessness easily excited, and answering questions in very snappish manner.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) David McCubbin Railway porter lary says he heard her threaten to tear her daughter to pieces and [illegible]

Name and Medical Designation, John Coutts Surgeon

Place of Abode, Kirkcowan

DATED this 15th day of June One thousand eight hundred and Eighty Years.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Robert Bird Selley
being a (1) Graduate of Edinburgh University and licentiate of the Royal College of Surgeons Edinburgh
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Kirkcowan in the County of Wigtown separately from any other Medical Practitioner visited and personally examined (4) Ann Orr and that the said Ann Orr is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
She is in a very excited state, continually turning the contents of her room upside down.
She either gives obscene answers to questions addressed to her — or threatens violence.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
By Min Thomson — a neighbour — She has been in a very excited state for some days past — says her daughter Agnes has [illegible] things from her — and threatens her with violence.

Name and Medical Designation, Robert B. Selley M.D. & L.R.C.

Place of Abode, Portwilliam Wigtownshire

DATED this 15th day of June One thousand eight hundred and Eighty years

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Macduff Rhind Esquire advocate Sheriff Substitute of the (3) County of Wigtown having had produced to me, with a Petition at the instance of (3) Rbt Gordon Inspector of Poor Kirkcowan Certificates under the hands of John Coults Surgeon and Robert D. Selby M.D. L.R.C.S.E, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Ann Orr Pauper and that the said Ann Orr is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Ann Orr as a Patient into the (6) Public ~~Asylum~~ Asylum of the Southern Counties Dumfries and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Ann Orr which accompanied the said Petition.

DATED this fifteenth day of June One thousand eight hundred and eighty years

M. Rhind

To the Superintendent of the (7) Public
Asylum of the Southern Counties ~~Dumfries~~

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2
377

Ann Orr

17th June

1880

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff ~~of the (2) Shire~~ of Dumfries & Galloway and his Substitutes—

The Petition of Mrs Barbara Scott Annanside Moffat

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Adam Scott

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (3) Husband is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Adam Scott to the Southern Counties Asylum and to sanction his admission into the said Asylum.

Barbara Scott

(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 June One thousand eight hundred and Eighty 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,	Adam Scott.
2. Sex and Age,	Male.
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Joiner
5. Religious Persuasion, so far as known,	Established Church of Scotland
6. Previous Place of Abode,	Annanside. Moffat
7. Place where Found and Examined,	Annanside. Moffat
8. Length of time Insane,	Ten days
9. Whether First Attack,	No - second
10. Age (if known) on First Attack,	
11. When and where previously under Examination and Treatment,	Southern Counties Asylum
12. Duration of Existing Attack,	Ten days
13. Supposed Cause,	Intemperance
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Not chargeable.
18. Date of becoming Chargeable,	—
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Mrs Barbara Scott Annanside Moffat - wife.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 13th day of June One thousand eight hundred and eighty years

(*To be signed by Party applying*) Barbara Scott

P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, James Munro
being a (1) Member of the Royal College of Physicians
& a Licentiate of the Royal College of Surgeons
and being in actual practice as a (2) Physician and Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Annan &
Moffat
Dumfries in the County
separately from any other Medical Practitioner
visited and personally examined (4) Adam Scott. Annan &
Moffat County of Dumfries and th
the said Adam Scott is a (5) Lunatic
Person 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)

Supposing that he has money to buy a
the property in Moffat and supposing
himself the Deity & Jesus Christ.

(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 well as
out at all hours of the night &
places. Supposing he has work to do at

Name and Medical Designation, James Munro
M.D. L.R.C.S. Edin

Place of Abode, Moffat

DATED this 19th day of June One thousand eig
hundred and Eighty.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Wm Daly Grange
being a (1) Bachelor of Medicine & Master of
Surgery
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Annan &
Moffat
Dumfries in the County
separately from any other Medical Practitioner
visited and personally examined (4) Adam Scott
and th
the said Adam Scott is a (5) Lunatic
and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

Incoherent delirium and extravag
fancies regarding supposed wealth &c

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

He had been wandering about the
County during the night

Name and Medical Designation, Wm Daly Grange

Place of Abode Beaufield House Moffat

DATED this 19th day of June One thousand eight
hundred and eighty

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, James Munro
being (1) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (2) Annandale. Moffat
in the County of Dumfries, seen and personally examined Adam Scott. Joiner, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

James Munro. MD. LRCS Edin

DATED this 15th day of June One thousand eight hundred and eighty

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Mrs Barbara Scott Annandale Moffat
Certificates under the hands of James Munro
and William D Orby Grange, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Adam Scott Joiner Annandale Moffat (Petitioners Husband) and that the said Adam Scott is a (5) Insane Person,

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Adam Scott as a Patient into the (6) Public Asylum of Southern Counties and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Adam Scott which accompanied the said Petition.

DATED this Twenty first day of June One thousand eight hundred and eighty years.

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2
3/8

Adam Scott

19th June

1880

N.B.—This Form shall remain in the keeping of the Superintendant of the Asylum, after the Order of the Sheriff is obtained.

FORM A

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of ~~Kirkcudbright~~ ~~County~~ of Dumfries *and his Substitutes*

The Petition of Miles McInnes, Inspector of Poor for the Parish of Dumfries

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Helen Burns

(3) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (3) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Helen Burns to the Southern Counties Asylum and to sanction her admission into the said Asylum. Witness my hand.

Miles McInnes

(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 June One thousand eight hundred and Eighty years.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Helen Burns
2. Sex and Age,	Female: 36 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous occupation (if any),	Domestic Servant
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Swan Vennel, Dumfries.
7. Place where Found and Examined,	Swan Vennel, Dumfries.
8. Length of time Insane,	Three weeks.
9. Whether first Attack,	No: had formal attack not known.
10. Age (if known) on first Attack,	
11. When and where previously under Examination and Treatment,	Southern Counties Asylum
12. Duration of existing Attack,	Three weeks
13. Supposed Cause,	not known
14. Whether subject to Epilepsy,	no.
15. Whether Suicidal,	no.
16. Whether Dangerous to others,	~~no~~ yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Supposed Kirkcudbright, but meantime Dumfries
18. Date of becoming Chargeable,	31st May 1880.
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	not known.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	none.

I certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Twenty second day of June One thousand eight hundred and Eighty years.

One word deleted

(To be Signed by Party applying) Miles McInnes

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, John Smith being a (1) Graduate in Medicine of Edinburgh Univ and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Swan's Vennel Dumfries. in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Helen Burns, domestic Pauper and that the said Helen Burns is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Her insane appearance rambling incoherent conversation & delusions states that she is continually annoyed with persons that she cannot see

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Mrs Dunn with whom she resides in me that she sleeps almost wholly & is continually talking to unseen persons

Name and Medical Designation, John Smith MD

Place of Abode, 14 Castle St. Dumfries

DATED this 21st day of June One thousand eight hundred and 80 Years.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Mark Johnston Symons being a (1) Doctor of Medicine of Edinburgh Univ and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Swan's Vennel Dumfries. in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Helen Burns, domestic Pauper and that the said Helen Burns is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Rambling, disc conversation - Delusions, states that some pe possess supernatural powers over her and th dreads those persons - She has also illusions - persons present when she only with her friends -

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Mrs Dunn informs me she is violent yesterday threatened a little girl Marion Anst with a poker

Name and Medical Designation, M I Symons MD.

Place of Abode, Buccleuch St Dumfries

DATED this 21st day of June One thousand eight hundred and 80 —

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, John Smith being (1) Graduate in Medicine of Edinburgh University hereby certify, on soul and conscience, that I have this day, at (2) Swans Vennel Dumfries in the County of Dumfries, seen and personally examined Helen Burns, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

John Smith MD &c

DATED this 21st day of June One thousand eight hundred and 80 years.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff-Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Miles McInnes Inspector of Poor Dumfries Certificates under the hands of John Smith and Mark Johnston Symons being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Helen Burns Domestic Servant, Swans Vennel, Dumfries (a Pauper) and that the said Helen Burns is a (5) person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Helen Burns as a Patient into the (6) Public Asylum of Southern Counties and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Helen Burns which accompanied the said Petition.

DATED this Twenty second day of June One thousand eight hundred and eighty years.

David Boyle Hope

To the Superintendent of the (7) Public *Asylum of* Southern Counties, Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2/379

Helen Burns

21st June

1880

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap. 54, Sect. 14.*

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff substitute of the (2) Stewartry of Kirkcudbright and his Substitutes,

The Petition of C. Finlayson Keeper of Poor Kirkcudbright

humbly sheweth that it appears from the subjoining Statement and accompanying Medical Certificates, that Janet Little

(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 Janet Little to the Southern Counties Asylum and to sanction her admission into the said Asylum.

C. Finlayson

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 30th (4) day of June One thousand eight hundred and seventy seven

STATEMENT.

If any 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 Little
2. Sex and Age,	50 years Female
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Servant
5. Religious Persuasion, so far as known,	Presbyterian
6. Previous Place of Abode,	No fixed
7. Place where Found and Examined,	Police Station
8. Length of time Insane,	a week or so
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	
11. When and where previously under Examination and Treatment,	
12. Duration of Existing Attack,	
13. Supposed Cause,	Drink
14. Whether subject to Epilepsy,	
15. Whether Suicidal,	Yes
16. Whether Dangerous to others,	
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	No Kirkcudbright
18. Date of becoming Chargeable,	25th June 1880
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	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 30th day of June One thousand eight hundred and seventy seven

(To be signed by Party applying) C. Finlayson

P. p.

MEDICAL CERTIFICATE, No. I.

I, the undersigned, Wm Johnstone
being a (1) M.D. Edin.
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) 14 Rue
Ruthrendoughl
Ruthrendoughl in the County of
separately from any other Medical Practitioner
visited and personally examined (4) Janet Little pauper
and that
the said Janet Little is a (5) Person
unsound mind and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) That she is under
the delusion that she has a considerable
of money and that she followed by people
wishing to rob her of it.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
That she has tried to drown her

Name and Medical Designation, Wm Johnstone M.D.

Place of Abode, 14 Ruthrendoughl

DATED this 25th day of June One thousand eight
hundred and Eighty.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or 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 Carruthers
being a (1) Graduate in Physic of Edinburgh M
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) The Southern
County Asylum Dumfries in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Janet Little (a pauper)
and that
the said Janet Little is a (5) lunatic person
and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) Hallucinations of
sense, and rambling incoherent talk. She
the delusion that she has considerable sums of
spoken, and that the Police want to take it from
She states that she threw herself into a Loch to
2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
The Inspector of Poor states that she
attempted to drown herself by throwing herself
into a Loch

Name and Medical Designation, William Carruthers

Place of Abode 14 Castle St Dumfries

DATED this 25th day of June One thousand eight
hundred and eighty-seven

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or 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, Wm Johnstone
being (1) M.D. of Edin.
hereby certify, on soul and conscience, that I have this day, at (2) the Police Station - Kirkcudbright
in the County of Kirkcudbright, seen and personally examined
Janet Little, and that the said Janet Little
is a person ~~is of~~ unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Wm Johnstone M.D.

DATED this 28 day of June One thousand eight hundred and Eighty.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Lauderdale Maitland Honorary Sheriff-Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) C. Finlayson, Inspector of Poor, Kirkcudbright
Certificates under the hands of William Johnstone
and William Carruthers, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Janet Little, High Street Kirkcudbright (a Pauper) and that the said Janet Little is a (5) person of unsound mind and an insane person
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Janet Little as a Patient into the (6) Public Asylum of Southern Counties, and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Janet Little which accompanied the said Petition.

DATED this First day of July One thousand eight hundred and eighty years.

L Maitland

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, *or* an Insane Person, *or* an Idiot, *or* a Person of unsound mind.
(6) Public, District, Parochial, *or* Private.
(7) Public, District, Parochial, *or* Private.

Petition
of
6 Finlayson

1880

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) Stewartry of Dumfries & Galloway

of Dumfries & Galloway *and his Substitutes,—*

The Petition of Christopher Pringle Richardson Inspector of Poor of the Parish of Castle Douglas humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Caulkins your Petitioner's (3) Keeper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said James Caulkins to the Southern Counties Asylum and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

C C Richardson

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this Thirtieth (4) day of June One thousand eight hundred and Eighty

STATEMENT.

If any 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 Caulkins
2. Sex and Age,	Male : 48
3. Married, Single, or Widowed,	married
4. Condition of Life, and previous Occupation (if any),	Grocer
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Castle Douglas
7. Place where Found and Examined,	"
8. Length of time Insane,	
9. Whether First Attack,	No
10. Age (if known) on First Attack,	28 or thereabouts
11. When and where previously under Examination and Treatment,	Dumfries Asylum
12. Duration of Existing Attack,	a day or so
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,	Kelton : Castle Douglas
18. Date of becoming Chargeable,	30 June 1880
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Mary Robb or Caulkins his wife Academy Street Castle Douglas
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this Thirtieth day of June One thousand eight hundred and Eighty

(*To be signed by Party applying*) C C Richardson

P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Walter Lorraine
being a (1) Graduate of Edinburgh University

and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) the Police Station
Castle Douglas in the County of
Kirkcudbright separately from any other Medical Practitioner
visited and personally examined (4) James Combine Pauper
and the
the said James Combine is a (5) person of
unsound mind and a proper Person to be detained
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 can be got
difficulty to answer questions - He is dull
melancholy thinks he is to be smothered for
the wife bad conduct - He expresses death & murder

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
His wife says that he has altered in his
becomes passionate threatens her life & his own
lets nurse & suffers emotions tremor at his hands
Sergeant Anderson of Police here says that he attempted his

Name and Medical Designation, Walter Lorraine M.B.

Place of Abode, Castle Douglas

DATED this thirtieth day of June One thousand eight
hundred and eighty

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Richard B. Lorraine
being a (1) Graduate of Edinburgh University

and being in actual practice as a (2) General practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Castle-
- Douglas in the County of
- Douglas Kirkcudbright separately from any other Medical Practitioner
visited and personally examined (4) James Combine - Grocer
Castle- Douglas (Pauper) and that
the said James Combine is a (5) person of
unsound mind and a proper person to be detained
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 temperament has changed from
Cheerful to that of sullen tumour - his
impression is as to be smothered Giving as his
that God has ordered it - unwilling to answer

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Sergeant Anderson found him in the street
this morning in very excited state and had
put him in the lock-up and several times
his detention has been why violent

Name and Medical Designation, Richard B. Lorraine
M.B.C.M.

Place of Abode Castle- Douglas-

DATED this thirtieth day of June One thousand eight
hundred and eighty

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Walter Lorraine being (1) Graduate of Edinburgh University hereby certify, on soul and conscience, that I have this day, at (2) the Hôtel Station Castle Douglas in the County of Kirkcudbright, seen and personally examined James Coulins Pauper, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Walter Lorraine M.B.Edin

DATED this 30th day of June One thousand eight hundred and 80

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Lauderdale Maitland Honyman (3) Sheriff Substitute of the (4) County of Dumfries having had produced to me, with a Petition at the instance of (5) Alexander Temple Richardson Inspector of Poor Kelton, Certificates under the hands of Walter Lorraine and Richard D. Lorraine, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (6) James Coulins, Same, Castle-Douglas (a Pauper) and that the said James Coulins is a (7) person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said James Coulins as a Patient into the (8) Public Asylum of Southern Counties, and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said James Coulins which accompanied the said Petition.

DATED this First day of July One thousand eight hundred and eighty years.

L.M.Maitland

To the Superintendent of the (9) Public *Asylum of* Southern Counties Dumfries

(3) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(4) State whether a County or Stewartry.
(5) Insert Name and Designation.
(6) Describe him, and if a Pauper, state so.
(7) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(8) Public, District, Parochial, or Private.
(9) Public, District, Parochial, or Private.

2
381

James Comline

30th June

1880

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(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 James Austin Inspector of Poor Closeburn

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Agnes Ivory ———

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (3) Pauper ———

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Agnes Ivory ——— to the Southern Counties Asylum ——— and to sanction her admission into the said Asylum.

James Austin Inspector of Poor Closeburn

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Fifth day of eighty (4) day of July ——— One thousand eight hundred and ———

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Agnes Ivory
2. Sex and Age,	Female 48 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	General Servant
5. Religious Persuasion, so far as known,	Church of Scotland
6. Previous Place of Abode,	Europe
7. Place where Found and Examined,	Capenoch Mains
8. Length of time Insane,	Student Under 3 Years
9. Whether First Attack,	No
10. Age (if known) on First Attack,	about 36 years
11. When and where previously under Examination and Treatment,	Southern Counties
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,	Parish of Closeburn
18. Date of becoming Chargeable,	3rd July 1880
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Sarah Sharpe Ivory Sister Carpenstocks George Ivory Nephew ~~Counties~~ Southern Counties Ld Preston
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	No

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Fifth day of July ——— One thousand eight hundred and eighty

(*To be signed by Party applying*) James Austin Inspector

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Edward Hoggan being a (1) M. D. & L. R. C. S. of Edinbo and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Campleslacks Closeburn — in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Agnes Irving - Campleslacks - Pauper. - and that the said Agnes Irving is a (5) person of unsound mind — and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

Exceedingly Excited in manner - Conversation disconnected & Silly - Rambles from one subject to another Meaningless laughter —

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Her sister with whom she is living says that she gets up suddenly at all hours of night and wanders very sleepless. Excitable & irritable particularly when Has been in the asylum I think for same thing —

Name and Medical Designation, } E. B. Hoggan M. D. L. R. C.

Place of Abode, Thornhill, Dumfries Lu

DATED this Fourth day of July One thousand eight hundred and Eighty —

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, H. W. Mann being a (1) M. B. Ch. of Edinburgh University and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Campleslacks Closeburn in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Agnes Irving Campleslacks Pauper — and that the said Agnes Irving is a (5) Person of Unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

Restless uneasy manner - Incoherent meaningless disconnected conversation Highly erotic & excited

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Mrs Sarah Sharp her sister tells me that she is sleepless & takes no food - that she wishes to wander away, & that it is almost impossible to control

Name and Medical Designation, } H. W. Mann M.

Place of Abode Thornhill

DATED this third day of July One thousand eight hundred and eighty.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope, (1) Sheriff Substitute
of the (2) County of Dumfries,
having had produced to me, with a Petition at the instance of (3) James Austin Inspector of Poor - Closburn,
Certificates under the hands of Edward Hogan
and A. W. Mann, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Agnes ~~Mary~~ Irving Camplesacks, Closburn (separate), and that the said Agnes ~~Mary~~ Irving, is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Agnes ~~Mary~~ Irving as a Patient into the (6) Public Asylum of Southern Counties and I authorize Agnes her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Agnes ~~Mary~~ Irving which accompanied the said Petition.

DATED this Fifth day of July One thousand eight hundred and eighty-four years.

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of Southern Counties,
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2
282

Agnes Irving

5th July

1880

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff ~~of the (2)~~ ~~County~~ of Dumfries & Galloway and his Substitutes,

The Petition of Robert W. Anderson 23 Princes St Glasgow

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Adam Anderson 23 Princes St Glasgow your Petitioner's (3) Brother is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said John Adam Anderson to the Crichton Royal Institution and to sanction his admission into the said Asylum. Three words cancelled

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

Robt W. Anderson

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 12th (4) day of July 80th One thousand eight hundred and 80

STATEMENT.

If any 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 Adam Anderson
2. Sex and Age,	Male. 38.
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Commercial Traveller
5. Religious Persuasion, so far as known,	U. P. Church of Scotland
6. Previous Place of Abode,	23 Princes Street Glasgow
7. Place where Found and Examined,	14 Castle St Dumfries
8. Length of time Insane,	Three weeks
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	38.
11. When and where previously under Examination and Treatment,	—
12. Duration of Existing Attack,	Three weeks
13. Supposed Cause,	none
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Yes.
16. Whether Dangerous to others,	Yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
18. Date of becoming Chargeable,	—
19. Christian Name and Surname, and Place of Abode of nearest known 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 W. Anderson. 23 Princes St Glasgow
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 12th day of July One thousand eight hundred and 80 years

(*To be signed by Party applying*) Robt W. Anderson

P. p.

MEDICAL CERTIFICATE, No. I.

I, the undersigned, John Smith
being a (1) Graduate in Medicine of Edinburgh Univ
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) 14 Castle St
Dumfries
Dumfries in the County of
separately from any other Medical Practitioner
visited and personally examined (4) John Anderson. Commercial
Traveller. Glasgow and that
the said John Anderson is a (5) Lunatic
& habitual drunkard and a proper Person to be detained
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 change
of appearance indicates insanity. delusions regarding
financial matters & his present state. has several
times threatened & this morning attempted to commit

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, John Smith MB
Place of Abode, 14 Castle St. Dumfries

DATED this 10th day of July One thousand eight hundred and 80 years

MEDICAL CERTIFICATE, No. II.

I, the undersigned, Isaac Johnston Symmons
being a (1) Doctor of Medicine of Edinburgh Univ
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Crichton Roy
Institution. Dumfries in the County of
Dumfries. separately from any other Medical Practitioner,
visited and personally examined (4) John Anderson, Commercial
Traveller. Glasgow. and that
the said John Anderson is a (5) person of
unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) He is a depressed
melancholic person. He informs me that the
influence of the Devil tempted him to destroy
himself by trying to place his head under the wheels
of a Cart. Has fresh wounds on face, caused by attempted
suicide.

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, M. I. Symmons MD
Place of Abode 45 Buccleuch St. Dumfries

DATED this Tenth day of July One thousand eight hundred and Eighty years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, John Smith
being (1) Graduate in Medicine of Edinburgh University
hereby certify, on soul and conscience, that I have this day, at (2) 14 Castle St. Dumfries
in the County of Dumfries, seen and personally examined
John Anderson, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

John Smith M.D.

DATED this 10th day of July One thousand eight hundred and 80.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope Sheriff (1) Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Robert W. Anderson
23 Princes Square Glasgow
Certificates under the hands of John Smith,
and Mark Johnston Symons, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) John Adam Anderson, 23 Princes Square Glasgow (Not Brother) and that the said John Adam Anderson, is a (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 Adam Anderson as a Patient into the (6) Public Asylum of Crichton Royal Institution, and I authorize you Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said John Adam Anderson which accompanied the said Petition.

DATED this Twelfth day of July, One thousand eight hundred and Eighty.

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of Crichton Royal Institution
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1673

John Adam Anderson

10th June

1880

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff ~~of Dumfries~~ (2)
of Dumfries & Galloway *and his Substitutes,*—

The Petition of William Goldsmith Gibson
Hall Keels Falstone Hexham Northumberland
humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Dorothy Gibson, Broomen
Fivemiletown Ireland
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 Dorothy Gibson to the
Crichton Royal Institution and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

W. Goldsmith Gibson

(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 July One thousand eight hundred and eighty

---

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Dorothy Gibson
2. Sex and Age,	female — sixty seven
3. Married, Single, or Widowed,	single
4. Condition of Life, and previous Occupation (if any),	housekeeper
5. Religious Persuasion, so far as known,	episcopalian
6. Previous Place of Abode,	Broomen Fivemiletown, Tyrone
7. Place where Found and Examined,	Dumfries
8. Length of time Insane,	three months about
9. Whether First Attack,	yes
10. Age (if known) on First Attack,	[illegible]
11. When and where previously under Examination and Treatment,	never known here
12. Duration of Existing Attack,	three months about
13. Supposed Cause,	overwork and 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. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known 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 Goldsmith Gibson, Whitehaugh Hallstreetle, Northumberland nephew — no member of family has been or is insane so far as I know
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this sixteenth day of July One thousand eight hundred and eighty

(*To be signed by Party applying*) W. Goldsmith Gibson

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Davidson Macdonald being a (1) Graduate of Edinburgh University and Member of College of Surgeons and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 18 Castle Street Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Dorothy Gibson Coomer Ireland and the said Dorothy Gibson is a (5) lunatic and of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) I have observed Melancholic appearance of countenance and symptoms and from the circumstances of her habits, history being the cause of her illness

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her nephew tells me that she has been in low spirits for months and that she fancies many people are speaking about her which is quite untrue

Name and Medical Designation, A Macdonald

Place of Abode, 18 Castle St Dumfries

DATED this 17th day of July One thousand eight hundred and eighty

---

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Mark Johnston Symmons being a (1) Graduate of Edinburgh University and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Crichton Royal Institution, Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Dorothy Gibson Coomer Ireland and the said Dorothy Gibson is a (5) pauper lunatic and of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She is dejected melancholic, She informs me that within the last few days She has been feeling dejected, and lost to her duties towards and her friends, this she states is from want of confidence in her own knowledge, and that her mind is at the same time

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Mr W. C Gibson informs me that she was delusions, imagining that all her friends and acquaintances have turned against

Name and Medical Designation, Mr. I. Symmons M.B.

Place of Abode 46 Buccleuch St. Dumfries

DATED this 17th day of July One thousand eight hundred and 80/ years

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Alexander Dall MacDonald being (1) a graduate of Edinburgh University hereby certify, on soul and conscience, that I have this day, at (2) 18 Castle Street Dumfries in the County of Dumfries, seen and personally examined Dorothy Abson Cooneen Ireland and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

A D MacDonald MD

DATED this 16th day of July One thousand eight hundred and eighty

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, ~~David Boyle Hope~~ (3) Sheriff Substitute of the (3) County of Dumfries having had produced to me, with a Petition at the instance of (3) William Colville Gibson Whitchester, Haltwhistle, Northumberland Certificates under the hands of Alexander Dall MacDonald and Mark Johnston Symons, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Dorothy Gibson Cooneen Tyrone Ireland (Peter Anne) and that the said Dorothy Gibson is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Dorothy Gibson as a Patient into the (6) Public Asylum of Crichton Institution and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Dorothy Gibson which accompanied the said Petition.

DATED this Seventeenth day of July One thousand eight hundred and eighty years. Three words deleted.

L Maitland

To the Superintendent of the (7) Public *Asylum of* Crichton Royal Institution Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1674

Dorothy Gibson

17th July

1880

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap. 54, Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) Counties of Dumfries & Galloway *and his Substitutes,*—

The Petition of Richard Brown Inspector of Poor Kirkpatrick Fleming humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Davie Johnston Fairyaw Kirkpatrick Fleming 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 Davie Johnston to the Southern Counties Asylum and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

Richard Brown Inspector of Poor

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this A.B. Fourth Twenty third day of July One thousand eight hundred and Eighty 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,	Davie Johnston
2. Sex and Age,	Male 33 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Keeper
5. Religious Persuasion, so far as known,	Protestant-
6. Previous Place of Abode,	Chester
7. Place where Found and Examined,	Fairyaw
8. Length of time Insane,	about a week as far as known
9. Whether First Attack,	yes
10. Age (if known) on First Attack,	
11. When and where previously under Examination and Treatment,	
12. Duration of Existing Attack,	about a week
13. Supposed Cause,	depression in his manner
14. Whether subject to Epilepsy,	
15. Whether Suicidal,	has been shewing symptoms of committing Suicide
16. Whether Dangerous to others,	no.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Kirkpatrick Fleming
18. Date of becoming Chargeable,	23rd July 1880
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Christopher Johnston Father residing at Fairyaw
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this R.B. Fourth Twenty third day of July One thousand eight hundred and Eighty years

(*To be signed by Party applying*) Richard Brown Inspector of Poor

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Thomas Drummond being a (1) Bachelor of Medicine of Edinburgh Univ. & Licentiate of the Royal College of Surgeons Edin. and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Annan in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) David Johnstone and the said David 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)

General Melancholia, but particularly as to his business affairs. He believes system to be poisoned through sexual intercourse.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

James Johnstone informs me that he has threatened to commit suicide by drowning another once, & is afraid of being hung or poisoned.

Name and Medical Designation, Thomas Drummond

Place of Abode, Bank St. Annan.

DATED this Twenty fourth day of July One thousand eight hundred and eighty

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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: &c and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Fairgrove, Kirkpatrick Fleming in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) David Johnstone, Fairgrove and the said David 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 is in continual dread of being poisoned, or of some evil befalling him; suspicious of his friends; unable to fix his attention for any length of time.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

James Johnstone says patient threatened to drown himself; that he rests badly both night and day; and is careless about cleanliness.

Name and Medical Designation, William Carruthers Surgeon

Place of Abode Kirkpatrick Fleming

DATED this 22nd day of July One thousand eight hundred and eighty

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, William Carruthers
being (1) Lic: Royal Coll: of Physicians Edinr &c
hereby certify, on soul and conscience, that I have this day, at (2) Dairy
in the County of Dumfries, seen and personally examined
David Johnstone, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

William Carruthers

DATED this 22nd day of July One thousand eight hundred and eighty

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Lauderdale Maitland (1) Honorable Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Richard Brown,
Inspector of Poor Kirkpatrick-Fleming
Certificates under the hands of Thomas Drummond
and William Carruthers, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) David Johnstone Farmer Kirkpatrick-Fleming and that the said David 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 Johnstone as a Patient into the (6) Public Asylum of Southern counties and I authorize the Transmission to the said Asylum accordingly; and I transmit you herewith, the said Medical Certificates, and a Statement regarding the said David Johnstone, which accompanied the said Petition.

DATED this Twenty sixth day of July One thousand eight hundred and eighty years.

L Maitland

To the Superintendent of the (7) Public
Asylum of Southern counties
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1
387

David Johnston

24th July

1850

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

23 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) County of Dumfries & Galloway and his Substitutes,

The Petition of James Gibson. Inspector of Poor, Auchencairn

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates that Agnes Hyslop Affleck or Gibson your Petitioner's (3) Wife

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Agnes Hyslop Affleck or Gibson to the Crichton Institution and to sanction her admission into the said Asylum.

James Gibson

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 27th (4) day of July One thousand eight hundred and eighty

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Agnes Hyslop Affleck or Gibson
2. Sex and Age,	Female. Fifty seven years.
3. Married, Single, or Widowed,	Married.
4. Condition of Life, and previous Occupation (if any),	Comfortable. Dressmaker.
5. Religious Persuasion, so far as known,	Protestant.
6. Previous Place of Abode,	Dundrennan.
7. Place where Found and Examined,	Auchencairn.
8. Length of time Insane,	Few days.
9. Whether First Attack,	First.
10. Age (if known) on First Attack,	
11. When and where previously under Examination and Treatment,	
12. Duration of Existing Attack,	Few days.
13. Supposed Cause,	Debility and over exertion.
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	No.
16. Whether Dangerous to others,	No.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	James Affleck. 30 Galloway St Dumfries Maxwelltown Brother. A Sister by name Margaret Affleck or Sagan was a short time under treatment and restraint.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None —

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 27th day of July One thousand eight hundred and eighty

(*To be signed by Party applying*) James Gibson

P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, James M: McCulloch, M. D. &c being a (1) Graduate of the University of Edinburgh and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Auchencairn in the County of Kirkcudbright separately from any other Medical Practitioner visited and personally examined (4) Agnes Hyslop Affleck, or Gibson and that the said Agnes Hyslop Affleck, or Gibson is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Much restless [illegible] gleaming insane look, throws the pillows of the bed at persons [illegible] the room, talks incoherently, expresses herself hostile to one [illegible] she likes when sane &c.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Sleepless, very restless, dislikes former friends, throws things about, very talkative from having been the [illegible]

Name and Medical Designation, James M: McCulloch, M. D.

Place of Abode, 16 Castle Street, Dumfries

DATED this 26th day of July One thousand eight hundred and eighty.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Robertson, Surgeon &c. being a (1) Licentiate of the Royal College of Physicians of Edinburgh &c and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Auchencairn in the County of Kirkcudbright separately from any other Medical Practitioner visited and personally examined (4) Agnes Hyslop Affleck or Gibson and that the said Agnes Hyslop Affleck or Gibson is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Changed disposition manifested by loquacity, restlessness, dislike to old friends, and impropriety of conduct and conversation foreign to her nature, accompanied by [illegible] lessness, and unnecessary bodily activity beyond her [illegible]

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, James Robertson LRCPE

Place of Abode Auchencairn

DATED this 26th day of July. One thousand eight hundred and Eighty.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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 Robertson
being (1) Licentiate of the College of Physicians of Edinburgh &c
hereby certify, on soul and conscience, that I have this day, at (2) Dumfries
in the County of Dumfries, seen and personally examined
Agnes Hyslop Affleck or Gibson, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

James Robertson

DATED this 27th day of July. One thousand eight hundred and Eighty

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (3) Sheriff-Substitute
of the (4) County of Dumfries
having had produced to me, with a Petition at the instance of (5) James Gibson
Inspector of Poor, Ruthwell Cairn
Certificates under the hands of James M. M'Culloch
and James Robertson, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (6) Agnes Hyslop Affleck or Gibson (Petitioners wife) and that the said Agnes Hyslop Affleck or Gibson is a (7) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Agnes Hyslop Affleck or Gibson as a Patient into the (8) Public Asylum of Crichton Institution and I authorize you Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Agnes Hyslop Affleck or Gibson, which accompanied the said Petition.

DATED this Twenty seventh day of July One thousand eight hundred and eighty years.

David Boyle Hope

To the Superintendent of the (9) Public Asylum of Crichton Royal Institution Dumfries

(3) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(4) State whether a County or Stewartry.
(5) Insert Name and Designation.
(6) Describe him, and if a Pauper, state so.
(7) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(8) Public, District, Parochial, or Private.
(9) Public, District, Parochial, or Private.

1675

Mrs. Agnes Hezeloh Affleck
or Gibson

27th July

1880

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of (2) Dumfries & ~~Kirkcudbright~~ *and his Substitutes,—*

The Petition of Samuel Walker, Inspector of Poor

Correspondent humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Agnes Kirkpatrick or Porter your Petitioner's (3) Pauper

(3) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Agnes Kirkpatrick or Porter to the Southern Counties Asylum and to sanction her admission into the said Asylum.

Samuel Walker, Insp. of Poor

(4) The date of the Order must be within fourteen clear days following the dates of the Medical Certificates.

DATED this twenty eighth (4) day of July One thousand eight hundred and eighty years

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Agnes Kirkpatrick or Porter
2. Sex and Age,	Female - about 54 years
3. Married, Single, or Widowed,	Married to William Porter, Labourer
4. Condition of Life, and previous Occupation (if any),	Labourer
5. Religious Persuasion, so far as known,	Presbyterian
6. Previous Place of Abode,	Abbey-yard, Corresmichael.
7. Place where Found and Examined,	Abbey-yard,
8. Length of time Insane,	a fortnight
9. Whether First Attack,	Third attack
10. Age (if known) on First Attack,	?
11. When and where previously under Examination and Treatment,	Southern Counties Asylum
12. Duration of Existing Attack,	Fortnight
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,	Corresmichael
18. Date of becoming Chargeable,	2nd H. July 1880
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	William Porter, Spouse, Abbeyyard by Castledouglas. No Family Insane
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this twenty eighth day of July One thousand eight hundred and eighty

(*To be signed by Party applying*) Sam Walker Insp of Poor

P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Walter Lorraine being a (1) Graduate of Edinburgh University and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Abbey Yard Parish of Crossmichael in the County of Kirkcudbright separately from any other Medical Practitioner visited and personally examined (4) Agnes Kirkpatrick or Porter and that the said Agnes Kirkpatrick or Porter is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, 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 symptoms indicate the approach of an attack of acute mania which she had about 3 or 4 years ago - She is irritable restless & brooding, - Careless of her person & of her [illegible]

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her Husband says she is liable to fits of [illegible] anger during which she is dangerous to [illegible] striking with anything which comes to her hand - [illegible] about out of doors without clothing & she sleeps [illegible]

Name and Medical Designation, Walter Lorraine M.D.

Place of Abode, Castle Douglas

DATED this 27th day of July One thousand eight hundred and 80

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Richard B. Lorraine being a (1) Graduate of Edinburgh University and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Abbey Yard Parish of Crossmichael in the County of Kirkcudbright separately from any other Medical Practitioner visited and personally examined (4) Agnes Kirkpatrick or Porter (Pa[illegible]) and that the said Agnes Kirkpatrick or Porter is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, 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 unwilling to answer questions seems sullen and morose - blames her husband for doing things to irritate her - Says that she should have been got rid of before and then she would not have bothered any one [illegible]

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her husband says she went up the public road almost naked - also that she threatens to take his life - and [illegible] is very violent

Name and Medical Designation, R. B. Lorraine M.D.

Place of Abode Castle - Douglas

DATED this 27th day of July One thousand eight hundred and eighty

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Samuel Walker, Inspector of Poor Crossmichael
Certificates under the hands of Walter Lorraine
and Richard B. Lorraine, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Agnes Kirkpatrick or Porter, Abbeyland, Crossmichael (a Pauper) and that the said Agnes Kirkpatrick or Porter (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 Kirkpatrick or Porter a Patient into the (6) Public Asylum of Southern Counties, and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Agnes Kirkpatrick or Porter which accompanied the said Petition.

DATED this Twenty eighth of July One thousand eight hundred and eighty years.

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of Southern Counties
Asylum.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2
384

Agnes Kate Patrick
to Peter

28th July

1880

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff ~~of the (2) County~~ of Dumfries & Galloway and his Substitutes,—

The Petition of Robert Black Gardener Blackwood Orchard Closeburn

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Annie Black or Dickson Blackwood Orchard Closeburn

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (3) Sister is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Annie Black or Dickson to the Southern Counties Asylum and to sanction her admission into the said Asylum.

Robert Black

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 31 (4) day of July One thousand eight hundred and eighty

STATEMENT.

If any 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 Black, or Mrs Dickson
2. Sex and Age,	age 40
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Wife of Coal minor (Robert Dickson, Wishaw)
5. Religious Persuasion, so far as known,	Free Church
6. Previous Place of Abode,	Wishaw at present Blackwood Closeburn
7. Place where Found and Examined,	Blackwood Closeburn.
8. Length of time Insane,	Upwards of a month
9. Whether First Attack,	First attack as far as known
10. Age (if known) on First Attack,	—
11. When and where previously under Examination and Treatment,	—
12. Duration of Existing Attack,	upwards of a month,
13. Supposed Cause,	not known
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	no
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Robert Black Orchard Blackwood Closeburn her brother
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	—

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 31 day of July One thousand eight hundred and 80

(*To be signed by Party applying*) Robert Black

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Thomas Boyle Grierson being a (1) Licentiate of the Royal College of Surgeons of Edinburgh and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Blackwood Village in Closeburn in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Annie Black or ~~Mrs~~ Dickson and that the said Annie Black or ~~Mrs~~ Dickson is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Her ideas all obscure and full of delusions. Speaks little and would seem to have little understanding of things around her.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her brother and sister state that at times alarmed for the house falling, the world fire. all dead but her and there around in general has been sleepless.

Name and Medical Designation, T B Grierson

Place of Abode, Thornhill.

DATED this 31 day of July One thousand eight hundred and eighty

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind

I, the undersigned, John Smith being a (1) Graduate in Medicine of Edinburgh and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 19 Castle St Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Annie Black or Dickson Colliers wife. Wishaw and that the said Annie Black or Dickson is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Her. stupid insane appearance confusion of ideas & inability to understand or answer questions

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her husband informs me that during the last month she has been much changed sometimes much excited & in constant fear of surrounding objects. She has many delusions

Name and Medical Designation, John Smith M

Place of Abode 14 Castle St. Dumfries

DATED this 31st day of July One thousand eight hundred and eighty years.

No. I.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Thomas Boyle Grierson being (1) Licentiate of the Royal College of Surgeons Edinburgh hereby certify, on soul and conscience, that I have this day, at (2) Blackwood Close in the County of Dumfries, seen and personally examined Annie Black or Dickson, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

T B Grierson

DATED this 31 day of July One thousand eight hundred and eighty

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Lockhart Wallace Hunter (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Robert Black Orchard, Blackwood, Closeburn, Certificates under the hands of Thomas Boyle Grierson, and John Smith, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Annie Black or Dickson, Orchard, Blackwood, Closeburn, and that the said Annie Black or Dickson, is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Annie Black or Dickson as a Patient into the (6) Public Asylum of Southern Counties and I authorize You Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Annie Black or Dickson, which accompanied the said Petition.

DATED this third day of ~~October~~ August One thousand eight hundred and eighty years. The word debited.

L Wallace Hunter

To the Superintendent of the (7) Public Asylum of Southern Counties Dumfries.

---

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2
385

Annie Black or Dickson

31st July

1880

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) The Sheriff of the (2) of Dumfries & Galloway, *or his Substitutes,*—

The Petition of John Laurie Shieldhill Tinwald

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (3) Thomas Laurie Uncle

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Thomas Laurie to the Southern Counties Asylum and to sanction his admission into the said Asylum.

John Laurie

(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 August One thousand eight hundred and Eighty 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 Laurie
2. Sex and Age,	Male . 50 years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Cattle Dealer
5. Religious Persuasion, so far as known,	Presbyterian
6. Previous Place of Abode,	Walton Farm
7. Place where Found and Examined,	Shieldhill
8. Length of time Insane,	one month
9. Whether First Attack,	first attack
10. Age (if known) on First Attack,	50 years
11. When and where previously under Examination and Treatment,	never and nowhere
12. Duration of Existing Attack,	one month
13. Supposed Cause,	an accident
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 Laurie Shieldhill Tinwald Brother
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 10th day of August One thousand eight hundred and Eighty years

(To be signed by Party applying) John Laurie

P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, William Byers Lobb being a (1) Graduate of the Faculty of Physicians and Surgeons and College of St Andrews and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Sheil Hill Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Thomas Laurie and the said Thomas Laurie is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Talks incoherently & to himself he supposes that he cannot die, refused to answer the most simple questions

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Mrs Copley states that he has not eaten anything for about a week and is incapable of answering his family rationally for about that time

Name and Medical Designation, Wm Marshall MB & CM

Place of Abode, Dumfries

DATED this 9th day of August One thousand eight hundred and Eighty years

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, William Smith Kerr being a (1) Graduate of Glasgow University and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Buccleuch Street Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Thomas Laurie and the said Thomas Laurie is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He is melancholy. Says he can't sleep or eat. Feels very depressed and low spirited. Has delusions about his family talking

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) His brother Peter Laurie says he has become very peculiar lately and his wife and family are afraid of him doing himself harm

Name and Medical Designation, W. S. Kerr M B & C M

Place of Abode Dumfries

DATED this 10th day of August One thousand eight hundred and 80 years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, William Marshall, being (1) a Graduate of the Faculty of Physicians and Surgeons Glasgow and College of St Andrews hereby certify, on soul and conscience, that I have this day, at (2) Sheildhill Dumfries in the County of Dumfries, seen and personally examined Thomas Laurie, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

W Marshall M.D. &c

DATED this 10th day of August One thousand eight hundred and eighty years

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (3) Sheriff-Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) John Laurie Sheildhill Tinwald Certificates under the hands of William Marshall and William Smith Kerr, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Thomas Laurie Sheildhill Tinwald (Petitioner's uncle) and that the said Thomas 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 Thomas Laurie as a Patient into the (6) Public Asylum of Southern Counties and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Thomas Laurie which accompanied the said Petition.

DATED this Eleventh day of August One thousand eight hundred and eighty years.

David Boyle Hope

To the Superintendent of the (7) Public *Asylum of* Southern Counties Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, *or* an Insane Person, *or* an Idiot, *or* a Person of unsound mind.
(6) Public, District, Parochial, *or* Private.
(7) Public, District, Parochial, *or* Private.

2
386

Thomas Laurie

16th August

1880

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (1) Counties of Dumfries and Galloway *and his Substitutes,—*

The Petition of David Johnston Inspector of Poor Middlebie humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary Ann Hinselwood Farm Servant Eaglesfield your Petitioner's (2) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Mary Ann Hinselwood to the Southern Counties Asylum Dumfries and to sanction her admission into the said Asylum.

(2) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

David Johnston Inspector of Poor

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Eighteenth (3) day of August One thousand eight hundred and Eighty

---

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 Ann Hinselwood
Sex and Age,	Female 22 years
Married, Single, or Widowed,	Single
Condition of Life, and previous Occupation (if any),	Farm Servant
Religious Persuasion, so far as known,	Protestant
Previous Place of Abode,	
Place where Found and Examined,	Eaglesfield
Length of time Insane,	Six Weeks
Whether First Attack,	First
Age (if known) on First Attack,	
When and where previously under Examination and Treatment,	
Duration of Existing Attack,	
Supposed Cause,	none
Whether subject to Epilepsy,	no
Whether Suicidal,	no
Whether Dangerous to others,	Rather
Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Middlebie
Date of becoming Chargeable,	18th August 1880
Christian Name and Surname, and Place of Abode of nearest known 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 Hinselwood Eaglesfield Father no members of the family is or have been Insane
Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Eighteenth day of August One thousand eight hundred and Eighty

(To be signed by Party applying) David Johnston Inspector of Poor

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, James Barton Gass being a (1) Licentiate of the Roy. coll. Physicians & Surgeons, Edinburgh and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Eaglesfield in the County Dumfries separately from any other Medical Practitioner visited and personally examined (4) Mary Ann Hinselwood (pauper) and the said Mary Ann Hinselwood is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She is continually talking most incoherently. Does not know the day of the week. Is much troubled about the loss of her gold watch.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Sleeps very little. Takes crying and laughing fits when not talking. Objects to food.

Name and Medical Designation, J. Barton Gass

Place of Abode, Eaglesfield

DATED this 17th day of August One thousand eight hundred and eighty

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Richardson Underwood being a (1) Bachelor in Medicine and Master in Surgery of the University of Edinburgh and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Eaglesfield, in the parish of Middlebie, in the County Dumfries separately from any other Medical Practitioner visited and personally examined (4) Mary Ann Hinselwood, spinster residing in Eaglesfield – pauper and the said Mary Ann Hinselwood is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Talking constantly, except when asleep – and incoherently – Cause for a policeman, and every short while asking absurd questions about a Dennie who she believes has done her harm – Has the delusion that she has gold watch of mine – Throwing away food brought to her

(7) *State the information and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Am informed by George Hinselwood her father that she sleeps little unless after a soporific – Tries at times to get out of windows and refuses to stay in bed – Throws out all the bedclothes

Name and Medical Designation, George Richardson Underwood

Place of Abode Waterbeck, Middlebie

DATED this nineteenth day of August One thousand eight hundred and eighty

No. I.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of
, seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

No. II.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope, (1) Sheriff-Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) David Johnston,
Inspector of Poor Middlebie
Certificates under the hands of James Barton Gass
and George Richardson Henderson, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Mary Ann Henderson Farm Servant Eaglesfield and that the said Mary Ann Henderson is a (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 Henderson as a Patient into the (6) Public Asylum of Southern Counties and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mary Ann Henderson which accompanied the said Petition.

DATED this Eighteenth day of August One thousand eight hundred and eighty years.

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2

2

387

Mary Ann Hinselwood

18th August

1880

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of ~~the~~ (2) Dumfries and Galloway *and his Substitutes,—*

The Petition of William Mackie, Inspector of Poor, Wigtown humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Galloway, pauper residing in your Petitioner's (3) Bank Street, Wigtown is at present in a state of Mental Derangement, and 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 Galloway to the Public Asylum of the Southern Counties, and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

Dumfries

Wm Mackie

Wm Mackie, Inspector of Poor

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Eighteenth (4) day of August One thousand eight hundred and eighty 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 Galloway
2. Sex and Age,	Male, 64
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Pauper, Joiner,
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Wigtown.
7. Place where Found and Examined,	Wigtown
8. Length of time Insane,	Long Somewhat weak in intellect
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	64
11. When and where previously under Examination and Treatment,	At Wigtown for some days back
12. Duration of Existing Attack,	A few days - Has been gradually getting ill
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,	Wigtown
18. Date of becoming Chargeable,	30 July 1880
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Susan Galloway, Wigtown, his sister - Also sister Mary Galloway at present in S.C. Asylum.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	—

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Eighteenth day of August One thousand eight hundred and eighty years.

(To be signed by Party applying) Wm Mackie, Inspector of Poor

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, William Anderson
being a (1) Bachelor of Medicine Master of Surgery of Glasgow Uni
and being in actual practice as a (2) General Practitione
hereby certify, on soul and conscience, that I have this day, at (3) Bank St
Wigtown in the County
Wigtown separately from any other Medical Practitione
visited and personally examined (4) John Galloway Bank St Wigtow
a pauper and th
the said John Galloway is a (5) person of un
sound mind and a proper Person to be detaine
under Care and Treatment, and that I have formed this opinion upon the followin
grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
His conversation is incoherent though not incoherent. Has a
absent look. Keeps picking at bed clothes. Says he will
be better.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Mrs Mackie of Bank St Wigtown tried to persuade him to take some
of magnesia but he would not drink it said it was poison Mrs Mackie
to convince it was not but he would not take it. Jane Mc Guin who
lives says she hears him walking on the floor during the night & weeping like a chi
Name and Medical Designation, William Anderson MB
Place of Abode, Whithorn, Wigtownshire
DATED this eighteenth day of August One thousand eigh
hundred and eighty years.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Charles McBride
being a (1) Doctor of Medicine of the Glasgow Un
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Bank St
Wigtown Wigtown in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) John Galloway —
Bank Street a pauper and that
the said John 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.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Eyes staring, e
unshaved. Tongue red & dry. Look
Restless manner Walks constantly abou
Saying "O' dear me". Refused to take
from me saying it would kill him

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
By Susan Galloway his sister —
Refuses to take food or medicine. Is
at night talking about
Name and Medical Designation, Charles McBride
Place of Abode Wigtown
DATED this Eighteenth day of August One thousand eight
hundred and Eighty Years

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, John Doig Esquire (1) Sheriff Substitute
of the (2) County of Wigtown
having had produced to me, with a Petition at the instance of (3) William Mackie Inspector of Poor Wigtown
Certificates under the hands of William Anderson M.B. & C.M. Whithorn and Charles McBride M.D. Wigtown, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) John Galloway, Pauper, residing in Bank Street Wigtown and that the said John 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 John Galloway as a Patient into the (6) Public Asylum of the Southern Counties Dumfries and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said John Galloway which accompanied the said Petition.

DATED this eighteenth day of August One thousand eight hundred and eighty years.

John Doig S.S.

To the Superintendent of the (7) Public
Asylum of Southern Counties Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2
388

John Galloway

19th August

1880

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff — ~~of the (2) County~~ of Dumfries & Galloway *and his Substitutes*—

The Petition of James Howat residing at 60 High St. Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Samuel Howat ~~(residing at 60 High Street, Dumfries)~~ your Petitioner's (3) father is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Samuel Howat to the Southern Counties Assylum and to sanction his admission into the said Asylum.

(3) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

James Howat

Dated this Nineteenth (4) day of August One thousand eight hundred and eighty

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Samuel Howat
2. Sex and Age,	male - 50
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous occupation (if any),	Private patient - Shepherd
5. Religious Persuasion, so far as known,	Protestnate free Church
6. Previous Place of Abode,	Aunchcrieff
7. Place where Found and Examined,	Aunchcrieff Docter Merchal Dumfries
8. Length of time Insane,	two months
9. Whether first Attack,	not first atcate
10. Age (if known) on first Attack,	46 yars of age at atcate
11. When and where previously under Examination and Treatment,	at sothern comtys Asylum
12. Duration of existing Attack,	two mounths
13. Supposed Cause,	losing of a dog
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Not chargeable.
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	John Howat - son - residence just known. Yes
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None.

I certify that, to the best of my knowledge, the above particulars are correctly stated.

Dated this Nineteenth day of August One thousand eight hundred and eighty

(*To be Signed by Party applying*) James Howat

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, William Carruthers being a (1) Graduate in Medicine of Edinburgh Univ
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) 14 Castle St
Dumfries
in the County of Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Samuel Howat Auchencruff Dumfries
and that
the said Samuel Howat is a (5) person of unsound mind
and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) His insane appearance, slow and uncertain way of answering questions and often something quite different from the question. Has no recollection of recent events, always home & says he intends to go to Dumfries in the forenoon

(7) *State the information and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
His own statement that he has been mismanaged by Lawyers and doctors. Talking is a persecution

Name and Medical Designation, William Carruthers M.D.

Place of Abode, 14 Castle St Dumfries

DATED this 19th day of August One thousand eight hundred and eighty years

---

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, William Carruthers
being a (1) Graduate of the University of Edinburgh and Licentiate of the Royal College of Physicians and Surgeons Glasgow and Fellow of the Obstetrical Society of Edinburgh
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) 27 Buccleuch St
Dumfries
in the County of Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Samuel Howat Auchencruff Dumfries
and that
the said Samuel Howat is a (5) person of unsound mind
and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Signs of melancholia. Unconscious of the nature of any question & afraid of being in difficulties with his employers

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
His own statement that, of late, he did not understand the nature of requirements of his employment and was becoming distressed & confused

Name and Medical Designation, J. Marshall M.B. & C.M.

Place of Abode, Dumfries

DATED this 19th day of August One thousand eight hundred and eighty years

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, William Carruthers,
being (1) a Graduate in Medicine of Edinburgh University
hereby certify, on soul and conscience, that I have this day, at (2) 4 Castle St Dumfries
in the County of Dumfries, seen and personally examined
Samuel Howat Samuel Howat, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

William Carruthers MB CM

DATED this 19th day of August One thousand eight
hundred and eighty years.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Lauderdale Maitland — (1) Sheriff-Substitute
of the (2) County of Dumfries,
having had produced to me, with a Petition at the instance of (3) Jane Howat
residing at No. 6 Steps Stell, Dumfries
Certificates under the hands of William Carruthers
and William Marshall, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Samuell Howat
Shoemaker, Inchmurrin St Dumfries Petitioners Father and that the said
Samuel Howat, is a (5) person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Samuel Howat 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 Samuell Howat,
which accompanied the said Petition.

DATED this Twentieth day of August, One thousand eight
hundred and eighty years.

L Maitland

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2
389

Samuel Howart

19th August

1880

6410. [FORM B²]

25 and 26 Vict. Cap. 54, Sect. 16.

APPLICATION TO THE GENERAL BOARD OF LUNACY TO GRANT TRANSFER OF A PATIENT FROM ONE ASYLUM TO ANOTHER.

I, the undersigned Thomas Mc Queen being desirous to transfer John MacQueen at present a Patient in the Royal Edinburgh Asylum, and (†) whose nearest known relative I am from the said Asylum to the Dumfries Royal Asylum hereby request the authority of the Board to such transfer; and I subjoin a Statement of Particulars regarding the said John MacQueen and a Medical Certificate with respect to his mental and bodily condition.

(†) *If Lunatic is not a Pauper:* detained at my instance, or whose nearest known relative I am. *If Lunatic is a Pauper:* a Pauper Lunatic of the Parish of which I am Inspector of Poor.

Thos. Macqueen

(†) Brother

(†) State degree of Relationship, or other capacity in which Applicant stands to Patient.

DATED at Edinburgh this 19th day of August one thousand eight hundred and 80

STATEMENT.

1. Christian Name and Surname of Patient at length,	John Macqueen
2. Sex and Age,	Male 33 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and Previous Occupation (if any),	Hotel Keeper
5. Religious Persuasion, so far as known,	United Presbyterian
6. Date of Admission into Asylum,	5th March 1880
7. Length of time Insane,	Eight months
8. Whether first Attack,	Yes
9. Age (if known) on first Attack,	33
10. Duration of existing Attack,	Eight months
11. Supposed Cause,	Over-anxiety
12. Whether subject to Epilepsy,	No
13. Whether Suicidal,	Threatened suicide at beginning of present attack.
14. Whether Dangerous to others,	No
15. Parish to which the Lunatic (if a Pauper) is Chargeable,	Private
16. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of relationship (if known), and whether any Member of the Family known to be, or to have been Insane,	Thomas Macqueen Blue Bell Hotel Lockerbie. None known

I certify that, to the best of my knowledge, the above particulars are correctly stated.

(*To be signed by the Applicant*) Thos. Macqueen

DATED this 19th day of August One thousand eight hundred and 80.

N.B.—The foregoing particulars are required for the information of the authorities to whose care the Patient is to be transferred.

MEDICAL CERTIFICATE.

(1) State Medical Qualification.
(2) Name Asylum.

I, the undersigned Adam Robert Turnbull being (1) a Bachelor of Medicine of Edin. University hereby certify that I have this day at (2) the Royal Edin. Asylum personally examined John Macqueen at present a Patient in said Asylum, and with respect to his Mental State that he is much depressed + confused, is with difficulty roused to answer questions intelligently, + has the delusion that strange things are going to happen to him; his memory is impaired; ; and with respect to his Bodily Health and Condition that they are average. Has haemal auris;

and I further certify that, in my opinion, there is nothing in the Mental or Bodily Condition of the Patient to contraindicate removal to the Asylum of Dumfries

A. R. Turnbull, M.

Dated this 19th day of August One thousand eight hundred and 80.

SANCTION BY THE BOARD OF LUNACY.

(Under this Sanction a Patient may be Transferred without an Order of the Sheriff.)

(1) Insert at whose instance the Lunatic is detained, or the nearest known Relative of the Lunatic, or the Inspector of the Parish by which the expense of the maintenance of the Lunatic is defrayed.

(2) Valid for fourteen days from date.

Application having been made to the Board by (1) Thomas M'Queen Blue Bell Hotel Lockerbie to authorize the transfer of John Macqueen from Edinburgh Royal Asylum to Dumfries Royal asylum, and the Board having considered such application and the accompanying Medical Certificate, do hereby authorize the transfer (2) of the said John Macqueen as requested.

Commissioner.

Dated at Edinburgh, this 20th day of August One thousand eight hundred and 80.

1676

John Macqueen

Date of Sheriff's Order 6th March 1880

Mr. Macqueen

1880

[Form B²]

25 and 26 Vict. Cap. 54, Sect. 16.

APPLICATION TO THE GENERAL BOARD OF LUNACY TO GRANT TRANSFER OF A PATIENT FROM ONE ASYLUM TO ANOTHER.

GENERAL BOARD OF LUNACY
27 AUG 80
SCOTLAND

I, the undersigned John Johnston, Inspector of Poor being desirous to transfer Mary Jones or Armstrong alias Cowan at present a Patient in the Royal Asylum Edinburgh, and (1) detained at the instance of the Parochial Board of St Cuthberts, Edinburgh from the said Asylum to the Southern Counties Asylum, Dumfries hereby request the authority of the Board to such transfer; and I subjoin a Statement of Particulars regarding the said Mary Jones or Armstrong and a Medical Certificate with respect to her mental and bodily condition.

(1) *If Lunatic is not a Pauper:* detained at my instance, or whose nearest known relative I am. *If Lunatic is a Pauper:* a Pauper Lunatic of the Parish of which I am Inspector of Poor.

J. Johnston
Inspector of Poor, Penninghame

Dated at Newton Stewart this 24th day of August one thousand eight hundred and Eighty years.

(2) State degree of Relationship, or other capacity in which Applicant stands to Patient.

STATEMENT.

1. Christian Name and Surname of Patient at length,	Mary Jones or Armstrong alias Cowan
2. Sex and Age,	female – 26
3. Married, Single, or Widowed,	Single (illegitimate)
4. Condition of Life, and Previous Occupation (if any),	Seamstress
5. Religious Persuasion, so far as known,	Protestant
6. Date of Admission into Asylum,	16th August 1880.
7. Length of time Insane,	a fortnight at this time. (6 months on first attack)
8. Whether first Attack,	no
9. Age (if known) on first Attack,	24
10. Duration of existing Attack,	two weeks.
11. Supposed Cause,	Immorality & drink
12. Whether subject to Epilepsy,	no
13. Whether Suicidal,	no
14. Whether Dangerous to others,	no
15. Parish to which the Lunatic (if a Pauper) is Chargeable,	Penninghame (Wigtown)
16. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of relationship (if known), and whether any Member of Family known to be, or to have been Insane,	Mother, Mrs Isabella Armstrong or Cowan, wife of James Cowan Seaman, Princes St. Newton Stewart

I certify that, to the best of my knowledge, the above particulars are correctly stated.

(*To be signed by the Applicant*) J. Johnston, Inspector of Poor

Dated this 24 day of August One thousand eight hundred and Eighty years.

N.B.—The foregoing particulars are required for the information of the authorities to whose care the Patient is to be transferred.

MEDICAL CERTIFICATE.

I, the undersigned Thompson Lowne

(1) State Medical Qualification.
(2) Name Asylum.

being (1) M R C S &c
hereby certify that I have this day at (2) Royal Asylum Morningside
personally examined Mary Jones Armstrong or Cowan at present a
Patient in said Asylum, and with respect to his Mental State that She is a
person of unsound mind Labouring under many
delusions -

; and with respect to his

Bodily Health and Condition that &c

Good

and I further certify that, in my opinion, there is nothing in the Mental or Bodily Condition of the Patient to contraindicate removal to the Asylum of the Southern Counties at Dumfries

Thomas Lowne M.D.

Dated this 26 day of August One thousand eight hundred and eighty

---

SANCTION BY THE BOARD OF LUNACY.

(Under this Sanction a Patient may be Transferred without an Order of the Sheriff.)

(1) Insert at whose instance the Lunatic is detained, or the nearest known Relative of the Lunatic, or the Inspector of the Parish by which the expense of the maintenance of the Lunatic is defrayed.

Application having been made to the Board by (1) Inspector of Poor Penninghame Mary Jones or Armstrong or Cowan to authorize the transfer of ~~Inspector Parish~~ Cowan from Edinburgh Royal Asylum to Dumfries Royal Asylum, and the Board having considered such application and the accompanying Medical Certificate, do hereby authorize the transfer of the said Mary Jones or Armstrong or Cowan as requested.

(2) Valid for 14 days from date -

A R Dunlop Commissioner.

Dated at Edinburgh, this 28th day of August One thousand eight hundred and eighty -

Date of Sheriff's order } 16th August 1880

Please fill in

Mary Jones or Armstrong or Cowan
28th August
1880

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of ~~the~~ (2) Dumfries and Galloway and his Substitutes,—

The Petition of Miles Mc Dowall Inspector of Poor Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that your Petitioner's (3) Mary Branan or Swan Pauper is at present in a state of Mental Derangement, and 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 Branan or Swan to the Southern Counties Asylum and to sanction her admission into the said Asylum. Two words deleted

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

Miles Mc Dowall
Inspector Poor Dumfries.

(4) The date of the petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 30th ~~August~~ (4) day of August One thousand eight hundred and Eighty years. One word deleted

STATEMENT.

If any 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 Branan or Swan
2.	Sex and Age,	Female — 28 years
3.	Married, Single, or Widowed,	Widow
4.	Condition of Life, and previous Occupation (if any),	Hawker previous to going into Poorhouse
5.	Religious Persuasion, so far as known,	Roman Catholic
6.	Previous Place of Abode,	Poorhouse
7.	Place where Found and Examined,	Poorhouse
8.	Length of time Insane,	2 Weeks
9.	Whether First Attack,	First or far as known
10.	Age (if known) on First Attack,	28 years
11.	When and where previously under Examination and Treatment,	No. Other
12.	Duration of Existing Attack,	2 Weeks
13.	Supposed Cause,	Not Known
14.	Whether subject to Epilepsy,	no
15.	Whether Suicidal,	no
16.	Whether Dangerous to others,	no
17.	Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dumfries
18.	Date of becoming Chargeable,	12th January 1877
19.	Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	not known
20.	Special circumstances (if any) preventing the insertion of any of the above particulars,	none

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Thirtieth day of August One thousand eight hundred and

(*To be signed by Party applying*) Miles Mc Dowall
Inspector Poor Dumfries

MEDICAL CERTIFICATE, No. I.

I, the undersigned, William Marshall
being a (1) Graduate of the Faculty of Physicians & Surgeons of
Glasgow and College of Physicians Edinburgh
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Dumfries
in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Mary Brannan or Swan
and that
the said Mary Brannan or Swan is a (5) Lunatic
and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Talks incoherently
cannot answer any question properly
Mistrusts some of the Prisoners of wandering about
about her Shakes constantly & cries &c &c

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
The Governor states that she is constantly
pointing to the Stars & Blocks on
on her head, & says she is

Name and Medical Designation, William Marshall M.D.

Place of Abode, Dumfries

DATED this 31st day of August One thousand eight
hundred and eighty seven

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper state so.*
(5) Lunatic, or 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 Carruthers
being a (1) Graduate in Medicine of Edinburgh
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) The Barhouse
in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Mary Brannan or Swan
and that
the said Mary Brannan or Swan is a (5) insane person
and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Her manner & ap-
appearance. Cannot answer questions properly answers
Mistrusts. She thinks she is not in this life at
all

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
The Governor & his wife state that she persists
all day & often rolls about the floor & puts her
Black hand saying it is her head

Name and Medical Designation, William Carruthers M.D.

Place of Abode 14 Castle Street Dumfries

DATED this 31st day of August One thousand eight
hundred and eighty seven years

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the street and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper state so.*
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) *State the facts.*
(7) *State the information, and from whom derived.*

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, William Marshall Glasgow and College of St Andrews being (1) Graduate of the faculty of Physicians & Surgeons hereby certify, on soul and conscience, that I have this day, at (2) Poorhouse in the County of Dumfries, seen and personally examined Mary Branan or Swan, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

W Marshall M.D. &c

DATED this 30th day of August One thousand eight hundred and eighty years

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope, (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Miles McInnes, Inspector of Poor, Dumfries Certificates under the hands of William Marshall and William Carruthers, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Mary Branan or Swan, Widow Dumfries Poorhouse (a Pauper) and that the said Mary Branan or Swan, 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 Mary Branan or Swan as a Patient into the (6) Public Asylum of Southern Counties and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mary Branan or Swan, which accompanied the said Petition.

DATED this Thirty first day of August, One thousand eight hundred and eighty years.

David Boyle Hope

To the Superintendent of the (7) Public *Asylum of* Southern Counties Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2
391

Mary Brannan or Levan

30th August

1880

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) Counties of Aberdeen Kincardine and Banff *and his Substitutes,*—

The Petition of Margaret Ann Tibbetts or Stewart Commercial Hotel Kirkcudbright

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that David Stewart

(3) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (3) Husband

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said David Stewart ~~Dumfries~~ to the Crichton Royal Institution for Lunatics Dumfries and to sanction His admission into the said Asylum.

Margaret Ann Stewart

(4) The date of the petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Sixth (4) day of September One thousand eight hundred and Eighty five.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	David Stewart.
2. Sex and Age,	Male, Thirtynine years.
3. Married, Single, or Widowed,	Married.
4. Condition of Life, and previous Occupation (if any),	Hotel Keeper.
5. Religious Persuasion, so far as known,	Church of Scotland.
6. Previous Place of Abode,	Kirkcudbright.
7. Place where Found and Examined,	56 Union Street Aberdeen.
8. Length of time Insane,	About three months
9. Whether First Attack,	Yes - only an attack of D.T. in May 1879.
10. Age (if known) on First Attack,	
11. When and where previously under Examination and Treatment,	At home for D.T.
12. Duration of Existing Attack,	About three months
13. Supposed Cause,	Abuse of Stimulants
14. Whether subject to Epilepsy,	Yes - had 4 or 5 attacks
15. Whether Suicidal,	No -
16. Whether Dangerous to others,	At times very irritable
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Margaret Ann Tibbetts or Stewart Commercial Hotel, Kirkcudbright.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Sixth day of September One thousand eight hundred and Eighty five.

(*To be signed by Party applying*) Margaret Ann Stewart

P. 2.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Henry Jackson being a (1) Graduate in Medicine of the University of Aberd and a Licentiate of the Royal College of Surgeons Edin and being in actual practice as a (2) Physician in Aberdeen hereby certify, on soul and conscience, that I have this day, at (3) 56 Union Street, Aberdeen in the County Aberdeen separately from any other Medical Practitione visited and personally examined (4) David Stewart, Hotel Ke Kirkcudbright and th the said David Stewart 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)
Found him on board the S. S. Tasker, a few days ago hiding himself in a small cabin, thinking people were shooti him; he does not seem to know where he is, and can give no clear account of himself.

(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 left home without any definite dest that he has not been himself for months; naturally of an ex disposition he has become morose, irritable & jealous, & moves about without any aim or purpose in life.

Name and Medical Designation, Henry Jackson, M.

Place of Abode, 19 Golden Square Aberdeen

DATED this Fourth day of September One thousand eig hundred and Eighty.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Davidson Mynes being a (1) Graduate in Medicine of University of Abe and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) 56 Union Street Aberdeen in the County Aberdeen separately from any other Medical Practitione visited and personally examined (4) Daniel Stewart Hotel Kirkcudbright and th the said Daniel Stewart 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)
He says there are some six or eight Men Coming abo wanting to shoot him, that they have shot him to fo or five times; that the Police are looking for him to put him in Jail. Suffers and not withstanding he looks as well as ever he was before. He goes out in the Street to answer the

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
His wife tells me has been very unstable for a good while. Her kindness & him ready kin suspicious & irritable he would throw the [illegible] Person

Name and Medical Designation, James D Mynes M.

Place of Abode 43 Schoolhill Aberd

DATED this Fifth day of September One thousand eigh hundred and eighty

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, John Dove Wilson (1) Sheriff Substitute
of ~~the~~ (2) Aberdeen and Kincardine
having had produced to me, with a Petition at the instance of (3) Margaret Ann Liblitts or Stewart Hotel Keeper Kirkcudbright
Certificates under the hands of Henry Jackson MD &
and James Davidson Wyness MB , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
David Stewart Petitioners Husband and that the said
David Stewart is a (5) person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said David Stewart as a Patient into the (6) ~~Asylum of~~ Royal Institution for Lunatics Dumfries and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said David Stewart which accompanied the said Petition.

DATED this sixth day of September One thousand eight hundred and eighty

John Dove Wilson

To the Superintendent of the (7) Royal Institution for Lunatics
~~Asylum of~~ Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1677

David Stewart

8th September

1880

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(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 Mrs Elizabeth Brunton or Fenwick 158 Ryehill Newcastle-upon-Tyne humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Jane Elizabeth Fenwick, — 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 Jane Elizabeth Fenwick 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.

Elizabeth Fenwick

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Thirteenth (4) day of September, One thousand eight hundred and eighty.

STATEMENT.

If any 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 Elizabeth Fenwick.
2. Sex and Age,	57.
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	no occupation —
5. Religious Persuasion, so far as known,	Church of England —
6. Previous Place of Abode,	Newcastle on Tyne —
7. Place where Found and Examined,	—
8. Length of time Insane,	about 5 weeks —
9. Whether First Attack,	had slight attack 3 years ago.
10. Age (if known) on First Attack,	54
11. When and where previously under Examination and Treatment,	not under special treatment
12. Duration of Existing Attack,	5 weeks
13. Supposed Cause,	unknown
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	not
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
18. Date of becoming Chargeable,	—
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	George Wallace Fenwick. 158 Rye Hill. Newcastle on Tyne — Brother —
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	no relative ever known to be insane.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this twelfth day of September One thousand eight hundred and eighty.

(*To be signed by Party applying*) ~~Geo W Fenwick~~

Eliz^th Fenwick P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, William Carruthers being a (1) Graduate in Medicine of Edinbr. University and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 14 Castle St. Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Jane Elizabeth Fenwick Spinster 158 Rye Hill Newcastle on Tyne and the said Jane Elizabeth Fenwick is a (5) insane person and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Her insane appearance and appearance of melancholia. Wont answer a question where put to her, but appears restless & excited

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her sister in Law states that at times she is unmanageable and has tried to jump over the window, and she wont take her food thinking it sinful to do so

Name and Medical Designation, William Carruthers, M.

Place of Abode, 14 Castle Street Dumfries

DATED this 13th day of September One thousand eight hundred and eighty years

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned John Cunningham being a (1) Licentiate of the Royal College of Physicians and Surgeons Edinburgh and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 14 Castle Street Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Jane Elizabeth Fenwick Spinster, 158 Rye Hill Newcastle on Tyne and the said Jane Elizabeth Fenwick is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Her facial expression indicates mental disease

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her relatives say that she is under the impression that her soul is lost

Name and Medical Designation, John Cunningham M.R.

Place of Abode 35 Broadwick St.

DATED this 13th day of September One thousand eight hundred and eighty years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Lauderdale Maitland (1) Provisory Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Mrs Elizabeth Brunton or Fenwick 158 Ryehill Newcastle upon Tyne,
Certificates under the hands of William Carruthers
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) Jane Elizabeth Fenwick 158 Ryehill Newcastle upon Tyne (Petitioner in law) and that the said Jane Elizabeth Fenwick 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 Jane Elizabeth Fenwick as a Patient into the (6) Public Asylum of Crichton Institution and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Jane Elizabeth Fenwick which accompanied the said Petition.

DATED this Thirteenth day of September One thousand eight hundred and eighty years.

L Maitland

To the Superintendent of the (7) Public
Asylum of Crichton Royal Institution
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, *or* an Insane Person, *or* an Idiot, *or* a Person of unsound mind.
(6) Public, District, Parochial, *or* Private.
(7) Public, District, Parochial, *or* Private.

1678

Miss Elizabeth Jane Fenwick

13th September

1880

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff ~~*of the* (2)~~ Counties *of* Dumfries & Galloway *and his Substitutes,*—

The Petition of William Canning architect 53 Dorrit St Liverpool

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Canning Mason Kirkpatrick Durham

(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 John Canning to the Southern Counties Asylum and to sanction his admission into the said Asylum.

William Canning

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 15th (4) day of September One thousand eight hundred and eighty

STATEMENT.

If any 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 Canning
2. Sex and Age,	Male 25 years old
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Journeyman Mason
5. Religious Persuasion, so far as known,	Free Church of Scotland
6. Previous Place of Abode,	Kirkpatrick Durham
7. Place where Found and Examined,	do do
8. Length of time Insane,	Has been somewhat singular in
9. Whether First Attack,	his conduct for a year
10. Age (if known) on First Attack,	yes ~~about~~ 24
11. When and where previously under Examination and Treatment,	Kirkpatrick Durham 5 months
12. Duration of Existing Attack,	about a/o 10 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,	Urr not a pauper
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	William Canning. Brother. 53 Dorrit St Liverpool Wm Canning Grandfather Kirkpatrick Durham His fathers sister has been insane for about 8 years from sudden shock in intemperate habits.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 15th day of September One thousand eight hundred and eighty

(*To be signed by Party applying*) William Canning

P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Walter Lorraine being a (1) Graduate of Edinburgh University and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Kirkpatrick Village in the County of Kirkcudbright separately from any other Medical Practitioner visited and personally examined (4) John Canning and the said John Canning is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He has a preoccupied look & answers questions with hesitancy. He will emigrate & his knowledge of emigration is most imperfect the fact being apparent that he has no substantial purpose in view but what is entirely on sentiment

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) The friends with whom he lives say that for time his conduct has been strange varying from day in his notions & demeanour - He walks for whole about the house with arms crossed speaking none & answers

Name and Medical Designation, Walter Lorraine M.B.

Place of Abode, Castle Douglas

DATED this Fourteenth day of September One thousand eight hundred and eighty

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, John Meggat being a (2) Graduate of Edinburgh University and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Kirkpatrick Durham Village in the County of Kirkcudbright separately from any other Medical Practitioner visited and personally examined (4) John Canning and the said John Canning is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, 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 sometimes wont answer questions or answers with hesitancy. He is determined to emigrate without any or any knowledge of what to do.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) His Aunt states that he has been very restless for a considerable time. Gets out of bed & walks floor during the night. While at work during his hour he was constantly walking. He never speaks or answers and always morose

Name and Medical Designation, John Meggat M.B.

Place of Abode Kirkpatrick Durham

DATED this Fourteenth day of September One thousand eight hundred and eighty

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Lauderdale Hart and Hongray Sheriff Substitute,
of the (3) County of Dumfries,
having had produced to me, with a Petition at the instance of (3) William Canning Architect
53 Dorset Street Liverpool
Certificates under the hands of Walter Lorraine,
and John Heggat , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Canning Mason Kirkpatrick Buchan Grimes and that the said John Canning is a (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 Canning as a Patient into the (6) Public Asylum of Southern Counties, and I authorize the Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said John Canning, which accompanied the said Petition.

DATED this 15th day of September, One thousand eight hundred and eighty years.

L Maitland

To the Superintendent of the (7) Public Asylum of Southern Counties Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2
392

John Canning

15th Septr

1880

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of ~~the~~ (2) ~~Counties of~~ Dumfries ~~and~~ Galloway and his Substitutes—

The Petition of Miles Mc Dowall, Inspector of Poor humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Hugh Porteous, Labourer your Petitioner's (3) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Hugh Porteous to the Southern Counties Asylum and to sanction his admission into the said Asylum. Form Word dictated Miles Mc Dowall

(3) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Sixteenth (4) day of September One thousand eight hundred and Eighty years.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Hugh Porteous
2. Sex and Age,	Male – 19 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous occupation (if any),	Labourer – presently an Inmate Poorhouse
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Templand. Lochmaben Parish Dumfries
7. Place where Found and Examined,	Not Known
8. Length of time Insane,	As far as Known
9. Whether first Attack,	19 years
10. Age (if known) on first Attack,	Not Known
11. When and where previously under Examination and Treatment,	Three days
12. Duration of existing Attack,	Epilepsy
13. Supposed Cause,	Yes
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Yes
16. Whether Dangerous to others,	Lochmaben Parish
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Not Known
18. Date of becoming Chargeable,	Not Known
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	None
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Sixteenth day of September One thousand eight hundred and Eighty years.

(To be Signed by Party applying) Miles Mc Dowall
Inspector of Poor Dumfries.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, William Marshall being a (1) Graduate of the faculty of Physicians and Surgeons Glasgow and College of St Andrews and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Poorhouse Dumfries in the County Dumfries separately from any other Medical Practitioner visited and personally examined (4) Hugh Porteous a pauper and the said Hugh Porteous is a (5) person of unsound and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Talks incoherently. Seems morose and inconscious of the meaning [illegible] is said to him imagines he is subjected to irreparable [illegible]

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) The Governor states that he goes about as if [illegible] no meaning in his movements takes spiritual fits &c &c

Name and Medical Designation, W Marshall M.D. &c

Place of Abode, Dumfries

DATED this 16th day of Septr One thousand eight hundred and eighty years

---

MEDICAL CERTIFICATE, ~~No. II.~~

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, John Smith being a (1) Graduate in medicine of Edinburgh and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) The Poorhouse Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Hugh Porteous. a Pauper and the said Hugh Porteous is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Sees morose insane appearance & inability to remember what has recently occurred.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Mr Robertson informs me that he is epilepsy & that he is at times unmanageable. refusing to take food. walking about the house at night & attempting to strike those about him.

Name and Medical Designation, John Smith M.D. &c

Place of Abode, 14 Castle St. Dumfries

DATED this 16th day of September One thousand eight hundred and eighty years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Dated this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Miles McInnes
Inspector of Poor Dumfries
Certificates under the hands of William Marshall
and John Smith , being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Hugh Tortous
Labourer Dumfries a pauper and that the said
Hugh Tortous is a (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 Tortous as a Patient into the (6) Public Asylum of Southern Counties and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Hugh Tortous which accompanied the said Petition.

Dated this sixteenth day of September One thousand eight hundred and eighty years.

David Boyle Hope

To the Superintendent of the (7) Public Asylum of Southern Counties Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2
393

Hugh Porteous

16th September

1880

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form **A**]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff ~~*of the* (2) County~~ *of* Dumfries & Galloway *and his Substitutes,*—

The Petition of James Clibbon

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Margaret Grubb ~~Murray~~ Clibbon 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 Grubb Clibbon to the Crichton Royal Institution and to sanction her admission into the said Asylum. Three words deleted

James Clibbon.—

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this 18th (4) day of Septr One thousand eight hundred and eighty

STATEMENT.

If any 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 Grubb Clibbon
2. Sex and Age,	56
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	None
5. Religious Persuasion, so far as known,	Society of Friends
6. Previous Place of Abode,	Woodville Sandford Road Dublin
7. Place where Found and Examined,	Dumfries
8. Length of time Insane,	two or three Years
9. Whether First Attack,	Not
10. Age (if known) on First Attack,	about fifty
11. When and where previously under Examination and Treatment,	at Bloomfield Retreat Dublin
12. Duration of Existing Attack,	6 mos then from April to Octr 1874
13. Supposed Cause,	Not Known
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	myself James Clibbon Woodville Sandford Road Dublin
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	No husband

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this Eighteenth day of September One thousand eight hundred and eighty

(*To be signed by Party applying*) James Clibbon

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Thomas Ferguson being a (1) Bachelor of Medicine and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Station House Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Margaret Stubbs Clibborn and that the said Margaret Stubbs Clibborn is a (5) Person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Is taciturn & seems disinclined to answer questions – Pupils unequal reserved. Tells me that at times everything seems to go wrong with her & that she comes out in one place – Sad- melancholy appearance –

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
That – By her Husband – Lord take from her clothes at times – sometimes wears her stockings like ties – can be violent – fits may occur & requires to be held at times – speaks from one to six hours talking [illegible]
That – By the Constable – She went on her knees & prayed in the street – fits may occurred – cords & garments & scissors taken from her – stealing – without any cause – money – book marks – or marmalade or fruit [illegible]

Name and Medical Designation, Thomas Ferguson M.D.

Place of Abode, Castle St Dumfries.

DATED this 18th day of Sept. One thousand eight hundred and eighty-seven.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, William Carruthers being a (1) Graduate in Medicine of Edinburgh Univ and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Station House Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Margaret Stubb Clibborn and that the said Margaret Stubb Clibborn 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) Is very restless & excitable but answers common questions & may be seen to moving about the room & laughing for no reason upon any thing is told. Tells me she is afraid of some one doing her some harm

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her husband states that she is rather violent & threatens her daughters & the same without cause & has to be watched night & day

Name and Medical Designation, William Carruthers M.D.

Place of Abode 14 Castle Street Dumfries

DATED this 18th day of September One thousand eight hundred and eighty seven

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned William Carruthers being (1) Graduate in Medicine of Edinburgh University hereby certify, on soul and conscience, that I have this day, at (2) Station Hotel Dumfries in the County of Dumfries, seen and personally examined Margaret Grubb Clibborn, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

William Carruthers M.B.C.

DATED this 8th day of September One thousand eight hundred and eighty-years

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) James Clibborn, Woodville Sandford Road Dublin Certificates under the hands of Thomas Ferguson and William Carruthers, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Margaret Grubb Clibborn, Woodville, Sandford Road, Dublin (Gunsmith) and that the said Margaret Grubb Clibborn is a (5) person of unsound mind and an insane person and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Margaret Grubb Clibborn as a Patient into the (6) Public Asylum of Crichton Institution and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Margaret Grubb Clibborn which accompanied the said Petition.

DATED this twentieth day of September One thousand eight hundred and eighty years.

David Boyle Hope

To the Superintendent of the (7) Public *Asylum of* Crichton Royal Institution. Dumfries

---

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1679

Mrs. Margt. Grubb Clibborn

18th September

1880

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(†) Sheriff or Steward. (‡) Shire or Stewartry.

Unto the Honourable the (†) Sheriff ~~of the (‡) Couty~~ of Dumfries and Galloway *and his Substitutes,—*

The Petition of Helen Lorimer Boreland of Parton Castle Douglas

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that David Lorimer

(*) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (*) Stepmother is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said ~~David~~ Lorimer to the Southern Counties Asylum and to sanction his admission into the said Asylum.

Helen Lorimer

(*) The date of the Petition must be within fourteen clear days allowing the dates of the Medical Certificates.

DATED this 20th (*) day of September One thousand eight hundred and eighty

---

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	David Lorimer
2. Sex and Age,	Male & born Dec 5th 1852
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	An ironmonger by trade
5. Religious Persuasion, so far as known,	A Free church man
6. Previous Place of Abode,	Neath Shields
7. Place where Found and Examined,	Boreland, Parton Parish,
8. Length of time Insane,	2 years & 2 months
9. Whether First Attack,	yes
10. Age (if known) on First Attack,	25
11. When and where previously under Examination and Treatment,	For nearly 3 months in the Crichton Asylum during 1878-79
12. Duration of Existing Attack,	
13. Supposed Cause,	Not known
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Mrs Helen Lorimer, Boreland of Parton Castle Douglas. Stepmother. 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 20th day of September One thousand eight hundred and eighty

(*To be signed by Party applying*) Helen Lorimer

P. p.

MEDICAL CERTIFICATE, No. I.

I, the undersigned, Walter Lorraine
being a (1) Graduate of Edinburgh University

and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Castle Dou
in the County
Kirkcudbright separately from any other Medical Practitio
visited and personally examined (4) David Lorimer
and th
the said David Lorimer is a (5) person o
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) He has delusion
respect of himself for instance he thinks h
punishable for serious offences & that the Jews
is to be cut up & inserts - He was in the Crichton
last of 1878 & beginning of 79 - on probation 2nd time, then

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
His friends say that he constantly tor
objects at home & this was mainly to frustrate
his employer

Name and Medical Designation, Walter Lorraine M
Place of Abode, Castle Douglas
Dated this 20th day of September One thousand eig
hundred and eighty

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or 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, Richard B. Lorraine
being a (1) Graduate of Edinburgh University

and being in actual practice as a (2) General practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Barlae Cas
in the County
Kirkcudbright separately from any other Medical Practition
visited and personally examined (4) David Lorimer
and th
the said David Lorimer 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 tells m
having written to a doctor in London about
the Doctor gave the police notice of it an
they were looking for him – he thinks this was
Criminal Offence – He is very quiet & is always
pre[illegible]

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
The mother says that he is very restless at
for a short time considering and then answer
to some question till he unlocks himself
look the papers expecting to see some advertisem

Name and Medical Designation, R. B. Lorraine
L.R.C.P.
Place of Abode Castle Douglas
Dated this 20th day of Sept. One thousand eigh
hundred and eighty.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information, and from whom derived.*

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (3) — Sheriff-Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Mrs Helen Lorimer Boreland of Parton, Castle Douglas
Certificates under the hands of Walter Lorraine
and Richard B. Lorraine, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) David Lorimer, Boreland of Parton, Castle Douglas (Petr's Step-son) and that the said David Lorimer is a (5) person of unsound mind

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said David Lorimer as a Patient into the (6) Public Asylum of Southern Counties, and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said David Lorimer which accompanied the said Petition.

DATED this Twenty seventh day of September One thousand eight hundred and eighty years.

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of Southern Counties,
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2
294

Davia Lorimer

28th Sept.

1880

[FORM B²]

25 and 26 Vict. Cap. 54, Sect. 16.

APPLICATION TO THE GENERAL BOARD OF LUNACY TO GRANT TRANSFER OF A PATIENT FROM ONE ASYLUM TO ANOTHER.

GENERAL BOARD OF LUNACY SCOTLAND 25 SEP 80

I, the undersigned James Kennedy, being desirous to transfer William Kennedy, at present a Patient in the Royal Edinburgh Asylum, and (¹) detained at my instance, from the said Asylum to the Crichton Royal Institution Dumfries hereby request the authority of the Board to such transfer; and I subjoin a Statement of Particulars regarding the said William Kennedy and a Medical Certificate with respect to his mental and bodily condition.

(¹) If Lunatic is not a Pauper: detained at my instance, or whose nearest known relative I am. If Lunatic is a Pauper: a Pauper Lunatic of the Parish of which I am Inspector of Poor.

Jas Kennedy

(²) Brother

(²) State degree of Relationship, or other capacity in which Applicant stands to Patient.

DATED at Edinburgh this 23rd day of September one thousand eight hundred and eighty.

STATEMENT.

1. Christian Name and Surname of Patient at length,	William Kennedy
2. Sex and Age,	Male, 31 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and Previous Occupation (if any),	Journeyman Tailor
5. Religious Persuasion, so far as known,	Presbyterian
6. Date of Admission into Asylum,	22d April 1880 (1879)
7. Length of time Insane,	About twenty three months
8. Whether first Attack,	Yes
9. Age (if known) on first Attack,	29 years
10. Duration of existing Attack,	About twenty three months
11. Supposed Cause,	None known
12. Whether subject to Epilepsy,	No
13. Whether Suicidal,	No
14. Whether Dangerous to others,	Possibly at times
15. Parish to which the Lunatic (if a Pauper) is Chargeable,	Private
16. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of relationship (if known), and whether any Member of his Family known to be, or to have been Insane,	James Kennedy, Clothier, Thornhill (Father.) None

I certify that, to the best of my knowledge, the above particulars are correctly stated.

(*To be signed by the Applicant*) Jas Kennedy.

DATED this 23d day of September One thousand eight hundred and Eighty.

N.B.—The foregoing particulars are required for the information of the authorities to whose care the Patient is to be transferred.

MEDICAL CERTIFICATE.

(1) State Medical Qualification.
(2) Name Asylum.

I, the undersigned Adam Robert Turnbull being (1) a Bachelor of Medicine of Edin. University hereby certify that I have this day at (2) the Royal Edin. Asylum, Mo personally examined William Kennedy at present Patient in said Asylum, and with respect to his Mental State that he labours u various delusions, such as that he is the King of M is possessed of wondrous power, that the people work upon him with electric batteries so as to o his great purposes, &c ; and with respect to h Bodily Health and Condition that they are average;

and I further certify that, in my opinion, there is nothing in the Mental or Bodily Con dition of the Patient to contraindicate removal to the Asylum of Dumfries, Cri Royal Institution.

A. R. Turnbull, M

DATED this 23rd day of September One thousand eigh hundred and 80.

SANCTION BY THE BOARD OF LUNACY.

(Under this Sanction a Patient may be Transferred without an Order of the Sheriff.)

(1) Insert at whose instance the Lunatic is detained, or the nearest known Relative of the Lunatic, or the Inspector of the Parish by which the expense of the maintenance of the Lunatic is defrayed.

(2) Valid for fourteen days from date.

Application having been made to the Board by (1) Mr James Kennedy to authorize the transfer of William Kennedy from Edinburgh Royal asylum to Dumfries Royal asylum, and the Board having considered such application an the accompanying Medical Certificate, do hereby authorize the transfer (2) of the sai William Kennedy as requested.

John Sibbald Commissioner.

DATED at Edinburgh, this 25th day of September One thousand eight hundred and 80.

Date of Sheriff's Order:- 23 April 18

1680

William Kennedy

30th Sept 1880

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) County of Ayr *and his Substitutes,—*

The Petition of William Rankin, 18 Killoran St Greenock humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Rankin your Petitioner's (3) Father is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said James Rankin 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.

Wm Rankin

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this fourth (4) day of October One thousand eight hundred and eighty.

STATEMENT.

If any 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 Rankin
2. Sex and Age,	Male 49.
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Tradesman Jeweller
5. Religious Persuasion, so far as known,	Evangelical Union
6. Previous Place of Abode,	14 Portland Terrace Kilmarnock
7. Place where Found and Examined,	Place of abode.
8. Length of time Insane,	
9. Whether First Attack,	First attack
10. Age (if known) on First Attack,	49
11. When and where previously under Examination and Treatment,	
12. Duration of Existing Attack,	
13. Supposed Cause,	Anxiety for business & family
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	no
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	William Rankin 18 Killoran St. Greenock. Eldest son
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this fourth day of October One thousand eight hundred and eighty

(To be signed by Party applying) Wm Rankin

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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) Dou[illegible] Medical - Mo Graduate of the Univ[illegible] of [illegible] Physician

and being in actual practice as a (2) hereby certify, on soul and conscience, that I have this day, at (3) No 14 Portland Terrace Kilmarnock in the County of Ayr separately from any other Medical Practitioner, visited and personally examined (4) James Rankin Jeweller Kilmarnock and that the said James Rankin 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) That he talks incoherently, & excessively. He is very noisy & strongly inclined to destruction -

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) That he sleeps little & only under the influence of a Narcotic. He is averse to taking food & requires to be

Name and Medical Designation, Dou[illegible] Medical

Place of Abode, Kilmarnock

Dated this fourth day of October One thousand eight hundred and Eighty

Dou[illegible] Medical

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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) James McAlister Member of the Faculty of Physicians & Surgeons of Glasgow

and being in actual practice as a (2) General practitioner hereby certify, on soul and conscience, that I have this day, at (3) ~~2 Portland~~ 14 Portland Terrace Kilmarnock in the County of Ayr separately from any other Medical Practitioner, visited and personally examined (4) James Rankin Jeweller Kilmarnock and that the said James Rankin Jeweller 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) that he speaks very incessantly in a most incoherent manner that he is very ungovernable & inclined to destroy the bedclothes & has a belief that he is [illegible] carried on [illegible]

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) that he is unable to sleep does not [illegible] food and thinks people are [illegible] him and otherwise difficult to [illegible]

Name and Medical Designation, James McAlister Surgeon

Place of Abode Bank Place Kilmarnock

Dated this 4th day of October One thousand eight hundred and eighty

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, John Watt (1) Sheriff Substitute
of the (2) County of Ayr
having had produced to me, with a Petition at the instance of (3) William Rankin 18 Kilblain street Greenock
Certificates under the hands of Donald Macleod
and James Mathieson, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Rankin Jewellery Kilmarnock and that the said James Rankin is a (5) Lunatic

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said James Rankin as a Patient into the (6) Public Asylum of Royal Christian Institution and I authorize the Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said James Rankin which accompanied the said Petition.

DATED this fourth day of October One thousand eight hundred and eighty

John Watt

To the Superintendent of the (7) Crichton Royal Institution
or Asylum of Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, *or* an Insane Person, *or* an Idiot, *or* a Person of unsound mind.
(6) Public, District, Parochial, *or* Private.
(7) Public, District, Parochial, *or* Private.

1681

James Rankin

4th October

1880

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Shire *of* ~~Dumfries~~ *and his Substitutes,—*

The Petition of David Telfer, Farmer, Hightae-Collmealem humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that David Telfer, my son 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 David Telfer 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.

David Telfer

(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 Octr. One thousand eight hundred and Eighty

STATEMENT.

If any 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 Telfer
2. Sex and Age,	Male 38 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Farmer
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Hightae, Dfs. Shire
7. Place where Found and Examined,	— Do.
8. Length of time Insane,	— 9 Days
9. Whether First Attack,	— Second Attack
10. Age (if known) on First Attack,	— 37
11. When and where previously under Examination and Treatment,	Hightae
12. Duration of Existing Attack,	4 Days
13. Supposed Cause,	— Unknown
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	Yes.
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
18. Date of becoming Chargeable,	—
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	David Telfer, Hightae, (Father) None
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 14th day of Octr One thousand eight hundred and Eighty

(*To be signed by Party applying*) David Telfer

MEDICAL CERTIFICATE, No. I.

I, the undersigned, John Thompson Richardson Rothesfoor being a (1) Licentiate of Roy. Coll. Physicians & Surgeons Edin.

and being in actual practice as a (2) General Medical Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Hightae in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) David Telfer / Hightae and that the said David 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. :—

1. Facts indicating Insanity observed by myself: (6) Great Depression. Delusions of having done wrong to his family without any foundation — Wearied of Life

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His Father & family state that 9 days ago he attempted to end his life by drowning. Acts strangely. Suddenly getting up & out of bed inquires if there is something wrong which he cannot understand

Name and Medical Designation, John T. R. Rothesfoor Regist. Physician & Surgeon

Place of Abode, The Green, Lockerbie

DATED this Fourteenth day of October One thousand eight hundred and Eighty

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

MEDICAL CERTIFICATE, No. II.

I, the undersigned, Thomas Reid being a (1) Graduate in Medicine of Glasgow University and being in actual practice as a (2) General practitioner hereby certify, on soul and conscience, that I have this day, at (3) Hightae Lochmaben Dumfries separately from any other Medical Practitioner, visited and personally examined (4) David Telfer, Farmer Hightae and that the said David 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. :—

1. Facts indicating Insanity observed by myself: (6) Suspicious and ~~[illegible]~~ always looking as if expecting something to happen, does not understand or answer willingly any simple question. Hears people on the top of the house at night, wishes him to get into her room, says the heart of the man was removed some body named [illegible] all of are delusions

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Father or Mother says he is very anxious about business matters and thinks he is ruined, talks incoherently about elections and is constantly hearing imaginary noises. His sister says he tried to get out at night and did not know where he was going, refused to take food as he had delusion state was poisoned

Name and Medical Designation, Thomas Reid M.D. C.M.

Place of Abode Lochmaben

DATED this Fourteenth day of October One thousand eight hundred and Eighty.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope — (1) Sheriff Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) David Telfer, Farmer Nightcat Lochmaben, Certificates under the hands of John Thompson Richardson Watterspoon 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) David Telfer, Nightcat Lochmaben, (Petitioner sic) and that the said David 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 David Telfer, — as a Patient into the (6) Public — Asylum of Crichton Institution, and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said David Telfer, — which accompanied the said Petition.

DATED this Fifteenth day of October, — One thousand eight hundred and eighty seven.

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of Crichton Royal Institution
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1687

David Zelger

16th October

1850

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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* Wigtown *and his Substitutes,—*

The Petition of James Dunsmore Inspector of Poor, Sorbie humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Robert McClune 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 McClune to the Southern Counties Asylum, Dumfries and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

James Dunsmore Insp of Poor Sorbie

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this 16th (4) day of October One thousand eight hundred and Eighty

STATEMENT.

If any 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 McClune
2. Sex and Age,	Male. 18 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	At Labouring Work
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	(~~Sorbie, Barledzien~~) Sorbie Village
7. Place where Found and Examined,	Sorbie Village
8. Length of time Insane,	Two weeks
9. Whether first attack,	No
10. Age (if known) on first Attack,	15 years
11. When and where previously under Examination and Treatment,	About 3 years ago when living in Barledzien Sorbie
12. Duration of existing Attack,	Two weeks
13. Supposed Cause,	Not known
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	rather
16. Whether Dangerous to others,	Yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Sorbie Parish
18. Date of becoming Chargeable,	Octr 15th 1880
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Robert McClune father & Elizabeth McClune or Bradford, mother, Sorbie Village
20. Special circumstances (if any) preventing the 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 October One thousand eight hundred and Eighty

(*To be signed by Party applying*) James Dunsmore
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, John Charles Douglas.
being a (1) Doctor of Medicine of Glasgow University & Licentiate of the Royal College of Surgeons of Edinburgh
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Sorbie Village Parish of Sorbie in the County Wigtown separately from any other Medical Practitioner visited and personally examined (4) Robert McClune, Sorbie, a pauper and the said Robert McClune is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
Continually crying - is very stubborn, says he is annoyed by all the boys of the village, but will murder them if he can.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
David McClune his brother says he threatens to commit murder & to hang himself. sleeps none but swears continually & wishes he was drowned.

Name and Medical Designation, John C. Douglas M.D. [illegible]

Place of Abode, Whithorn

DATED this sixteenth day of October One thousand eight hundred and eighty years.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, William Anderson
being a (1) Bachelor of Medicine & a Master of Surgery
and being in actual practice as a (2) general practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Sorbie Village Wigtown in the County separately from any other Medical Practitioner visited and personally examined (4) Robert McClune and the said Robert McClune is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
Saw him moving restlessly about & swearing a profusion. At another time muttered threats against boys who had been annoying him. His look is wild.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Mr. Wm. Nish, teacher, Garlieston saw him in Garlieston [illegible] and says he was going about in a very excited manner & gathering a great crowd. His brother Thomas says he is violent [illegible] away from home & he had to run after him.

Name and Medical Designation, William Anderson M.D.

Place of Abode, Whithorn Wigtownshire

DATED this sixteenth day of October One thousand eight hundred and eighty years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William Mackie Esquire (1) Sheriff Substitute
of the (2) County of Wigtown
having had produced to me, with a Petition at the instance of (3) James Dunsmore Inspector of Poor ~~and~~ Sorbie and
Certificates under the hands of Johnnie Douglas M D Whithorn
and William ~~Georgen~~ Anderson 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) Robert McClure (Pauper) and that the said is a (5) person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Robert McClure as a Patient into the (6) Public Asylum of the Southern Counties Dumfries and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Robert McClure which accompanied the said Petition.

DATED this sixteenth day of October One thousand eight hundred and eighty

Wm Mackie

To the Superintendent of the (7) Public
Asylum of the Southern Counties Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

Robert McClane

18th October

1880

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(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 George Coward, 76 Scotch St., Carlisle humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Coward of Carlisle your Petitioner's (3) father is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said John Coward ——— 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.

George Coward

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 25th (4) day of October One thousand eight hundred and eighty

STATEMENT.

If any 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 Coward
2. Sex and Age,	Male,— Seventy-Fours years old
3. Married, Single, or Widowed,	
4. Condition of Life, and previous Occupation (if any),	Middle Class— Grocer
5. Religious Persuasion, so far as known,	Church of England
6. Previous Place of Abode,	Marshbridge, near Ulverston
7. Place where Found and Examined,	~~Cumberland Street, Carlisle (at home)~~
8. Length of time Insane,	About a month
9. Whether First Attack,	First Attack
10. Age (if known) on First Attack,	Seventy Four
11. When and where previously under Examination and Treatment,	
12. Duration of Existing Attack,	about a month
13. Supposed Cause,	
14. Whether subject to Epilepsy,	Think not
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	———
18. Date of becoming Chargeable,	———
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Mary Coward, Wife, 29, Cumberland Street, Carlisle. No other member of family have been known to be Insane
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 25th day of October One thousand eight hundred and eighty

(*To be signed by Party applying*) George Coward

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

I, the undersigned, William Carruthers
being a (1) Graduate in Medicine of Edinburgh
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) 14 Castle St
Dumfries
in the County of Dumfries
separately from any other Medical Practitioner
visited and personally examined (4) John Coward now in Carlisle Gaol
and that
the said John Coward is a (5) lunatic person
and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) His manner & conduct appeared strange. States that he once threw himself up in a Balloon

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His son states that he got up at night & left home & left Annan from him and the Constables believe he is insane. Also he thought the horse was turned upside down

Name and Medical Designation, William Carruthers M.D.

Place of Abode, 14 Castle St Dumfries

DATED this 25th day of October One thousand eight hundred and eighty-seven years

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

I, the undersigned Thomas Ferguson
being a (1) Bachelor of Medicine &c
and being in actual practice as a (2) General practitioner
hereby certify, on soul and conscience, that I have this day, at (3) 14 Castle St
Dumfries
in the County of Dumfries
separately from any other Medical Practitioner
visited and personally examined (4) John Coward
and that
the said John Coward is a (5) person of unsound mind
and a proper person to be detained
under Care and Treatment, 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 Vacant look — In answering questions often wanders quite from the subject of conversation & has frequently an undue flow of animal spirits. The above matters have been pointed out to me by two people & things seem that are not present — he quite knows where he is & knows his friends

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
By his son that: — He at times does not recognise wife or other near relatives — thinks they are strangers — That he wanders out to strange places & returns home in fright — That he made water in the Coal Cellar
By his friend Joseph Durand

Name and Medical Designation, Thomas Ferguson M.B.C.M.

Place of Abode 17 Castle St Dumfries

DATED this twenty fifth day of October One thousand eight hundred and eighty

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned William Carruthers being (1) Graduate of Edinburgh University, hereby certify, on soul and conscience, that I have this day, at (2) 14 Castle St. Dumfries in the County of Dumfries, seen and personally examined John Coward John Coward, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

William Carruthers M.B.

DATED this 24th day of Oct. One thousand eight hundred and eighty years

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (3) Sheriff Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) George Coward 75 Scotch Street, Carlisle, Certificates under the hands of William Carruthers, 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) John Coward Grocer, 29 Cumberland St, Carlisle (Petrs father) and that the said John Coward, 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 John Coward, as a Patient into the (6) Public Asylum of Crichton Institution and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said John Coward which accompanied the said Petition.

DATED this twenty sixth day of October, One thousand eight hundred and eighty years.

David Boyle Hope

To the Superintendent of the (7) Public *Asylum of* Crichton Royal Institution, Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, *or* an Insane Person, *or* an Idiot, *or* a Person of unsound mind.
(6) Public, District, Parochial, *or* Private.
(7) Public, District, Parochial, *or* Private.

1683

John Coward

25th October

1880

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) County *of* Lanark *and his Substitutes,*—

The Petition of N Mc Nattie on Clark

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that William Clark

(3) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (3) Husband

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said William Clark to the Dumfries Royal Institution. Dumfries and to sanction his admission into the said Asylum.

N Mc Nattie on Clark

(4) The date of the petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 27th (4) day of Octr One thousand eight hundred and 80

STATEMENT.

If any 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 Clark
2. Sex and Age,	Male
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Drainer & Bowman
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Muirkirk
7. Place where Found and Examined,	Gateside, Douglas
8. Length of time Insane,	3 months or thereby
9. Whether First Attack,	first
10. Age (if known) on First Attack,	56
11. When and where previously under Examination and Treatment,	No Where
12. Duration of Existing Attack,	Three Months
13. Supposed Cause,	Not Known
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	doubtful
16. Whether Dangerous to others,	yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	John Clark, Coatstone, Dunscore. Brother Mrs Clark, Gateside, Wife Mother
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 27th day of Octr One thousand eight hundred and 80

(*To be signed by Party applying*) N Mc Nattie on Clark

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Robert Meikle being a (1) Fellow of the Royal College of Surgeons and a Licentiate of the Royal College of Physicians Edinburgh and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Oakside Parish of Douglas Lanark in the County of separately from any other Medical Practitioner, visited and personally examined (4) William Clark and that the said William Clark 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 restless and talks incoherently, but is generally obstinately taciturn. He is under the delusion that his wife Servant and himself have been for years trafficking with Bank notes that they are able to be executed and that he has lost his situation as Bower in Oakside because of his crime. He told me that he had gone to the Police office last week to get hand-cuffs for his wife and Servant because they would not do as he wished them

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Mrs informed me that her Husband had frequently threatened and assaulted her, because she would not leave Oakside and give herself up to police for her dealings in bad money and Robert Wilson told me that Clark is under the delusion that he is Deacon Brodie, the Hero of a Story in the Hamilton Advertiser.

Name and Medical Designation, Robert Meikle F.R.C.S.Ed.

Place of Abode, Douglas Lanarkshire

DATED this twenty sixth day of October One thousand eight hundred and Eighty.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Ritchie being a (1) Licentiate of the Royal College of Physicians and of the Royal College of Surgeons in Edinburgh and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Oakside Farm Parish of Douglas Lanark in the County of separately from any other Medical Practitioner, visited and personally examined (4) William Clark, Bower, Oakside, Douglas and that the said William Clark is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Is reticent, and very slow in replying. Is restless in his movements. Says he is to be about bad notes which he received from the Banker, and which he and his household have passed, but to whom he cannot say. Says that he must have to go to confinement in consequence, and that Mr Gillespie warned him out sick weeks ago on account of his connection with the bad money. All of which is incorrect. Talks incoherently.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) From his wife and his Nephew Robert Wilson. Is restless and sleepless. Has not had his clothes off for days. His mind is occupied with the delusion that he and his wife have had money. Insists on them going to jail and says that he himself will be executed shortly. Has threatened his wife on several occasions

Name and Medical Designation, James Ritchie L.R.C.P.E. & S.Ed.

Place of Abode Muirkirk. Ayrshire

DATED this twenty seventh day of October One thousand eight hundred and eighty

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Alexander Paterson (1) Sheriff Substitute
of the (2) County of Lanark
having had produced to me, with a Petition at the instance of (3) Nicholas McKaltie or Clark Lower Gateside Farm Douglas
Certificates under the hands of Robert Meikle Douglas, Lanarkshire
and James Ritchie, Muirkirk, Ayrshire, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Clark, Lower Gateside Farm Douglas and that the said William Clark is a (5) person of unsound mind,
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said William Clark as a Patient into the (6) Crichton Royal ~~Asylum of~~ Institution Dumfries and I authorize Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said William Clark which accompanied the said Petition.

DATED this Twenty seventh day of October One thousand eight hundred and eighty years

A. Paterson

To the Superintendent of the (7)
~~*Asylum of*~~ Crichton Royal Institution
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1884

William Black

29th October

1880

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (1) Shires of Dumfries Stewartry *and his Substitutes,*—

The Petition of James B. Cunningham

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mrs Mary Turner 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 Mrs Mary Turner to the Southern Counties Asylum and to sanction her admission into the said Asylum.

(2) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

James B. Cunningham, Inspector of Poor Dryfesdale.

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 29th (3) day of October One thousand eight hundred and eighty.

STATEMENT.

If any 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 Turner.
Sex and Age,	Female, 25 years.
Married, Single, or Widowed,	Married
Condition of Life, and previous Occupation (if any),	Pauper, Domestic servant.
Religious Persuasion, so far as known,	Protestant.
Previous Place of Abode,	Bridge Street, Lockerbie.
Place where Found and Examined,	Do. Do.
Length of time Insane,	One week.
Whether First Attack,	First attack
1 Age (if known) on First Attack,	~~25 years~~
1 When and where previously under Examination and Treatment,	— — —
1 Duration of Existing Attack,	one week
2 Supposed Cause,	Puerperal
1 Whether subject to Epilepsy,	no.
1 Whether Suicidal,	no.
1 Whether Dangerous to others,	yes, to her child
1 Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dryfesdale Parish
1 Date of becoming Chargeable,	29th October 1880.
1 Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Comrie Turner Bridge Street, Lockerbie. Husband. Her Father has been several times insane.
2 Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 29th day of October One thousand eight hundred and eighty

(*To be signed by Party applying*) James B. Cunningham Inspector of Poor

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, James Thomson Wilson Licentiate of the being a (1) Royal College of Surgeons Edinr

and being in actual practice as a (2) Surgeon

hereby certify, on soul and conscience, that I have this day, at (3) Bridge Street Lockerbie in the County Dumfries separately from any other Medical Practitio visited and personally examined (4) Mary Turner and

the said Mary Turner is a (5) person of unsound mind and a proper Person to be detai under Care and Treatment, and that I have formed this opinion upon the follow grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) very excited mo delusion as to objects on the wall & cause creeping on the bed, objecting to the presence of the faces passed involuntarily in bed

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her mother in law & other attendant, till me that is at times much excited & with difficulty retained and then talks incoherently on various subjects, wrong has slept little for two or insensible three nights

Name and Medical Designation, Jas. T. Wilson Surgeon

Place of Abode, Lockerbie

DATED this 28th day of October One thousand ei hundred and Eighty

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, John Thompson, Richardson Wotherspoon being a (1) Registd. Physician & Surgeon, Edinburgh

and being in actual practice as a (2) General Medical Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Bridge St. Lockerby in the County Dumfries separately from any other Medical Practitio visited and personally examined (4) Mrs. Mary Turner and th

the said Mrs. Mary Turner 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) Eighteen days ago Turner was attended by my self in Confinement, did well until fifth day when puerperal mania set in - & has continued this date. In her rearings, declares herself as God & herself & Babyhood a great deal of incoherency - attempted self mutilation

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Mrs. Wm. Turner, Mother in law declares her conversation as incoherent, & very excitable. Delusions of insect on the walls. Great resistance to taking food. Quick indifference and disinterested in her Baby.

Name and Medical Designation, John T. R. Wotherspoon General Medical Practitioner

Place of Abode The Green, Lockerby

DATED this 28th day of Octr. One thousand eig hundred and Eighty.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope ——— (1) Sheriff Substitute ———
of the (2) County of Dumfries ———
having had produced to me, with a Petition at the instance of (3) James B. Cunningham
Inspector of Poor, Dufftsdale. ———
Certificates under the hands of James Thompson Wilson ———
and John Thompson Richardson Nicholson being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Wm Mary Turner, Budge Street, Lockerbie, ——— and that the said Wm Mary Turner ——— is a (5) person of unsound mind

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Wm Mary Turner ——— as a Patient into the (6) Public ——— Asylum of Southern Counties and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Wm Mary Turner ——— which accompanied the said Petition.

DATED this twenty ninth day of October ——— One thousand eight hundred and eighty years.

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2
396

Mary Turner

29th October

1880

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) *of the* (2)

of *and his Substitutes*—

The Petition of

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that

(3) State degree of 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 to the and to sanction admission into the said Asylum.

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this (4) day of One thousand eight hundred and

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Charles Stuart McLean
2. Sex and Age,	Male - 30 years of age
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous occupation (if any),	Teacher
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Nottingham
7. Place where Found and Examined,	Parochial Board Office
8. Length of time Insane,	about 7 years
9. Whether first Attack,	no
10. Age (if known) on first Attack,	22 to 23 years
11. When and where previously under Examination and Treatment,	London in a Private house, and in Nottingham
12. Duration of existing Attack,	about 3 years
13. Supposed Cause,	Over Mental Work
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	He may be, but Could not Say
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dumfries (Meantime)
18. Date of becoming Chargeable,	2nd Nov 1880
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	A. C. McLean, Lewinsdale, Newton-Superman His Father was insane, as is also his Sister
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

I certify that, to the best of my knowledge, the above particulars are correctly stated.

Dated this Second day of November One thousand eight hundred and Eighty years.

(*To be Signed by Party applying*) Miles McInnes

MEDICAL CERTIFICATE, No. I.

I, the undersigned,
being a (1)
and being in actual practice as a (2)
hereby certify, on soul and conscience, that I have this day, at (3)
in the County
separately from any other Medical Practitioner
visited and personally examined (4)
and that
the said is a (5)
and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

1. Facts indicating Insanity observed by myself : (6)

2. Other facts (if any) indicating Insanity communicated to me by others : (7)

Name and Medical Designation,

Place of Abode,

Dated this day of One thousand eight
hundred and

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

MEDICAL CERTIFICATE, No. II.

I, the undersigned,
being a (1)
and being in actual practice as a (2)
hereby certify, on soul and conscience, that I have this day, at (3)
in the County
separately from any other Medical Practitioner
visited and personally examined (4)
and that
the said is a (5)
and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

1. Facts indicating Insanity observed by myself : (6)

2. Other Facts (if any) indicating Insanity communicated to me by others : (7)

Name and Medical Designation,

Place of Abode,

Dated this day of One thousand eight
hundred and

(1) *Set forth the qualifications entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, William Carruthers
being (1) a Graduate in Medicine of Edinburgh University
hereby certify, on soul and conscience, that I have this day, at (2) The Parochial Board Office Dumfries
in the County of Dumfries, seen and personally examined
Charles Stuart McLean, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

William Carruthers M.B.

DATED this 2nd day of November One thousand eight hundred and eighty years

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, (1)
of the (2)
having had produced to me, with a Petition at the instance of (3)

Certificates under the hands of
and , being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
and that the said
is a (5)

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said as a Patient into the (6) Asylum of and I authorize Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said which accompanied the said Petition.

DATED this day of One thousand eight hundred and

To the Superintendent of the (7)
Asylum of

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.
(6) Public, District, Parochial, *or* Private.
(7) Public, District, Parochial, *or* Private.

2
394

Charles Stuart McLean

2nd November

1881

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Sheriff or Steward. Shire or Stewartry.

Unto the Honourable the (1) Sheriff ~~of the (2)~~ ~~Stewartry~~ Counties of Dumfries Galloway — *and his Substitutes,*—

The Petition of John Farish, Creochs, Balmaghie, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Farish, your Petitioner's (3) Brother is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said James Farish to the ~~Dumfries and Galloway~~ 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 Luna.

John Farish

(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 November One thousand eight hundred and eighty

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 Farish
Sex and Age,	Male. 34 years
Married, Single, or Widowed,	Married
Condition of Life, and previous Occupation (if any),	Draper.
Religious Persuasion, so far as known,	Protestant
Previous Place of Abode,	Grantham (England)
Place where Found and Examined,	Risk (Balmaghie)
Length of time Insane,	about 3 weeks
Whether First Attack,	4th attack
Age (if known) on First Attack,	30 years
When and where previously under Examination and Treatment,	at Grantham —
Duration of Existing Attack,	3 weeks
Supposed Cause,	Drink
Whether subject to Epilepsy,	No
Whether Suicidal,	No
Whether Dangerous to others,	Partly so
Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
Date of becoming Chargeable,	—
Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Ellen Linell or Farish, Norton St. Grantham Lincolnshire Wife or Mr John Farish, Creochs, Balmaghie Kirkcudbright
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 eight hundred and eighty

(*To be signed by Party applying*) John Farish

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Walter Lorraine
being a (1) Graduate of Edinburgh University
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Risk, Balm[illegible]
in the County
Kirkcudbright separately from any other Medical Practitio[illegible]
visited and personally examined (4) James Farish
and [illegible]
the said James Farish is a (5) a person [illegible]
unsound mind and a proper Person to be detai[illegible]
under Care and Treatment, and that I have formed this opinion upon the follow[illegible]
grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Wandering & [illegible]
Has both delusions & illusions seeing [illegible]
talking through walls to imaginary [illegible]
Commenced with delusion [illegible] there [illegible]

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
His friends say that he sleeps [illegible]
except when taking sleeping draught [illegible]
then but little offers to strike & run away

Name and Medical Designation, Walter Lorraine

Place of Abode, Castle Douglas

DATED this Sixth day of November One thousand ei[illegible]
hundred and eighty

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Richard B. Lorraine
being a (1) Graduate of Edinburgh University
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Risk - Balm[illegible]
in the County
Kirkcudbright separately from any other Medical Practitio[illegible]
visited and personally examined (4) James Farish
and [illegible]
the said James Farish is a (5) person [illegible]
unsound mind and a proper person to be detai[illegible]
under Care and Treatment, and that I have formed this opinion upon the follow[illegible]
grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Very restless
not sitting still for more than 5 minutes [illegible]
time - thinks people converse with him [illegible]
room and answers their questions - Somet[illegible]
is violent

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
His brother says that he is very violen[illegible]
times - refuses to take any medicine - he [illegible]
always wanting to go from one place to [illegible]
and thinks his own friends want to poison [illegible]

Name and Medical Designation, R. B. Lorraine M.B.[illegible]

Place of Abode Castle - Douglas

DATED this Sixth day of November One thousand ei[illegible]
hundred and eighty

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Walter Lorraine being (1) A Graduate of Edinburgh University hereby certify, on soul and conscience, that I have this day, at (2) Risk, Balmaghie, in the County of Kirkcudbright, seen and personally examined James Farish, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Walter Lorraine MD

DATED this Sixth day of November One thousand eight hundred and eighty

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute of the (2) county of Dumfries having had produced to me, with a Petition at the instance of (3) John Farish, Creochs Balmaghie Kirkcudbrightshire Certificates under the hands of Walter Lorraine and Richard B. Lorraine, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) James Farish Risk Balmaghie (Petitioner's Brother) and that the said James Farish is a (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 Farish as a Patient into the (6) Public Asylum of Crichton Institution and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said James Farish, which accompanied the said Petition.

DATED this Eighth day of November One thousand eight hundred and eighty years.

David Boyle Hope

To the Superintendent of the (7) Public *Asylum of* Crichton Royal Institution Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1686

James Lovell

6th November

1881

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Dumfries and Galloway *and his Substitutes*—

The Petition of Miles McInnes, Inspector of Poor Dumfries, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James 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 James Dalziel to the Southern Counties Asylum and to sanction his admission into the said Asylum.

(3) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

Miles McInnes

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this Ninth (4) day of November One thousand eight hundred and Eighty years.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	James Dalziel
2. Sex and Age,	Male - 76 years
3. Married, Single, or Widowed,	Widowed
4. Condition of Life, and previous occupation (if any),	Seaman
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Friars Vennel
7. Place where Found and Examined,	Police Office (Burgh)
8. Length of time Insane,	a few days
9. Whether first Attack,	No
10. Age (if known) on first Attack,	75 years
11. When and where previously under Examination and Treatment,	S. C. Asylum, from which he was recently discharged.
12. Duration of existing Attack,	a few days
13. Supposed Cause,	not known
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	no
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dumfries
18. Date of becoming Chargeable,	9th Nov. 1880.
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	John Dalziel, Engine Driver 25 English Street - Son of the above.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	none

I certify that, to the best of my knowledge, the above particulars are correctly stated.

Dated this Ninth day of November One thousand eight hundred and Eighty years

(To be Signed by Party applying) Miles McInnes

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, William Marshall being a (1) Graduate of the faculty of Physicians and Surgeons Glasgow and College of St Andrews and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Police office Dumfries in the County Dumfries separately from any other Medical Practitioner visited and personally examined (4) James Dalziel a pauper, and the said James 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 incoherently wanders about necessarily giving vent to the most incomprehensible utterances &c

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) The police in the office give a report much the same as above

Name and Medical Designation, W Marshall M.D.

Place of Abode, Dumfries

DATED this 9th day of Nov One thousand eight hundred and eighty years

---

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, John Smith being a (1) Graduate in Medicine of Edinburgh and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) The Police Office Dumfries in the County Dumfries separately from any other Medical Practitioner visited and personally examined (4) James Dalziel. a pauper and the said James 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) His rambling incoherency of speech & excited insane appearance.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) was previously an inmate of the Southern Counties Asylum

Name and Medical Designation, John Smith M.D. &c

Place of Abode, The Castle St. Dumfries

DATED this 9th day of November One thousand eight hundred and 80 years

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope ——— (1) Sheriff Substitute
of the (2) County of Dumfries ———
having had produced to me, with a Petition at the instance of (3) Miles McInnes,
Inspector of Poor Dumfries ———
Certificates under the hands of William Marshall, ———
and John Smith ———, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) James Dalziel,
seaman Burgh Police Force Dumfries (at Dumfries) and that the said
James Dalziel, ——— is a (5) person of unsound mind,
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said James Dalziel ——— as a Patient into the (6) Public — Asylum of Southern Counties ——— and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said James Dalziel, ——— which accompanied the said Petition.

DATED this Ninth — day of November, — One thousand eight hundred and eighty years.

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of
Southern Counties,
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.
(6) Public, District, Parochial, *or* Private.
(7) Public, District, Parochial, *or* Private.

2
398

James Salziel

9th November

1880

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) Dumfries and Galloway *and his Substitutes,—*

The Petition of Robert Hanna Smith Sheriff clerk Wigtownshire humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that William Fleming Smith your Petitioner's (3) Son is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said William Fleming Smith to the Crichton Royal Institution, and to sanction his admission into the said Asylum.

R. H. Smith

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this eleventh (4) day of November One thousand eight hundred and eighty

STATEMENT.

If any 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 Fleming Smith
2. Sex and Age,	male aged 30
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Marine Engineer
5. Religious Persuasion, so far as known,	United Presbyterian
6. Previous Place of Abode,	Whithorn Wigtownshire
7. Place where Found and Examined,	Dumfries
8. Length of time Insane,	two or three months this relapse
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	
11. When and where previously under Examination and Treatment,	
12. Duration of Existing Attack,	
13. Supposed Cause,	
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	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,	Robert Hanna Smith
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	Wife of Smith, has just returned from China with children after absence of five years. Is not to come to see him

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this eleventh day of November One thousand eight hundred and eighty

(To be signed by Party applying) R. H. Smith P. P.

MEDICAL CERTIFICATE, No. I.

I, the undersigned, [illegible] being a (1) [illegible] and being in actual practice as a (2) [illegible] hereby certify, on soul and conscience, that I have this day, at (3) [illegible] in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) William Fleming Smith and the said William Fleming Smith is a (5) Person and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) [illegible]

2. Other facts (if any) indicating Insanity communicated to me by others: (7) [illegible]

Name and Medical Designation, [illegible]

Place of Abode, [illegible]

DATED this eleventh day of November One thousand eight hundred and eighty

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or 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 Carruthers being a (1) Registered in the Medical Register of Scotland and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 14 Castle St Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) William Fleming Smith and the said William Fleming Smith is a (5) Lunatic person and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) His insane appearance and great restlessness, whereby he is lost to the outer world and is dying. Keep the promises of your home for a short time and that he does not open his letters.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) His brother states that he was not able to work for some time due to the restlessness

Name and Medical Designation, William Carruthers

Place of Abode 14 Castle St Dumfries

DATED this 11th day of November One thousand eight hundred and eighty 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) a Medical Practitioner [illegible] Edinburgh hereby certify, on soul and conscience, that I have this day, at (2) Dumfries, in the County of Dumfries, seen and personally examined William Fleming Smith, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

[signature] M.D.

DATED this Eleventh day of November One thousand eight hundred and Eighty

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute of the (2) County of Dumfries. having had produced to me, with a Petition at the instance of (3) Robert Hanna Smith Sheriff Clerk of Nigownshire Certificates under the hands of James Gilchrist and William Carruthers, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) William Fleming Smith. Marine Engineer. Whitborn and that the said William Fleming Smith is a (5) person of unsound mind and an insane person and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said William Fleming Smith as a Patient into the (6) Public Asylum of Crichton Institution and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said William Fleming Smith which accompanied the said Petition.

DATED this eleventh day of November One thousand eight hundred and eighty years.

David Boyle Hope

To the Superintendent of the (7) Public *Asylum of* Crichton Royal Institution Dumfries.

---

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, *or* an Insane Person, *or* an Idiot, *or* a Person of unsound mind.
(6) Public, District, Parochial, *or* Private.
(7) Public, District, Parochial, *or* Private.

1687

William Fleming Smith

11th Novr

1880

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Sheriff or Steward. Shire or Stewartry.

Unto the Honourable the (1) ~~unto~~ Sheriff ~~of the (1) Shire~~ of Dumfries Galloway *and his Substitutes,*—

The Petition of ~~Patient~~ John McKay Labourer Greenhill Summerton

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Jane McKay your Petitioner's (2) Daughter is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Jane McKay to the Southern counties asylum and to sanction her admission into the said Asylum.

John McKay

(2) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 11th (4) day of November One thousand eight hundred and 80

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

Christian Name and Surname of Patient at length,	Jane McKay
Sex and Age,	female 26
Married, Single, or Widowed,	single
Condition of Life, and previous Occupation (if any),	Domestic Servant
Religious Persuasion, so far as known,	Protestant
Previous Place of Abode,	Ironhirst Parish of mouswald
Place where Found and Examined,	agnes hill
Length of time Insane,	month of August 1880
Whether First Attack,	month of August
Age (if known) on First Attack,	
When and where previously under Examination and Treatment,	Agnes hill 12 August 1880
Duration of Existing Attack,	Three months
Supposed Cause,	no
Whether subject to Epilepsy,	no
Whether Suicidal,	no
Whether Dangerous to others,	yes
Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Not chargeable.
Date of becoming Chargeable,	~~11 November~~ —
Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	John McKay father — above Designed.
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 November One thousand eight hundred and 80

(*To be signed by Party applying*) John McKay

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, David Charles Cox being a (1) Licentiate of the Royal College of Physicians in Edinburgh and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Agnes Hi Cummertrees in the County Dumfries separately from any other Medical Practition visited and personally examined (4) Jane McKay and the said Jane McKay 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 is irrita & wishes to be alone Says she is insulted at son sending her a child & that boys put their teeth her back in Church &c &c

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her Parents say that she has taken a great ave to them & cannot bear them to be near her or speak On one occasion she lifted the poker to her Mother Always wishes for solitude & has spoken of drowning he

Name and Medical Designation, D. Chas. Cox L.R.C.

Place of Abode, Port St. Annan

DATED this Tenth day of November One thousand eig hundred and eighty years

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, John Smith being a (1) Graduate in Medicine of Edinbu University and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Agnes he Cummertrees in the County Dumfries separately from any other Medical Practition visited and personally examined (4) Jane McKay. and th the said Jane McKay. 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) Her insan appearance & delusions, states that so time ago. boys put their teeth into her back when she was in church. which caused her pain

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her Mother informs that lately she been very much changed. having many delus & acting in many ways in an unaccountable

Name and Medical Designation, John Smith

Place of Abode 14 Castle St. D

DATED this 10th day of November One thousand eig hundred and 80. years

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, John Smith being (1) Graduate of Medicine of Edinburgh University hereby certify, on soul and conscience, that I have this day, at (2) Agnes Hill, Cummertrees in the County of Dumfries, seen and personally examined Jane McKay, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

John Smith. M.D.

DATED this 10th day of November One thousand eight hundred and 80 years.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Stope (1) Sheriff-substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) John McKay, Labourer, Agnes Hill Cummertrees, Certificates under the hands of David Charles Cox and John Smith, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Jane McKay, Agnes Hill, Cummertrees, (Parish of Dumfries) and that the said Jane McKay, is a (5) person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Jane McKay as a Patient into the (6) Public Asylum of Southern Counties and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Jane McKay, which accompanied the said Petition.

DATED this Eleventh day of November, One thousand eight hundred and eighty.

David Boyle Stope

To the Superintendent of the (7) Public Asylum of Southern Counties, Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2
299

Jane
~~Agnes~~ McKay

11th Nov. 1880

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(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 Jane McCall humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John McCall your Petitioner's (3) Brother is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said John McCall to the Crichton Royal Institution and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

Jane McCall

(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 November One thousand eight hundred and eighty

STATEMENT.

If any 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 McCall
2. Sex and Age,	5 y. male
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Cattle Dealer
5. Religious Persuasion, so far as known,	Established Church of Scotland
6. Previous Place of Abode,	1 Kakowens St. Milldamhead. Dumfries
7. Place where Found and Examined,	1 Kakowens St. Milldamhead Dumfries
8. Length of time Insane,	2 weeks
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	5 y.
11. When and where previously under Examination and Treatment,	—
12. Duration of Existing Attack,	2 weeks.
13. Supposed Cause,	a Railway Accident
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,	Jane McCall. 1 Kakowens St. Milldamhead. Dumfries. Sister 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 14th day of November One thousand eight hundred and eighty

(*To be signed by Party applying*) Jane McCall

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, John Smith
being a (1) Graduate in Medicine of Edinburgh University
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) 1 Kirkowan St. Milldamhead. in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) John McCall 1 Kirkowan St. Cattle Dealer and that the said John McCall is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6). His changed insane appearance, muttering incoherent speech, continual restlessness. His only answer to questions is that everything is wrong.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His sister informs me that he has made delusions that he has shown signs of attempting to commit suicide. that he believes his food is poisoned & that he is continually restless. sleeping none.

Name and Medical Designation, John Smith

Place of Abode, 14 Castle St Dumfries

DATED this 14th day of November One thousand eight hundred and 80 years

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Mark Johnston Symons
being a (1) Doctor of Medicine
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) 1 Kirk Owens Milldamhead Dumfries in the County separately from any other Medical Practitioner visited and personally examined (4) John McCall Cattle Dealer 1 Kirk Owens St. and that the said John McCall is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Restless, sleeping and excited, dejected and incoherent in conversation imagines that everything must go wrong with

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Miss McCall informs me that he tried to poison himself by Strychnine last night

Name and Medical Designation, M. J. Symons MD

Place of Abode Buccleuch St: Dumfries

DATED this 14th day of November One thousand eight hundred and eighty—

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, John Smith
being (1) Grad. Univ. of Edinburgh Licentiate of Medicine
hereby certify, on soul and conscience, that I have this day, at (2) 1 Kirkhowen St.
in the County of Dumfries, seen and personally examined
John McCall, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

John Smith M.D.

DATED this 14 day of November One thousand eight hundred and 80 years.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (3) Sheriff Substitute
of the (4) County of Dumfries
having had produced to me, with a Petition at the instance of (5) Jane McCall, 1 Kirkhowen St. Maxwellheugh, Dumfries
Certificates under the hands of John Smith
and Mark Johnston Symons, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (6) John McCall, Cattle Dlr. 1 Kirkhowen Street, Maxwellheugh, Dumfries and that the said
John McCall is a (7) person of unsound mind

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said John McCall as a Patient into the (8) Public Asylum of Crichton Institution and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said John McCall which accompanied the said Petition.

DATED this fifteenth day of November One thousand eight hundred and eighty years.

David Boyle Hope

To the Superintendent of the (9) Public
Asylum of Crichton Institution
Dumfries

---

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1688

John McCall

11th November

1880

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap. 54, Sect. 14.*

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. Shire or Stewartry.

Unto the Honourable the (1) ~~Sheriff of Dumfries and Galloway~~ ~~of Wigtown~~ *and his Substitutes*

The Petition of William Martin & John Craig. (Trustees for Mrs Hamilton)

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary Coyle or Hamilton, residing at Aldanna Cottage your Petitioner's (2) Maid or Nurse.

(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 Mary Coyle or Hamilton to the Crichton Royal Institution, Dumfries and to sanction her admission into the said Asylum.

William Martin & John Craig

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 15th (3) day of November One thousand eight hundred and Eighty

---

STATEMENT.

If any 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 Coyle or Hamilton
2. Sex and Age,	Female. About fifty years.
3. Married, Single, or Widowed,	married.
4. Condition of Life, and previous Occupation (if any),	In charge of her own furniture. - none -
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	For years sailed with her husband on board ship -
7. Place where Found and Examined,	Aldonnan. Cottage. Leswalt.
8. Length of time Insane,	Five 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,	Five weeks.
13. Supposed Cause,	Not known.
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	no
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
18. Date of becoming Chargeable,	—
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Captain Matthew James Hamilton (at present at sea). Not known.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I, [illegible], that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 15th day of November One thousand eight hundred and Eighty

(*To be signed by Party applying*) Wm. Martin & John Craig

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, David Easton being a (1) Doctor of Medicine and Licentiate of Royal College of Surgeons Edinburgh and being in actual practice as a (2) General Practitioner. hereby certify, on soul and conscience, that I have this day, at (3) Aldouran Cottage Lesmalt. Moylett in the County of separately from any other Medical Practitioner visited and personally examined (4) Mary Coyle or Hamilton and this the said Mary Coyle or Hamilton is a (5) person of unsound Mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She is very unsettled, her speech rambling about & mixed with a great number of words, & frequently at one time she puts on a sad countenance & a cheerful & pleasant frown. She complains much of pains in her head & limbs, & says that the Fairies are trying to destroy her. She says that she has lost her senses, that they are made to do away with her. That it is all a mistake. That she has found Mr Wallace. That it is all a mistake.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Sarah Jane McNeeman her nurse says she is very restless at night, & during the day is not herself. That she is apt to be violent & quarrelsome. That she is not herself. That she is apt to be violent & quarrelsome. That she is not herself. That she is apt to be violent & quarrelsome. That she

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Peter Maclean Esquire (1) Sheriff Substitute
of the (2) County of Wigtown
having had produced to me, with a Petition at the instance of (3) William Martin farmer Lochruse and John Craig Draper Stranraer
Certificates under the hands of David Easton Doctor of Medicine of Stranraer
and William M'Neil Doctor of Medicine the being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Coyle or Hamilton residing at Aldouran Cottage Leswalt and that the said
Mary Coyle or Hamilton is a (5) person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Mary Coyle or Hamilton 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 Coyle or Hamilton which accompanied the said Petition.

DATED this fifteenth day of November One thousand eight hundred and eighty seven.

P. Maclean

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.

1689

Mr. Coyle or Hamilton

16th November

1880

6

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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* Dumfries & Galloway *and his Substitutes,—*

The Petition of Alex Cunningham Hamilton Place Castle Douglas humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Robert Hannah Cairns your Petitioner's (3) Brother in Law is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Robert Hannah Cairns 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.

Alexander Cunningham

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificate.

DATED this 23rd (4) day of November One thousand eight hundred and Eighty

STATEMENT.

If any 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 Hannah Cairns
2. Sex and Age,	Male, age 50
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Marine Surveyor, Master Mariner
5. Religious Persuasion, so far as known,	Presbyterian
6. Previous Place of Abode,	Hamilton Place, Castle Douglas
7. Place where Found and Examined,	" " "
8. Length of time Insane,	Ten Days
9. Whether First Attack,	First Attack
10. Age (if known) on First Attack,	50
11. When and where previously under Examination and Treatment,	Castle Douglas & Edinburgh
12. Duration of Existing Attack,	Ten days
13. Supposed Cause,	General ill health
14. Whether subject to Epilepsy,	Not subject to Epilepsy
15. Whether Suicidal,	Doubtful
16. Whether Dangerous to others,	has shewn no symptoms
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	His Wife Jesse Cairns Unknown
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 23rd day of November One thousand eight hundred and Eighty

(*To be signed by Party applying*) Alexander Cunningham

P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Walter Lorraine
being a (1) Graduate of Edinburgh University

and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Hamilton [illegible]
Castle Douglas in the Count[illegible]
Kirkcudbright separately from any other Medical Practitio[illegible]
visited and personally examined (4) Robert Hanney Cairns and [illegible]
the said Robert H Cairns is a (5) person of unsound mind and a proper Person to be detai[illegible]
under Care and Treatment, and that I have formed this opinion upon the follow[illegible]
grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He labours under [illegible] serious delusion of being drugged by his wife [illegible] consequence of which he is refusing & does not take [illegible] necessaries of life. He labours under other delusions [illegible] which he distresses himself so much as to make [illegible] to himself & others

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His wife mentions many delusions under which he labours such as he considers [illegible] as reserved ~~for~~ to be exposed for exhibition [illegible]

Name and Medical Designation, Walter Lorraine [illegible]

Place of Abode, Castle Douglas

DATED this 23rd day of November One thousand ei[illegible] hundred and eighty

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind

I, the undersigned, Richard B. Lorraine
being a (1) Graduate of Edinburgh University

and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Hamilton [illegible]
Castle Douglas in the County
Kirkcudbright separately from any other Medical Practition[illegible]
visited and personally examined (4) Robert Hannah Cairns and th[illegible]
the said Robert Hannah Cairns is a (5) person of unsound mind and a proper person to be detai[illegible]
under Care and Treatment, and that I have formed this opinion upon the follow[illegible]
grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He is very restless - says that he sleeps too much in co[illegible] of drugs being put in his food. He says the appetite is good but that he is afraid to take [illegible] in case of being poisoned.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) His wife says he is in constant dread of [illegible] sent to the asylum. and that he thinks [illegible] concealed in his bedroom. and blames her pri[illegible] for wanting to poison him

Name and Medical Designation, Richard Bell Lorraine M.B.C.M.

Place of Abode Castle-Douglas

DATED this 23rd day of November One thousand ei[illegible] hundred and eighty

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Walter Lorraine being (1) Graduate of Edinburgh University hereby certify, on soul and conscience, that I have this day, at (2) Hamilton Place Castle Douglas in the County of Kirkcudbright, seen and personally examined Robert Hannah Cairns, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Walter Lorraine M D

DATED this 23rd day of November One thousand eight hundred and eighty

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope, (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Alexander Cunningham, Hamilton Place Castle Douglas, Certificates under the hands of Walter Lorraine and Richard Bell Lorraine being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Robert Hannah Cairns Hamilton Place Castle Douglas (Bro. Brother in law) and that the said Robert Hannah Cairns is a (5) person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Robert Hannah Cairns, as a Patient into the (6) Public Asylum of Crichton Institution and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Robert Hannah Cairns, which accompanied the said Petition.

DATED this Twenty fourth day of November One thousand eight hundred and eighty.

David Boyle Hope

To the Superintendent of the (7) Public *Asylum of* Crichton Royal Institution Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1690

Robert Hannah Cairns

23rd November

1880

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

{Sheriff or Steward. Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (1) Shire of Wigtown

The Petition of Peter Gordon Inspector of Poor and his Substitutes Kirkcowan

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Milroy your Petitioner's (2) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said James Milroy to the Southern Counties Asylum Dumfries and to sanction his admission into the the said Asylum.

(2) State degree of Sheriffship or other locality in which Petitioner stands to Lunatic.

Peter Gordon Inspector of Poor

DATED this 23d (4) day of November One thousand eight hundred and Eighty-

(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,	James Milroy
2. Sex and Age,	44 yrs
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Was a Banker when young previous to his becoming insane
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Tarphouse Kirkcowan
7. Place where Found and Examined,	Culvennan Kirkcowan
8. Length of time Insane,	about 20 yrs
9. Whether first Attack,	Continuation of first attack
10. Age (if known) on first Attack,	about 24 yrs of age
11. When and where previously under Examination and Treatment,	was in Dumfries on first appearance of attack
12. Duration of existing Attack,	24 yrs at least
13. Supposed Cause,	not known
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no but sometimes lies out at nights in the wood or fields
16. Whether Dangerous to others,	at times he is
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Kirkcowan
18. Date of becoming Chargeable,	22nd November 1880
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	John Milroy 18 Montague Terrace Inverleith Row Edinburgh, Brother to Pauper
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	none ever insane to knowledge of applicant
	None

I certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Twenty third day of November One thousand eight hundred and Eighty-

(*To be signed by Party applying*) Peter Gordon
Insp of Poor
Kirkcowan

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Robert Bird Selby
being a (1) Graduate of Edinburgh University & licen
of the Royal College of Surgeons Edinburgh
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Culvennan
farm house – Kirkcowan in the Count
Wigtown
separately from any other Medical Practitio
visited and personally examined (4) James Milroy – Pauper and
the said James Milroy 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)
Does not recollect when he left his old home &
Came to reside at Culvennan
Answers questions in a childish manner

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Mrs McCormick of Culvennan – says he wanders away
the house frequently – & has stayed out all night about his old
Threatened to knock her daughter's head off when reproved for
throwing stones at some turkeys.

Name and Medical Designation, R B Selby M.D. & L.R.C.S.

Place of Abode, Portwilliam Wigtownshire

DATED this 23d day of November One thousand ei
hundred and eighty.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) *Lunatic, or an insane person, 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 Coutts
being a (1) Licentiate of the Faculty of Physician
Surgeons of Glasgow.
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Culvennan
farm house Kirkcowan in the County
Wigtown
separately from any other Medical Practitio
visited and personally examined (4) James Milroy – Pauper and
the said James Milroy 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)
Great unwillingness to speak. Answering
in a very childish manner.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Mrs McCormick and her family say that
wanders away from the house frequently and stays
all night about his old home. And that he annoys
this evening – entering
Name and Medical Designation, John Coutts Surg

Place of Abode, Kirkcowan

DATED this 23d day of November One thousand eigh
hundred and eighty.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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 Coutts being (1) A Licentiate of the Society of Physicians & Surgeons hereby certify, on soul and conscience, that I have this day, at (2) Calverman Farm House in the County of Wigtown, seen and personally examined James Milroy, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William Mackie, Esquire (1) Sheriff Substitute of the (2) County of Wigtown having had produced to me, with a Petition at the instance of (3) Peter Gordon Inspector of Poor, Kirkcowan Certificates under the hands of Robert Bird, L.R.C.P. & L.R.C.S. Edin. & L.F.P.S. Glasgow and John Coutts, Surgeon, Kirkcowan, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) James Milroy, Pauper, and that the said James Milroy, Pauper is a (5) a person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said James Milroy, Pauper as a Patient into the (6) Public Asylum of the Southern Counties, Dumfries and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said James Milroy, Pauper which accompanied the said Petition.

DATED this twenty fourth day of November One thousand eight hundred and eighty

Wm Mackie

To the Superintendent of the (7)
Public Asylum of the Southern Counties
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2
400

James Milroy

25th November

1880

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(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 Henrietta Wells Castle Street Lochmaben

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Jessie French or Wells

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (3) daughter

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Jessie French or Wells to the Southern Counties Asylum and to sanction her admission into the said Asylum.

Henrietta Wells

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 25th (4) day of November One thousand eight hundred and eighty

STATEMENT.

If any 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 French or Wells
2. Sex and Age,	female. 43 years of age
3. Married, Single, or Widowed,	widow
4. Condition of Life, and previous Occupation (if any),	Domestic servant
5. Religious Persuasion, so far as known,	protestant
6. Previous Place of Abode,	Lochmaben
7. Place where Found and Examined,	Castle Street Lochmaben
8. Length of time Insane,	two days
9. Whether First Attack,	First attack
10. Age (if known) on First Attack,	43 years
11. When and where previously under Examination and Treatment,	nowhere
12. Duration of Existing Attack,	two days
13. Supposed Cause,	Family sorrow
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	inclined to be dangerous
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Lochmaben
18. Date of becoming Chargeable,	25th March 1880
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Henrietta Wells. mother Castle St. Lochmaben two brothers and one sister have been insane
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 25th day of November One thousand eight hundred and eighty

(*To be signed by Party applying*) Henrietta Wells

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Thomas Reid
being a (1) Graduate in Medicine of Glasgow University
and being in actual practice as a (2) General practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Castle Street Lochmaben in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Jessie French or Wells Pauper Castle Street Lochmaben and that the said Jessie French or Wells is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Crying, singing and dancing incessantly, smashing furniture and quite incoherent in her statements, always trying to get out of the house and has to be restrained, wild expression

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) her mother says she has broken the glass in the ran out into the street and commenced singing and dancing without any meaning, and attracted a large crowd and was got home with difficulty, has talked made a noise

Name and Medical Designation, Thomas Reid M.D.

Place of Abode, Lochmaben

DATED this 25th day of November One thousand eight hundred and eighty

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, John Smith
being a (1) Graduate in Medicine of Edinburgh University
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) 14 Castle St Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Jessie French or Wells Castle St Lochmaben a Pauper and that the said Jessie French or Wells is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Her stupid insane appearance, rambling incoherent & inability to comprehend or answer ...

(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 has attempted to break the windows & was otherwise unmanageable.

Name and Medical Designation, John Smith M.D.

Place of Abode, 14 Castle St Dumfries

DATED this 25th day of November One thousand eight hundred and 80 years

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Thomas Reid being (1) a Graduate in Medicine of Glasgow University hereby certify, on soul and conscience, that I have this day, at (2) Lochmaben in the County of Dumfries, seen and personally examined Jessie French or Wells, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Thomas Reid M.D. C.M.

DATED this 24th day of November One thousand eight hundred and eight

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Stope — (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Henrietta Wells, Castle Street Lochmaben Certificates under the hands of Thomas Reid and Alex 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) Jessie French or Wells Wife of Castle Street Lochmaben and that the said Jessie French or Wells is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Jessie French or Wells — as a Patient into the (6) Public Asylum of Southern Counties and I authorize the Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Jessie French or Wells which accompanied the said Petition.

DATED this Twenty sixth day of November One thousand eight hundred and eighty.

David Boyle Stope

To the Superintendent of the (7) Public
Asylum of Southern counties
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2
401

Jessie Frunck or Wells

25th November

1880

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Dumfries and Galloway *of* R.R.L. *and his Substitutes,—*

The Petition of Robert Reddick Lewis Merchant in Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Miss Elizabeth Lewis residing in Dalbeattie your Petitioner's (3) Cousins Daughter is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Elizabeth Lewis to the Crichton Royal Institution and to sanction her admission into the said Asylum. one word deleted

(3) State degree of Relationship or other cause in which Petitioner stands to Lunatic.

Robert R. Lewis

The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Third (4) day of December One thousand eight hundred and eighty years

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Elizabeth Lewis
2. Sex and Age,	Female - about 42 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Domestic - no occupation
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	always lived in Dalbeattie
7. Place where Found and Examined,	Dalbeattie
8. Length of time Insane,	Has been in a weak state of mind for several years but much worse for the last 2 or 3 weeks
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	about 42
11. When and where previously under Examination and Treatment,	
12. Duration of Existing Attack,	a few weeks
13. Supposed Cause,	Not Known
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	Very excitable ther manner sometimes threaten.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Third day of December One thousand eight hundred and

(*To be signed by Party applying*) Robert R. Lewis

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, John Paterson Lewis ——— being a (1) Graduate of the University of Glasgow — and being in actual practice as a (2) General Practitioner — hereby certify, on soul and conscience, that I have this day, at (3) Albert St. Dalbeattie ——— in the County of Kirkcudbright — separately from any other Medical Practitioner visited and personally examined (4) Elizabeth Lewis ——— Dr. residence John St. Dalbeattie ——— and the said Elizabeth Lewis ——— is a (5) a person of unsound mind ——— and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

Insane expression of face — Talked wildly & incoherently — Boasted of her wealth, & that she would go and do anything she liked — That God had been to her & she would be good to God — Laughed immoderately

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

I have seen her strike her servant — Servant told me that she threw a bason of hot water on her sister a days ago & that she had frequently chased them in the house —

Name and Medical Designation, John Paterson Lewis M.

Place of Abode, Dalbeattie

DATED this Second day of December One thousand eight hundred and eighty —

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Robert McKechar. being a (1) Graduate of Edinburgh University and being in actual practice as a (2) — General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Albert Street Dalbeattie ——— in the County of Kirkcudbright — separately from any other Medical Practitioner visited and personally examined (4) Elizabeth Lewis — at present residing there ——— and the said Elizabeth Lewis — is a (5) of unsound mind ——— and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Has uniformly apprehensions regarding the houses in which she has lived that they are danger to live in alone with her sister, Her [illegible] is incoherent sometimes

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Has been noisy and sleepless, Has threatened violence towards Miss Ba[illegible] who resides in the same house with her, Servant tells me she laughs & rows about cancelling

Name and Medical Designation, Robert McKechar

Place of Abode Dalbeattie

DATED this third day of December One thousand eight hundred and Eighty

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Dated this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Robert Riddick Lewis
merchant in Dumfries,
Certificates under the hands of John Paterson Lewis
and Robert McKechnie, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Elizabeth Lewis, residing in Dalbeattie and that the said Elizabeth Lewis is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Elizabeth Lewis as a Patient into the (6) Public Asylum of Crichton institution and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Elizabeth Lewis which accompanied the said Petition.

Dated this third day of December One thousand eight hundred and eighty years.

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of Crichton Royal Institution.
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

9

1691

Elizabeth Lewis

Dr Adams

4th December

1880

[FORM A[1]]

20 & 21 *Vict., Cap.* 71, *Sect.* 37.

NOTICE OF ADMISSION.

I HEREBY GIVE NOTICE, That (1)

was received into this House as a (2)

Patient on the (3) day of

and I hereby transmit a Copy of the Order and Medical Certificates and Statement on which was received.

Subjoined is a Report with respect to the mental and bodily condition of the above-named Patient.

Superintendent.

DATED at this (4) day of

One thousand eight hundred and seventy

To the Secretary of the
General Board of Lunacy.

REPORT.

I HAVE this day (5) seen and personally examined

the Patient named in the above Notice,

and hereby report and certify, with respect to mental state, that (6)

and with respect to bodily health and condition, that (7)

(8)

DATED this day of One thousand eight hundred and

(1) Name and Designation.
(2) Private or Pauper.
(3) Some day within fourteen days after the date of the Order of the Sheriff; or within twenty-one days, if the Order be granted by the Sheriff of Orkney and Shetland.
(4) Some day not less than two clear days after the admission of the Patient, and before the expiration of fourteen clear days after admission.
(5) Insert Particulars.
(7) Insert Particulars.
(8) Add Designation.

(~~Copies.~~)

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff ~~of the (2) Shire~~ of Dumfries ~~Galloway~~ *and his Substitutes,—*

The Petition of Matthew Grierson, Farm Steward

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Isabella Grierson

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (3) daughter is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Isabella Grierson to the Southern Counties Asylum and to sanction her admission into the said Asylum.

Matthew Grierson

(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 eight hundred and eighty

STATEMENT.

If any 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 Grierson
2. Sex and Age,	female 18 years of age
3. Married, Single, or Widowed,	single
4. Condition of Life, and previous Occupation (if any),	Domestic Servant
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Moss-bank Cottage Hightae
7. Place where Found and Examined,	Moss-bank Cottage Hightae
8. Length of time Insane,	five days
9. Whether First Attack,	First attack
10. Age (if known) on First Attack,	18 years
11. When and where previously under Examination and Treatment,	never under treatment before
12. Duration of Existing Attack,	five days
13. Supposed Cause,	Excitement
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Matthew Grierson. Father. Moss-bank Cottage Hightae Dalkeith. An Aunt at present in the Southern Counties Asylum Dumfries
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this seventh day of December One thousand eight hundred and eighty

(To be signed by the Party applying) Matthew Grierson

(~~Copies.~~)

MEDICAL CERTIFICATE, No. I.

the undersigned, Thomas Reid
ing a (1) Graduate in Medicine of Glasgow University

d being in actual practice as a (2) General Practitioner
reby certify, on soul and conscience, that I have this day, at (3) Moss-bank
Cottage Hightae Lochmaben in the County of
Dumfries separately from any other Medical Practitioner,
ited and personally examined (4) Isabella Grierson Moss-bank
Cottage Hightae Lochmaben and that
e said Isabella Grierson is a (5) person of
unsound mind and a proper Person to be detained
der Care and Treatment, and that I have formed this opinion upon the following
ounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) Does not understand
the simplest question, does not know whether she is 16 or 30 years of age
imagines someone is going to take her away, and cries out in terror
whilst there are people in the house, all of which are delusions, when food
is put into her mouth she does not seem to know how to swallow it.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Her father says that they can hardly restrain her from doing violence
to any one who comes near her, takes fits of screaming and tearing
at any one coming near her, refuses to take her food and sleeps
alone at night

Name and Medical Designation, Thomas Reid M.D., C.M.

Place of Abode, Lochmaben

DATED this seventh day of December One thousand eight
hundred and eighty.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* 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 Carruthers
ing a (1) Graduate in Medicine of Edinr University

being in actual practice as a (2) Physician & Surgeon
reby certify, on soul and conscience, that I have this day, at (3) 14 Carth St
Dumfries in the County of
Dumfries separately from any other Medical Practitioner,
ited and personally examined (4) Isabella Grierson Moss-bank
Cottage Hightae Lochmaben and that
e said Isabella Grierson is a (5) insane person
and a proper person to be detained
er Care and Treatment, and that I have formed this opinion upon the following
ounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) Her appearance
indicates mental weakness, she will scarcely answer any
questions, imagines people are going to take her away somewhere

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Her father states that she has been quite
unmanageably lately. Takes some people to hold her in bed
strikes her mother & friends, occasionally

Name and Medical Designation, William Carruthers M.B.

Place of Abode 14 Carth St Dumfries

DATED this 7th day of December One thousand eight
hundred and eighty 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.*

(Copies.)

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Thomas Reid being (1) a Doctor of Medicine of Glasgow University hereby certify, on soul and conscience, that I have this day, at (2) Mossbank Cottage Highlands in the County of Dumfries, seen and personally examined Isabella Grierson, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Thomas Reid M.D. C.M.

DATED this Seventh day of December One thousand eight hundred and eighty.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, James Gibson Starke (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Matthew Grierson Mason Mossbank-Cottage Highlands Lockmaker Certificates under the hands of Thomas Reid and William Farrutters, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Grierson Mossbank-cottage aforesaid (Petitioner's Daughter) and that the said Isabella Grierson is a (5) person of unsound mind and an insane person and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Isabella Grierson as a Patient into the (6) Public Asylum of Southern Counties and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Isabella Grierson which accompanied the said Petition.

DATED this Seventh day of December One thousand eight hundred and eighty.

J. Gibson Starke

To the Superintendent of the (7) Public Asylum of Southern Counties, Dumfries

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

9/402 Isabella Grierson 4th November 1880

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Sheriff or Steward. Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) ~~County~~ ~~Shire~~ *of* Dumfries & Galloway *and his Substitutes,*— & ctc

The Petition of Alexander McDougall humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Archibald Rodan your Petitioner's (3) Martin's Son is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said ~~Archibald~~ Rodan to the Crichton Royal Institution & ctc and to sanction his admission into the said Asylum.

(3) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

Alexander McDougall in the employment of Archibald Rodan Factor. Kiells - Islay.

Dated this Eleventh (4) day of December One thousand eight hundred and Eighty

(4) The date of the petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

Christian Name and Surname of Patient at length,	Archibald Rodan
Sex and Age,	Male - 21 years
Married, Single, or Widowed,	Single
Condition of Life, and previous Occupation (if any),	Son of a factor. and assisting his father.
Religious Persuasion, so far as known,	Church of Scotland.
Previous Place of Abode,	Kiells - Islay.
Place where Found and Examined,	Dumfries
Length of time Insane,	about 10 weeks.
Whether First Attack,	No
Age (if known) on First Attack,	about 18 years
When and where previously under Examination and Treatment,	Crichton Royal Institution
Duration of Existing Attack,	10 weeks
Supposed Cause,	previous insanity & drink
Whether subject to Epilepsy,	~~yes~~ Not
Whether Suicidal,	No.
Whether Dangerous to others,	yes.
Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
Date of becoming Chargeable,	
Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Archibald Rodan Kiells Islay — Father
Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this Eleventh day of December One thousand eight hundred and Eighty

(*To be signed by Party applying*) Alexander McDougall

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, John Smith being a (1) Graduate in Medicine of Edinburgh University and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 14 Castle St Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Archibald Rodan, Bu[illegible] Clerk. Kills Portaskaig Islay and th[illegible] the said Archibald Rodan is a (5) person of Unsound Mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Sfio dull in appearance. stupid method of conversation & delu[illegible] Tells me that he cannot get out of his mind [illegible] idea that some person is about to kill him.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Hugh Carmichael informs me that he is changeable in his manners & actions, at one time dull reserved at others times excited & threatening to injur[illegible] those about him.

Name and Medical Designation, John Smith M[illegible]

Place of Abode, 14 Castle St Dum[illegible]

DATED this 11th day of December One thousand eight hundred and 80 years.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Mark Johnston Symons being a (1) Doctor of Medicine of Edinburgh University and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 14 Castle St Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Archibald Rodan, Kills Portaskaig Islay. and that the said Archibald Rodan is a (5) person of Unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6). He is dull in conversation, to stupless, restless and excited at times. Has delusions, imagining that some people tried to kill him.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Alexander McDougal informs me that he is subject to attacks of excitement. When he is dangerous and threatens to injure people about him.

Name and Medical Designation, M. J. Symons M.D.

Place of Abode Buccleuch St. Dumf[illegible]

DATED this eleventh day of December One thousand eight hundred and eighty years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, John Smith
being (1) Graduate in Medicine of Edinburgh University
hereby certify, on soul and conscience, that I have this day, at (2) 14 Castle St. Dumfries
in the County of Dumfries, seen and personally examined
Archibald Rodan, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

John Smith MD &c.

DATED this 11th day of December One thousand eight hundred and 80 years

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, James Gibson Starke (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Alexander McDougall in the employment of Archibald Rodan, Factor, Keills, Islay
Certificates under the hands of John Smith
and Mark Johnston Symons, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Archibald Rodan, Factors son, Keills, Islay, Peters masters son) — and that the said Archibald Rodan is a (5) person of unsound mind

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Archibald Rodan as a Patient into the (6) Public Asylum of Crichton Institution and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Archibald Rodan which accompanied the said Petition.

DATED this thirteenth day of December One thousand eight hundred and eighty years.

J. Gibson Starke

To the Superintendent of the (7) Public,
Asylum of Crichton Royal Institution.
Dumfries.

---

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1692

Archibald Rodan

11th December

1880

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) ~~Shire~~ Dumfries & Galloway at Kirkcudbright and his Substitutes,—

The Petition of Helen K. Neilson

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that the Rev. Archibald L. McCrie 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 Rev. Archibald L. McCrie 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.

Helen K. Neilson

(4) The date of the Petition must be with-in fourteen clear days following the dates of the Medical Certificates.

DATED this 27th (4) day of November One thousand eight hundred and Eighty

STATEMENT.

If any 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 Leitch McCrie
2. Sex and Age,	M. 72
3. Married, Single, or Widowed,	Unmarried
4. Condition of Life, and previous Occupation (if any),	Minister of the Gospel Free Church of Scotland
5. Religious Persuasion, so far as known,	Dalbeattie
6. Previous Place of Abode,	"
7. Place where Found and Examined,	
8. Length of time Insane,	
9. Whether First Attack,	
10. Age (if known) on First Attack,	cannot tell.
11. When and where previously under Examination and Treatment,	
12. Duration of Existing Attack,	
13. Supposed Cause,	
14. Whether subject to Epilepsy,	
15. Whether Suicidal,	
16. Whether Dangerous to others,	
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Christina W. Neilson, Dalbeattie - Aunt by Patient's Mother's Family
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 27th day of November One thousand eight hundred and Eighty

(*To be signed by Party applying*) Helen K. Neilson

P. p.

1693

Archibald J. McBride

15th December

1880

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (1) Shire or Stewartry.

Unto the Honourable the (1) The Sheriff of Dumfries & Galloway *his Substitutes,*—

The Petition of William McVie Little Orton Carlisle

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John McVie

(2) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (2) Son is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said John McVie to the Crichton Royal Institution, and to sanction his admission into the said Asylum.

Dumfries William McVie

(3) The date of the petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 15th (3) day of December,— One thousand eight hundred and eighty.

STATEMENT.

If any 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 McVie
2. Sex and Age,	Male 20 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Farm Assistant
5. Religious Persuasion, so far as known,	Presbeterian
6. Previous Place of Abode,	Little Orton
7. Place where Found and Examined,	Dumfries
8. Length of time Insane,	seven days
9. Whether First Attack,	yes
10. Age (if known) on First Attack,	never nowhere,
11. When and where previously under Examination and Treatment,	7 days
12. Duration of Existing Attack,	not known
13. Supposed Cause,	not
14. Whether subject to Epilepsy,	not,
15. Whether Suicidal,	not
16. Whether Dangerous to others,	
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	William McVie Little Orton none
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	none

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 15th day of December One thousand eight hundred and eighty

(To be signed by Party applying) William McVie

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Thomas Ferguson
being a (1) Bachelor of Medicine

and being in actual practice as a (2) Surgeon Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Crichton
Royal Institution in the County of
Dumfries separately from any other Medical Practitioner
visited and personally examined (4) John McKie Farmer
Kirkgunzeon Parish Kirkcudbright and
the said John 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. :—

(4) *State the facts.*

1. Facts indicating Insanity observed by myself: (4)
Has dull appearance - Seems
Forgetful of things which have occurred recently
as when he was last here - Says
has a paper in his pocket to stop himself
2. Other facts (if any) indicating Insanity communicated to me by others: (5)

(5) *State the information, and from whom derived.*

By the Friends That he wishes to undress at times
& be entirely naked -
That he suspected his friends of poisoning
him by means of food

Name and Medical Designation, Thomas Ferguson

Place of Abode, Crichton Royal Dumfries

DATED this 16th day of December One thousand eight
hundred and eighty.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Dan Macdonald
being a (1) Graduate of Edinburgh Univ.

and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Crichton
Royal Institution in the County
Dumfries, separately from any other Medical Practitioner
visited and personally examined (4) John McKie Farmer
Kirkgunzeon and the
the said John 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. :—

(4) *State the facts.*

1. Facts indicating Insanity observed by myself: (4) As I am
credibly informed Says that
he stopped himself because he was
ordered to obey part of the Bible
Anybody
2. Other Facts (if any) indicating Insanity communicated to me by others: (5)

(5) *State the information, and from whom derived.*

His friends say he is very excitable
a delusion that some one has got
him and that he stopped himself because
he was ordered and that he cannot obey
anybody with him

Name and Medical Designation, A D Macdonald

Place of Abode Crichton Royal Dumfries

DATED this 16th day of December One thousand eight
hundred and eighty

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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 Rutherson being (1) Bachelor of Medicine &c hereby certify, on soul and conscience, that I have this day, at (2) 27 Castle St Dumfries in the County of Dumfries, seen and personally examined John M'Kie, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Thomas Rutherson

DATED this 15th day of December One thousand eight hundred and eighty—

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, James Gibson Starke, (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) William M'Kie Little Orton Carlisle Certificates under the hands of Thomas Rutherson and Alexander Dall Macdonald, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) John M'Kie Little Orton Carlisle (Petitioners age) and that the said John M'Kie — is a (5) person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said John M'Kie — as a Patient into the (6) Public — Asylum of Crichton Institution and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said John M'Kie — which accompanied the said Petition.

DATED this Sixteenth day of December One thousand eight hundred and eighty years.

J. Gibson Starke

To the Superintendent of the (7) Public
Asylum of Crichton Royal Institution, Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1694

John McKie

15th December

1880

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of ~~the~~ (2) Dumfries and Galloway *and his Substitutes,—*

The Petition of John Hunter Inspector of Poor humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Jane Mc Kay your Petitioner's (3) a 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 Jane Mc Kay to the Southern Counties Asylum and to sanction her admission into the the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

~~John~~ John Hunter Inspector of Poor Girthon

(4) The date of the petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this ~~thirteenth~~ (thirteenth) (4) day of December One thousand eight hundred and eighty years (thirteenth day of December 1880)

STATEMENT.

If any 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 Mc Kay
2. Sex and Age,	36 years Female
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	none
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	with her parent
7. Place where Found and Examined,	living with Sister
8. Length of time Insane,	Since her mothers death
9. Whether first Attack,	yes
10. Age (if known) on first Attack,	29 years
11. When and where previously under Examination and Treatment,	none
12. Duration of existing Attack,	about eight years
13. Supposed Cause,	not known
14. Whether subject to Epilepsy,	—
15. Whether Suicidal,	—
16. Whether Dangerous to others,	Sometimes of late
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Girthon parish
18. Date of becoming Chargeable,	—
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	none of her acquaintance known to be afflicted with Insanity
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	at present under the charge of her Sister Mary Mc Kay her parents all dead.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this thirteenth day of December One thousand eight hundred and Eighty

(To be signed by Party applying John Hunter

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, James Nichol Cook
being a (1) Licentiate of the Royal College of Surgeons of Edinburgh &
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) at High Street
Saltcoats in the County of
Kirkcudbright separately from any other Medical Practitioner
visited and personally examined (4) Jane McKay (a Pauper
and that
the said Jane McKay is a (5) person of unsound
mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) at times has been violent; attempted to strike person near, incoherence of speech, & general demeanour wild & excited

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Has several times been guilty of violent attack on her sister

Name and Medical Designation, James Nichol Cook

Place of Abode, Saltcoats

DATED this Fourth day of December One thousand eight hundred and Eighty

---

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, William Johnston
being a (1) M.D. Edin.
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Gatehouse
Kirkcudbright in the County of
separately from any other Medical Practitioner
visited and personally examined (4) Jane McKay a pauper
and that
the said Jane McKay is a (5) person
of unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)
From her movements talk. From her personal appearance & general demeanour

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Her Sister states, that she has a great dislike to her and endeavours to injure her

Name and Medical Designation, Wm Johnston

Place of Abode, Kirkcudbright

DATED this Tenth day of December One thousand eight hundred and Eighty.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(2) State medical qualification. (3) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Alexander Newlands Esquire (1) Advocate Sheriff Substitute of the (2) Stewartry of Kirkcudbright having had produced to me, with a Petition at the instance of (3) John Hunter Inspector of Poor, Sutherland Certificates under the hands of James Nicholson and William Johnstone, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Jane McKay, Pauper. and that the said Jane McKay is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Jane McKay as a Patient into the (6) Northern Counties Asylum of Dumfries and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Jane McKay which accompanied the said Petition.

DATED this fourteenth day of December One thousand eight hundred and eighty.

Alex. Nicolson

To the Superintendent of the (7) Northern Counties
Asylum of Dumfries.

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

June Mthly

15th Dec.

1880

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. Shire or Stewartry.

Unto the Honourable the (1) Sheriff —— *of the* (2) ~~County of~~ Dumfries ~~of~~ & Galloway *and his Substitutes.*—

The Petition of Alexander Kirk Inspector of Poor Daby.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Janet Murdoch, ——

(2) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (2) Pauper ——

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Janet Murdoch —— to the Southern Counties Asylum and to sanction her admission into the said Asylum.

Alex Kirk Inspector

(3) The date of the Order must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 22nd (4) day of December One thousand eight hundred and Eighty —

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Janet Murdoch
2. Sex and Age,	Female age 47.
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Domestic Servant
5. Religious Persuasion, ~~so far~~ as known,	Protestant.
6. Previous Place of Abode,	Daby Village
7. Place where Found and Examined,	Balmorellan near Galloway Dumfries.
8. Length of time Insane,	about a week
9. Whether First Attack,	no
10. Age (if known) on First Attack,	41 -
11. When and where previously under Examination and Treatment,	S.C. Asylum Dumfries
12. Duration of Existing Attack,	7 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,	Daby Parish Galloway
18. Date of becoming Chargeable,	21st Dec. 1880
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Thomas Corson Son. Mollams. Crossmichael
	Imbecile Brother - Dead
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Twenty Second day of December One thousand eight hundred and Eighty

(*To be signed by Party applying*) Alex Kirk Inspector of Poor
Daby Galloway
P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Alfred McKinley Millman being a (1) Doctor of Medicine of the University of Aberdeen, a member of the Royal College of Surgeons of England and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) New-Galloway in the parish of Kells. in the County of Kirkcudbright separately from any other Medical Practitioner visited and personally examined (4) Janet Murdoch, a Pauper belonging to the Parish of Dalry and the said Janet Murdoch is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Fixed her eyes on ceiling, & gazing steadily thereon - reported she saw grey hairs there, imagining she saw a captain, asked me to exhol. - told me she had worn a pa[illegible] ever since she was three years of age. talks in [illegible] has been three times an inmate of the Southern Counties.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Mr Inspector Kirk - reports that she threatened to boil [illegible] this afternoon - that she said she had been buried [illegible] church yard & wondered if she would rise again.

Name and Medical Designation, Alfred McKinley Millman M.D. M.B.

Place of Abode, New-Galloway

DATED this 21st day of December One thousand eight hundred and eighty years.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, William Carruthers being a (1) Graduate in Medicine of Edinburgh University and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 14 Castle St Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Janet Murdoch (a pauper) and the said Janet Murdoch is a Insane person and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Her whole appearance indicates mental weakness. she is very excited at [illegible]

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) The Inspector of Poor states that she thinks she could people the miracles of our saviour, and has threatened to knock people into heaven

Name and Medical Designation, William Carruthers M.B.

Place of Abode 14 Castle St Dumfries

DATED this 23rd day of December One thousand eight hundred and eighty years

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, James Gibson Starke, (1) Sheriff-Substitute of the (2) county of Dumfries
having had produced to me, with a Petition at the instance of (3) Alexander Reid Inspector of Poor Dalry New Galloway
Certificates under the hands of Alfred McKinley Milliman, and William Saunders, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Janet Murdoch Domestic Servant Balmaclellan (a Pauper) and that the said Janet Murdoch is a (5) person of unsound mind,
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Janet Murdoch as a Patient into the (6) Public Asylum of Southern counties and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Janet Murdoch which accompanied the said Petition.

DATED this Twenty third day of December One thousand eight hundred and eighty four.

James Gibson Starke

To the Superintendent of the (7) Public
Asylum of
Southern Counties,
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2
404

Jannet Murdoch

23rd December

1880

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of* ~~the~~ (1) Dumfries & Galloway *of* *and his Substitutes,*—

The Petition of William Kirkpatrick Farmer Newhall Kerr humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary Kirkpatrick Newhall Kerr your Petitioner's (2) Daughter is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Mary Kirkpatrick to the Southern Counties Asylum and to sanction her admission into the said Asylum.

(2) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

William Kirkpatrick

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this 3rd day (4) day of January — One thousand eight hundred and Eighty One

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

Christian Name and Surname of Patient at length,	Mary Kirkpatrick
Sex and Age,	Female — 53
Married, Single, or Widowed,	Single
Condition of Life, and previous Occupation (if any),	Housekeeper
Religious Persuasion, so far as known,	Protestant
Previous Place of Abode,	Newhall
Place where Found and Examined,	Newhall
Length of time Insane,	2 ~~months~~ years
Whether First Attack,	2 Attack
Age (if known) on First Attack,	about 51
When and where previously under Examination and Treatment,	Newhall & Southern Counties Asylum
Duration of Existing Attack,	2 months
Supposed Cause,	not known
Whether subject to Epilepsy,	No
Whether Suicidal,	Yes
Whether Dangerous to others,	No
Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
Date of becoming Chargeable,	
Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	William Kirkpatrick Newhall Kerr Father of Patient
Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 7th 3 day of January — One thousand eight hundred and 81

(*To be signed by Party applying*) William Kirkpatrick

P p

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Edward Hoggan being a (1) M. D. & Licentiate of the Royal of Surgeon and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) New Hall Keir in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Mary Kirkpatrick at the said Mary 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)

Fancies her soul is lost and that she is in Hell — Persistently refuses food of any kind as well drinks — Sleepless — Perpetual rambling that she is in torment —

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

The same facts as mentioned above — Has been the subject of ~~the~~ religious melancholia for which was in the Dumfries Asylum before —

Name and Medical Designation, Edw: Hoggan M.D.

Place of Abode, Thornhill, Dumfries

DATED this Second day of January One thousand hundred and Eighty one years —

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Alexander Thomson being a (2) Doctor of Medicine of the University of Glasgow and Surgeon and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 27 Castle Street, Dumfries in the County of Dumfries — separately from any other Medical Practitioner visited and personally examined (4) Mary Kirkpatrick House-Keeper, New Hall, Keir and the said Mary 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)

Her delusions — thinks she is in Hell: and that her soul is lost: appears to be in a very depressed condition —

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Told by William Halliday — her nephew, facts as above, and that she persistently refuses food: and has already been in an Asylum

Name and Medical Designation, Alex Thomson

Place of Abode Castle Street — Dumfries

DATED this Third day of January One thousand hundred and Eighty one years.

No. I.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Alexander Thomson,
being (1) a Doctor of Medicine
hereby certify, on soul and conscience, that I have this day, at (2) 27 Castle St Dumfries
in the County of Dumfries, seen and personally examined
Mary Kirkpatrick, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Alex Thomson

DATED this Third day of January One thousand eight hundred and Eighty one years.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, James Gibson Starke (3) Sheriff Substitute
of the (4) County of Dumfries
having had produced to me, with a Petition at the instance of (5) William Kirkpatrick Farmer Newhall Kier
Certificates under the hands of Edward Keegan
and Alexander Thomson, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (6) Mary Kirkpatrick Newhall, Kier Spinsters respectively and that the said Mary Kirkpatrick is a (7) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Mary Kirkpatrick as a Patient into the (8) Public Asylum of Southern Counties and I authorize for Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mary Kirkpatrick which accompanied the said Petition.

DATED this Fourth day of January One thousand eight hundred and eighty one years.

J. Gibson Starke

To the Superintendent of the (9) Public
Asylum of Southern Counties
Dumfries.

---

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

7
2
405

Mary Kirkpatrick

3rd January

1881

20 & 21 *Vict., Cap.* 71. *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Sheriff or Steward. Shire or Stewartry.

Unto the Honourable the (1) Sheriff ~~of the (2) Shire~~ of Dumfries & Galloway ~~and his Substitutes~~

The Petition of William Cowan, Insp^r of Poor Tinwald humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Agnes Carruthers your Petitioner's Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Agnes Carruthers to the Southern Counties, Asylum and to sanction ~~his~~ her admission into the said Asylum.

The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this ~~Fourth~~ Sixth (3) day of January one thousand eight hundred and Eighty one

(SIGNED) Willm Cowan, Insp^r of Poor Tinwald

STATEMENT.

If any 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 Carruthers
2. Sex and Age,	Female 46 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Spinster
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Parkburn
7. Place where Found and Examined,	Parkburn
8. Length of time Insane,	has been weak minded for years
9. Whether first Attack,	
10. Age (if known) on first Attack,	between twenty and thirty
11. When and where previously under Examination and Treatment,	Never
12. Duration of existing Attack,	years
13. Supposed Cause,	Not Known
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	at first threatened to hang herself
16. Whether Dangerous to others,	only at first
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Tinwald
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 Carruthers, Uncle residing at Annan
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(SIGNED)* Name, William Cowan

DATED this ~~Fourth~~ Sixth day of January one thousand eight hundred and Eighty one

* To be Signed by the Party applying.

Lunacy Board,—Dec.—57.—1200.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Alexander Dall MacDo[illegible] being a (1) Graduate of Edinburgh Univers[illegible] and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Parkbu[illegible] Tinwald in the Co[illegible] Dumfries separately from any other Medical Practi[illegible] visited and personally examined (4) Agnes Carruthers Spinster Parkburn an[illegible] the said Agnes Carruthers is a (5) person of unsound mind and a proper Person to be de[illegible] under Care and Treatment, and that I have formed this opinion upon the fol[illegible] grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) has a v[illegible] expression and seems unable [illegible] understand much that is said [illegible] her and will scarcely answer any [illegible] has delusions about men being in the house

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: ([illegible] been almost imbecile for some [illegible] and cannot be trusted by herself [illegible] is subject to violent fits of passion [illegible] told by the neighbours

(SIGNED) *Name and Medical Designation,* A D MacDonald

Place of Abode, 18 Castle Stre[illegible]

DATED this 5th day of January One thousand [illegible] hundred and eighty one

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Mark Johnston Symons being a (1) Graduate of Edinburgh University and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Parkbu[illegible] Parish of Tinwald in the Cou[illegible] Dumfries separately from any other Medical Practi[illegible] visited and personally examined (4) Agnes Carruthers Spinster a Pauper Parkburn an[illegible] the said Agnes Carruthers is a (5) person of unsound mind and a proper person to be de[illegible] under Care and Treatment, and that I have formed this opinion upon the foll[illegible] grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She is una[illegible] to answer simple questions and seems unable [illegible] understand what is said to her. Her mind appearing almost a blank and her face vo[illegible] expression

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: ([illegible] Her Aunt Ellen Walker informs me that she imagines that men are hidden in the house. imagines that the servant girl is a man in disg[illegible] that she is subject to fits of passion

(SIGNED) *Name and Medical Designation,* M. J. Symons M[illegible]

Place of Abode Buccleuch St. Dumfr[illegible]

DATED this 5th day of January one thousand [illegible] hundred and eight one years.

CERTIFICATE OF EMERGENCY.

(This Certificate shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a Second Medical Certificate.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that is a (1) hereby further certify that the Case of the said is One of Emergency, and I recommend the immediate removal of the said to an Asylum accordingly.

Name, _____

Place of Abode, _____

DATED this day of one thousand eight hundred and

(6) Lunatic, *or* an Insane person, *or* an Idiot, *or* a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, James Gibson Starke — (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) William Cowan, Inspector of Poor, Tinwald Certificates under the hands of Alexander Dall MacDonald and Mark Thurston Symons —, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Agnes Carruthers Parkburn Tinwald (a Pauper) and that the said Agnes Carruthers, — is a (5) person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Agnes Carruthers — as a Patient into the (6) Public Asylum of Southern Counties — and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Agnes Carruthers which accompanied the said Petition.

~~(SIGNED)~~ J. Gibson Starke

DATED this Sixth day of January one thousand eight hundred and eighty one years.

To the Superintendent of the (7) Public *Asylum of* Southern Counties, Dumfries

---

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, *or* an Insane Person, *or* an Idiot, *or* a Person of unsound mind.
(6) Public, District, *or* Private.
(7) Public, District *or* Private.

2
406

Agnes Carruthers

6th January

1881

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff — of ~~the~~ (2) Dumfries & Galloway — and his Substitutes,—

The Petition of John M'Knight, Inspector of Poor Langholm, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Alexander Thomson, 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 Thomson, to the Southern Counties Asylum Dumfries and to sanction his admission into the said Asylum.

(3) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

John M'Knight. Inspector of Poor,

(4) The date of the petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Sixth (4) day of January One thousand eight hundred and Eighty one years.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Alexander Thomson.
2. Sex and Age,	Male aged 30 years.
3. Married, Single, or Widowed,	Single.
4. Condition of Life, and previous Occupation (if any),	Woollen Weaver and Sometimes Labourer.
5. Religious Persuasion, so far as known,	Protestant.
6. Previous Place of Abode,	High Wynd Langholm.
7. Place where Found and Examined,	High Wynd Langholm
8. Length of time Insane,	Has always been facile in Mind but during
9. Whether First Attack,	the last Six Months has been getting worse.
10. Age (if known) on First Attack,	—
11. When and where previously under Examination and Treatment,	Never previously under treatment.
12. Duration of Existing Attack,	without ceasing all his life & a certain extent.
13. Supposed Cause,	Weak minded from Infancy.
14. Whether subject to Epilepsy,	No —
15. Whether Suicidal,	No —
16. Whether Dangerous to others,	Yes would assault any one in a fit of Fearfulness
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	mamers. Langholm Parish.
18. Date of becoming Chargeable,	11th November 1880.
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Alexander Thomson. His Father is a Woollen Weaver and residing in Hawick.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Sixth day of January One thousand eight hundred and Eighty one

(*To be signed by Party applying*) John M'Knight. Inspector of Poor.

P. 6.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an Idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, William Johnston Gairdner
being a (1) Doctor of Medicine of Edinburgh Univ
and Licentiate of Royal College of Surgeons
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Kirkhouse
Longholm in the County
Dumfries separately from any other Medical Practitioner
visited and personally examined (4) Alexander Thomson, Pauper
Kirkhouse Longholme
the said Alexander 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) He appears dull
sullen, not capable of Connected conversation
His mental power is much shrunken and
is difficult to make him understand ordinary questions — He has been much worse lately

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
His sister who lives with him says he has
into fits of violent excitement and threatened
her and other members of household in such a manner
that she is afraid of his life

Name and Medical Designation, Wm. J. Gairdner M.D.

Place of Abode, Longholme

DATED this twelfth day of January One thousand eight
hundred and 81

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an Idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, John Gill
being a (1) Bachelor of Medicine & Master of Surgery
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Kirk House
Langholm in the County
Dumfries separately from any other Medical Practitioner
visited and personally examined (4) Alexander Thomson, Pauper
and
the said Alexander 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)
(a) Shy demeanour
(b) On asking if the sun was too strong for him he said, he
(c) On asking what day this was he was not sure whether Wednesday
or Thursday was uncertain whether last New Year's day fell on a

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Agnes Reid a friend of family; Says he has been violent for
his sister who lives with him; that he is of dirty
habits often defecating in his trousers.

Name and Medical Designation, John Gill, M.B., C.M.

Place of Abode Langholm

DATED this 6th day of January One thousand eight
hundred and eighty one.

No. I.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

No. II.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, James Gibson Starke — (1) Sheriff Substitute — of the (2) County of Dumfries — having had produced to me, with a Petition at the instance of (3) John McKnight — Inspector of Poor Langholm — Certificates under the hands of William Thomson Carlyle and John Gill —, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Alexander Thomson Weaver & Labourer Kirk Wynd Langholm a Pauper and that the said Alexander 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 Alexander Thomson, — as a Patient into the (6) Public — Asylum of Southern Counties and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Alexander Thomson — which accompanied the said Petition.

DATED this Seventh day of January, — One thousand eight hundred and eighty nine years.

J Gibson Starke

To the Superintendent of the (7) Public
Asylum of
Southern counties
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2
407

Alexander Thomson

10th January

1881

Jane Johnstone or Maxwell

6534

[FORM B²]

29 and 26 Vict. Cap. 54, Sect. 16.

APPLICATION TO THE GENERAL BOARD OF LUNACY TO GRANT TRANSFER OF A PATIENT FROM ONE ASYLUM TO ANOTHER.

I the undersigned James McMichael Inspector of Poor Balmaclellan
being desirous to transfer Jane Johnston a Maxwell
at present a Patient in Dumfries asylum, and (1) detained as a pauper Lunatic of the Parish of which I am Inspector of Poor from the said Asylum to the Dumfries and Galloway Counties Asylum and I hereby request the authority of the Board to such transfer; and I subjoin a Statement of Particulars regarding the said Jane Johnston or Maxwell and a Medical Certificate with respect to her mental and bodily condition.

(1) *If Lunatic is not a Pauper:* detained at my instance, or whose nearest known relative I am. *If Lunatic is a Pauper:* a Pauper Lunatic of the Parish of which I am Inspector of Poor.

James McMichael

(2) Inspector of Poor

(2) State degree of Relationship, or other capacity in which Applicant stands to Patient.

DATED at Balmaclellan this 5th day of January one thousand eight hundred and Eighty one

STATEMENT.

Christian Name and Surname of Patient at length,	Jane Johnston or Maxwell
Sex and Age,	Female age 28
Married, Single, or Widowed,	Widowed
Condition of Life, and Previous Occupation (if any),	Housewife
Religious Persuasion, so far as known,	Protestant
Date of Admission into Asylum,	17th July 1880
Length of time Insane,	6 Months
Whether first Attack,	first
Age (if known) on first Attack,	28 Years
Duration of existing Attack,	6 months
Supposed Cause,	her Husband was killed by an accedant on Railway
Whether subject to Epilepsy,	and Known
Whether Suicidal,	
Whether Dangerous to others,	
Parish to which the Lunatic (if a Pauper) is Chargeable,	Balmaclellan
Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of relationship (if known), and whether any Member of Family known to be, or to have been Insane,	I do not know any of Patient Relations

I certify that, to the best of my knowledge, the above particulars are correctly stated.

(*To be signed by the Applicant*) James McMichael

DATED this 5th day of January One thousand eight hundred and eighty one

N.B.—The foregoing particulars are required for the information of the authorities to whose care the Patient is to be transferred.

MEDICAL CERTIFICATE.

I, the undersigned Charles H Skae being (1) an M D & L R C S E hereby certify that I have this day at (2) the Stirs County Asylum personally examined Jane Johnston or Maxwell at present Patient in said Asylum, and with respect to ~~his~~ her Mental State that she is Demented

(1) State Medical Qualification.
(2) Name Asylum.

; and with respect to h Bodily Health and Condition that they are good

and I further certify that, in my opinion, there is nothing in the Mental or Bodily Condition of the Patient to contraindicate removal to the Asylum of ~~D~~ Southern Counties, Dumfries

C H Skae

DATED this 7 day of June One thousand eigh hundred and 81

SANCTION BY THE BOARD OF LUNACY.

(Under this Sanction a Patient may be Transferred without an Order of the Sheriff.)

(1) Insert at whose instance the Lunatic is detained, or the nearest known Relative of the Lunatic, or the Inspector of the Parish by which the expense of the maintenance of the Lunatic is defrayed.

(2) Valid for fourteen days from date.

Application having been made to the Board by (1) The Inspector of Poor, Balmaclellan to authorize the transfer of Jane Johnston or Maxwell from Ayr District Asylum to Dumfries Royal Asylum, and the Board having considered such application and the accompanying Medical Certificate, do hereby authorize the transfer (2) of the said Jane Johnston or Maxwell as requested.

John Sibbald Commissioner.

DATED at Edinburgh, this 8th day of January One thousand eight hundred and 80.

Date of Sheriff's order. 19th July 1880.

2/408

Jane Johnston or Maxwell

12th January 1881

[FORM A[1]]

20 & 21 *Vict., Cap.* 71, *Sect.* 37.

NOTICE OF ADMISSION.

I HEREBY GIVE NOTICE, That (1)

was received into this House as a (2)
Patient on the (3) day of
and I hereby transmit a Copy of the Order and Medical Certificates and Statement on which he was received.

Subjoined is a Report with respect to the mental and bodily condition of the above-named Patient.

_____ *Superintendent.*

DATED at this (4) day of
One thousand eight hundred and

To the Secretary of the
General Board of Lunacy.

REPORT.

I HAVE this day (5) seen and personally examined
the Patient named in the above Notice,
and hereby report and certify, with respect to mental state, that (6)

and with respect to bodily health and condition, that (6)

_____

(7) _____

DATED this day of One thousand eight hundred and

---

(1) Name and Designation.
(2) Private or Pauper.
(3) Some day within fourteen days after the date of the Order of the Sheriff; or within twenty-one days, if the Order be granted by the Sheriff of Orkney and Shetland.
(4) Some day not less than two clear days after the admission of the Patient, and before the expiration of fourteen clear days after admission.
(5) Insert Particulars.
(6) Insert Particulars.
(7) Add Designation.

(~~Copies.~~)

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff —— *of* ~~the~~ (2) Dumfries ~~of~~ And Galloway *and his Substitutes,*—

The Petition of James McKie Insp. of Pr. humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Lavery Labourer Minn. your Petitioner's (3) Pauper —— is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said James Lavery —— to the Southern Counties Asylum Dumfries and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

James McKie

(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 January —— One thousand eight hundred and eighty one years.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	James Lavery
2. Sex and Age,	Male 27
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,	Minnigaff
7. Place where Found and Examined,	Do
8. Length of time Insane,	6 days
9. Whether First Attack,	~~Se~~ Third attack but only once certified
10. Age (if known) on First Attack,	
11. When and where previously under Examination and Treatment,	Under Dr McBryde Wigtown
12. Duration of Existing Attack,	about 6 days
13. Supposed Cause,	Not known
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Minnigaff Parish
18. Date of becoming Chargeable,	11th Jan 1881
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	His Wife residing in Minn. Called Mary McNeillie
20. Special circumstances (if any) preventing the 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 January One thousand eight hundred and eighty years

(*To be signed by the Party applying*) James McKie

Inspector

(Copies.)

MEDICAL CERTIFICATE, No. I.

I, the undersigned, James Clark.
being a (1) Licentiate of the Faculty of Physicians and Surgeons of Glasgow
and being in actual practice as a (2) Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Mill Entry, Minnigaff Kirkcudbright in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) James Lavery Pauper Mill Entry, Minnigaff. Kirkcudbright and that the said James Lavery is a (5) Person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an Idiot, or a person of unsound mind.

1. Facts indicating Insanity observed by myself: (6)
He has wild appearance & manner; is subject to fits of laughing; and lately becoming quiet and abstracted; is jealous of his wife and says she will do a for her yet"

(6) *State the facts.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Statement that he committed and intended to commit effusion of blood & that he threatened to kill her yet
Statement that he has said that he will kill his wife & all the 6–7 whom connected with her.

(7) *State the information, and from whom derived.*

Name and Medical Designation, James Clark, L.F.P.S.G.

Place of Abode, Newton Stewart

DATED this Eleventh day of January One thousand eight hundred and Eighty one years

MEDICAL CERTIFICATE, No. II.

, the undersigned, Francis Johnston Symons
being a (1) Graduate in Medicine of Edinburgh University
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Buccleuch Dumfries Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) James Lavery, Pauper Mill Entry, Minnigaff Kirkcudbright and that he said James Lavery is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an Idiot, or a person of unsound mind.

1. Facts indicating Insanity observed by myself: (6) – He is very talkative but incoherent and rambling. Tells me that he is subject to fits of passion, when he breaks the dishes in his house and then runs away. He states that he is afraid of his wife revenging herself upon him –

(6) *State the facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
To Mr Perrie. Constable informs me that Lavery is clapless refusing food and is dangerous to his wife

(7) *State the information, and from whom derived.*

Name and Medical Designation, F. J. Symons M.D.

Place of Abode Buccleuch St. Dumfries

DATED this Twelfth day of January One thousand eight hundred and eighty-one years.

(*Copies.*)

CERTIFICATE OF EMERGENCY.

(*This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.*)

I, the undersigned, James Clark being (1) Examiner of an Examiner of Physicians, Surgeons hereby certify, on soul and conscience, that I have this day, at (2) Minnigaff in the County of Kirkcudbright, seen and personally examined James Lavery, Labourer, Pauper, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

James Clark

DATED this Twenty fifth day of January One thousand eight hundred and eighty one years.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, James Gibson Starke, (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) James M'Kie Inspector of Poor of Minnigaff Certificates under the hands of James Clark and Mark Hunter Symons, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) James Lavery Labourer Minnigaff (& Pauper) and that the said James Lavery, — is a (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 Lavery — as a Patient into the (6) Public — Asylum of Southern counties and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said James Lavery, — which accompanied the said Petition.

James Lavery
10th January
1881

DATED this Twenty fifth day of January One thousand eight hundred and eighty one years.

J. Gibson Starke

To the Superintendent of the (7) Public
Asylum of Southern counties
Dumfries.

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff ~~of the (2) Shire~~ of Dumfries & Galloway *and his Substitutes,*—

The Petition of James Brown, Inspector of Poor, Parish of Sanquhar humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Thomas 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 Thomas Walker to the Southern Counties' Asylum, Dumfries and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

James Brown, Inspector of Poor.

(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 January One thousand eight hundred and Eighty one.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Thomas Walker
2. Sex and Age,	Male — 30
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	His father was a Weaver. No occupation of his own
5. Religious Persuasion, so far as known,	Parents Protestant
6. Previous Place of Abode,	Townfoot Sanquhar
7. Place where Found and Examined,	do do
8. Length of time Insane,	All his life time (He is an idiot)
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,	All his lifetime
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,	Sanquhar
18. Date of becoming Chargeable,	19 January 1881.
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Mrs Jane Muir or Walker, Mother, at Townfoot Sanquhar.
20. Special circumstances (if any) preventing the 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 eight hundred and Eighty one

(*To be signed by Party applying*) James Brown
Inspector of Poor

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Wm Kay being a (1) Licentiate of Faculty of Physi[illegible] and Surgeons of Glasgow. and being in actual practice as a (2) Surgeon. hereby certify, on soul and conscience, that I have this day, at (3) his Moth[illegible] House High St Sanquhar in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Thomas Walker. [illegible] High Street Sanquhar and th[illegible] the said Thomas Walker is a (5) Idiot and a proper Person to be detain[illegible] under Care and Treatment, and that I have formed this opinion upon the followi[illegible] grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He constantly moves about without any app[illegible] reason. takes turns of immoder[illegible] and causeless laughter.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Same as above, he was when [illegible] be me playing with pirns str[illegible] with a string. this he constantly [illegible] his Brother informs me.

Name and Medical Designation, Wm Kay. Surgeo[illegible]

Place of Abode, Sanquhar.

DATED this 19th day of January One thousand eigh[illegible] hundred and eighty One.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, John Mowat being a (1) ~~Physician and Surgeon~~ Doctor of [illegible] and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) High St: Sanq[illegible] in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Thomas Walker and that the said Thomas Walker is a (5) Idiot and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6). He keeps moving about muttering unintelligible sounds but does not speak. He plays with articles like a child and laughs without apparent cause

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) That he has been in this Condition since his childhood. Never could learn to speak. Informed by his mother

Name and Medical Designation, John Mowat M.D.

Place of Abode Sanquhar

DATED this 19th day of January One thousand eight hundred and Eighty One

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of
, seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) James Brown, Inspector of Poor, Langholm,
Certificates under the hands of William Ray
and John Moorat, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Walker, Hyde Street, Langholm (a Pauper), and that the said Thomas Walker, is a (5) Idiot,
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Thomas Walker, as a Patient into the (6) Public Asylum of Southern Counties and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Thomas Walker, which accompanied the said Petition.

DATED this Twentieth day of January One thousand eight hundred and eighty one years.

David Boyle Hope

To the Superintendent of the Asylum of (7) Public Southern Counties Dumfries.

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2
410

Thomas Walker

20th January ~~December~~

1881

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

...iff or Steward. ...n or Stewartry.

Unto the Honourable the (1) Sheriff — *of the* (2) ~~Counties of~~ Dumfries and Galloway *and his Substitutes*—

The Petition of Miles McInnes Inspector of Poor for Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Elizabeth Dickson or Wilson your Petitioner's (3) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Elizabeth Dickson or Wilson to the Southern Counties Asylum and to sanction her admission into the said Asylum.

...ate degree of Rela... or other capacity ...h Petitioner stands ...tic.

Miles McInnes

...he date of the Peti... ...nt be within four... ...ear days following ...es of the Medical ...ates.

Dated this Twenty Fourth (4) day of January One thousand eight hundred and Eighty One years

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

...aristian Name and Surname of Patient at length,	Elizabeth Dickson or Wilson
...x and Age,	Female, 65 years of age
...arried, Single, or Widowed,	Married
...ondition of Life, and previous occupation (if any),	Do Housewife
...eligious Persuasion, so far as known,	Protestant
...revious Place of Abode,	Torthorwald
...lace where Found and Examined,	Church Place, Dumfries
...ength of time Insane,	not known
...hether first Attack,	No about Seventh
...ge (if known) on first Attack,	55 years
...hen and where previously under Examination and Treatment,	S C Asylum Dumfries—3 years ago
...uration of existing Attack,	about 5 weeks
...pposed Cause,	not known
...hether subject to Epilepsy,	no
...hether Suicidal,	no
...hether Dangerous to others,	Some times
...arish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dumfries
...ate of becoming Chargeable,	23rd Jany 1881
...hristian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Thomas Wilson, Husband, resides at Chapel St Dumfries not known
...pecial 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.

...o this Twenty Third day of January One thousand eight hundred and Eighty One years.

(*To be Signed by Party applying*) Miles McInnes Inspector of Poor for the Parish of Dumfries

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, William Carruthers being a (1) Graduate in Medicine of Edinburgh University and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Church Place Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Elizabeth Dickson or Wilson (Pauper) and that the said Elizabeth Dickson or Wilson is a (5) lunatic person and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Her insane appearance & conversation. Raves & wanders from one subject to another leaving what she is talking about

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her husband states she has been quite unmanageable for some time and has run away from the house. She has also been many times in the asylum before

Name and Medical Designation, William Carruthers M.D.

Place of Abode, 14 Castle St Dumfries

DATED this 23rd day of January One thousand eight hundred and eighty one years

---

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, William Marshall being a (1) Graduate of the Faculty of Physicians & Surgeons and College of Physicians & Surgeons and being in actual practice as a Physician hereby certify, on soul and conscience, that I have this day, at (3) Church Place Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Elizabeth Dickson or Wilson and that the said Elizabeth Dickson or Wilson is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Cannot give from the answers & what he says & acts he is incoherently and boisterously excited

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her people state that she is very excited and would have come running about

Name and Medical Designation, W Marshall MB &c

Place of Abode, Dumfries

DATED this 23rd day of January One thousand eight hundred and eighty one years

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, William Carruthers being (1) a Graduate in Medicine of Edin. Mercury hereby certify, on soul and conscience, that I have this day, at (2) Church Place Dumfries in the County of Dumfries, seen and personally examined Elizabeth Dickson or Wilson, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

William Carruthers Tod Bn

DATED this 23rd day of January One thousand eight hundred and eighty one years

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Miles McInnes Inspector of Poor Dumfries Certificates under the hands of William Carruthers and William Marshall, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Elizabeth Dickson or Wilson Church Place Dumfries (a Pauper) and that the said Elizabeth Dickson or Wilson is a (5) person of unsound mind, and an insane person and a proper Person to be detained and taken care of. DO HEREBY AUTHORIZE you to receive the said Elizabeth Dickson or Wilson as a Patient into the (6) Public Asylum of Southern Counties and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Elizabeth Dickson or Wilson which accompanied the said Petition.

DATED this Twenty fourth day of January One thousand eight hundred and eighty one.

David Boyle Hope

To the Superintendent of the (7) Public *Asylum of* Southern Counties, Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.
(6) Public, District, Parochial, *or* Private.
(7) Public, District, Parochial, *or* Private.

2
411

Eliz^{ta} Dickson or Wilson

23^{d} January

1881

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff —— *of* ~~the~~ (2) Counties of Dumfries and Galloway *and his Substitutes—*

The Petition of Miles Mc Dowall Inspector of Poor

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Janet Parish Dumfries

your Petitioner's (3) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Janet Parish 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.

Four words deleted

Miles Mc Dowall

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Twenty Fifth (4) day of January One thousand eight hundred and Eighty One years.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Janet Parish
2. Sex and Age,	Female - 32 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous occupation (if any),	Servant
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Loreburn Street, Dumfries
7. Place where Found and Examined,	Loreburn Street, Dumfries
8. Length of time Insane,	not known
9. Whether first Attack,	no
10. Age (if known) on first Attack,	31 years
11. When and where previously under Examination and Treatment,	In 1879-80 She was in S.C. Asylum
12. Duration of existing Attack,	about a week
13. Supposed Cause,	not known
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	no
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dumfries Parish
18. Date of becoming Chargeable,	25th January, 1881
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Peter Parish, Fisherman, Loreburn St. Father not known
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

I certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Twenty Fifth day of January One thousand eight hundred and Eighty One years.

(To be Signed by Party applying) Miles Mc Dowall
Inspector of Poor
Dumfries

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, *or* an idiot, *or* a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, William Grant Lyall being a (1) Graduate of the Faculty of Physicians & Surgeons Glasgow and Fellow of the Royal College of Physicians Edinburgh and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 58 Lowther St Dumfries in the County of Dumfries, separately from any other Medical Practitioner, visited and personally examined (4) Janet Farish and that the said Janet Farish Maxwood Road is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) Talks incoherently, very hysterical and excited. Refuses to be examined. Says she thinks the Dumfries County Asylum is the place she should be taken away to & that she should be allowed to go and drive to it.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Her father states that she has been very strange for some days & refuses to eat her food.

Name and Medical Designation. William Grant Lyall M.B. C.M.

Place of Abode. Dumfries

Dated this 29th day of January One thousand eight hundred and eighty nine years.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, William Crichton being a (1) Graduate in Medicine of Edinburgh University and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 85 Lowther St Dumfries in the County of Dumfries, separately from any other Medical Practitioner, visited and personally examined (4) Janet Farish and that the said Janet Farish is an insane person and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) An insane appearance and excited state, and thinks her father is trying to do her some harm.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) States that she often has been without cause & that cat ran away from home. She has been in Asylum previously.

Name and Medical Designation. William Crichton M.B. C.M.

Place of Abode. 14 Castle St Dumfries

Dated this 29th day of January One thousand eight hundred and eighty one years

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned William Carruthers being (1) a Graduate in Medicine of Edinr University hereby certify, on soul and conscience, that I have this day, at (2) Loreburn St Dumfries in the County of Dumfries, seen and personally examined Janet Farish, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

William Carruthers Mr Bn

DATED this 25th day of January One thousand eight hundred and eighty one years

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Stope (3) Sheriff-Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Miles McInnes Inspector of Poor, Dumfries Certificates under the hands of William Marshall and William Carruthers, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Janet Farish 38 Loreburn Street, Dumfries (a Pauper) and that the said Janet Farish is a (5) person of unsound mind and an insane person and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Janet Farish as a Patient into the (6) Public Asylum of Southern Counties and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Janet Farish which accompanied the said Petition.

DATED this Twenty sixth day of January One thousand eight hundred and eighty one.

David Boyle Stope

To the Superintendent of the (7) Public *Asylum of* Southern Counties Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2
413

Janet Farrilo

25th January

1881

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff ~~of the (2)~~ Shire of Dumfries & Galloway *and his Substitutes,*—

The Petition of John Anderson, Mains Cottage, Dalmellington, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Anderson your Petitioner's (3) Son is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said John Anderson to the Royal Crichton Institution Dumfries and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

John Anderson

(4) The date of the petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 2nd (4) day of February One thousand eight hundred and eighty one

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	John Anderson
2. Sex and Age,	Male - 37 years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Farmer
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Shanktone, Patna, Ayrshire
7. Place where Found and Examined,	Shanktone Patna Ayrshire
8. Length of time Insane,	Fortnight
9. Whether First Attack,	Second attack
10. Age (if known) on First Attack,	About 35 years
11. When and where previously under Examination and Treatment,	Glengall Asylum Ayrshire
12. Duration of Existing Attack,	about fortnight
13. Supposed Cause,	Losses in business
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Probably
16. Whether Dangerous to others,	Probably
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 Anderson - Father - Mains Cottage Dalmellington No other member known to be insane
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Second day of February One thousand eight hundred and eighty one

(*To be signed by Party applying*) John Anderson

P. p.

1695

John Anderson

2.d February

1881.

6556

[FORM B²]

25 *and* 26 *Vict. Cap.* 54, *Sect.* 16.

APPLICATION TO THE GENERAL BOARD OF LUNACY TO GRANT TRANSFER OF A PATIENT FROM ONE ASYLUM TO ANOTHER.

I, the undersigned John M'Knight. Inspector of Poor Langholm, being desirous to transfer James Dalgliesh, a Lunatic Pauper, at present a Patient in Melrose District Asylum, and (*) chargeable to the Parish of Langholm in the County of Dumfries, of which I am Inspector of Poor from the said Asylum to the Southern Counties Asylum at Dumfries — And I — hereby request the authority of the Board to such transfer; and I subjoin a Statement of Particulars regarding the said James Dalgliesh — and a Medical Certificate with respect to his mental and bodily condition.

(*) *If Lunatic is not a Pauper:* detained at my instance, or whose nearest known relative I am. *If Lunatic is a Pauper:* a Pauper Lunatic of the Parish of which I am Inspector of Poor.

John M'Knight. Inspector of Poor

(†) For Parish of Langholm.

(†) State degree of Relationship, or other capacity in which Applicant stands to Patient.

DATED at Langholm this 31st day of January One thousand eight hundred and Eighty one years.

STATEMENT.

1. Christian Name and Surname of Patient at length,	James Dalgliesh,
2. Sex and Age,	Male. 48 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,	Roleslant.
6. Date of Admission into Asylum,	9th November 1880.
7. Length of time Insane,	Since November 1880.
8. Whether first Attack,	No.
9. Age (if known) on first Attack,	About 30 years.
10. Duration of existing Attack,	Since end of October or beginning of November Last
11. Supposed Cause,	Has allways been Saide in Mind.
12. Whether subject to Epilepsy,	No.
13. Whether Suicidal,	Yes a Little Inclined So
14. Whether Dangerous to others,	Not So Soon as Known to me
15. Parish to which the Lunatic (if a Pauper) is Chargeable,	Langholm Dumfries Shire.
16 Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of relationship (if known), and whether any Member of Family known to be, or to have been Insane,	William Dalgliesh. a Brother. Margaret Dalgliesh or Richardson a Sister. Elizabeth Dalgliesh or Elliot a Sister. All residing in Langholm in the County of Dumfries No.

I certify that, to the best of my knowledge, the above particulars are correctly stated.

(*To be signed by the Applicant*) John M'Knight. Inspector of Poor

DATED this 31st day of January One thousand eight hundred and Eighty one years.

N.B.—The foregoing particulars are required for the information of the authorities to whose care the Patient is to be transferred.

MEDICAL CERTIFICATE.

(1) State Medical Qualification.
(2) Name Asylum.

I, the undersigned S. Grierson being (1) Member of the Royal College of Surgeons [illegible] hereby certify that I have this day at (2) the Roxburgh & Dist: [illegible] personally examined James Dalgliesh at present [illegible] Patient in said Asylum, and with respect to his Mental State that tho' there [illegible] very marked improvement on the condition [illegible] was notified to the General Board in the following [illegible] on the 22nd of Novr 1880 he is not well enough to [illegible] otherwise than under care. Copy. Novr 22. 1880. [illegible] acutely demented, aimless, restless, incoherent and hesitating ; and with respect to [illegible] Bodily Health and Condition that they are impaired but improving

and I further certify that, in my opinion, there is nothing in the Mental or Bodily Condition of the Patient to contraindicate removal to the Asylum of the Southern Counties at Dumfries

S. Grierson

Dated this Thirtieth day of January One thousand eight hundred and eighty one

---

SANCTION BY THE BOARD OF LUNACY.

(Under this Sanction a Patient may be Transferred without an Order of the Sheriff.)

(1) Insert at whose instance the Lunatic is detained, or the nearest known Relative of the Lunatic, or the Inspector of the Parish by which the expense of the maintenance of the Lunatic is defrayed.

(2) Valid for fourteen days from date.

Application having been made to the Board by (1) The Inspector of Poor, Langholm to authorize the transfer of James Dalgliesh from Roxburgh District Asylum to Dumfries Royal Asylum, and the Board having considered such application and the accompanying Medical Certificate, do hereby authorize the transfer (2) of the [illegible] James Dalgliesh as requested.

[illegible] Commissioner.

Dated at Edinburgh, this 3rd day of February One thousand eight hundred and 81.

Date of Sheriffs order: 10th Novr 80

Please fill in.

2/414

James Dalgliesh

9th February 1881

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Sheriff or Steward. Shire or Stewartry.

Unto the Honourable the (1) Sheriff ~~*of the* (2) Shire~~ *of* Dumfries *and his Substitutes,—*

The Petition of Margt Sucy Nairn Lime House, Wetheral near Carlisle

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Martha Schofield your Petitioner's (3) Servant.

(3) State degree of relationship or other authority in which Petitioner stands to Luna.

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Martha Schofield to the Crichton Asylum and to sanction her admission into the said Asylum.

Margaret Sucy Nairn

(4) The date of the petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 12th (4) day of February One thousand eight hundred and eighty one

---

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

Christian Name and Surname of Patient at length,	Martha Schofield
Sex and Age,	Female. About 70.
Married, Single, or Widowed,	Single.
Condition of Life, and previous Occupation (if any),	Domestic servant.
Religious Persuasion, so far as known,	Church of England.
Previous Place of Abode,	London.
Place where Found and Examined,	Wetheral & Dumfries.
Length of time Insane,	7 or 8 weeks.
Whether First Attack,	No.
Age (if known) on First Attack,	About 64.
When and where previously under Examination and Treatment,	Examination. uncertain. Treatment never.
Duration of Existing Attack,	Same as No 8.
Supposed Cause,	Not known.
Whether subject to Epilepsy,	No.
Whether Suicidal,	Not quite sure.
Whether Dangerous to others,	Not apparently.
Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
Date of becoming Chargeable,	
Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Has no relations.
Special circumstances (if any) preventing the 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 February One thousand eight hundred and eighty one.

(*To be signed by Party applying*) Margaret Sucy Nairn.

P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, William Carruthers being a (1) Graduate in Medicine of Edinr. University and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 14 Castle St. Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Martha Schofield at the said Martha Schofield is a (5) insane person and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Her insane and [illegible] formed by melancholic appearance. Imagine she is going to be poisoned, & states she would be better by drowning herself

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her friends state they are afraid she will drown herself, and she has the greatest suspicion of everybody and has been restless lately

Name and Medical Designation, William Carruthers [illegible]

Place of Abode, 14 Castle Street. Dumfries

DATED this 12th day of February One thousand eight hundred and eighty one years

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Alexander Thomson being a (1) Doctor of medicine of the University of Glasgow and Surgeon and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) the Crichton Royal Institution in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Martha Schofield Domestic Servant from Wetteral at the said Martha Schofield is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Her depressed nervous condition, and dread of being poisoned. Thinks that she is lost and that no one can do her any [illegible]

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) That lately she has been restless, and suspicious that those around her are going to poison her.

Name and Medical Designation, Alex. Thomson [illegible]

Place of Abode Castle St. Dumfries

DATED this Twelfth day of February One thousand eight hundred and Eighty One years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, William Carruthers being (1) a graduate in Medicine of Edinr University hereby certify, on soul and conscience, that I have this day, at (2) 14 Castle Street Dumfries in the County of Dumfries, seen and personally examined Martha Schofield, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

William Carruthers MBCm

DATED this 12th day of February One thousand eight hundred and eight-one years

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope — (3) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Margaret Lucy Nairn, Lime House, Wetheral near Carlisle, Certificates under the hands of William Carruthers and Alexander Thomson, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Martha Schofield Lime House Wetheral Petitioner's grandmt and that the said Martha Schofield 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 Martha Schofield as a Patient into the (6) Public Asylum of Crichton Institution and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Martha Schofield which accompanied the said Petition.

DATED this Fourteenth day of February One thousand eight hundred and eighty one.

David Boyle Hope

To the Superintendent of the (7) Public *Asylum of* Crichton Royal Institution Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2

1696

Martha Schofield

12th February

1881

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. Shire or Stewartry.

Unto the Honourable the (1) The Sheriff *of the* (1) Dumfries & and Galloway *and his Substitutes,—*

The Petition of John Lowden, Inspector of Poor Urr

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Elizabeth Parker

(2) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (2) Pauper

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Elizabeth Parker to the Southern Counties Asylum and to sanction her admission into the said Asylum.

John Lowden Inspector of Poor

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this 17th (4) day of February One thousand eight hundred and 81

STATEMENT.

If any 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 Parker
2. Sex and Age,	Female. aged 18
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Dressmaker
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Kirkgunzeon
7. Place where Found and Examined,	Dalbeattie
8. Length of time Insane,	three weeks
9. Whether First Attack,	yes. 18 years
10. Age (if known) on First Attack,	
11. When and where previously under Examination and Treatment,	Never previously under treatment
12. Duration of Existing Attack,	three weeks
13. Supposed Cause,	not known
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	no
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Urr
18. Date of becoming Chargeable,	7th February 1881
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Jane Copeland or Parker. Mother Dalbeattie No member of family were ever insane
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 17th day of February One thousand eight hundred and 81

(*To be signed by Party applying*) John Lowden

P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, John Paterson Lewis MD
being a (1) graduate of the University of Glasgow,
and being in actual practice as a (2) General practitioner
hereby certify, on soul and conscience, that I have this day, at (3) High Street
Dalbeattie in the County of
Kirkcudbright separately from any other Medical Practitioner,
visited and personally examined (4) Elizabeth Parker
at the
the said Elizabeth Parker is a (5) person of
unsound mind and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
markedly insane expression of countenance & general
deportment, — said she saw people on the walls,
did not know the name of the month or day of the
week.—

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Her mother told me that she had been a very
exceedingly restless; and had often to be held,— that
she had threatened to jump throw the window

Name and Medical Designation, John Paterson Lewis MD

Place of Abode, Alma, Dalbeattie

DATED this sixteenth day of February One thousand eight
hundred and eighty one.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Robert McKuchar MB & Pr
being a (1) Graduate of the University of Edinburgh
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) High Street
Dalbeattie in the County of
Kirkcudbright separately from any other Medical Practitioner,
visited and personally examined (4) Elizabeth Parker
and that
the said Elizabeth Parker is a (5) person of
unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
Incessantly weeps as if in dread of some
impending calamity, will answer no question
Her moral character entirely altered

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
The mother informs me that she has of [illegible]
had religious perplexities, that she was [illegible]
for ten days, that she is restless & [illegible]
to escape from her home

Name and Medical Designation, Robert McKuchar

Place of Abode Dalbeattie

DATED this Sixteenth day of February One thousand eight
hundred and Eighty-One

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Stope (1) Sheriff Substitute
of the (2) County of Dumfries,
having had produced to me, with a Petition at the instance of (3) John Lowden, Inspector of Poor, Urr
Certificates under the hands of John Paterson Lewis
and Robert McKerchar, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Elizabeth Parker Dressmaker Dalbeattie (a Pauper) and that the said Elizabeth Parker, is a (5) person of unsound mind,

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Elizabeth Parker as a Patient into the (6) Public Asylum of Southern Counties and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Elizabeth Parker, which accompanied the said Petition.

DATED this Seventeenth day of February One thousand eight hundred and eighty one.

David Boyle Stope

To the Superintendent of the (7) Public
Asylum of Southern Counties,
Dumfries

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2
415

Elizabeth Parker

17th February

1881

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) County of Dumfries & Galloway and his Substitutes.—

The Petition of Francis Ker Inspector of Poor Gretna humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Peter Tell, Shoemaker, Springfield your Petitioner's (3) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Peter Tell to the Southern Counties Asylum Dumfries and to sanction His admission into the said Asylum. two words deleted

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

Francis Ker

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 17th (4) day of February One thousand eight hundred and Eighty one years

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Peter Tell
2. Sex and Age,	Male 28 yrs
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Shoemaker
5. Religious Persuasion, so far as known,	Church of Scotland
6. Previous Place of Abode,	Sudbury Suffolk
7. Place where Found and Examined,	Springfield Parish of Gretna
8. Length of time Insane,	about one week
9. Whether First Attack,	not Known
10. Age (if known) on First Attack,	" "
11. When and where previously under Examination and Treatment,	" "
12. Duration of Existing Attack,	" "
13. Supposed Cause,	Unknown
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	Yes
16. Whether Dangerous to others,	Yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Parish of Gretna
18. Date of becoming Chargeable,	17th February 1881,
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Joseph Tell Pork Butcher Sudbury
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	He came to Springfield about 6 yrs ago—little is known about his history.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 17th day of February One thousand eight hundred and Eighty one

(*To be signed by Party applying*) Francis Ker

MEDICAL CERTIFICATE, No. I.

I, the undersigned, William Carmichael
being a (1) Lic: Roy: Coll: Phy: Edin: & Lic Fac Phys & Surg Gl
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Springfield
in the parish of Cretna in the County of
Dumfries separately from any other Medical Practitioner
visited and personally examined (4) Peter Tell, pauper, Springfield and that
the said Peter Tell is a (5) person of
unsound mind and a proper Person to be detained
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 hypo-
-chondriacal; has fits of despondency alternated with
fits of restless excitement; unable to apply himself to
work; says he is afraid to be alone —

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Mrs Hastings states that patient is altered in manner,
peculiar and restless; moves about without any purpose
threatens to do himself harm;

Name and Medical Designation, William Carmichael
Surgeon
Place of Abode, Kirkpatrick Fleming

DATED this 14th day of February One thousand eight
hundred and eighty one

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an Idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

MEDICAL CERTIFICATE, No. II.

I, the undersigned, Daniel Mackenzie
being a (1) Bachelor of Medicine & Master in Surgery
of Edinburgh University
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Springfield,
Parish of Cretna,
Dumfries in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) Peter Tell.
Pauper, Springfield and that
the said Peter Tell is a (5) Person of
Unsound mind. and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) Incoherence of Ideas,
Great despondency of mind about himself his
health & affairs. A tendency to commit Suicide
admitted by himself. Restlessness — cant attend to business —

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Restlessness, a purposeless manner, an altered
demeanour in every respect: He wished the
Knives removed to avoid injury

Name and Medical Designation, Daniel Mackenzie M.B.
Place of Abode Annan.

DATED this seventeenth day of February One thousand eight
hundred and eighty one. years.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an Idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, William Carruthers
being (1) Lic: Roy: Coll: Phys: Edin: & L.F.P.S. Glasg: &c
hereby certify, on soul and conscience, that I have this day, at (2) Springfield
in the County of Dumfries, seen and personally examined
Peter Tell, Shoemaker, , and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

William Carruthers

DATED this 17th day of February One thousand eight hundred and eighty one.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Francis Rae,
Inspector of Poor, Gretna.
Certificates under the hands of William Carruthers
and Daniel Mackenzie, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
Peter Tell, Shoemaker, Springfield, Gretna and that the said
Peter Tell is a (5) person of unsound mind.

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Peter Tell as a Patient into the (6) Public Asylum of Southern Counties and I authorize this Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Peter Tell which accompanied the said Petition.

DATED this eighteenth day of February — One thousand eight hundred and eighty one years.

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries

---

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2/416.

Peter Tell

18th February

1881

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. Shire or Stewartry.

Unto the Honorable the (1) Sheriff of the (2) Dumfries and Galloway and his Substitutes,—

The Petition of Charles Finlayson Inspector of Poor Kirkcudbright

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Thomas Middleton

(3) State degree of relationship or other quality 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 Thomas Middleton to the Southern Counties Asylum Dumfries and to sanction his admission into the said Asylum.

C. Finlayson

(4) The date of the petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Seventeenth (4) day of February, One thousand eight hundred and Eighty one

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Thomas Middleton
2. Sex and Age,	Male 42
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Dyker
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Milburn Street
7. Place where Found and Examined,	"
8. Length of time Insane,	4 days
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	
11. When and where previously under Examination and Treatment,	
12. Duration of Existing Attack,	4 days
13. Supposed Cause,	Indigestion
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Yes
16. Whether Dangerous to others,	Not known
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Kirkcudbright
18. Date of becoming Chargeable,	Febr 1881
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Agnes Milligan wife. and 11 children eldest 20 years Youngest 18 months
20. Special circumstances (if any) preventing the 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 February One thousand eight hundred and Eighty one

(*To be signed by Party applying*) C. Finlayson

P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Wm S. S. Reid
being a (1) Bachelor of Medicine of the University of Edinburgh
and being in actual practice as a (2) General practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Thorne
Millburn Street. Kirkcudbright in the County of
Kirkcudbright separately from any other Medical Practitioner
visited and personally examined (4) Thomas Middleton (Pauper) and that
the said Thomas Middleton is a (5) person
of unsound mind and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
Great Melancholia in regard to the state
of his health - Imagining various parts
organs of his body to be medically unsound

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
An attempt made to strangle himself -
Violent & sudden fits of restlessness.

Name and Medical Designation, W. S. S. Reid - Mb.

Place of Abode, Oakley - Kirkcudbright

DATED this Sixteenth day of February One thousand eight
hundred and eighty one.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Wm Johnstone
being a (1) M.D. Edin.
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Millburn St
Kirkcudbright-
Kirkcudbright- in the County of
separately from any other Medical Practitioner
visited and personally examined (4) Thomas Middleton a Pauper and that
the said Thomas Middleton is a (5) Person of
unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
That he would not answer questions but was
very restless.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
That he had made an attempt to strangle him
also he was dangerous to others - this I learned
from his Wife and other friends.

Name and Medical Designation, Wm Johnstone M.D.

Place of Abode Kirkcudbright

DATED this Sixteenth day of February One thousand eight
hundred and Eighty one.

No. I.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

No. II.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Robert Macarthur Gordon (1) Ge Sheriff Substitute of the (2) Stewartry of Kirkcudbright having had produced to me, with a Petition at the instance of (3) Charles Finlayson Certificates under the hands of Wm. S. S. Reid and William Johnston, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Thomas Middleton Pauper and that the said Thomas Middleton is a (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 Middleton as a Patient into the (6) ~~Southern Counties~~ Asylum of Dumfries and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Thomas Middleton which accompanied the said Petition.

DATED this Seventeenth day of February One thousand eight hundred and eighty one.

Rob. Gordon

To the Superintendent of the (7) Southern Counties
Asylum of Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2
114

Thomas Middleton

18th February

1881

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Sheriff or Steward. Shire or Stewartry.

Unto the Honourable the (1) Sheriff ~~of the (1) County~~ of Dumfries & Galloway *and his Substitutes,*—

The Petition of Adam Semple Inspector of Poor, Glencairn.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Robert McCormack, merchant, Moniaive

State degree of Lordship or other city in which Petitioner stands to Lunacy.

your Petitioner's (2) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Robert McCormack to the Southern County asylum and to sanction his admission into the the said Asylum.

Adam Semple, Inspector

The date of the last must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Nineteenth (4) day of February One thousand eight hundred and Eighty-one 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,	Robert McCormack
2. Sex and Age,	41
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,	Glasgow
7. Place where Found and Examined,	Moniaive and Dumfries
8. Length of time Insane,	Had Sun Stroke about Eight years ago
9. Whether first Attack,	No
10. Age (if known) on first Attack,	~~54~~ 53
11. When and where previously under Examination and Treatment,	Glasgow
12. Duration of existing Attack,	Eight day
13. Supposed Cause,	Supposed loss of some articles
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,	Glencairn
18. Date of becoming Chargeable,	18th Feb 1881
19. Christian Names and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Jessie Russel, Wife, High St Moniaive
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	no

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Nineteenth day of February One thousand eight hundred and Eighty one

(*To be signed by Party applying*) Adam Semple, Inspector

P. P

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, John Picken Howie Muir being a (1) Graduate of the University of Glasgow and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Moniaive Dumfries in the County of separately from any other Medical Practitioner visited and personally examined (4) Robert MacCormick, Pauper and that the said Robert McCormick is a (5) Lunatic and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Talks incoherently from one subject to another. Took off his [illegible] & walked all night in the snow, with the [illegible] of his feet & laughs wildly at his exploits

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) From Mrs McCormick, going on the middle of the night for barrels of [illegible] and pigs & for a short time could be reshamed

Name and Medical Designation, John Picken Howie Muir MB & CM

Place of Abode, Bank, Moniaive

DATED this eighteenth day of February One thousand eight hundred and eighty one

---

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, William Carruthers being a (1) Graduate in Medicine of Edinburgh University and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 14 Castle St Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Robert McCormack Pauper and that the said Robert McCormack is a (5) insane person and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) His mind is [illegible] and rambling conversation. Thinks he was [illegible] between two years and was then expelled

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) The Inspector of Poor says he has been [illegible] for some time and under delusions

Name and Medical Designation, William Carruthers

Place of Abode, 14 Castle St Dumfries

DATED this 9th day of February One thousand eight hundred and eighty one years

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(2) State medical qualification. (3) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, ~~David~~ Norman Macpherson (1) Sheriff
of ~~the~~ (2) Dumfries and Galloway
having had produced to me, with a Petition at the instance of (3) Adam Temple Inspector of Poor, Glencairn
Certificates under the hands of John Picken Howe Muir
and William Barruthers, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 McCormack, Merchant, Moniaive (a Pauper) and that the said Robert McCormack 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 Robert McCormack as a Patient into the (6) Public Asylum of Southern Counties and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Robert McCormack which accompanied the said Petition.

DATED this nineteenth day of February One thousand eight hundred and eighty one years. Two words deleted.

Norman Macpherson

To the Superintendent of the (7) Public
Asylum of Southern Counties.
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2

418

Robert McCormack

19th February

1881

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (1) ~~Kirkcudbright~~ Dumfries & Galloway Stewartry *and his Substitutes,*—

The Petition of Helen K. Nilson Kings Court Manor Mansions

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Miss Christina W. Nilson your Petitioner's (2) Aunt is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Miss C. W. Nilson to the Crichton Royal Institution and to sanction her admission into the said Asylum.

Helen K. Nilson

(2) State degree of Relationship or other Capacity in which Petitioner stands to Lunatic.

DATED this 21st (3) day of February One thousand eight hundred and Eighty seven.

(3) The date of the Order must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

Christian Name and Surname of Patient at length,	Christina W. Nilson
Sex and Age,	About 80.
Married, Single, or Widowed,	Single
Condition of Life, and previous Occupation (if any),	Free Church of Scotland Deaconess
Religious Persuasion, so far as known,	Do Do
Previous Place of Abode,	about 3 Months
Place where Found and Examined,	First Attack
Length of time Insane,	As above
Whether First Attack,	Never previously under treatment
Age (if known) on First Attack,	Not known
When and where previously under Examination and Treatment,	No.
Duration of Existing Attack,	No
Supposed Cause,	Not Chargeable
Whether subject to Epilepsy,	Helen K. Nilson Kings Court, Maxwell Mansions Wife
Whether Suicidal,	
Whether Dangerous to others,	
Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
Date of becoming Chargeable,	
Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	
Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 21st day of February One thousand eight hundred and Eighty one.

(*To be signed by Party applying*) Helen K. Nilson

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Robert McKerchar M.B. being a (1) Graduate of the University of Glasgow and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Albert Dalbeattie in the County of Kirkcudbright separately from any other Medical Practitioner visited and personally examined (4) Ellen W. Smith and the said Christina W. Nielson is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, 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 unable to sustain a conversation regarding the most commonplace subjects and generally conducts herself in a decidedly imbecile manner.

(7) *State the information, and from whom derived*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Miss Barbour informs me that when she is left alone she endangers her [illegible] and the lives of her neighbours.

Name and Medical Designation, Robert McKerchar M.B.

Place of Abode, Dalbeattie

DATED this nineteenth day of February One thousand eight hundred and eighty one

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, John Paterson Lewis M.D. being a (1) graduate of the University of Glasgow and being in actual practice as a (2) General practitioner hereby certify, on soul and conscience, that I have this day, at (3) Albert Street Dalbeattie in the County of Kirkcudbright separately from any other Medical Practitioner visited and personally examined (4) Christina W. Nielson, residing in Albert Street, Dalbeattie and the said Christina W. Nielson is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Does not know the season of the year, name of the [illegible] nor day of the week — Does not know whether it is [illegible] mid-day or evening because she says she had [illegible] all the clocks when the thaw came —

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Mrs Kirn who has been much with her told me that she wanders about the house undressed at night and that she has found her with the fire taken out of the grate and placed on the floor —

Name and Medical Designation, John Paterson Lewis M.D.

Place of Abode Alma, Dalbeattie

DATED this Nineteenth day of February One thousand eight hundred and eighty one —

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Robert M. Kerchar
being (1) Graduate of the University of Edinburgh
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope — (1) Sheriff Substitute —
of the (2) County of Dumfries —
having had produced to me, with a Petition at the instance of (3) Helen K. Neilson
King Street Maxwelltown —
Certificates under the hands of Robert M. Kerchar —
and John Paterson Lewis —, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Christina K. Neilson Albert Street Dalbeattie (Potts quoad) and that the said Christina K. Neilson, is a (5) person of unsound mind,

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Christina K. Neilson as a Patient into the (6) Public — Asylum of Crichton Institution and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Christina K. Neilson — which accompanied the said Petition.

DATED this Twenty first of February One thousand eight hundred and eighty one years.

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of Crichton Royal Institution
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2

2

419

Christina W. Nielsen

21st February

1881

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) County *of* Perth *and his Substitutes,*—

The Petition of William Christie Inspector of Poor Dunblane humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary McLauchlan ~~your Petitioner's (3)~~ a pauper Chargeable to the Parish of Troqueer is at present in a state of Mental Derangement, and 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 McLauchlan 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.

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this 22d (4) day of February One thousand eight hundred and Eighty one

Wm Christie

STATEMENT.

If any 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 McLauchlan
2. Sex and Age,	Female - 32
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Millworker
5. Religious Persuasion, so far as known,	Presbyterian
6. Previous Place of Abode,	Dunblane
7. Place where Found and Examined,	Dunblane
8. Length of time Insane,	Six weeks
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	32
11. When and where previously under Examination and Treatment,	no where
12. Duration of Existing Attack,	6 weeks
13. Supposed Cause,	Unknown
14. Whether subject to Epilepsy,	no.
15. Whether Suicidal,	Yes.
16. Whether Dangerous to others,	Yes.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Parish of Troqueer
18. Date of becoming Chargeable,	18 January 1881
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Margaret McLauchlan her Sister at 25 Buccleuch St, Dumfries.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 22d day of February One thousand eight hundred and Eighty one.

(*To be signed by Party applying*) Wm Christie

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Brown
being a (1) Licentiate of the Faculty of Physicians & Surgeons. Glasgow
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Fens Dunblane Perth in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) Mary McLauchlan. Pauper
and that
the said Mary McLauchlan is a (5) Lunatic
and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) - Has the appearance of an Insane person - mutters to herself - Father & mother are down below with the [illegible] - imagines she sees persons in the room - Converses [illegible] them at times swears dreadfully.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) The man who lives with her says she attempted to injure him with an axe & threatened to take his life - attempted to cut her own throat with a razor - is at times very violent.

Name and Medical Designation, Thomas Brown L.

Place of Abode, Dunblane

DATED this Twenty first day of February One thousand eight hundred and Eighty one.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, James Forrest
being a (1) M D C M Edin
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Fens Dunblane Perth in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) Mary McLauchlan pauper
and that
the said Mary McLauchlan is a (5) Lunatic
and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Has a sullen vacant look. Is at times obstinately silent when spoken to. Says she has letters from her father who she says is "down below". Says she saw her father the other day -
(Her father was killed some years ago)

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) The man she lives with says she attempted suicide yesterday

Name and Medical Designation, James Forrest

Place of Abode Sterling

DATED this 22d day of Feb One thousand eight hundred and eighty one

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, John Grahame (1) Sheriff Substitute
of the (2) County of Perth
having had produced to me, with a Petition at the instance of (3) William Christie, Inspector of Poor of Dunblane Parish
Certificates under the hands of Thomas Brown, L.R.C.P.S.
and James Forrest M.D. & 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)
Mary McLauchlan a Pauper and that the said
Mary McLauchlan is a (5) Lunatic
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Mary McLauchlan as a Patient into the Southern Counties Asylum of Dumfries and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mary McLauchlan which accompanied the said Petition.

DATED this twenty second day of February One thousand eight hundred and eighty one years

John Grahame

To the Superintendent of the (6) Southern Counties
Asylum of Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2
420

Mary Mc Lauchlan

22^d: February

1881

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of* ~~the (2)~~ Dumfries and Galloway *and his Substitutes*—

The Petition of Miles McInnes Inspector of Poor Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Susan Nish your Petitioner's (3) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Susan Nish to the Southern Counties Asylum and to sanction her admission into the said Asylum. Two words deleted

Miles McInnes

(3) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

DATED this Twenty Fifth (4) day of February One thousand eight hundred and Eighty One 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,	Susan Nish
2. Sex and Age,	Female — 23 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous occupation (if any),	" no occupation
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Dumfries Poorhouse
7. Place where Found and Examined,	Do Do
8. Length of time Insane,	One week
9. Whether first Attack,	Yes So far as known
10. Age (if known) on first Attack,	23 years
11. When and where previously under Examination and Treatment,	Never previously under examination
12. Duration of existing Attack,	One week
13. Supposed Cause,	not known
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	no, not to an adult but might be to a Child
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dumfries
18. Date of becoming Chargeable,	14th Jany 1881.
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	John Nish her Father resides at 17½ North Queensberry St Dumfries. not So far as known
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

I certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Twenty Fifth day of February One thousand eight hundred and Eighty One years.

(*To be Signed by Party applying*) Miles McInnes
Inspt of Poor, Dumfries.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, William Marshall
being a (1) Graduate of the faculty of Physicians & Surgeons Glasgow and Fellow of Edinburgh
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Parkhead
Dumfries
Dumfries in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) Susan Rush (a pauper)
and am
the said Susan Rush is a (5) person of
Unsound Mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Speaks incoherently
delusions Incoherent in Speech and by Gesture
to appear not to understand what is said to her

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
She Governess states that she cannot dress
herself by her own clothes or do anything
beat necessitating help or

Name and Medical Designation, William Marshall M.D. D.P.H.

Place of Abode, Dumfries

DATED this 25th day of February One thousand eight
hundred and eighty one Years

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, John Smith
being a (1) Graduate in Medicine of Edinburgh
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) The Poor House
Dumfries.
Dumfries in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) Susan Rush
Pauper and am
the said Susan Rush is a (5) Lunatic
Unsound mind and a proper person to be detained
Under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Her appearance
Incoherent: unintelligent conversation Unable
to answer the most simple questions.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Mr. Robertson informs me that 13 days ago
she was confined of a child. that she has great dislike
to the child & attempted to abscond it

Name and Medical Designation, John Smith M.B.

Place of Abode, 14 Castle St Dumfries

DATED this 25th day of February One thousand eight
hundred and 81 years

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Miles McInnes, Inspector of Poor, Dumfries,
Certificates under the hands of William Marshall,
and John Smith, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Susan Nish, Dumfries Poorhouse, (a Pauper) and that the said Susan Nish, is a (5) person of unsound mind

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Susan Nish as a Patient into the (6) Public Asylum of Southern Counties, and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Susan Nish, which accompanied the said Petition.

DATED this Twenty fifth day of February, One thousand eight hundred and eighty one years.

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of Southern Counties,
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.
(6) Public, District, Parochial, *or* Private.
(7) Public, District, Parochial, *or* Private.

2
421

Susan Nish

25th February

1881

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) *of* Dumfries and Galloway *and his Substitutes,—*

The Petition of William Mackie, Inspector of Poor, residing in Wigtown humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary Campbell residing at Main Street, Wigtown your Petitioner's (3) pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Mary Campbell to the Public Asylum of the Southern Counties, Dumfries and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

Wm Mackie, Inspector of Poor

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this twenty-fifth (4) day of February One thousand eight hundred and eighty one.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Mary Campbell
2. Sex and Age,	38
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Retired Stewardess
5. Religious Persuasion, so far as known,	Protestant - Free Church
6. Previous Place of Abode,	Wigtown
7. Place where Found and Examined,	Main Street, Wigtown
8. Length of time Insane,	Certified mos and yesterday
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	38
11. When and where previously under Examination and Treatment,	Main Street, Wigtown for a few months back
12. Duration of Existing Attack,	Has been about three months ill
13. Supposed Cause,	not known
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	doubtful
16. Whether Dangerous to others,	Yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Wigtown
18. Date of becoming Chargeable,*	25th January 1881
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of the Family known to be or to have been Insane,	Jane Kevan or Campbell, mother, residing at Main Street, Wigtown. Has a brother George Campbell at present in Southern Counties Asylum
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	—

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this twenty-fifth day of February One thousand eight hundred and eighty ~~one~~ years.

(*To be signed by Party applying*) Wm Mackie, Inspector of Poor

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, James Gibbons Dickson being a (1) Doctor of Medicine - University of Edin

and being in actual practice as a (2) Doctor of Medicine

hereby certify, on soul and conscience, that I have this day, at (3) Main Street Wigtown in the County of Wigtown separately from any other Medical Practitioner visited and personally examined (4) Mary Campbell, Main Street Wigtown and that the said Mary Campbell is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

Eyes restless; pulse quick: imagines that her mother and brother have evil designs towards her. That one of their footsteps filling her with much dread and is impelled to leave the house every night.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Mother, brother and Mrs Dickson (an immediate neighbour) state that of late her whole manner & conduct have changed. At one time she is cheerful & singing, at another moody irritable and suspicious that her food is poisoned. Restless and repugnant for the night leads to leave the house at night.

Name and Medical Designation, James G. Dickson

Place of Abode, Woodlea, Newton Stewart

DATED this twenty fourth day of February One thousand eight hundred and Eighty one.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, James Clark being a (1) Licentiate of the Faculty of Physicians and Surgeons of Glasgow

and being in actual practice as a (2) Surgeon

hereby certify, on soul and conscience, that I have this day, at (3) Main Street Wigtown Wigtown in the County separately from any other Medical Practitioner visited and personally examined (4) Mary Campbell, Main Street, Wigtown and that the said Mary Campbell is a (5) Person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

Am informed by the Dickson the mother, son and brother William are conspiring to do her bodily harm. Refuses to obey requests, has conduct according, appearing to leave house at night;

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Her Mother and Brother state that her character has undergone great change of late. Her habits are monthly being much more irritable & suspicious of her surroundings

Name and Medical Designation, James Clark

Place of Abode Newton Stewart

DATED this Twenty fourth day of February One thousand eight hundred and Eighty one years

No. I.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

No. II.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, John Doig Esquire — (1) Sheriff Substitute
of the (2) County of Wigtown
having had produced to me, with a Petition at the instance of (3) William Mackie
Inspector of Poor residing in Wigtown
Certificates under the hands of James F. Dickson M.D
and James Clark Surgeon , being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
Mary Campbell residing at Mainsbrick Wigtown Parish and that the said
Mary Campbell — is a (5) person of unsound mind

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Mary Campbell — as a Patient into the (6) Public — Asylum of the Southern Counties Dumfries and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mary Campbell — which accompanied the said Petition.

DATED this twenty fifth day of February One thousand eight hundred and eighty one years

John Doig J.S.

To the Superintendent of the (7) Public
Asylum of the Southern Counties
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2
422

Mary Campbell

26th February

1881

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of* ~~the~~ (2) Dumfries and Galloway *and his Substitutes,—*

The Petition of John Sowden Inspector of Poor humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary Henderson 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 Henderson to the Southern Counties Asylum and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

John Sowden Inspr. Poor

DATED this 26th (4) day of February One thousand eight hundred and 81

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Mary Henderson
2. Sex and Age,	Female aged 25 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,	Dalbeattie
7. Place where Found and Examined,	Dalbeattie
8. Length of time Insane,	
9. Whether First Attack,	yes
10. Age (if known) on First Attack,	
11. When and where previously under Examination and Treatment,	
12. Duration of Existing Attack,	
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. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known 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 Henderson Dalbeattie. Brother
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None of the relatives were ever known to be Insane

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 26th day of February One thousand eight hundred and 81

John Sowden Inspr.

(*To be signed by Party applying*)

P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, John Hamilton LF P&S G. being a (1) Licentiate of the Faculty of Physicians & Surgeons Glas

and being in actual practice as a (2) General practitioner

hereby certify, on soul and conscience, that I have this day, at (3) Burn street Dalbeattie in the County of Kirkcudbright separately from any other Medical Practitioner visited and personally examined (4) Mary Henderson Servant residing in Burn Street Dalbeattie, Pauper and the said Mary Henderson is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)
Excitable. Frequently striking at imaginary people. Does not know the hour, nor whether it is night or morning. Does not know the day of the week, nor the month. Does not know how many pennies there are in sixpence or a shilling, nor shillings in a pound.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Mrs Mackenzie with whom she resides tells me that she threatened to put her child on the fire, that she attempted to jump through the window that she might go and drown herself, that she has had to be kept in the house by physical restraint.

Name and Medical Designation, John Hamilton LF P&S G.

Place of Abode, Dalbeattie

DATED this twenty fifth day of February One thousand eight hundred and eighty one

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Robert M'Kerchar MB &c being a (1) Graduate of the University of Edin

and being in actual practice as a (2) General Practitioner

hereby certify, on soul and conscience, that I have this day, at (3) Burn Street Dalbeattie in the County of Kirkcudbright separately from any other Medical Practitioner visited and personally examined (4) Mary Henderson Servant a pauper, at present residing in Burn Street and the said Mary Henderson is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)
Is restless and excited, laughs without apparent cause and has a decidedly imbecile expression of countenance

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Mrs Mackenzie under whose care she is tells me that she has been sleepless, that she wanders about the house at night, that she has threatened to take away her own life & generally that she is

Name and Medical Designation, Robert M'Kerchar MB

Place of Abode Dalbeattie

DATED this twenty-fifth day of February One thousand eight hundred and Eighty one

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Stoke (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) John Lowden Inspector of Poor, &c
Certificates under the hands of John Hamilton
and Robert McKechnie, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Henderson, Domestic Servant, Dalbeattie and that the said Mary Henderson is a (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 Henderson as a Patient into the (6) Public Asylum of Southern Counties and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mary Henderson which accompanied the said Petition.

DATED this twenty sixth day of February One thousand eight hundred and eighty one years.

David Boyle Stoke

To the Superintendent of the (7) Public Asylum of Southern Counties, Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2
423

Mary Henderson

26th February

1881

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (1) Shire or Stewartry.

Unto the Honorable the (1) Sheriff *of the* (1) Shire of Dumfries & Galloway *and his Substitutes,—*

The Petition of Walter Henderson, Draper, 93 Pollock St. Glasgow.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Henderson your Petitioner's (2) Father is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said John Henderson to the Southern Counties' Asylum, Dumfries and to sanction his admission into the said Asylum.

(2) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

Walter Henderson

DATED this 28th (3) day of February One thousand eight hundred and Eighty one

(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,	John Henderson
2. Sex and Age,	Male. 57
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,	Townfoot Sanquhar
7. Place where Found and Examined,	do do
8. Length of time Insane,	a Month
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	57
11. When and where previously under Examination and Treatment,	Never
12. Duration of Existing Attack,	a month
13. Supposed Cause,	Not Known
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	——— not a pauper
18. Date of becoming Chargeable,	—
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Janet Dryden or Henderson, wife No.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	—

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 28 day of Feby One thousand eight hundred and Eighty one

(*To be signed by Party applying*) Walter Henderson

P P

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, John Mowat being a (1) Doctor of Medicine of Edinburgh and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Town foot Sanquhar in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) John Henderson Woodman, Town foot Sanquhar and that the said John Henderson 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) Complained first of pain in the head and was fretful & crying like a child. Then said that he had made a mistake in his work, for which he was dismissed and would be put into prison all which was delusion. Keeps more about and gets very excited when spoken to

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) He could get no sleep for many nights and was always talking of something wrong and that the police and body were watching him. Threatened to strike his wife more times. Stated by his wife and son

Name and Medical Designation, John Mowat, M. D.

Place of Abode, Sanquhar

DATED this 28th day of February One thousand eight hundred and Eighty One

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Wm Kay being a (1) Licentiate of the Faculty of Physicians and Surgeons of Glasgow and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) No 2 High Street, Sanquhar in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) John Henderson. Labourer. Sanquhar and that the said John Henderson is a (5) person of unsound Mind and a proper person to be detained under Care and Treatment, 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 weeps and and appears to be in despair imagining that he has forged another person's and must in consequence undergo punishment

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) He is very restless, sometimes morose and at other times is talkative lamenting about the ruin of his Family — from Sister Mrs Hamilton

Name and Medical Designation, Wm Kay. Surgeon

Place of Abode Sanquhar

DATED this 28th day of February One thousand eight hundred and eighty one

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Walter Henderson
Draper, 93 Kilmarnock Street, Glasgow.
Certificates under the hands of John Howat
and William Hay , being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) John Henderson, Labourer, Townfoot Sanquhar, and that the said John Henderson 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 John Henderson as a Patient into the (6) Public Asylum of Southernbounties and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said John Henderson which accompanied the said Petition.

DATED this twentyeighth day of February One thousand eight hundred and eightysix years.

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of Southernbounties.
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2

404

John Henderson

28th February

1881

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff ~~*of the*~~ (2) of Dumfries & Galloway *and his Substitutes*—

The Petition of John Edwards. Skirit Merchant, Liver Inn. Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Rachel Alice Fay your Petitioner's (3) Niece is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Rachel Alice Fay to the Southern Counties Asylum and to sanction her admission into the said Asylum.

(3) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

John Edwards

Dated this Twelfth (4) day of March One thousand eight hundred and Eighty One

(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,	Rachel Alice Fay
2. Sex and Age,	Female. 21.
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous occupation (if any),	Housemaid
5. Religious Persuasion, so far as known,	English Church
6. Previous Place of Abode,	Dumfries
7. Place where Found and Examined,	Dumfries
8. Length of time Insane,	About a Week
9. Whether first Attack,	No. Second
10. Age (if known) on first Attack,	21.
11. When and where previously under Examination and Treatment,	Liverpool
12. Duration of existing Attack,	About a Week
13. Supposed Cause,	Not known
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	No.
16. Whether Dangerous to others,	No.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
18. Date of becoming Chargeable,	—
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Mrs Hamilton Dockhead Dumfries Sister No.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

I certify that, to the best of my knowledge, the above particulars are correctly stated.

Dated this Twelfth day of March One thousand eight hundred and Eighty One

(*To be Signed by Party applying*) John Edwards

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the street and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper state so.*
(5) Lunatic, *or* an insane person, or an idiot, or a person of unsound mind.
(6) *State the facts.*
(7) *State the information, and from whom derived.*

I, the undersigned, John Smith being a (1) Graduate in Medicine of Edinburgh Univ and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Dockhead house Dumfries. in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Rachel Alice Fay. House maid Dockhead house Dumfries. and to the said Rachel Alice Fay. is a (5) person of unsound mind and a proper person to be detained 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 continued excitement, talks in a rambling incoherent manner.

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her Aunt informs me that during the last two days she has been very much excited, resting none who about three weeks ago she was very unwell an Asylum in Liverpool

Name and Medical Designation. John Smith M.B.

Place of Abode. 18 Castle St. Dumfries

Dated this 12th day of March One thousand eight hundred and 81 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 Ferguson being a (1) Bachelor of Medicine &c and being in actual practice as a (2) Junior Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Dockhead House Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Rachel Alice Fay and to the said Rachel Alice Fay is a (5) Person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) She is very excited & noisy - Constantly talking & shouting & tossing herself about. Talks disconnectedly & at one time burst into tears without any

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) By her Aunt Mrs Armstrong That she is very noisy - shouting & striking her attendants & throwing articles of clothing

Name and Medical Designation. Thomas Ferguson M.B.

Place of Abode. 22 Castle St Dumfries

Dated this 12th day of March One thousand eight hundred and eighty one.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, John Smith being (1) Graduate in Medicine of Edinburgh University hereby certify, on soul and conscience, that I have this day, at (2) Dockhead House - Dumfries in the County of Dumfries, seen and personally examined Rachel Alice Fay, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

John Smith MD &c

DATED this 12th day of March One thousand eight hundred and 81 Zeros

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope — (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) John Edwards Spirit Merchant Liver Inn Dumfries — Certificates under the hands of John Smith and Thomas Ferguson, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Rachel Alice Fay Dockhead House Dumfries (Petr's Niece) and that the said Rachel Alice Fay, is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Rachel Alice Fay as a Patient into the (6) Public Asylum of Southern Counties — and I authorize her — Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Rachel Alice Fay which accompanied the said Petition.

DATED this Fourteenth day of March — One thousand eight hundred and eighty one.

David Boyle Hope

To the Superintendent of the (7) Public *Asylum of* Southern Counties, Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2
425

Rachel Alice Fay

12th March

1881

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) Dumfries and Galloway *and his Substitutes*—

The Petition of Wills Mc Dames Inspector of Poor Dumfries

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Agnes Irvine 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 Irvine 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.

Wills Mc Dames

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this Fourteenth (4) day of March One thousand eight hundred and Eighty One years.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Agnes Irvine
2. Sex and Age,	Female — 68 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous occupation (if any),	Outworker
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Stoop
7. Place where Found and Examined,	Do
8. Length of time Insane,	a number of years
9. Whether first Attack,	yes
10. Age (if known) on first Attack,	not known
11. When and where previously under Examination and Treatment,	nowhere
12. Duration of existing Attack,	a number of years
13. Supposed Cause,	not known
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	yes
16. Whether Dangerous to others,	yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dumfries
18. Date of becoming Chargeable,	12th March 1881
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	not known not known
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	none

I certify that, to the best of my knowledge, the above particulars are correctly stated.

Dated this Twelfth day of March One thousand eight hundred and Eighty One years.

(To be Signed by Party applying) Wills Mc Dames
Insp. of Poor Dumfries

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, William Marshall being a (1) Graduate of the faculty of Physicians Surgeons Glasgow and College of Phy[illegible] and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Stroop Dunfries Dumfries in the County of separately from any other Medical Practitioner visited and personally examined (4) Agnes Irvine (a pauper) and that the said Agnes 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.:—

1. Facts indicating Insanity observed by myself: (6) talks incoherently goes to nurse and seems determined to answers any question answers at random

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her neighbours state that she is rather lazy but frequent days and threats

Name and Medical Designation, W Marshall MB & CM

Place of Abode, Dumfries

DATED this 12 day of March One thousand eight hundred and eighty one years

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, William Carruthers being a (1) Graduate in Medicine of Edinburgh Universit and being in actual practice as a (2) Physician or Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Stroop Dumfries Dumfries in the County of separately from any other Medical Practitioner visited and personally examined (4) Agnes Irvine (a pauper) and that the said Agnes Irvine is a (5) insane person and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Her mental talk general demeanour indicate mental disorder states she will take her life

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her neighbours state that she has been quiet industrious and kept herself to herself until some few days, since that she was noticed to be more excited

Name and Medical Designation, William Carruthers MB

Place of Abode, 14 Castle Street Dumfries

DATED this 9th day of March One thousand eight hundred and eighty one years

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, William Carruthers being (1) Graduate in Medicine of Edinburgh University hereby certify, on soul and conscience, that I have this day, at (2) Stoop Dumfries in the County of Dumfries, seen and personally examined Agnes Irvine, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

William Carruthers M.B.C.M.

DATED this 12th day of March One thousand eight hundred and eighty one years.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (3) Sheriff-Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) Miles McInnes, Inspector of Poor Dumfries, Certificates under the hands of William Marshall and William Carruthers, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Agnes Irvine Stoop Dumfries (a Pauper) and that the said Agnes Irvine is a (5) person of unsound mind and an insane person, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Agnes Irvine as a Patient into the (6) Public Asylum of Southern Counties and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Agnes Irvine which accompanied the said Petition.

DATED this Fourteenth day of March, One thousand eight hundred and eighty one.

David Boyle Hope

To the Superintendent of the (7) Public *Asylum of* Southern Counties Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2
426

Agnes Irvine

17th March

1881

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff ~~of the~~ (2) Dumfries and Galloway, *and his Substitutes*—

The Petition of Miles Mc Innes Inspector of Poor, Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Janet Paterson or Gardiner your Petitioner's (3) Pauper ~~a person without means~~ is at present in a state of Mental Derangement and 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 Paterson or Gardiner to the Southern Counties Asylum and to sanction her admission into the said Asylum. Two warrants delivered.

Miles Mc Innes

(3) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

DATED this Seventeenth (4) day of March One thousand eight hundred and Eighty One years.

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Janet Paterson or Gardiner
2. Sex and Age,	Female—70 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,	Nobleheil
7. Place where Found and Examined,	Do
8. Length of time Insane,	Cant tell
9. Whether first Attack,	no
10. Age (if known) on first Attack,	62 years
11. When and where previously under Examination and Treatment,	No when
12. Duration of existing Attack,	about 3 Months
13. Supposed Cause,	not known
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	no
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dumfries
18. Date of becoming Chargeable,	16th March 1881
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Alexander Gardiner, Son, residing at Nobleheil none
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	none

I certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Seventeenth day of March One thousand eight hundred and 81 years

(To be Signed by Party applying) Miles Mc Innes
Inspector of Poor
Dumfries.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, *or* an idiot, *or* a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Wyllegin Marshall being a (1) Graduate of the Faculty of Physicians & Surgeons and College of Physicians Edinburgh and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Robbie Hill Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Janet Paterson or Jardine and the said Janet Paterson or Jardine is a (5) Person of Unsound Mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) Talks incoherently Looks dreamy and stupid. States that she is persecuted by persons & fears for the safety of her child &c

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her son states that she never ceases about night and day &c

Name and Medical Designation, W Marshall M.D. &c

Place of abode, Dumfries

DATED this 16th day of March One thousand eight hundred and 81 years

---

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, *or* an idiot, *or* a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, John Smith being a (1) Graduate in Medicine of Edinburgh University and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Robbie Hill Dumfries Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Janet Paterson or Jardine a pauper and the said Janet Paterson or Jardine is a (5) person of Unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) Her stupid appearance & incoherence of speech Tells me that everything has gone wrong with her. She is tired of her life & is in constant fear

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her son states that she refuses to work & eating. That she does not work but wanders about in a stupid state night & day

Name and Medical Designation, John Smith M.D.

Place of Abode, 64 Castle St. Dumfries

DATED this 16th day of March One thousand eight hundred and 81 years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, John Smith being (1) Graduate in Medicine of Edinburgh University hereby certify, on soul and conscience, that I have this day at (2) Moniaive in the County of Dumfries, seen and personally examined Janet Paterson or Sardine, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

John Smith MD &c.

Dated this 16th day of March. One thousand eight hundred and 81 years.

(1) State medical qualifications. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope, (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Miles M'Jannet Inspector of Poor Dumfries Certificates under the hands of William Marshall and John Smith, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Janet Paterson or Sardine Widow Moniaive Dumfries (Pauper) and that the said Janet Paterson or Sardine, (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 Paterson or Sardine as a Patient into the (6) Public Asylum of Southern Counties and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Janet Paterson or Sardine, which accompanied the said Petition.

Dated this Seventeenth day of March, One thousand eight hundred and eighty one.

David Boyle Hope

To the Superintendent of the (7) Public *Asylum of* Southern Counties Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2
427

Janet Paterson or Jardine

16th March

1881

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(†) Sheriff or Steward. (‡) Shire or Stewartry.

Unto the Honourable the (†) Sheriff *of the* (‡) of Dumfries and Galloway *and his Substitutes,*—

The Petition of James Christison, Inspector of the Poor for the Parish of Kirkinner

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that William Cowan your Petitioner's (*) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said William Cowan to the Dumfries Counties Asylum and to sanction his admission into the said Asylum.

(*) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

James Christison

(*) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Seventeenth (*) day of March One thousand eight hundred and Eighty one 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 Cowan
2. Sex and Age,	25 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Engineer
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Greenock
7. Place where Found and Examined,	Kirkinner Village
8. Length of time Insane,	about 3 weeks
9. Whether First Attack,	yes
10. Age (if known) on First Attack,	25 years
11. When and where previously under Examination and Treatment,	—
12. Duration of Existing Attack,	3 weeks
13. Supposed Cause,	Current Easy
14. Whether subject to Epilepsy,	Do.
15. Whether Suicidal,	yes
16. Whether Dangerous to others,	yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Kirkinner
18. Date of becoming Chargeable,	12th March 1881
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Father. James Cowan, Kirkinner Village Elizabeth Morrison, Mother. Do. — No Relation known to have been insane
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Seventeenth day of March One thousand eight hundred and Eighty one years

(To be signed by Party applying) James Christison

P P

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, *or* a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, being a (1) Doctor of Medicine of the Glasgow Univers
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Kirkmi
village
Wigtown in the Coun
visited and personally examined (4) - William Conan, a p
separately from any other Medical Practitio
and
the said William Conan 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 follo
grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6)
Asked me if I was going to Cut h
throat and told me that the
Was a Re next test. Eye staring, Pu
much Iddle

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Elisabeth Conan his Mother Says he
attempted to take his father
Rev Robt Paton of Kirkmaiden Says that Conan
Mr Hall last night was very agita

Name and Medical Designation, Charles M'Fie

Place of Abode, Wigtown

DATED this Seventeenth day of March One thousand ei
hundred and Eighty one years

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, being a (1) - - - being a Bachelor of Medicine Master of Surger
of Glasgow University
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Kirkinner villa
Wigtown in the County
separately from any other Medical Practitio
visited and personally examined (4) - William Conan, a pauper
and
the said William Conan is a (5) person of
sound 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)
When I arrived he was newly brought into the house after running
& public road in his stocking without boots. He told me he
with a lump on his nose & a queer eye when he took to be the
man from him. He says he believes he is mesmerized & that he was
in a steamboat between Cove & Greenock & spoke of his mother. He said
to Kinnon who was his mother &c &c

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
His mother (Elizabeth Conan Mellison) says last night he made
to rush out in his night Shirt & then lay down on the floor
Paton tells me he (Conan) came into the House & lifted a
through to the Table & the servant he then entered the house by a door
study began before the minister to turn over the books &c.

Name and Medical Designation, William Anderson M.B.

Place of Abode Whithorn, Wigtownshire N.B

DATED this Seventeenth day of March One thousand eigh
hundred and eighty one years

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William Mackie Esquire (1) Sheriff Substitute
of the (2) County of Wigtown
having had produced to me, with a Petition at the instance of (3) James Christison Inspector of the Poor for the Parish of Kirkinner
Certificates under the hands of Charles M'Bride M.D. Wigtown
and William Anderson M.D. Wigtown being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) William Cowan, Engineer, Pauper and that the said William Cowan, Pauper is a (5) person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said William Cowan, Pauper as a Patient into the (6) Public Asylum of the Southern Counties, Dumfries and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said William Cowan, Pauper which accompanied the said Petition.

DATED this Seventeenth day of March One thousand eight hundred and eighty one.

W. Mackie

To the Superintendent of the (7) Public
Asylum of the Southern Counties
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2
428

William Cowan

18th March

1881

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. Shire or Stewartry.

Unto the Honourable the (1) Sheriff —— *of the* (1) ——
of Dumfries & Galloway *and his Substitutes,—*

The Petition of William Thorburn, Tailor, East St, Lochmaben, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Janet Bell or Thorburn 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 Janet Bell or Thorburn to the Southern Counties Asylum Dumfries and to sanction her admission into the said Asylum.

(2) State degree of Relationship or other Capacity in which Petitioner stands to Lunatic.

William Thorburn

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 22nd (3) day of March —— One thousand eight hundred and eighty one years

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

Christian Name and Surname of Patient at length,	Janet Bell or Thorburn
Sex and Age,	Female – 48 years
Married, Single, or Widowed,	married
Condition of Life, and previous Occupation (if any),	Tailors wife
Religious Persuasion, so far as known,	Free Church of Scotland
Previous Place of Abode,	East Shut Lochmaben
Place where Found and Examined,	East Shut Lochmaben
Length of time Insane,	three days
Whether First Attack,	Yes
Age (if known) on First Attack,	48 years
When and where previously under Examination and Treatment,	
Duration of Existing Attack,	three days
Supposed Cause,	not known
Whether subject to Epilepsy,	no
Whether Suicidal,	no
Whether Dangerous to others,	no
Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
Date of becoming Chargeable,	
Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	William Thorburn – East Shut Lochmaben Husband
Special circumstances (if any) preventing the insertion of any of the above particulars,	no

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 22nd day of March —— One thousand eight hundred and eighty one years

(*To be signed by Party applying*) William Thorburn

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, John Smith
being a (1) Graduate in Medicine of Cambridge
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) East
Lochmaben
Dumfries
in the County
separately from any other Medical Practitioner
visited and personally examined (4) Janet Bell or Thorburn
and
the said Janet Bell or Thorburn is a (5) person
of unsound mind and a proper Person to be detained
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 wild insane appearance & actions. She is constantly crying out swearing & talking incoherently

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her Husband informs me that since she left she has been in a wild excited state, raving & crying constant watching

Name and Medical Designation, John Smith M.D.

Place of Abode, 14 Castle St Dumfries

DATED this 22 day of March One thousand eight hundred and 81 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, Matthew Hines Robson
being a (1) Graduate in Medicine of St Andrews
& Member of the Royal College of Surgeons Edin.
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) East
Lochmaben
Dumfries
in the County
separately from any other Medical Practitioner
visited and personally examined (4) Janet Bell or Thorburn
and
the said Janet Bell or Thorburn is a (5) person
of unsound mind and a proper person to be detained
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 wild insane appearance & actions. She has been for the last three days constantly crying out swearing & talking incoherently, with violent acts

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, M H Robson M.B. M.R.C.S.Eng

Place of Abode Lochmaben

DATED this 22nd day of March One thousand eight hundred and eighty one.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, John Smith being (1) Graduate in Medicine of Edinburgh hereby certify, on oath and conscience, that I have this day, at (2) East Steil Lochmaben in the County of Dumfries, seen and personally examined Janet Bell or Thorburn, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

John Smith MD &c

DATED this 22nd day of March One thousand eight hundred and 81 years

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope — (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) William Thorburn Tailor East Kirk-Lochmaben, Certificates under the hands of Wm Smith and Matthew James 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 Bell or Thorburn (Petitioner's wife,) and that the said Janet Bell or Thorburn, is a (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 Bell or Thorburn as a Patient into the (6) Public — Asylum of Southern Counties and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Janet Bell or Thorburn or Douglas, which accompanied the said Petition.

DATED this ~~twenty third~~ day of March — One thousand eight hundred and eighty one. Two words deleted.

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of
Southern Counties
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2
429

Janet Bell or Thorburn

22d March

1881

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff ~~*of the* (2) County~~ *of* Dumfries Galloway *and his Substitutes,—*

The Petition of Robt. Duff. Inspector of Poor, Kirkmaiden humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that George Balmer your Petitioner's (3) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said George Balmer to the S.C. Asylum and to sanction his admission into the said Asylum.

(3) State degree of relationship or other capacity in which Petitioner stands to Luna.

Robert Duff

(4) The date of the petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 23d (4) day of March One thousand eight hundred and eighty one.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

Christian Name and Surname of Patient at length,	George Balmer
Sex and Age,	Male 50
Married, Single, or Widowed,	Married
Condition of Life, and previous Occupation (if any),	Labourer
Religious Persuasion, so far as known,	Probstant
Previous Place of Abode,	Quarrelwood
Place where Found and Examined,	Sunnyfrae
Length of time Insane,	two weeks
Whether First Attack,	No
Age (if known) on First Attack,	not known
When and where previously under Examination and Treatment,	S.C. Asylum June 1877
Duration of Existing Attack,	2 weeks
Supposed Cause,	
Whether subject to Epilepsy,	no
Whether Suicidal,	no
Whether Dangerous to others,	Yes
Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Youthornald
Date of becoming Chargeable,	23d March 1881
Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	No Parental Relationship
Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 23d. day of March One thousand eight hundred and 81

(*To be signed by Party applying*) Robt. Duff. 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, John Smith.
being a (1) Graduate in Medicine of Edinburgh
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) 14 Castle St
Dumfries
Dumfries in the County of
separately from any other Medical Practitioner
visited and personally examined (4) George Balmer. Lately
Sunnybrae Kirkmichael. Perthshire and that
the said George Balmer is a (5) Person
of unsound mind and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He is in appearance. rambling incoherent & violent actions.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Mr Duff informs me that he is quite unmanageable, at times becoming very violent & cannot be kept at home.
Has been certified twice in his lifetime.

Name and Medical Designation, John Smith M.D.

Place of Abode, 14 Castle St Dumfries

DATED this 22nd day of March One thousand eight hundred and 81 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, Francis Johnston Symons
being a (1) Doctor of Medicine
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Castle Street
Dumfries
Dumfries in the County of
separately from any other Medical Practitioner
visited and personally examined (4) George Balmer. Sunnybrae
Kirkmichael. Dumfriesshire and
the said George Balmer is a (5) Person
of unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He is rambling and very disconnected in his conversation. Believes he tells me that he often hears the war-bugle sounding for him at night

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Mr Duff informs me that Balmer is often violent and unmanageable and cannot be properly controlled

Name and Medical Designation, F. J. Symons M.D.

Place of Abode Bucclough St Dumfries

DATED this twenty third day of March One thousand eight hundred and 81.

No. I.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, John Smith.
being (1) Graduate in Medicine & Edinburgh University
hereby certify, on soul and conscience, that I have this day, at (2) 14 Castle St Dumfries
in the County of Dumfries, seen and personally examined
George Balmer, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

John Smith MD

Dated this 23d day of March One thousand eight hundred and 81 years.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope, (1) Sheriff Substitute
of the (2) County of Dumfries,
having had produced to me, with a Petition at the instance of (3) Robert Duff.
Inspector of Poor, Kirkmahoe,
Certificates under the hands of John Smith,
and Mark Johnston Symons, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) George Balmer. Labourer, ~~Lunatic~~ (a pauper) and that the said
George Balmer, is a (5) person of unsound mind,
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said George Balmer, as a Patient into the (6) Public Asylum of Southern Counties and I authorize this Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said George Balmer, which accompanied the said Petition.

Dated this twenty third day of March One thousand eight hundred and eighty one years. one word deleted

David Boyle Hope

To the Superintendent of the (7) Public Asylum of Southern Counties Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2

430

George Palmer

23d March

1881

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Dumfries and Galloway *and his Substitutes*—

The Petition of Rowland Reid, Inspector, Kirkconnel

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Catherine Mc Lellan

(3) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (3) Pauper

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Catherine Mc Lellan to the Southern Counties Asylum Dumfries and to sanction her admission into the said Asylum. And your Petitioner &c.

Rowland Reid

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 25th (4) day of March One thousand eight hundred and Eighty One years.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Catherine Mc Lellan
2. Sex and Age,	Female – 20 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous occupation (if any),	Worked at Home with Parents
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Charles St. Langholm
7. Place where Found and Examined,	Do Do Dumfries.
8. Length of time Insane,	about 3 Months
9. Whether first Attack,	No this attack
10. Age (if known) on first Attack,	16 years
11. When and where previously under Examination and Treatment,	Southern Counties Asylum
12. Duration of existing Attack,	about 3 Months
13. Supposed Cause,	Not known
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Yes inclined to be
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Kirkconnel
18. Date of becoming Chargeable,	24th March 1881
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	James Mc Lellan, Gardener, Langholm – Father.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

I certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 26th day of March One thousand eight hundred and Eighty one

(*To be Signed by Party applying*) Rowland Reid

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, William Carruthers being a (1) Graduate in Medicine of Edinburgh University and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 14 Castle Street Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Catherine McLellan (a pauper) and the said Catherine McLellan is a (5) insane person and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Her insane & profound melancholic appearance. Talks incoherently and scarcely understand what is said to her

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) The Superintendent of Poor Carrouhie states she is at times violent & unmanageable

Name and Medical Designation, William Carruthers M

Place of Abode, 14 Castle Street Dumfries

DATED this 26th day of March One thousand eight hundred and eighty one years

---

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Mark Johnston Symons being a (1) Doctor of Medicine and being in actual practice as a (2) General Beachtoner hereby certify, on soul and conscience, that I have this day, at (3) Castle Street Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Catherine McLellan, pauper Langholm and the said Catherine McLellan is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Her conversation is rambling, muttering and incoherent — and she does not seem to understand what is said to her.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Mr. Reid informs me that she cannot be controled and is violent —

Name and Medical Designation, M S Symons MA

Place of Abode, Buccleuch St Dumfries

DATED this twenty-sixth day of March One thousand eight hundred and eighty-one years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, William Carruthers being (1) a Graduate in Medicine of Dinr University hereby certify, on soul and conscience, that I have this day, at (2) 14 Castle St Dumfries in the County of Dumfries, seen and personally examined Catherine McLellan, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

William Carruthers M.B.

Dated this 26th day of March One thousand eight hundred and 81 years

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, ~~David Boyle Hope~~ (3) ~~Sheriff Substitute~~ ~~of the (2) County of Dumfries~~ having had produced to me, with a Petition at the instance of (3) Rowland Reed Inspector of Poor Canonbie Certificates under the hands of William Carruthers and Mark Johnston Symons, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Catherine McLellan, Charles Street Langholm (a Pauper) and that the said Catherine McLellan, 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 Catherine McLellan as a Patient into the (6) Public Asylum of Southern Counties and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Catherine McLellan, which accompanied the said Petition.

Dated this Twenty sixth day of March One thousand eight hundred and eighty one. Ten words deleted.

Norman Macpherson

To the Superintendent of the (7) Public *Asylum of* Southern Counties, Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2
431

Catherine McLellan

26th March

1881

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (1) County of Ayr *and his Substitutes,*—

The Petition of David Harvey Block Cutter Kilmarnock

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Harvey, Clerk—

(2) State degree of Relationship or other Capacity in which Petitioner stands to Lunatic.

your Petitioner's (2) Brother

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said James Harvey to the Crichton Royal Institution and to sanction his admission into the said Asylum.

David Harvey

(3) The date of the Petition must be within Fourteen clear days following the dates of the Medical Certificates.

DATED this 29th (3) day of March One thousand eight hundred and Eighty one

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 Harvey
Sex and Age,	Male 38 years of age
Married, Single, or Widowed,	Single
Condition of Life, and previous Occupation (if any),	Clerk
Religious Persuasion, so far as known,	Protestant
Previous Place of Abode,	Prestwick
Place where Found and Examined,	A few weeks
Length of time Insane,	First
Whether First Attack,	See above
Age (if known) on First Attack,	" "
When and where previously under Examination and Treatment,	"Unknown"
Duration of Existing Attack,	No
Supposed Cause,	yes
Whether subject to Epilepsy,	No
Whether Suicidal,	Private Patient
Whether Dangerous to others,	
Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	David Harvey Bellsburn Place Kilmarnock
Date of becoming Chargeable,	
Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	
Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 29th day of March One thousand eight hundred and Eighty one

(*To be signed by Party applying*) David Harvey

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

I, the undersigned, Alexander Marshall MD &c
being a (1) Graduate of the University of &c
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Port Glas
Street as Romanes &c in the County
separately from any other Medical Practitioner
visited and personally examined (4) James Harvey of Port Glas
the said James Harvey 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) Thinks that
persons from here by supernatural
agency - has often to break up the meals
at night to see that the robbers have not
been removed -

(7) *State the information, and from whom derived.*

Brother

2. Other facts (if any) indicating Insanity communicated to me by others:
Is quite elated in his habits & diet
and has threatened suicide

Name and Medical Designation, Alex Marshall &c

Place of Abode, Renton Place Kilmarnock

DATED this 29th day of March One thousand eight
hundred and 81

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

I, the undersigned, John Borland MD
being a (1) Graduate of the University of &c
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Kirkton
Street Kilmarnock in the County of
Ayr separately from any other Medical Practitioner
visited and personally examined (4) James Harvey, Cow
Kirktonholme Street
the said James Harvey is a (5) Lunatic
and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Talks incoh
& is very restless - Imagines he is no
in the world & that things are
removed from him by supernatural

(7) *State the information, and from whom derived.*

Mother

2. Other Facts (if any) indicating Insanity communicated to me by others:
That he has frequently thre
suicide -

Name and Medical Designation, John Borland M

Place of Abode Kilmarnock

DATED this 29th day of March One thousand eight
hundred and 81

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, James Anderson (1) Sheriff Substitute
of the (2) County of Ayr
having had produced to me, with a Petition at the instance of (3) David Harvey
Block Cutter Kilmarnock
Certificates under the hands of Alexander Marshall
and John Borland , being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
James Harvey, Clerk Kilmarnock and that the said
James Harvey is a (5) Lunatic
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said James Harvey as a Patient into the (6) Public Asylum of Royal Crichton Institution, and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said James Harvey which accompanied the said Petition.

DATED this 29th day of March One thousand eight hundred and eighty one

James Anderson

To the Superintendent of the (7)
Public *Asylum of* Royal Crichton Institution Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1694

James Harvey

29th March

1881

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Dumfries shire and of Galloway *and his Substitutes,—*

The Petition of Alexander Neurson Inspector of Poor in parish humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary ann Black your Petitioner's (3) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Mary ann Black to the Southern Counties asylum and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other Quality in which Petitioner stands to Lunatic.

Alex Neurson

(4) The date of the Order must be within fourteen clear days following the dates of the Medical Certificates.

Dated this 28th (4) day of March One thousand eight hundred and Eighty one years.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Mary ann Black
2. Sex and Age,	48 years
3. Married, Single, or Widowed,	Widow
4. Condition of Life, and previous Occupation (if any),	Washerwoman
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	U. N. Poors House, Morton
7. Place where Found and Examined,	U. N. Poors House
8. Length of time Insane,	—
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	
11. When and where previously under Examination and Treatment,	—
12. Duration of Existing Attack,	—
13. Supposed Cause,	
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	— No
16. Whether Dangerous to others,	—
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Morton parish
18. Date of becoming Chargeable,	— 1850 as a pauper
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Agnes Wilson wife of Robt Wilson mason Lower Nether St. Thornhill
20. Special circumstances (if any) preventing the 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 March One thousand eight hundred and eighty one

(*To be signed by Party applying*) Alex. Neurson

P. p.

MEDICAL CERTIFICATE, No. I.

I, the undersigned, Thomas David Co
being a (1) Bachelor of Medicine & Maste
Surgery
and being in actual practice as a (2) physician & surgeon
hereby certify, on soul and conscience, that I have this day, at (3) U. N.
Combination Poor House in the Co
Dumfriesshire separately from any other Medical Practi
visited and personally examined (4) Mary Ann Black
U. N. Poorhouse pauper an
the said Mary Ann Black is a (5) person
unsound mind and a proper Person to be de
under Care and Treatment, and that I have formed this opinion upon the foll
grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6)
Incoherent language
Jeneral mental derangement
Also Violent conduct occasion

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Involuntary passage of vacuat
kneading there into masses &
filthy practices

Name and Medical Designation, Thomas Davidson M.

Place of Abode, Thornhill Dumfri

Dated this 27th day of March One thousand
hundred and eighty one

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

MEDICAL CERTIFICATE, No. II.

I, the undersigned, Thomas Boyle Grierson
being a (1) Licentiate of the Royal College of Surgeo
of Edinburgh
and being in actual practice as a (2) Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Upper N
Combination Poor House in the Com
Dumfries separately from any other Medical Practiti
visited and personally examined (4) Mary Ann Black
Pauper in the Upper Nithsdale Poor House and
the said Mary Ann Black is a (5) person
unsound mind and a proper person to be deta
under Care and Treatment, and that I have formed this opinion upon the follo
grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6)
That the threats of those around her intend
to do her harm, That her ideas are confuse
and mixed up with delusions,

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Mr Rourke and others who have been with
state that her habits have become very fil
that she resists with what violence the
exercise any changes of dress, that she has
of drowning herself.

Name and Medical Designation, T B Grierson Su

Place of Abode Thornhill.

Dated this 27th day of March One thousand
hundred and eighty one.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute
of the (2) County of Dumfries.
having had produced to me, with a Petition at the instance of (3) Alexander Henderson. Inspector of Poor. Morton.
Certificates under the hands of Thomas Davidson
and Thomas Boyle Grierson, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Black. Lethendale Combination Poorhouse (a pauper) and that the said
Mary Ann Black is a (5) person of unsound mind

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Mary Ann Black as a Patient into the (6) Public Asylum of Southern Counties and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mary Ann Black which accompanied the said Petition.

DATED this twenty ninth day of March One thousand eight hundred and eighty one years.

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2
432

Mary Ann Black

30th March

1881

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Dumfries and Galloway *and his Substitutes*—

The Petition of Miles Mc Innes, Inspector of Poor, Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary Anderson 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 Anderson to the Southern Counties Asylum and to sanction her admission into the said Asylum. Two words deleted a

Miles Mc Innes

(3) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

(4) The date of the Petition must be within four clear days following dates of the Medical Certificates.

DATED this 31st (4) day of March One thousand eight hundred and Eighty One years

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

Christian Name and Surname of Patient at length,	Mary Anderson
Sex and Age,	Female – 29 years
Married, Single, or Widowed,	Single
Condition of Life, and previous occupation (if any),	Millworker
Religious Persuasion, so far as known,	Protestant
Previous Place of Abode,	Kilgren
Place where Found and Examined,	Dr
Length of time Insane,	Not known
Whether first Attack,	No. second
Age (if known) on first Attack,	28 years
When and where previously under Examination and Treatment,	was in S. C. Asylum from April till June 1887
Duration of existing Attack,	Not known about a 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,	Dumfries
Date of becoming Chargeable,	31st March 1887
Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Margaret Anderson, Sister, resides at Kilgren no no
Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify that, to the best of my knowledge, the above particulars are correctly stated.

Dated this Thirtieth day of March One thousand eight hundred and Eighty One years Two words deleted

(*To be Signed by Party applying*) Miles Mc Innes
Inspector of Poor
Dumfries

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the street and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper state so.*
(5) Lunatic, or an insane person, *or* an idiot, *or* a person of unsound mind.
(6) *State the facts.*
(7) *State the information, and from whom derived.*

I, the undersigned, William Traquair Hall being a (1) Grad. Univ. of Edin. Fellow of the Faculty of Physicians & Surgeons Glasgow and College of Physicians Edin and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Well Green Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Mary Anderson a pauper and the said Mary Anderson is a (5) Person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Talks incoherently. Raves, cries, Groans and shouting about. Declares that she and her God are all right.

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her friends state that she is addicted to drinking very often from her childhood.

Name and Medical Designation, W. Marshall Hall M.B.

Place of Abode, Dumfries

DATED this 30th day of March One thousand eight hundred and Eighty one years

---

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper state so.*
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) *State the facts.*
(7) *State the information, and from whose derived.*

I, the undersigned, William Smith Kerr being a (1) Graduate of Glasgow University and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Well green Dumfries Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Mary Anderson, a pauper and the said Mary Anderson is a (5) Person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) She is very excited almost maniacal. Talking wildly raving most incoherent manner.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Relatives and neighbours say she is beyond control. That she is very violent. Was a patient in Asylum last June

Name and Medical Designation, W. S. Kerr M.B.

Place of Abode, Dumfries

DATED this 30th day of March One thousand eight hundred and eighty one years

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, William Marshall
being (1) a Graduate of the Faculty of Physicians & Surgeons Glasgow and Physician
hereby certify, on soul and conscience, that I have this day, at (2) Mill Green Dumfries
in the County of Dumfries, seen and personally examined
Mary Anderson, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

William Marshall M.D.

DATED this 31st day of March One thousand eight hundred and eighty one years.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Norman Macpherson ——— (1) Sheriff ———
of ~~the~~ (2) Dumfries and Galloway ———
having had produced to me, with a Petition at the instance of (3) Miles Mc Innes
Inspector of Poor, Dumfries ———
Certificates under the hands of William Marshall ———
and William Smith Rees. ———, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Mary Anderson Millworker, Nellgreen, Dumfries (a pauper) —— and that the said Mary Anderson ——— is a (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 Anderson ———as a Patient into the (6) Public ——— Asylum of Southernbounties ——— and I authorize her ——Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mary Anderson ——— ——which accompanied the said Petition. one word deleted.

DATED this thirty first day of March ———One thousand eight hundred and eighty one years.

Norman Macpherson

To the Superintendent of the (7) Public
Asylum of Southernbounties
Dumfries

---

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2
433

Mary Anderson

30th March

1881

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (1) Shire or Stewartry.

Unto the Honourable the (1) Sheriff ~~of the (1) Shire~~ of Dumfries & Galloway *and his Substitutes,—*

The Petition of Jonathan Alderson

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Alexander Burgess Alderson your Petitioner's (2) Son is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Alexander Burgess Alderson to the Crichton Royal Institution and to sanction his admission into the said Asylum.

(2) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

Jonathan Alderson

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this First (3) day of April One thousand eight hundred and eighty one

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Alexander Burgess Alderson
2. Sex and Age,	Male. Age 34.
3. Married, Single, or Widowed,	married
4. Condition of Life, and previous Occupation (if any),	Commercial Clerk
5. Religious Persuasion, so far as known,	Church of England
6. Previous Place of Abode,	Carlisle
7. Place where Found and Examined,	Carlisle Dumfries &
8. Length of time Insane,	About 2 years
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	32 years
11. When and where previously under Examination and Treatment,	Garlands Asylum Carlisle
12. Duration of Existing Attack,	2 years
13. Supposed Cause,	Intemperance and hard work
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Doubtful
16. Whether Dangerous to others,	At times
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,	Jonathan Alderson 16 Broad Street Carlisle Father of the Lunatic. No member of the Family else known to be insane
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 1st day of April One thousand eight hundred and eighty one

(*To be signed by Party applying*) Jonathan Alderson

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Carmethers being a (1) Graduate in Medicine of Edinburgh Dun[illegible] and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 14 Castle Street Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Alexander Burgess Alderson Commercial Clerk and the said Alexander Burgess Alderson is a (5) insane person and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) His insane & [illegible] appearance. Cannot sit still a moment. [illegible] incoherently about [illegible] stealing some Cabs & his sister stealing a 20 pound note from the bank

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) He states that he has struck his sister with [illegible] And he has been in an Asylum before

Name and Medical Designation, William Carmethers

Place of Abode, 14 Castle Street Dumfries

DATED this 1st day of April One thousand eight hundred and eighty-one years

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Mark Johnston Symons being a (1) Doctor of Medicine of University and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Crichton [illegible] Institution in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Alexander Burgess Alderson Commercial Clerk. Carlisle and the said Alexander Burgess Alderson is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, 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 conversation is muttering and disconnected. He has [illegible] states that all the money in four bank [illegible] Carlisle belongs to him

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) His father informs me that he has delusions about his money affairs and that he is incoherent in his conversation

Name and Medical Designation, M. J. Symons M.

Place of Abode Buccleuch St Dumfries

DATED this first day of April One thousand eight hundred and Eighty-one years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, William Carruthers being (1) a Graduate in Medicine of Edin. University hereby certify, on soul and conscience, that I have this day, at (2) 14 Castle Street Dumfries in the County of Dumfries, seen and personally examined Alexander Burgess Alderson, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

William Carruthers M.B.

DATED this 1st day of April One thousand eight hundred and 81 years

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope — (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Jonathan Alderson, 16 Broad Street Carlisle Certificates under the hands of William Carruthers and Mark Johnston Symons, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Alexander Burgess Alderson, Commercial Clerk, Carlisle (Aged 20) and that the said Alexander Burgess Alderson, 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 Alexander Burgess Alderson as a Patient into the (6) Public Asylum of Crichton Institution and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Alexander Burgess Alderson, which accompanied the said Petition.

DATED this Second day of April, One thousand eight hundred and eighty one.

David Boyle Hope

To the Superintendent of the (7) Public *Asylum of* Crichton Royal Institution Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1698

Alexander Burgers
Alderson

1st April
1881

Crichton

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 W.H. Blamire

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Blamire your Petitioner's (3) Brother is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said John Blamire to the Royal Crichton Institution and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other Capacity in which Petitioner stands to Lunatic.

W.H. Blamire

(4) The date of the Petition must be within seven clear days (excluding the dates of the Medical Certificates).

DATED this first (4) day of April One thousand eight hundred and Eightyone.

STATEMENT.

If any 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 Blamire
2. Sex and Age,	Male. 48.
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Grocer & Tea-dealer
5. Religious Persuasion, so far as known,	Church of England
6. Previous Place of Abode,	Carlisle,
7. Place where Found and Examined,	Dumfries
8. Length of time Insane,	Fortnight
9. Whether First Attack,	No
10. Age (if known) on First Attack,	48
11. When and where previously under Examination and Treatment,	Royal Crichton Instt.
12. Duration of Existing Attack,	Fortnight
13. Supposed Cause,	No
14. Whether subject to Epilepsy,	Possibly
15. Whether Suicidal,	No.
16. Whether Dangerous to others,	
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	William Hodgson Blamire Brother; St. James' Vicarage, Darwen
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this first day of April One thousand eight hundred and Eightyone

(*To be signed by Party applying*) W.H. Blamire

P. P.

MEDICAL CERTIFICATE, No. I.

I, the undersigned, Alexander Thomson
being a (1) Doctor of Medicine of the University of Glasgow and Surgeon
and being in actual practice as a (2) Physician and Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) 27 Castle Street, Dumfries
in the Dumfries separately from any other Medical Practitioner visited and personally examined (4) John Blamire Grocer Aberdeen. Buckabank. Dalston
the said John Blamire is a (5) person of unsound mind and a proper Person to be under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) His depressed and melancholy condition, and appearance.

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Told by his Wife the Rev Wm H. Blamire that for some time past he has been suffering from religious melancholy and inability to attend to business.

Name and Medical Designation, Alex Thomson

Place of Abode, 27 Castle Street Dumfries

DATED this First day of April One thousand eight hundred and eighty one years.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, *or* an idiot, *or* a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

MEDICAL CERTIFICATE, No. II.

I, the undersigned, Marx Johnston Symons
being a (1) Doctor of Medicine of Edinburgh University
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Crichton Royal Institution Dumfries
in the separately from any other Medical Practitioner visited and personally examined (4) John Blamire. Grocer Dalston
the said John Blamire is a (5) person of unsound mind and a proper person to be under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) He is very excitable and disponding - cries and attributes his depression to his own actions

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) His Wife informs me that he suffers from religious melancholia -

Name and Medical Designation, M. J. Symons

Place of Abode Crichton Royal Dumfries

DATED this First day of April One thousand eight hundred and Eighty one 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 Alexander Thomson being (1) a Doctor of Medicine of the University of Glasgow hereby certify, on soul and conscience, that I have this day, at (2) 27 Castle St. Dg. in the County of Dumfries, seen and personally examined John Blamire, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Alex Thomson M.D. Ins

DATED this First day of April One thousand eight hundred and Eighty one years.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) William H. Blamire Saint James Vicarage Darwen, Certificates under the hands of Alexander Thomson and Mark Johnston Symons, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) John Blamire, Grocer, Ellerslea, Buckabank, Dalston, and that the said John Blamire is a (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 Blamire as a Patient into the (6) Public Asylum of Crichton Institution and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said John Blamire which accompanied the said Petition.

DATED this second day of April One thousand eight hundred and eighty one years.

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of Crichton Royal Institution
Dumfries.

---

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1699

John Blamire

1st April

1881

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff ~~of the (2)~~ of Dumfries & Galloway and his Substitutes,—

The Petition of William Earsman Eastgate Moffat

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Charlotte Earsman ——

(3) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (3) Sister

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Charlotte Earsman —— to the Crichton Royal Institution and to sanction her admission into the said Asylum.

William Earsman

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Second (4) day of April —— One thousand eight hundred and eighty one

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Charlotte Earsman
2. Sex and Age,	Female 33 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	—
5. Religious Persuasion, so far as known,	Presbyterian
6. Previous Place of Abode,	Found Moffat — Examined at Dumfries
7. Place where Found and Examined,	Dumfries
8. Length of time Insane,	Six weeks
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	33
11. When and where previously under Examination and Treatment,	Never & nowhere
12. Duration of Existing Attack,	Six weeks
13. Supposed Cause,	Grief on loss of Relation
14. Whether subject to Epilepsy,	no —
15. Whether Suicidal,	no
16. Whether Dangerous to others,	not actually violent
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
18. Date of becoming Chargeable,	—
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	James Earsman Eastgate Moffat
20. Special circumstances (if any) preventing the 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 eight hundred and eighty one

(*To be signed by Party applying*) William Earsman

P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Alexander Thomson being a (1) Doctor of Medicine of the University of Glasgow and Surgeon and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 27 Castle Street, Dumfries — in the County of Dumfries — separately from any other Medical Practitioner visited and personally examined (4) Charlotte Earsman — Spinster, Eastgate, Moffat — and that the said Charlotte Earsman is a (5) person of unsound mind — and a proper Person to be detained under Care and Treatment, 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 manicial appearance — talks incoherently, sings monotonously, and kicks and tapes her clothes and things about.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Told by her brother, that she has been going on, in this insane manner for about six weeks. —

Name and Medical Designation, } Alex Thomson [illegible]

Place of Abode, 27 Castle St. Dumfries

DATED this Second day of April One thousand eight hundred and Eighty-one years —

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Mark Johnston Symons being a (1) Doctor of Medicine of Edinburgh University and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Crichton Royal Institution, Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Charlotte Earsman, Eastgate, Moffat and that the said Charlotte Earsman is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She is suffering from acute mania —

(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, } M. J. Symons M.D.

Place of Abode Buccleuch St Dumfries

DATED this second day of April One thousand eight hundred and Eighty-one years

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Alexander Thomson, being (1) Doctor of Medicine of the University of Glasgow hereby certify, on sound conscience, that I have this day, at (2) 27 Castle Dp. in the County of Dumfries, seen and personally examined Charlotte Earsman, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is ~~one~~ of Emergency.

Alex Thomson M.D. &c.

DATED this Second day of April One thousand eight hundred and Eighty-One years.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) William Earsman, Eastgate, Moffat Certificates under the hands of Alexander Thomson and Mark Johnston Symons, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Charlotte Earsman, Eastgate, Moffat, (Petitioner's sister) and that the said Charlotte Earsman, is a (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 Earsman as a Patient into the (6) Public Asylum of Crichton Institution and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Charlotte Earsman which accompanied the said Petition.

DATED this Fourth day of April One thousand eight hundred and eighty one.

David Boyle Hope

To the Superintendent of the (7) Public *Asylum of* Crichton Royal Institution Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, *or* an Insane Person, *or* an Idiot, *or* a Person of unsound mind.
(6) Public, District, Parochial, *or* Private.
(7) Public, District, Parochial, *or* Private.

1700

Charlotte Eaveman

2d April

1881

20 & 21 *Vict., Cap.* 71. *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Sheriff or Steward. Lord or Stewartry.

Unto the Honourable the (1) Sheriff of the (*) ~~County~~ Dumfries and his Substitutes,—

The Petition of Alexander Robertson, Draper & Grocer Carlieston humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary Robertson is at present in a state of Mental Derangement, and 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 Robertson her to the Crichton Institution and to sanction ~~his~~ admission into the said Asylum.

(SIGNED) Alex. Robertson

The date of the Petition must be within seven clear days after the dates of the Medical Certificates.

DATED this 5th (*) day of April one thousand eight hundred and Eighty one

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

Christian Name and Surname of Patient at length,	Mary Robertson
Sex and Age,	female aged 37 years
Married, Single, or Widowed,	single
Condition of Life, and previous Occupation (if any),	Milliner
Religious Persuasion, so far as known,	Protestant
Previous Place of Abode,	Carlieston
Place where Found and Examined,	do
Length of time Insane,	five months
Whether first Attack,	yes
Age (if known) on first Attack,	—
When and where previously under Examination and Treatment,	Nil
Duration of existing Attack,	five months
Supposed Cause,	unknown
Whether subject to Epilepsy,	no.
Whether Suicidal,	no.
Whether Dangerous to others,	occasionally, violent at times
Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Sobie
Christian Name 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 Jane Robertson, widow, Carlieston Mother of patient, none
Special circumstances (if any) preventing the insertion of any of the above particulars,	none

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(SIGNED)* Name, Alex Robertson

DATED this fifth day of April one thousand eight hundred and Eighty one

* To be Signed by the Party applying.

4]

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, John Charles Douglas
being a (1) Graduate of Glasgow University and Licentiate of the Royal College of Surgeons of Edinburgh
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Carlieston in the Parish of Dorbie in the County of Wigtown separately from any other Medical Practitioner visited and personally examined (4) Miss Mary Robertson, formerly residing in Wigtown
the said Mary Robertson is a (5) person of unsound mind and a proper Person to be under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) Will not dress or look at one if possible; will not take food for fear of poison; will not work or do anything asked of her.

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Mrs Jane Robertson her mother states she does not sleep, will not go to bed until morning. tried to strangle her. will eat nothing for fear of poison.

(SIGNED) *Name and Medical Designation,* John C. Douglas M.B. C.M.

Place of Abode, 8. Ninians — Whithorn

DATED this Fifth day of April One thousand hundred and eighty one years —

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, William Anderson
being a (1) Bachelor of Medicine Master of Surgery of the University
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) the Asylum Garlieston in the County of Wigtown separately from any other Medical Practitioner visited and personally examined (4) Mary Robertson
the said Mary Robertson is a (5) person of sound mind and a proper person to be under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) She began to relate some of her past history but was unable to proceed as she said she was confused. She told me a gentleman had repeated on evening calls that he or God does she can never forget it since. She is constantly (while I was present) kept her hand on her head saying

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Mrs Jane Robertson her mother states that she has shaken & struck her, & accused her of turning her (mary Robertson) man &c &c

(SIGNED) *Name and Medical Designation,* William Anderson M.B. C.M.

Place of Abode Whithorn, Wigtown

DATED this fifth day of April one thousand hundred and eighty-one years

CERTIFICATE OF EMERGENCY.

(This Certificate shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a Second Medical Certificate.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that
is a (1) hereby further certify that the Case of the said is One of Emergency, and I recommend the immediate removal of the said to an Asylum accordingly.

Name, _____

Place of Abode, _____

DATED this day of one thousand eight hundred and

(1) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William Mackie Esquire (1) Sheriff Substitute of the (2) County of Wigtown having had produced to me, with a Petition at the instance of (3) ~~John Douglas M.D. Whithorn and William Anderson M.B. Whithorn~~ Certificates under the hands of John Douglas M.D. Whithorn and William Anderson M.B. Whithorn being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Mary Robertson and that the said Mary Robertson is a (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 Robertson as a Patient into the (6) Public Asylum of the Southern Counties Dumfries and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mary Robertson which accompanied the said Petition. seven words and four letters delete

(SIGNED) Wm Mackie

DATED this fifth day of April one thousand eight hundred and eighty one

To the Superintendent of the (7) Public *Asylum of* the Southern Counties Dumfries

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, or Private.
(7) Public, District, or Private.

1901

Mary Robertson

6th April

1881

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Sheriff or Steward. Also or Stewartry.

Unto the Honourable the (1) Sheriff ~~of the (1) County~~ of Dumfries and Galloway and his Substitutes,—

The Petition of Adam Semple, Inspector of Poor, Glencaim humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Isabella Mc Durk 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 Mc Durk to the Southern County Asylum and to sanction her admission into the the said Asylum. Three words deleted.

Adam Semple

State degree of Lordship or other Title in which Petition stands to Lunacy.

The date of the Order must be within fifteen clear days following the dates of the Medical Certificates.

Dated this Fifth (3) day of April One thousand eight hundred and Eighty one 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,	Isabella Mc Durk
2. Sex and Age,	23
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Domestic Servant
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	
7. Place where Found and Examined,	Her Father's House Dunreggan
8. Length of time Insane,	only at times for about two years
9. Whether first Attack,	First
10. Age (if known) on first Attack,	~~23~~ 21
11. When and where previously under Examination and Treatment,	Has not previously undergone Examination
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,	yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Glencaim
18. Date of becoming Chargeable,	4th April 1881
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	John Mc Durk, Father Dunreggan Mrs Mc Durk Mother D.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	No member known to be Insane

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this Fifth day of April One thousand eight hundred and Eighty One year

(*To be signed by Party applying*) Adam Semple 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, John Picken Muir being a (1) Bachelor of Medicine 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) Dunreggan Glencairn Dumfries in the County separately from any other Medical Practitioner visited and personally examined (4) Isabella McTurk and the said Isabella McTurk is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Seems mother and laughs at the fact of having ill used her mother and expresses herself as wishing to be dead as she is wearied of life

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) very ill treatment of her Mother refuses at times to do any of her work

Name and Medical Designation, John Picken Muir

Place of Abode, Bank Miniam Thornhill

DATED this Fourth day of April One thousand eight hundred and eighty one years

---

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Thomas Logan being a (1) Doctor of Medicine of the University of Edinburgh and Licentiate of the Faculty of Physicians & Surgeons and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Dunreggan Glencairn Dumfries in the County separately from any other Medical Practitioner visited and personally examined (4) Isabella McTurk and the said Isabella McTurk is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She expresses herself as feeling so absolutely miserable that she has no further desire to live, and feels periodically an excitement under which she is quite unable to control her actions

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Has injured her mother while under the mentioned excitement, and has frequently tried to kill her.

Name and Medical Designation, Thomas Logan

Place of Abode, Parpont Dumfriesshire

DATED this fifth day of April One thousand eight hundred and eighty one years

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Adam Temple, Inspector of Poor Glencairn
Certificates under the hands of John Picken Muir
and Thomas Logan, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Isabella McTurk, Domestic Servant Dumreggan Moniaive (a Pauper) and that the said Isabella McTurk is a (5) person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Isabella McTurk as a Patient into the (6) Public Asylum of Southern Counties and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Isabella McTurk which accompanied the said Petition.

DATED this Sixth day of April One thousand eight hundred and eighty one.

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2
424

Isabella McIsaak

6th April

1881

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Sheriff or Steward. Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (1) ~~Shire of~~ Dumfries and ~~of Wigtown~~ Galloway *and his Substitutes,—*

The Petition of Peter Gordon Inspector of Poor for Kirkcowan

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Ann Orr

State degree of Township or other City in which Petitioner stands to Lunacy.

your Petitioner's (2) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Ann Orr to the Southern Counties Asylum Dumfries and to sanction her admission into the the said Asylum.

Peter Gordon Inspector of Poor Kirkcowan

The date of the Certificates must be within seven clear days preceding the dates of the Medical Certificates.

DATED this Sixth (3) day of April One thousand eight hundred and Eighty One

---

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Ann Orr
2. Sex and Age,	Female aged 48
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,	Kirkcowan Village
7. Place where Found and Examined,	Kirkcowan Village
8. Length of time Insane,	3 days at this time — has been in Asylum before
9. Whether first Attack,	no she had several — been in Asylum before
10. Age (if known) on first Attack,	about 20 yrs of age
11. When and where previously under Examination and Treatment,	in Dumfries Asylum, only discharged on 25th March last this
12. Duration of existing Attack,	3 days Symptoms
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,	Kirkcowan Parish
18. Date of becoming Chargeable,	3d April, intimated to me
19. Christian Name and Surname, and Place of Abode of nearest known 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 Orr mother Daughter Dalfoyn House Agnes Orr mother Daughter Dalfoyn House although now known to be insane but kept so although her father family were free from Williamhill intellect
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	none whatever as far as they are known

I certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Sixth day of April One thousand eight hundred and Eighty One

(*To be signed by Party applying*) Peter Gordon

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Robert Bird Selby being a (1) Graduate of Edinburgh University & Licentiate of the Royal College of Surgeons Edinburgh and being in actual practice as a (2) General practitioner hereby certify, on soul and conscience, that I have this day, at (3) Kirkcowan in the County of Wigtown separately from any other Medical Practitioner visited and personally examined (4) Anne Orr — Pauper and that the said Anne Orr is a (5) Person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)

She sits in a listless manner & will neither speak nor answer the simplest questions

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

She has not had her clothes off – more than once or twice in the last ten days – is continually shifting the furniture of her room backwards & forwards – by them themselves – after the house is quiet at night – the lights & candle & once wasting of fire a child – She complains of bad smells about her hands &c – by them & others

Name and Medical Designation, R. B. Selby M.D. & R.C.S.E.

Place of Abode, Portwilliam Wigtownshire

DATED this Sixth day of April One thousand eight hundred and eighty one —

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, John Coutts being a (1) Licentiate of the Faculty of Physicians & Surgeons of Glasgow and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Kirkcowan in the County of Wigtown separately from any other Medical Practitioner visited and personally examined (4) Ann Orr Pauper and that the said Ann Orr is a (5) person of Unsound Mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)

Great disinclination to speak. Standing for a very considerable length of time in one position having a Cataleptic appearance. She also refuses to take food – or medicine destroys many matches so much so that her friends are afraid that she

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Great unwillingness to undress at bed time

Name and Medical Designation, John Coutts L.F.P.S.

Place of Abode, Kirkcowan

DATED this Sixth day of April One thousand eight hundred and 81. Year.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, John Doig, Esquire, Sheriff (1) Substitute of the (2) County of Wigtown having had produced to me, with a Petition at the instance of (3) Peter Gordon Inspector of Poor for Kirkcowan Certificates under the hands of R. B. Selby, M. D. Portwilliam and John Coutts L. F. P. S. Kirkcowan being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Ann Orr, Pauper, and that the said Ann Orr, Pauper is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Ann Orr as a Patient into the (6) Public Asylum of the Southern Counties Dumfries and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Ann Orr which accompanied the said Petition.

DATED this sixth day of April One thousand eight hundred and eighty one years

John Doig S.S.

To the Superintendent of the (7) Public
Asylum of the Southern Counties
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2
435

Ann Orr

7th April

1881

6608–

[FORM B²]

25 and 26 Vict. Cap. 54, Sect. 16.

APPLICATION TO THE GENERAL BOARD OF LUNACY TO GRANT TRANSFER OF A PATIENT FROM ONE ASYLUM TO ANOTHER.

I, the undersigned Alex Kirk being desirous to transfer James Douglas at present a Patient in the Royal Asylum Edinburgh, and (¹) a pauper Lunatic of the Parish from the said Asylum to the Southern Counties Asylum Dumfries, hereby request the authority of the Board to such transfer; and I subjoin a Statement of Particulars regarding the said James Douglas Lunatic and a Medical Certificate with respect to his mental and bodily condition.

(¹) *If Lunatic is not a Pauper:* detained at my instance, *or* whose nearest known relative I am. *If Lunatic is a Pauper:* a Pauper Lunatic of the Parish of which I am Inspector of Poor.

GENERAL BOARD OF LUNACY SCOTLAND 6 APR 81

Alex. Kirk

(²) Inspector of Poor

(³) State degree of Relationship, or other capacity in which Applicant stands to Patient.

DATED at Dalry this 3d day of April One thousand eight hundred and eighty one

STATEMENT.

1. Christian Name and Surname of Patient at length,	James Douglas
2. Sex and Age,	Male age 32 years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and Previous Occupation (if any),	Telegraph Clerk
5. Religious Persuasion, so far as known,	Protestant
6. Date of Admission into Asylum,	19th March 1881
7. Length of time Insane,	14 Days
8. Whether first Attack,	No –
9. Age (if known) on first Attack,	30 years
10. Duration of existing Attack,	14 Days
11. Supposed Cause,	not Known
12. Whether subject to Epilepsy,	
13. Whether Suicidal,	yes
14. Whether Dangerous to others,	
15. Parish to which the Lunatic (if a Pauper) is Chargeable,	Dalry Kirkcudbrightshire
16. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of relationship (if known), and whether any Member of Family known to be, or to have been Insane,	Alex Douglas Father of the above named Lunatic – 2 Meadow Terrace Midlone Road – Lambeth London not Known –

I certify that, to the best of my knowledge, the above particulars are correctly stated.

(*To be signed by the Applicant*) Alex Kirk Inspector of Poor Dalry Kirkcudbrightshire

DATED this 3d day of April One thousand eight hundred and eighty one.

N.B.—The foregoing particulars are required for the information of the authorities to whose care the Patient is to be transferred.

MEDICAL CERTIFICATE.

I, the undersigned Mutherfoord Turnbull
being (1) Physician & Surgeon
hereby certify that I have this day at (2) Royal asylum Morning
personally examined James Douglas at present a
Patient in said Asylum, and with respect to his Mental State that He is a person of unsound mind having various delusions and very violent & excite

(1) State Medical Qualification.
(2) Name Asylum.

; and with respect to his Bodily Health and Condition that it is moderate

and I further certify that, in my opinion, there is nothing in the Mental or Bodily Condition of the Patient to contraindicate removal to the Asylum of Southern Counties Dumfries

Mutherfoord Turnbull

Dated this fifth day of April One thousand eight hundred and eighty one years.

SANCTION BY THE BOARD OF LUNACY.

(Under this Sanction a Patient may be Transferred without an Order of the Sheriff.)

Application having been made to the Board by (1) The Inspector of Poor, Dalry
to authorize the transfer of James Douglas
from Edinburgh Royal Asylum to Dumfries Royal Asylum, and the Board having considered such application and the accompanying Medical Certificate, do hereby authorize the transfer (2) of the said James Douglas, as requested.

(1) Insert at whose instance the Lunatic is detained, or the nearest known Relative of the Lunatic, or the Inspector of the Parish by which the expense of the maintenance of the Lunatic is defrayed.

(2) Valid for fourteen days from date.

Arthur Mitchell Commissioner.

Dated at Edinburgh, this 6th day of April One thousand eight hundred and 81.

Date of Sheriff's Order: 21st March 1881

James Douglas
9th April
1881

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff — *of the* (2) ~~Country~~ Dumfries Galloway, ~~of Kirkcudbright~~ *and his Substitutes,*—

The Petition of Robert Riddick Lewis, Grocer Dumfries, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary Lewis your Petitioner's (3) ~~second cousin~~ is at present in a ~~state of~~ Mental Derange~~ment, and~~ a ~~proper person~~ for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Mary Lewis to the Crichton Asylum and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

Robert R Lewis

(4) The date of the Person must be within fourteen clear days following the dates of the Medical Certificate.

DATED this 9th (4) day of April One thousand eight hundred and Eighty one

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Mary Lewis
2. Sex and Age,	Female 46
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	of no occupation
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Dalbeattie
7. Place where Found and Examined,	
8. Length of time Insane,	for a few years has been mentally peculiar
9. Whether First Attack,	
10. Age (if known) on First Attack,	46
11. When and where previously under Examination and Treatment,	never or nowhere
12. Duration of Existing Attack,	two months
13. Supposed Cause,	none
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	no
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Robert Riddick Lewis Dumfries her sister at present in the Asylum
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	none

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 9th day of April One thousand eight hundred and Eighty one

(*To be signed by Party applying*) Robert Riddick Lewis

P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, John Paterson Lewis MD
being a (1) Graduate of the University of Glasgow
and being in actual practice as a (2) General practitioner
hereby certify, on soul and conscience, that I have this day, at (3) John Street
Dalbeattie in the Co
Kirkcudbright separately from any other Medical Practi
visited and personally examined (4) Mary Lewis — Domestic — John
street. Dalbeattie. Kirkcudbrightshire an
the said Mary Lewis is a (5) person of
unsound mind and a proper Person to be de
under Care and Treatment, and that I have formed this opinion upon the foll
grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
Restless and excitable — talks incoherently — begins
and does not finish them — says that the air of the
is too astringent & so gives her constant sore throat — she
has a difficulty in walking as her abdomen threatens to fo

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Her Aunt tells me that she is restless & rambles in hi
has said that would rather die than live — that she
not supply sufficient food or pay accounts — that she flew
restlessly across the room one day

Name and Medical Designation, John Paterson Lewis MD

Place of Abode, Alma, Dalbeattie

DATED this Eighth day of April One thousand
hundred and Eighty One,

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Gerald Fitz Gerald Thomas.
being a (1) Licenciate of Royal College of Physicians & Royal
College of Surgeons in Edinburgh
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) the Crichton
Institution. Dumfries in the Coun
Dumfries separately from any other Medical Practi
visited and personally examined (4) Mary Lewis — Spinster. John
Street Dalbeattie Kirkcudbright. and
the said Mary Lewis is a (5) person of
unsound mind and a proper person to be deta
under Care and Treatment, and that I have formed this opinion upon the follow
grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Restless ness of
continually rolling of eyes, excitable talk. incoh
account of previous life — & present circumstances
Delusions regarding affections of her thro
abdomen

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
None.

Name and Medical Designation, Gerald Fitz Gerald Thomas LRCS. Ed

Place of Abode 14 Castle St. Dumfries —

DATED this Ninth day of April One thousand
hundred and & Eighty one

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, John Paterson Lewis MB
being (1) a Graduate of the University of Glasgow
hereby certify, on soul and conscience, that I have this day, at (2) John St. Dalbeattie
in the County of Kirkcudbright, seen and personally examined
Mary Lewis, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

(Sd) John Paterson Lewis MB

DATED this Eighth day of April One thousand eight hundred and Eighty One

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Robert Riddick
Lewis. Grocer. Dumfries
Certificates under the hands of John Paterson Lewis
and Gerald Fitzgerald Thomas, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Mary
Lewis. John Street. Dalbeattie Kirkcudbrightshire, and that the said
Mary Lewis, is a (5) person of unsound mind,
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Mary Lewis as a Patient into the (6) Public Asylum of Crichton Institution, and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mary Lewis, which accompanied the said Petition.

DATED this eleventh day of April One thousand eight hundred and eighty one years.

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of Crichton Royal Institution.
Dumfries.

---

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1702

Mary Lewis

9th April

1881

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) Stewartry of Dumfries & Galloway *and his Substitutes,—*

The Petition of Robert Shennan Insp^r of Poor Kirkgunzeon humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that William Boyle your Petitioner's (3) Son-in-Law is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said William Boyle to the Southern Counties Asylum and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other necessity in which Petitioner stands to Lunatic.

Robert Shennan Insp^r Kirkgunzeon

(4) The date of the Petition must be within fifteen clear days following the dates of the Medical Certificates.

DATED this Fifteenth (4) day of April One thousand eight hundred and eighty one

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	William Boyle
2. Sex and Age,	Male 38. 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,	Longcroft Cottage
7. Place where Found and Examined,	Longcroft Cottage
8. Length of time Insane,	First Attack
9. Whether First Attack,	First Attack
10. Age (if known) on First Attack,	22 years
11. When and where previously under Examination and Treatment,	Southern Counties Asylum Dumfries
12. Duration of Existing Attack,	Four Weeks
13. Supposed Cause,	Not Known
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Rather
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Kirkgunzeon
18. Date of becoming Chargeable,	13th April 1881
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Wm Carmichael Longcroft Cottage His Aunt. His Mother was Weak Minded & a Half Brother Died in Southern Counties Asylum
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Fifteenth day of April One thousand eight hundred and eighty one

(*To be signed by Party applying*) Robert Shennan Insp^r Kirkgunzeon

P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Robert McKerchar — being a (1) Graduate of the University of Edinburgh and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Lower Cowgeith in the County of Kirkcudbright — separately from any other Medical Practitioner visited and personally examined (4) William Boyle, (Pauper) an the said William Boyle is a (5) person of unsound mind — and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Has decided an imbecile look, constantly weeping & moans as if in death of some calamity

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Has been in Asylum before, Mr Cameron tells me that he does not sleep at night that he tries to choke himself by inserting pieces of wood in his throat, that he wants

Name and Medical Designation, Robert McKerchar

Place of Abode, Dalbeattie

DATED this thirteenth day of April One thousand eight hundred and eighty one —

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, James M: McCulloch, M. D: &c being a (1) Graduate of the University of Edinburgh and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) 16 Castle Street Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) William Boyle and the said William Boyle is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He complains of what says that it impels him to go out at night, thrust sticks &c. and throat &c. &c. wants to die. Has an insane appearance has no rational answers to give to give to questions &c.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Puts sticks &c. &c. down his throat, has laid himself across rails of the railroad to procure death, wishes himself dead, not sleep or rest &c &c.

Name and Medical Designation, James M: McCulloch, M. D.

Place of Abode 16 Castle Street Dumfries

DATED this 15th day of April One thousand eight hundred and eighty one years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope — (3) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Robert Sherman, Inspector of Poor Kirkgunzeon
Certificates under the hands of Robert McKerchar
and James M. McCulloch, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) William Boyle, Labourer Bouquith cottage, Kirkgunzeon, (a Pauper) and that the said William Boyle, is a (5) person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said William Boyle, as a Patient into the (6) Public Asylum of Southern Counties and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said William Boyle, which accompanied the said Petition.

DATED this Fifteenth day of April, One thousand eight hundred and eighty one.

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, *or* an Insane Person, *or* an Idiot, *or* a Person of unsound mind.
(6) Public, District, Parochial, *or* Private.
(7) Public, District, Parochial, *or* Private.

2
434

William Boyle

15th April

1881

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Sheriff or Steward. Shire or Stewartry.

Unto the Honourable the (1) Sheriff ~~*of the* (2)~~ Shire of Dumfries ~~Gallway~~ *and his Substitutes,*—

The Petition of John Starke, Insp. of Bor, Johnstone humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Helen Anderson M.S. Brown your Petitioner's (3) pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Helen Anderson or Brown to the Southern Counties Asylum, Dumfries and to sanction her admission into the said Asylum.

State degree of Relationship or other Authority in which Petitioner stands to Lunatic.

John Starke

The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 19th (4) day of April One thousand eight hundred and eighty one

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Helen Anderson. M.S. Brown
2. Sex and Age,	Female - 35 years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Gamekeeper's wife. Dairymaid
5. Religious Persuasion, so far as known,	Protestant. Estab Ch. of Scot
6. Previous Place of Abode,	Mainhill
7. Place where Found and Examined,	do.
8. Length of time Insane,	More or less so for 5 mos
9. Whether First Attack,	First
10. Age (if known) on First Attack,	35
11. When and where previously under Examination and Treatment,	Has been under treatment in no Asylum
12. Duration of Existing Attack,	5 mos.
13. Supposed Cause,	Has been unsettled since birth of last child
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Has threatened to take laudanum
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Johnstone in the meantime
18. Date of becoming Chargeable,	17 April 1881
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Adam Brown Gaveland. par. of Kirk Connel, Father None
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 19th day of April One thousand eight hundred and eighty one

(*To be signed by Party applying*) John Starke

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, John Maxwell Davidson being a (1) Bachelor of Medicine & Master in Surgery of 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) Mainshill Parish of Johnstone in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Helen Anderson, Mainshill Johnstone (Pauper) and the said Helen Anderson is a (5) person of unsound mind, and a proper Person to be [illegible] under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
Vacant look, wandering from one object to [illegible] Incoherent conversation. Has no care, [illegible] household work. Children neglected by her.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Husband says: Escapes from the house, if she can, & wanders the woods. Wishes to have laudanum to put end to herself. Takes no interest in her daily [illegible] Cannot get any sleep. Has grave religious doubts.

Name and Medical Designation, John Maxwell Davidson [illegible]

Place of Abode, Johnstone Bridge by Lockerbie

DATED this Eighteenth day of April One thousand [illegible] hundred and eighty-one.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, James Maclachlan being a (1) Bachelor of Medicine & Master in Surgery of the University of Glasgow and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Mainshill Parish of Johnstone in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Helen Anderson, Pauper Mainshill Johnstone and the said Helen Anderson is a (5) person of unsound mind and a proper person to be [illegible] under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Restless & [illegible] manner, puzzled expression of countenance. Incoherence. States that she is connected [illegible] the stars & is an angel sent from Heaven Bind Satan

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Husband states that she is most restless will not remain in the house, but wanders about & is anxious to have some laudanum make her sleep away.

Name and Medical Designation, James Maclachlan [illegible]

Place of Abode Lockerbie

DATED this Eighteenth day of April One thousand [illegible] hundred and eighty one.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope ——— (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) John Starke.
Inspector of Poor. Johnstone.
Certificates under the hands of John Maxwell Davidson ——— ———
and James Maclachlan ———, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Helen Anderson M.S. Brown. Mainshill. Johnstone – and that the said Helen Anderson M.S. Brown is a (5) person of unsound mind

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Helen Anderson M.S. Brown ——— as a Patient into the (6) Public ——— Asylum of Southern Counties ——— and I authorize her ——— Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Helen Anderson M.S. Brown ——— which accompanied the said Petition.

DATED this nineteenth – day of April ——— One thousand eight hundred and eighty one years.

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of Southern Counties.
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2

2

438

Helen Brown to Anderson

19th April

1881

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap. 54, Sect. 14.*

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (1) Dumfries & Galloway *and his Substitutes,—*

The Petition of Grace McGeoch, Farmer

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Janet McGeoch or Moore

(2) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (2) sister

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Janet McGeoch or Moore to the Southern Counties Asylum at Dumfries and to sanction her admission into the said Asylum.

× Grace Mc Geoch

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this nineteenth (3) day of April One thousand eight hundred and eighty one.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Janet McGeoch or Moore
2. Sex and Age,	female - 60
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,	North Strand Street Stranraer
7. Place where Found and Examined,	Do Do
8. Length of time Insane,	For the last two months
9. Whether First Attack,	yes
10. Age (if known) on First Attack,	60
11. When and where previously under Examination and Treatment,	Never before under treatment
12. Duration of Existing Attack,	about two months
13. Supposed Cause,	Not known
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	yes
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
18. Date of becoming Chargeable,	—
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Grace Mc Geoch North Strand Street Stranraer
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	—

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this nineteenth day of April One thousand eight hundred and eighty one.

(*To be signed by Party applying*) × Grace Mc Geoch

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualifications entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Hugh Cochrane being a (1) Licentiate of the Royal College of Phys[icians] of Edinburgh & a Licentiate of the Faculty of Physicians [and Surgeons] and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) 26 North Strand St Stranaer in the County of Wigtown separately from any other Medical Practitioner visited and personally examined (4) Janet Mc Geoch Moore widow North Strand St Stranaer and the said Janet Mc Geoch Moore is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Wanders from subject much conversation, stating one thing and then in a minute contradicting it. She told me that her sister was setting [illegible] on fire and blaming her for the action

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her sister informs me that she attempted to get out of the window and many other idea to [illegible], she had to be taken from Christ in order to avert injuries. She at times smashes a window at times. [illegible] about and cannot be at rest. Name and Medical Designation, Hugh Cochrane LRC[illegible] for a minute. Mostly excited about the Salvation of her soul.

Place of Abode, Stranaer

DATED this eighteenth day of April One thousand hundred and eighty one

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, David Easton being a (1) Doctor of medicine & Licentiate Royal College of Surgeons Edinburgh and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) North Strut. Stranaer in the County of Wigtown. separately from any other Medical Practitioner visited and personally examined (4) Janet Mc Geoch or Moore North Strand Strut. Stranaer and the said Janet Mc Geoch or Moore is a (5) person of Unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She has a vacant stare and talks incoherently and laboured previous delusions. Says that a stone meaning has been opened and that the people are after her for setting fire to it. That she has committed a sin & that her soul is lost and that the people know it &c &c

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her sister says that two weeks ago she bolted her bed room door & left out the window. That she is restless at night subject to becomes much excited requiring to be held to restrain her actions, says her food is poisoned, that she is guilty of burning houses, & that her sister & Grace informs upon her. That she is dull & stupid that she wont speak, & that she says she is guilty of great crimes, & rambles from one subject to another without sense. &c &c

Name and Medical Designation, David Easton M.D.

Place of Abode Stranaer

DATED this Eighteenth day of April One thousand eight hundred and eighty one.

No. I.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Dated this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

No. II.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Peter MacLean Esquire (1) Sheriff Substitute
of the (2) County of Wigtown
having had produced to me, with a Petition at the instance of (3) Grace M'Geoch residing in Stranraer
Certificates under the hands of Hugh Cochran Surgeon Stranraer and
and David Easton Doctor of Medicine Ibid, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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'Geoch or Moore residing in Stranraer and that the said
Janet M'Geoch or Moore is a (5) person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Janet M'Geoch or Moore as a Patient into the (6) Public Asylum of Southern Counties Dumfries and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Janet M'Geoch or Moore which accompanied the said Petition.

Dated this nineteenth day of April One thousand eight hundred and eighty one

P. MacLean Sheriff Clerk

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2
439

Janet Mc. Geoch or Moore

20th April

1881

[FORM A[1]]

20 & 21 Vict., Cap. 71, Sect. 37.

NOTICE OF ADMISSION.

I HEREBY GIVE NOTICE, That (1)

was received into this House as a (2)
Patient on the (3) day of

and I hereby transmit a Copy of the Order and Medical Certificates and Statement on which he was received.

Subjoined is a Report with respect to the mental and bodily condition of the above-named Patient.

_____ *Superintendent.*

DATED at this (4) day of
One thousand eight hundred and

To the Secretary of the
General Board of Lunacy.

REPORT.

I HAVE this day (5) seen and personally examined
the Patient named in the above Notice,
and hereby report and certify, with respect to mental state, that (6)

and with respect to bodily health and condition, that (6)

_____

(7) _____

DATED this day of One thousand eight hundred and

---

(1) Name and Designation.
(2) Private or Pauper.
(3) Some day within fourteen days after the date of the Order of the Sheriff; or within twenty-one days, if the Order be granted by the Sheriff of Orkney and Shetland.
(4) Some day not less than two clear days after the admission of the Patient, and before the expiration of fourteen clear days after admission.
(5) Insert Particulars.
(6) Insert Particulars.
(7) Add Designation.

~~(Copies.)~~

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff ~~of the (2) County~~ of Dumfries Galloway and his Substitutes.

The Petition of ~~the Parochial Board of Kirkmaiden~~ humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Elizabeth Mc George Mc Guffie your Petitioner's (3) ~~Kirkmaiden Parochial Board Case~~ is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorise the transmission of the said Elizabeth Mc George Mc Guffie — to the Southern Counties Asylum — and to sanction her admission into the said Asylum. Eleven words folded

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

John Kelly Inspector of Poor

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this twenty first (4) day of April One thousand eight hundred and eighty one

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Elizabeth Mc George Mc Guffie
2. Sex and Age,	Female aged 34 years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	~~—~~
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Kirkcowan
7. Place where Found and Examined,	Harbour Street Cruetown
8. Length of time Insane,	Five days
9. Whether First Attack,	First
10. Age (if known) on First Attack,	Thirtyfour years
11. When and where previously under Examination and Treatment,	Nowhere
12. Duration of Existing Attack,	Five days
13. Supposed Cause,	Domestic embarrassment
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,	Kirkmaiden
18. Date of becoming Chargeable,	Nineteenth april Eighteenhundred & eighty one
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	James Mc Guffie Harbour Street Cruetown never known before in family
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	~~—~~

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this twenty first day of April — One thousand eight hundred and eighty one

(*To be signed by the Party applying*) John Kelly

Inspector of Poor

~~(Copies.)~~

MEDICAL CERTIFICATE, No. I.

I, the undersigned,
being a (1) Licentiate of the Royal College of Surgeons Edinburgh and Bachelor of Medicine University Glasgow
and being in actual practice as a (2) Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Harbour Street, Crectown; Kircudbright in the County of separately from any other Medical Practitioner, visited and personally examined (4) Elizabeth McGeage McGuffie who is a pauper (casual) and that the said Elizabeth McGeage McGuffie is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6)
Her manner towards her husband & children
Refuses all food.
Destroying furniture
Attempts to strangle her nurse

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper state so.*
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) *State the facts.*
(7) *State the information, and from whom derived.*

Name and Medical Designation, William Donald Mackeith M.B. Glasgow L.R.C.S. Edinb.

Place of Abode, Crectown

DATED this twenty first day of April One thousand eight hundred and eighty-one

MEDICAL CERTIFICATE, No. II.

I, the undersigned, Hugh Cunningham
being a (1) Licentiate of the Royal College of Physicians in Edinburgh and of the Faculty of Physicians and Surgeons in Glasgow
and being in actual practice as a (2) Physician and Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) 25 Castle Street Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Elizabeth McGeage or McGuffie, Pauper, and that the said Elizabeth McGeage or McGuffie is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) She has a wild appearance of the countenance, and talks incoherently. She is also very restless.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Her nurse informs me that she refuses to take food, and that she would destroy her infant if she could get at it

Name and Medical Designation, Hugh Cunningham L.R.C.P. Edin. L.F.P.S.G. &c

Place of Abode 25 Castle Street, Dumfries

DATED this Twenty first day of April One thousand eight hundred and eighty one 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.*

~~Copies.~~

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hyslop — (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) John Reilly,
Inspector of Poor Kirkmahoe,
Certificates under the hands of William David Macbeath
and Hugh Cunningham —, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Elizabeth McGeorge or McGuffie Dreghorn (a Pauper) and that the said
Elizabeth McGeorge or McGuffie is a (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 McGeorge or McGuffie as a Patient into the (6) Public — Asylum of Southern Counties and I authorize
her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Elizabeth McGeorge or McGuffie, which accompanied the said Petition.

DATED this twenty first day of April — One thousand eight hundred and eighty one.

David Boyle Hyslop

To the Superintendent of the (7) Public
Asylum of Southern Counties,
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

7
440
Elizabeth McGeorge or McGuffie
Dreghorn

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward, Shire or Stewartry.

Unto the Honourable the (1) Sheriff of Dumfries ~~& Galloway~~ *and his Substitutes,—*

The Petition of Alexander Heurison Inspector of Poor Morton, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John McDowall your Petitioner's (2) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said John McDowall to the Southern Counties Asylum and to sanction his admission into the said Asylum. Three words deleted.

Alex. Heurison

(2) State degree of Pauperism or other Quality in which Petitioner stands to Lunatic.

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 21st (4) day of April One thousand eight hundred and 81

STATEMENT.

If any 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 McDowall
2.	Sex and Age,	Males. aged ~~78~~ 66
3.	Married, Single, or Widowed,	Married
4.	Condition of Life, and previous Occupation (if any),	Labourer
5.	Religious Persuasion, so far as known,	Presbyterian
6.	Previous Place of Abode,	Thornhill
7.	Place where Found and Examined,	Thornhill
8.	Length of time Insane,	about a fortnight
9.	Whether First Attack,	First
10.	Age (if known) on First Attack,	—
11.	When and where previously under Examination and Treatment,	no
12.	Duration of Existing Attack,	Fortnight
13.	Supposed Cause,	?
14.	Whether subject to Epilepsy,	no
15.	Whether Suicidal,	no
16.	Whether Dangerous to others,	a little
17.	Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Morton Parish
18.	Date of becoming Chargeable,	
19.	Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Janet McDowall 18 New Street Thornhill
20.	Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 21st day of April One thousand eight hundred and eighty ~~one~~

(*To be signed by Party applying*) Alex. Heurison

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Thomas Davidson being a (1) Bachelor of Medicine & master of Surgery and being in actual practice as a (2) physician & surgeon hereby certify, on soul and conscience, that I have this day, at (3) 18 N[illegible] Street, Thornhill in the Co[illegible] Dumfriesshire separately from any other Medical Pract[illegible] visited and personally examined (4) John McDowa[illegible] pauper and the said John McDowall is a (5) person of unsound mind and a proper Person to be d[illegible] under Care and Treatment, and that I have formed this opinion upon the fo[illegible] grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

Delusions, & hallucinations, Sleeplessness, Tendency to cry & talk nonsense such as [illegible] ships &c. Constipation of bowels, dry skin & [illegible]

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Violent conduct viz throttling his wife on [illegible] occasions, getting out of bed & wishing to go [illegible] in a naked state, rolling up the blankets, sheets &c & ly[illegible]

Name and Medical Designation, Thomas Davidson M.B.

Place of Abode, Thornhill Dumfrie[illegible]

DATED this 20th day of April One thousand [illegible] hundred and eighty one

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Thomas Boyle Grierson being a (1) Licensate of the Royal College of Surg[illegible] Edinburgh and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) No 18 Nav[illegible] Thornhill parish of Morton in the Cou[illegible] Dumfries separately from any other Medical Practit[illegible] visited and personally examined (4) John McDowall, [illegible] Pauper on the parish of Morton and the said John McDowall is a (5) person of unsound mind and a proper person to be det[illegible] under Care and Treatment, and that I have formed this opinion upon the foll[illegible] grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

Ideas confused and mixed up with some delusi[illegible] has little idea of time. forgetful, does not at [illegible] know his friends and relations. a sheat of white p[illegible] being given to him he believed that it was printed [illegible] professed to read from it incoherent passages.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

His wife and his daughter state that he is very restless and that he seldom sleeps. that he bel[illegible] the house was in fire. that he cannot [illegible] himself when out of bed. that he has been at time difficult to restrain.

Name and Medical Designation, T B Grierson

Place of Abode Thornhill

DATED this 20th day of April, One thousand [illegible] hundred and eighty one.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Stoke — (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Alexander
Stevenson Inspector of Poor Morton —
Certificates under the hands of Thomas Davidson
and Thomas Boyle Stevenson —, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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
M'Dowall Labourer Dornhill (a Pauper) and that the said
John M'Dowall is a (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 M'Dowall — 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 M'Dowall — which accompanied the said Petition.

DATED this Twenty first day of April — One thousand eight hundred and eighty one.

David Boyle Stoke

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries.

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2

441

John McDowall

21st April

1881

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

FORM A

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Sheriff or Steward, Shire or Stewartry.

Unto the Honourable the (1) Sheriff of ~~the~~ (1) Dumfries & Galloway *and his Substitutes*—

The Petition of Miles Mc Dowall, Inspector of Poor, Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Thomas Houston 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 Thomas Houston to the Southern Counties Asylum and to sanction his admission into the said Asylum. And Your Petitioner &c.

Miles Mc Dowall

(1) State degree of Relationship, or other capacity which Petitioner stands to Lunatic.

(1) The date of the Petition must be within four clear days following the date of the Medical Certificate.

DATED this Twenty Fifth (1) day of April One thousand eight hundred and Eighty One years.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

Christian Name and Surname of Patient at length,	Thomas Houston
Sex and Age,	Male- 19 years
Married, Single, or Widowed,	Single
Condition of Life, and previous occupation (if any),	General Labourer
Religious Persuasion, so far as known,	Protestant
Previous Place of Abode,	Barnkin Cottages
Place where Found and Examined,	Parochial Board office, Dumfries.
Length of time Insane,	~~about~~ not known
Whether first Attack,	Yes
Age (if known) on first Attack,	—
When and where previously under Examination and Treatment,	no where
Duration of existing Attack,	a few days
Supposed Cause,	not known
Whether subject to Epilepsy,	no
Whether Suicidal,	yes
Whether Dangerous to others,	no
Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dumfries
Date of becoming Chargeable,	23rd April 1881
Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Barbara Houston, Mother, resides at Barnkin Cottages. Has an Uncle a patient in the S. C. Asylum.
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 23rd day of April One thousand eight hundred and Eighty One years.

(*To be Signed by Party applying*) Miles Mc Dowall
Insp. of Poor

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, William Marshall being a (1) Graduate of the Faculty of Physicians & Surgeons Glasgow and College of St Andrews and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Parochial board Dumfries in the County separately from any other Medical Practitioner visited and personally examined (4) Thomas Houston Ear Pauper and the said Thomas Houston is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Looks vacant [illegible] and unconscious of the meaning of most [illegible] put to him is unwilling to stay in any [illegible]

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His mother states that he is continuously threatening to destroy himself Room [illegible] night &c

Name and Medical Designation, W Marshall M.D. [illegible]

Place of Abode, Dumfries

DATED this 23 day of April One thousand [illegible] hundred and eighty one years

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Gerald FitzGerald Thomas being a (1) Licenciate of the Royal College of Physicians Edinburgh & Royal College of Surgeons Edinburgh and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Parochial Office Queen Street Dumfries in the County separately from any other Medical Practitioner visited and personally examined (4) Thomas Houston (a pauper) Barnkin Cottages Dumfries and the said Thomas Houston is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) vacant expression of face. purposeless restless movement of hands & feet - does not know his age - returns silly answers to questions - has erroneous ideas of law & police

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) His mother states very variable in temper: [illegible] to destroy himself: thinks people are going to [illegible] him - is in a state of constant unrest & [illegible]

Name and Medical Designation, Gerald FitzGerald Thomas LRCP LRCS [illegible]

Place of Abode, 14 Castle Street Dumfries

DATED this twenty third day of April One thousand eight hundred and Eighty One —

x Late of Bothwell [illegible]

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, Gerald FitzGerald Thomas being (1) alexandr of Royal Colleges of Physician & Surgeon Edinburgh hereby certify, on soul and conscience, that I have this day, at (2) Parochial Office Dumfries in the County of Dumfries, seen and personally examined Thomas Houston, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Gerald FitzGerald Thomas

Dated this twenty third day of April One thousand eight hundred and Eighty one

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute of the (2) county of Dumfries, having had produced to me, with a Petition at the instance of (3) Miles McInnes Inspector of Poor Dumfries Certificates under the hands of William Marshall and Gerald Fitzgerald Thomas, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Houston, Labourer, Bankhill Cottages, Dumfries (a Pauper) and that the said Thomas Houston, is a (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 Houston as a Patient into the (6) Public Asylum of Southern Counties and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Thomas Houston which accompanied the said Petition.

Dated this Twenty fifth day of April One thousand eight hundred and eighty one

David Boyle Hope

To the Superintendent of the (7) Public *Asylum of* Southern Counties Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2
4412

Thomas Houston

23d April

1881

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (1) Dumfries ~~of~~ and Galloway *and his Substitutes,*—

The Petition of James Kally Inspector of Poor of Mich

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Elizabeth Gilmour, pauper ~~your Petitioner's~~ (2) residing at Cairnryan is at present in a state of Mental Derangement, and 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 Gilmour to the Southern Counties Asylum Dumfries and to sanction the admission into the said Asylum.

(2) State degree of Relationship or other authority in which Petitioner stands to Lunatic.

James Kally

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this twenty third (4) day of April One thousand eight hundred and eighty one

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1 Christian Name and Surname of Patient at length,	Elizabeth Gilmour
2 Sex and Age,	female - 57 years
3 Married, Single, or Widowed,	Single
4 Condition of Life, and previous Occupation (if any),	Field Labourer & Pauper
5 Religious Persuasion, so far as known,	Protestant
6 Previous Place of Abode,	Cairnryan
7 Place where Found and Examined,	do
8 Length of time Insane,	about a month -
9 Whether First Attack,	No
10 Age (if known) on First Attack,	~~No~~ Not known
11 When and where previously under Examination and Treatment,	Southern Counties Asylum a great many years ago supposed to be about 20 years
12 Duration of Existing Attack,	one month
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,	Inch
18 Date of becoming Chargeable,	23rd April 1881
19 Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Robert Gilmour Cairnryan
20 Special circumstances (if any) preventing the insertion of any of the above particulars,	—

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this twenty third day of April One thousand eight hundred and eighty one

(*To be signed by Party applying*) James Kally

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, William McNeil being a (1) Graduate of the University of Edinburgh and a Licentiate of the Royal College of Surgeons and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Cairnryan in the Parish of Inch and in the County of Wigtonshire separately from any other Medical Practitioner visited and personally examined (4) Elizabeth Gilmour a pauper residing there and that the said pauper Elizth Gilmour is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She is restless has a wild excited look says the world is [illegible] her, told me that men whirled her about in [illegible] night. That she was spun about like a [illegible] &c.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: Brother Robt Gilmour says, she never rests at [illegible] jumps out of bed, rushes into the street in [illegible] dress. says she fears something dreadful is [illegible] happen to her. occasionally wanders traves [illegible]

Her neighbours Corroborate this

Name and Medical Designation, William McNeil MD, LL.R.C.S.

Place of Abode, Stranraer

DATED this twenty third day of April One thousand eight hundred and eighty one years.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Hugh Cochrane being a (1) Licentiate of the Royal College of Physicians [illegible] & a Licentiate of the Faculty of Physicians & Surgeons [illegible] and being in actual practice as a (2) general practitioner hereby certify, on soul and conscience, that I have this day, at (3) Cairnryan in the Parish of Inch in the County of Wigtonshire separately from any other Medical Practitioner visited and personally examined (4) Elizabeth Gilmour a pauper residing there and that the said Elizabeth Gilmour is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Has an [illegible] appearance and talk incoherently. She informed me that there was a great opening [illegible] her head which was done by her nurse [illegible] says the world was leaving her. &c.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her nurse, Elizabeth Girvan, says she [illegible] restless at night often wanting to get to the street in her night-dress. One day in her [illegible] excited state attacked her with a brush. [illegible] says she wants poison to kill herself & [illegible]

Name and Medical Designation, Hugh Cochrane

Place of Abode Stranraer

DATED this twenty-third day of April One thousand eight hundred and eighty one.

P. Mackeary

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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 McNeil
being (1) ~~Graduate of the University of Edinburgh~~
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Peter MacLean Esquire (1) Sheriff Substitute
of the (2) County of Wigtown
having had produced to me, with a Petition at the instance of (3) James Dally
Inspector of poor of the parish of Inch
Certificates under the hands of William McNeil Doctor of Medicine
and Hugh Cochrane Surgeon both in Stranraer, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Elizabeth Gilmour residing at Cairnryan a pauper and that the said Elizabeth Gilmour is a (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 Gilmour as a Patient into the (6) Public Asylum of Southern Counties Dumfries and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Elizabeth Gilmour which accompanied the said Petition.

DATED this twenty third day of April One thousand eight hundred and eighty one

P. MacLean Sh. Sub

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, *or* an Insane Person, *or* an Idiot, *or* a Person of unsound mind.
(6) Public, District, Parochial, *or* Private.
(7) Public, District, Parochial, *or* Private.

2
443

Elizabeth Gilmour

25th April

1881

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

20 & 21 *Vict., Cap.* 71, *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of (2) Dumfries and Galloway *and his Substitutes.*—

The Petition of John Hunter Inspector of Poor humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Sarah Geddes or Coyle is at present in a state of Mental Derangement, and 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 Geddes or Coyle to the Southern Counties Asylum and to sanction her admission into the said Asylum.

(SIGNATURE) John Hunter Inspector of Poor Girthon

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 24th (3) day of April One thousand eight hundred and eighty one.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Sarah Geddes or Coyle
2. Sex and Age,	23.
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Dairymaid
5. Religious Persuasion, so far as known,	Protestant,
6. Previous Place of Abode,	Townhead Cothouse do do
7. Place where Found and Examined,	
8. Length of time Insane,	ten days
9. Whether first attack,	yes
10. Age (if known) on first Attack,	23
11. When and where previously under Examination and Treatment,	—
12. Duration of existing Attack,	ten days
13. Supposed Cause,	child bed
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,	Girthon Parish,
18. Date of becoming Chargeable,	24th April 1881.
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Peter Coyle 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.

(SIGNATURE)* Name, John Hunter Inspector of Poor Girthon

DATED this 24th day of April One thousand eight hundred and eighty one.

* To be signed by the Party applying.

P. p

MEDICAL CERTIFICATE, No. I.

I, the undersigned, James Nichol Coy
being a (1) Licentiate of the Royal College of Surgeons Edinburgh
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Town head in the County of
Kirkcudbright separately from any other Medical Practitioner
visited and personally examined (4) Sarah Geddes or Coyle (Pauper)
and that
the said Sarah Geddes or Coyle is a (5) person of
insound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Has been very violent for ten days, & required constant attention to prevent her cutting away her life, Has attempted to cut her throat & drown herself

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Has attempted to take away her own life also that of her child

(SIGNED) Name and Medical Designation, James Nichol Coy, Surgeon
Place of Abode, Gatehouse of Fleet

DATED this 24th day of April One thousand eight hundred and Eighty one

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) *Physician or Surgeon, or otherwise, as the case may be.*
(3) *Insert the street and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper state so.*
(5) *Lunatic, or 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 Johnstone
being a (1) M.D. of Edinr
and being in actual practice as a (2) General practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Town head in the County of
Kirkcudbright separately from any other Medical Practitioner
visited and personally examined (4) Sarah Geddes or Coyle (Pauper)
and that
the said Sarah Geddes or Coyle is a (5) person of
insound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)
That she is quite outrageous and maniacal, &c.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
That she has attempted to commit suicide on three different occasions, &c

(SIGNED) Name and Medical Designation, Wm Johnstone M.D.
Place of Abode, Kirkcudbright

DATED this 24th day of April One thousand eight hundred and Eighty one.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) *Physician or Surgeon, or otherwise, as the case may be.*
(3) *Insert the street and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper state so.*
(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*
(6) *State the facts.*
(7) *State the information, and from whom derived.*

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period of twenty-four hours without the Order of the Sheriff, and shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a Second Medical Certificate and the Order of the Sheriff.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that Sarah Geddes or Coyle is a (1) Lunatic & unsound Mind hereby further certify that the Case of the said Sarah Geddes or Coyle is One of Emergency, and I recommend the immediate removal of the said Sarah Geddes or Coyle to an Asylum accordingly.

Name, J. Nicholson

Place of Abode, Gatehouse of Fleet

DATED this 24th day of April One thousand eight hundred and Eighty one

(1) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Robert Macartney Sheriff Substitute (1) of the (2) Stewartry of Kirkcudbright having had produced to me, with a Petition at the instance of (3) John Hunter

Certificates under the hands of J. Nicholson and William Johnstone, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Sarah Geddes or Coyle (Pauper) and that the said Sarah Geddes or Coyle is a (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 Geddes or Coyle as a Patient into the (6) Dumfries 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 Sarah Geddes or Coyle which accompanied the said Petition.

(SIGNATURE) Robt Macartney S.S.

DATED this twenty fifth day of April One thousand eight hundred and eighty one.

To the Superintendent of the (7) Southern Counties
Asylum of Dumfries

---

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe Him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, or Private.
(7) Public, District, or Private.

2

4/4/4

Sarah Geddes or Lloyd

25th April

1881

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) County of Dumfriesshire *and his Substitutes,—*

The Petition of David Telfer, Hightae Lochmaben

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that David Telfer Junr.

(3) State degree of Relationship or other circumstance in which Petitioner stands to Lunatic.

your Petitioner's (3) son is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said David Telfer Junr to the Crichton Royal Asylum and to sanction the admission into the said Asylum.

David Telfer

(4) The date of the Order must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 26th (4) day of April One thousand eight hundred and 81.

STATEMENT.

If any 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 Telfer Junr.
2 Sex and Age,	male 39 years
3 Married, Single, or Widowed,	single
4 Condition of Life, and previous Occupation (if any),	Farmer
5 Religious Persuasion, so far as known,	Protestant
6 Previous Place of Abode,	Hightae, Lochmaben
7 Place where Found and Examined,	Hightae Lochmaben
8 Length of time Insane,	six months
9 Whether First Attack,	Second ~~Third~~ attack
10 Age (if known) on First Attack,	38 years
11 When and where previously under Examination and Treatment,	Crichton Asylum
12 Duration of Existing Attack,	six months
13 Supposed Cause,	Hereditary
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,	26th April 1881
19 Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	David Telfer, Hightae Lochmaben Father of patient Mother has been insane
20 Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 26th day of April One thousand eight hundred and 81.

(*To be signed by Party applying*) David Telfer

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, John Smith
being a (1) Graduate in Medicine of Edinburgh University
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Ten Crichton Royal Institution . Dumfries in the County Dumfries separately from any other Medical Practitioner visited and personally examined (4) David Telfer Farmer Highter . Lochmaben
the said David 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) There is a wound on his neck which he informs me he made in attempt to commit suicide. States that he thinks it would be better to die than live

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Dr Reid informs me that he attempted to commit suicide & that he required constant watching

Name and Medical Designation, John Smith M

Place of Abode, 14 Castle St Dumfries

DATED this 26th day of April One thousand hundred and 81 Years

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Thomas Reid
being a (1) Graduate in Medicine of Glasgow University
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Ivy Cottage Highter in the County Dumfries separately from any other Medical Practitioner visited and personally examined (4) David Telfer Ivy Cottage Highter
the said David 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), desires to be attempts to tear open the wounds in his Is quite determined to cut his Throat

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Has cut his Throat and attempts suicide, has constantly to be watched his father says he is always wanting

Name and Medical Designation, Thomas Reid

Place of Abode Lochmaben

DATED this 26th day of April One thousand hundred and 81

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Thomas Reid, being (1) a Graduate in Medicine of Glasgow University hereby certify, on soul and conscience, that I have this day, at (2) Highton in the County of Dumfries, seen and personally examined David Telfer, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Thomas Reid

DATED this 26th day of April One thousand eight hundred and 81

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) David Telfer, Hightat, Lochmaben Certificates under the hands of John Smith and Thomas Reid, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) David Telfer, Junior, Hightat, Lochmaben (Petr's son) and that the said David Telfer Junior, is a (5) person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said David Telfer, Junior — as a Patient into the (6) Public Asylum of Crichton Institution and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said David Telfer Junior which accompanied the said Petition.

DATED this Twenty seventh day of April, One thousand eight hundred and eighty one.

David Boyle Hope

To the Superintendent of the (1) Public *Asylum of* Crichton Royal Institution, Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2

1703

David Leger Jr.

26th April

1881

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Sheriff or Steward. Bailiff or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) ~~County~~ of Dumfries ~~Stewartry~~ and his Substitutes.

The Petition of Rowland Reed Inspector of Poor Canonbie

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Stubbs Rowanburn Canonbie a pauper chargeable to Canonbie the Parish of which I am Inspector

State degree of Lordship or other dignity 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 Stubbs to the Southern Counties Asylum and to sanction his admission into the the said Asylum.

Thirtieth Rowland Reed

The date of the Petition must be within fourteen clear days preceding the dates of the Medical Certificates.

DATED this ~~Twenty-ninth~~ day of April One thousand eight hundred and eighty five

STATEMENT.

If any 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 Stubbs
2 Sex and Age,	male - 45 years
3 Married, Single, or Widowed,	Single
4 Condition of Life, and previous Occupation (if any),	Collier
5 Religious Persuasion, so far as known,	Presbyterian Protestant
6 Previous Place of Abode,	Rowanburn . Canonbie
7 Place where Found and Examined,	Rowanburn Canonbie
8 Length of time Insane,	two months
9 Whether first Attack,	no
10 Age (if known) on first Attack,	26 years
11 When and where previously under Examination and Treatment,	Southern Counties Asylum 1861. 69
12 Duration of existing Attack,	
13 Supposed Cause,	Unknown
14 Whether subject to Epilepsy,	no
15 Whether Suicidal,	was on the last attack
16 Whether Dangerous to others,	yes Canonbie
17 Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18 Date of becoming Chargeable,	29th April 1881
19 Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Margaret Brockbank Rowanburn Canonbie - Mother - no
20 Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Twenty ninth day of April One thousand eight hundred and eighty five

(*To be signed by Party applying*) Rowland Reed

P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate: e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, James Rae Anderson
being a (1) Licentiate of the Faculty of Physicians & Surgeons Glasgow & Doctor of Medicine - Glasgow
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Ro...
Parish of Canonbie in the ...
Dumfries separately from any other Medical Pr...
visited and personally examined (4) John Stubbs, Collie...
Roxanburn, Canonbie - Pauper and ...
the said John Stubbs is a (5) Perso...
of unsound mind and a proper person to be ...
under Care and Treatment, and that I have formed this opinion upon the ... grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Sometimes ... is very morose & sad at other times ... mentient gets into fits of passion and ... very dangerous. His demeanour and ... of countenance are those of an insane ...

2. Other facts (if any) indicating Insanity communicated to me by others: (7) ... His mother & Sister say they are positive ... of him, are in perfect terror of their lives and ... and Mrs Thomson - next door neighbours - express ... sentiments. They all say his disappearances are change... has attempted to commit crime previously

Name and Medical Designation, Jas. R. Anderson

Place of Abode, Eskbank, Canon...

Dated this Twenty ninth day of April One thousand ... hundred and eighty one

---

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate: e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, William Johnston Learyd...
being a (1) Doctor of Medicine (Edin) and ...
Licentiate of the Royal College of Surgeons (Edin...
and being in actual practice as a (2) Physician & Surgeon (Edin...
hereby certify, on soul and conscience, that I have this day, at (3) Roxanburn ...
in the Parish of Canonbie in the Co...
Dumfries separately from any other Medical Pra...
visited and personally examined (4) John Stubbs, Collier ...
Roxanburn Canonbie
the said John Stubbs is a (5) person ...
unsound mind and a proper person to be ...
under Care and Treatment, and that I have formed this opinion upon the ... grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)
His mind is not in a healthy state and his ... of self control much impaired. He has a vacant ... mien, sunken look - occasionally great excitement ... with extreme mischievousness -

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Evinces great dislike to his Mother & Sister ... and has threatened them violence - He has ... been frequently violent upon his Mother & Sister ... and little children - Impulsive act by his ...

and Mrs Thomson

Name and Medical Designation, W. Johnston Learyd... M.D.

Place of Abode, Langholm

Dated this 30th day of April One thousand ... hundred and 81

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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 Rae Anderson being (1) Doctor of medicine & Surgeon hereby certify, on soul and conscience, that I have this day, at (2) Newbattle in the County of Dumfries, seen and personally examined John Stubbs, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Jas R Anderson M.D.

DATED this twenty ninth day of April One thousand eight hundred and eighty one.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope — (1) Sheriff Substitute of the (2) county of Dumfries, having had produced to me, with a Petition at the instance of (3) Archibald Reid, Inspector of Poor, Dumfries Certificates under the hands of James Rae Anderson and William Thurston Carlyle, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) John Stubbs Collie Pauper Annandale Parish and that the said John Stubbs is a (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 Stubbs 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 Stubbs which accompanied the said Petition.

DATED this Thirtieth day of April — One thousand eight hundred and eighty one.

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of Southern Counties,
Dumfries.

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so
(5) Lunatic, or an insane person, or an Idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2
445

John Stubbs

30th April

1881

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

...riff or Steward. ...re or Stewartry.

Unto the Honourable the (1) Stewart Sheriff of ~~the~~ (2) Dumfries Tollaway ~~Stewartry of Kirkcudbright~~ and his Substitutes.

The Petition of ~~John Carter, Tonnegrow, Bakes, at Tongland Village~~ George Hunter, Inspector of Poor, Tongland

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary Carter residing at Tongland Village your Petitioner's (3) ~~Mother~~ Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said ~~Crichton Royal Institution~~ Mary Carter to the ~~Crichton Royal Institution~~ Dumfries Asylum and to sanction her admission into the the said Asylum. (Seventeen words delete)

~~John Carter~~ George Hunter

...state degree of ...ship or other ...y in which Peti... ...ands to Luna...

...date of the ...must be with... ...en clear days ...g the dates of ...dical Certifi...

DATED this Second (4) day of May One thousand eight hundred and Eighty one

Inspr. of Poor

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. ...ristian Name and Surname of Patient at ...length,	Mary Carter
2. ...x and Age,	Female. 56 years
3. ...rried, Single, or Widowed,	Single
4. ...ndition of Life, and previous Occupation (if any),	
5. ...ligious Persuasion, so far as known,	Protestant
6. ...evious Place of Abode,	Always at Tongland
7. ...ace where Found and Examined,	At Home
8. ...ngth of time Insane,	Has been worse than usual for a week
9. ...ether first Attack,	Second
10. ...e (if known) on first Attack,	44
11. ...en and where previously under Examination and Treatment,	In Southern Counties Asylum for 15 weeks from 18 April 1869
12. ...ration of existing Attack,	a week
13. ...posed Cause,	
14. ...ether subject to Epilepsy,	No
15. ...ether Suicidal,	No.
16. ...ether Dangerous to others,	No
17. ...ish or Union to which the Lunatic (if a Pauper) is Chargeable,	Tongland
18. ...e of becoming Chargeable,	1 May 1881
19. ...ristian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	John Carter, Tongland, Son. No.
20. ...cial circumstances (if any) preventing the insertion of any of the above particulars,	

...certify, that, to the best of my knowledge, the above particulars are correctly stated.

...TED this Second day of May One thousand eight hundred and Eighty one

(*To be signed by Party applying*) George Hunter

P. p

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal 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, Wm Swans ton Spence Reid being a (1) Bachelor of Medicine & Master in Surgery of the University of Edinburgh and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Longland Village Kirkcudbright in the County separately from any other Medical Practitioner visited and personally examined (4) Mary Carter - pauper and the said Mary Carter is a (5) person of unsound mind and a proper person to be taken under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

Intensely melancholy views of her present Condition - loss of sleep &c.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Great depression of mind and a Constant anxiety about her circumstances, A wish to be placed under restraint, Communicated to me by Wm Muat Douglas

Name and Medical Designation, W.S.S. Reid - M.B.

Place of Abode, Oakley - Kirkcudbright

DATED this first day of May One thousand hundred and 91.

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, Wm Johnstone being a (1) M.D. Edin.

and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Longland Village Kirkcudbright Kirkcudbright in the County separately from any other Medical Practitioner visited and personally examined (4) Mary Carter - pauper - and the said Mary Carter is a (5) person of unsound Mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

That she is in a low depressed & melancholy State. Complains with want of appetite &c.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

That she has a strong desire to be placed in an Asylum.

Name and Medical Designation, Wm Johnstone M.B.

Place of Abode, Kirkcudbright

DATED this 30th day of April One thousand hundred and Eighty one.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Robert Macartney Gadne Esqre (1) Sheriff Substitute
of the (2) Stewartry of Kirkcudbright
having had produced to me, with a Petition at the instance of (3) ~~Wm Swanston Spence Reid and H~~ Eunge Hunter
Certificates under the hands of Wm Swanston Spence Reid
and William Johnstone, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Mary Carter. Pauper. and that the said Mary Carter is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Mary Carter as a Patient into the (6) Southern Counties Asylum of Dumfries and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mary Carter which accompanied the said Petition.

DATED this Second day of May One thousand eight hundred and eighty one.

Robt Gordon S. S.

To the Superintendent of the (7) Southern Counties
Asylum of Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2
446

Mary Carter

2nd May

1881

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) Sheriffdom of Dumfries & Galloway *and his Substitutes,—*

The Petition of Robert Hugh Bradford Inspector of Poor of the Parish of Newabbey humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Jane Burns Gordon or Glen a Pauper at present under the Jurisdiction of the Petitioner is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Jane Burns Gordon or Glen to the Southern Counties Asylum Dumfries and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

R H Bradford Inspr Poor

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Second (4) day of May One thousand eight hundred and eighty one.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Jane Burns Gordon or Glen.
2. Sex and Age,	Female 42 years.
3. Married, Single, or Widowed,	Widow
4. Condition of Life, and previous Occupation (if any),	Pauper
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	King St Stranraer
7. Place where Found and Examined,	Shinahan St. Stranraer
8. Length of time Insane,	30th April 1881
9. Whether First Attack,	no
10. Age (if known) on First Attack,	unknown
11. When and where previously under Examination and Treatment,	Southern Counties Asylum Dumfries
12. Duration of Existing Attack,	unknown
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,	Kirkcudbright
18. Date of becoming Chargeable,	Has been 11 months in this Parish during which period Parish of Kirkcudbright has supported Pauper.
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Jane McDowall or Morland Lang, Aunt.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 2nd day of May One thousand eight hundred and Eighty One

(*To be signed by Party applying*) R H Bradford Inspr

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, David Easton being a (1) Doctor of medicine and Licentiate of the Royal College of Surgeons. Edinburgh. and being in actual practice as a (2) General practitioner hereby certify, on soul and conscience, that I have this day, at (3) 51 Shencan St. Stranraer in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) Jane Burns Gordon or Glen and that the said Jane Burns Gordon or Glen is a (5) person (pauper) of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She is constantly talking in an incoherent manner, sometimes varies it by cursing swearing & singing obscene songs. She has a wild appearance, her eyes she constantly rolls about. The labour under a great variety of delusions, says that every person is against her, all planning to kill her and that they have informed upon her for poisoning her mother &c &c

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Jane McMeekan, Constable says that she is constantly uttering in a loud and threatening way obscene language swearing cursing & singing. That she gets quite outrageous requiring restraint &c. Maggie Glen her daughter says her mother has taken an ill wall at her, that she dare not go near her screames & swears at her when ever she sees her. That she says poison is into her food. That she does not rest but is always rambling in her talk &c.

Name and Medical Designation, David Easton M.D.

Place of Abode, Stranraer

DATED this Second day of May One thousand eight hundred and Eighty one

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Hugh Cochrane being a (1) Licentiate of the Royal College of Physicians Edinburgh and Licentiate of the Faculty of Physicians & Surgeons of Glasgow and being in actual practice as a (2) general practitioner hereby certify, on soul and conscience, that I have this day, at (3) 57 Shencan St. Stranraer in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) Jane Burns Gordon or Glen a pauper and that the said Jane Burns Gordon or Glen is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion, upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Has a very excited appearance, cursing & singing alternately. Says last night she had a fine night's dancing with an old man. Took a book and little paper box from her breast an tore them to pieces. Continually talking great nonsense.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) James McMeikan constable, who is taking charge of her says she is never at rest, laughing singing and swearing in turn. at times getting so outrageous that it is scarcely to keep her to her room.

Name and Medical Designation, Hugh Cochrane

Place of Abode Stranraer

DATED this Second day of May One thousand eight hundred and eighty one.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Peter MacLean (1) Sheriff Substitute
of the (2) County of Wigtown
having had produced to me, with a Petition at the instance of (3) Robert Hugh Bradford, Inspector of Poor of the Parish of Leswalt
Certificates under the hands of David Easton
and Hugh Cochrane , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
Jane Burns Gordon or Glen and that the said
Jane Burns Gordon or Glen is a (5) Insane person
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Jane Burns Gordon or Glen as a Patient into the (6) Southern counties Asylum of Dumfries and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Jane Burns Gordon or Glen which accompanied the said Petition.

DATED this second day of May One thousand eight hundred and eighty one

P. MacLean
Sheriff

To the Superintendent of the (7)
Southern counties Asylum of Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

Petitioner
by
W. H. Bradford Insp.
of Poor of Leswalt
for removal of
Jane Burns Gordon or Glen
to
Asylum
1881

2/447

Jane Burns, Gordon
or Glen

2d May
1881

6675

[FORM B²]

25 and 26 Vict. Cap. 54, Sect. 16.

APPLICATION TO THE GENERAL BOARD OF LUNACY TO GRANT TRANSFER OF A PATIENT FROM ONE ASYLUM TO ANOTHER.

I the undersigned John Nivison, Colliery Manager, Sanquhar being desirous to transfer James Nivison, my son at present a Patient in Dumfries Asylum, and (¹) detained at my instance from the said Asylum to the Crichton Institution, Dumfries hereby request the authority of the Board to such transfer; and I subjoin a Statement of Particulars regarding the said James Nivison and a Medical Certificate with respect to his mental and bodily condition.

(¹) *If Lunatic is not a Pauper:* detained at my instance, or whose nearest known relative I am. *If Lunatic is a Pauper:* a Pauper Lunatic of this Parish of which I am Inspector of Poor.

John Nivison

(²) His Father

(²) State degree of Relationship, or other capacity in which Applicant stands to Patient.

SCOTLAND 2 MAY 81 GENERAL BOARD OF LUNACY

DATED at Sanquhar this 30th day of April one thousand eight hundred and eighty one years.

STATEMENT.

Christian Name and Surname of Patient at length,	James Nivison
Sex and Age,	Male - 27 years
Married, Single, or Widowed,	Single
Condition of Life, and Previous Occupation (if any),	Student of Divinity
Religious Persuasion, so far as known,	Protestant
Date of Admission into Asylum,	17 Feby 1881
Length of time Insane,	2 months
Whether first Attack,	Yes
Age (if known) on first Attack,	
Duration of existing Attack,	
Supposed Cause,	Not Known - if not intense application to study
Whether subject to Epilepsy,	No
Whether Suicidal,	Not to be depended upon
Whether Dangerous to others,	very
Parish to which the Lunatic (if a Pauper) is Chargeable,	Not a pauper. never chargeable
Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of relationship (if known), and whether any Member of Family known to be, or to have been Insane,	John Nivison, Sanquhar, Dumfries, Father. - No member of family known to be insane.

I certify that, to the best of my knowledge, the above particulars are correctly stated.

(*To be signed by the Applicant*) John Nivison

DATED this 30th day of April One thousand eight hundred and eighty one years.

N.B.—The foregoing particulars are required for the information of the authorities to whose care the Patient is to be transferred.

MEDICAL CERTIFICATE.

I, the undersigned James C. Howden
being (1) a Doctor of Medicine
hereby certify that I have this day at the Montrose Asylum
personally examined James Nivison at present
Patient in said Asylum, and with respect to his Mental State that he labours
under delusions, talks at times in [illegible]
and is violent

; and with respect to his
Bodily Health and Condition that they are fair

and I further certify that, in my opinion, there is nothing in the Mental or Bodily Con-
dition of the Patient to contraindicate removal to the Asylum of Dumfries

James C. Howden

DATED this 30th day of April One thousand eight
hundred and 81

(1) State Medical Qualification.
(2) Name Asylum.

SANCTION BY THE BOARD OF LUNACY.

(Under this Sanction a Patient may be Transferred without an Order of the Sheriff.)

Application having been made to the Board by (1) John Nivison
to authorize the transfer of James Nivison
from Montrose Royal Asylum to Dumfries
Royal Asylum, and the Board having considered such application and
the accompanying Medical Certificate, do hereby authorize the transfer (2) of the said
James Nivison as requested.

Wheer Auchtell Commissioner

DATED at Edinburgh, this 2nd day of May
thousand eight hundred and 81.

(1) Insert at whose instance the Lunatic is detained, or the nearest known Relative of the Lunatic, or the Inspector of the Parish by which the expense of the maintenance of the Lunatic is defrayed.

(2) Valid for fourteen days from date.

Date of Sheriff's Order:— 18 February

1704
James Nivison
5th May
1881

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Sheriff or Steward. Shire or Stewartry.

Unto the Honourable the (1) Sheriff ~~of the (2) Dear Shire~~ *of* Dumfries & Galloway *and his Substitutes,*—

The Petition of John Bell No 11 Rufford Road Fairfield Liverpool humbly sheweth that it appears from the subjoined Statement, and accompanying Medical Certificates, that Jane Bell, No 11 Rufford Road, Fairfield, Liverpool.—

State degree of Relationship or other Security in which Petitioner stands to Lunatic.

your Petitioner's (3) Sister — — — — is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Jane Bell to the Crichton Royal Institution and to sanction her admission into the said Asylum.

John Bell.

The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Sixth (4) day of May One thousand eight hundred and eighty one.—

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Jane Bell
2. Sex and Age,	Female, 67—
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 Dissenter—(Independent)
6. Previous Place of Abode,	11 Rufford Road, Fairfield, Liverpool—
7. Place where Found and Examined,	Dumfries.—
8. Length of time Insane,	about 16 years.
9. Whether First Attack,	no
10. Age (if known) on First Attack,	about 51 years.
11. When and where previously under Examination and Treatment,	To April 1881, at Liverpool—
12. Duration of Existing Attack,	about 6 months
13. Supposed Cause,	Mental delusions & nervous debility.
14. Whether subject to Epilepsy,	No.—
15. Whether Suicidal,	No.—
16. Whether Dangerous to others,	No.—
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of her Family known to be or to have been Insane,	John Bell, brother of the patient— No 11 Rufford Road, Fairfield, Liverpool— no member of the family known to have ever been insane.—
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None.—

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 6th day of May One thousand eight hundred and eighty one.

(*To be signed by Party applying*) John Bell.

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Gerald FitzGerald Thomas being a (1) Licentiate of Royal College of Physicians Surg of Edinburgh and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 14 Castle Street Dumfries in the County Dumfries separately from any other Medical Practitioner visited and personally examined (4) Jane Bell – 11 Rufford Road Fairfield – Liverpool – Spinster and the said Jane Bell is a (5) person of Unsound Mind and a proper Person to be [illegible] under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) general depression of spirits – nervous twitching of hands – slowness of speech – feels that she has hastened her sister's death by some foolish expressions – wishes to be sent wherever her brother & his [illegible]

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Nephew Edward Johnston – ~~[illegible]~~ states has been in very low [illegible] since death of her sister a fortnight ago – & that she labours under the delusion that she has committed some [illegible]

Name and Medical Designation, Gerald FitzGerald Thomas LRCP [illegible]

Place of Abode, 14 Castle Street Dumfries

DATED this Sixth day of May One thousand eight hundred and Eighty one.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Alexander Thomson being a (1) Doctor of Medicine of the University of Glasgow and Surgeon and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 14 Castle Street – Dumfries – in the County Dumfries separately from any other Medical Practitioner visited and personally examined (4) Jane Bell – Spinster 11 Rufford Road – Fairfield, Liverpool and the said Jane Bell – is a (5) person of Unsound Mind – and a proper person to be [illegible] under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Nervous depression – says she cannot sleep at night, and thinks she has injured her friends – has uneasy and confused sensation in her head.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Told by Edward Johnston, her nephew, that she has been a depressed state of mind, since the death of a sister –

Name and Medical Designation, Alex. Thomson M.D.

Place of Abode 27 Castle St. Dumfries

DATED this Sixth day of May – One thousand eight hundred and Eighty one years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Alexander Thomson — being (1) a Doctor of Medicine (Glasgow) hereby certify, on soul and conscience, that I have this day, at (2) 14 Castle St. Dumfries in the County of Dumfries, seen and personally examined Jane Bell, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Alex Thomson MD, &c

DATED this Sixth day of May One thousand eight hundred and Eighty one years.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope, — (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) John Bell, No. 11 Rufford Road, Fairfield, Liverpool, Certificates under the hands of Gerald Fitzgerald Thomas and Alexander Thomson, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Jane Bell, 11 Rufford Road, Fairfield, Liverpool (Pts. sister) and that the said Jane Bell is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Jane Bell as a Patient into the (6) Public Asylum of Crichton Institution and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Jane Bell which accompanied the said Petition.

DATED this Seventh day of May One thousand eight hundred and eighty one.

David Boyle Hope

To the Superintendent of the (7) Public *Asylum of* Crichton Royal Institution, Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1705

Jane Bell

6th May

1881

6651

[FORM B²]

25 and 26 Vict. Cap. 54, Sect. 16.

GENERAL BOARD OF LUNACY SCOTLAND 5 MAY 81

APPLICATION TO THE GENERAL BOARD OF LUNACY TO GRANT TRANSFER OF A PATIENT FROM ONE ASYLUM TO ANOTHER.

I, the undersigned Peter M'Diarmid.
being desirous to transfer Lauchlan M'Diarmid
at present a Patient in Govan Parochial Lunatic Asylum, and (1) a Pauper Lunatic of the Parish of Govan Combination from the said Asylum to the Crichton Institution at Dumfries hereby request the authority of the Board to such transfer; and I subjoin a Statement of Particulars regarding the said Lauchlan M'Diarmid. — and a Medical Certificate with respect to his mental and bodily condition.

(1) *If Lunatic is not a Pauper:* detained at my instance, or whose nearest known relative I am. *If Lunatic is a Pauper:* a Pauper Lunatic of the Parish of which I am Inspector of Poor.

~~Andw~~ Peter M'Diarmid

(2) Father.

(2) State degree of Relationship, or other capacity in which Applicant stands to Patient.

DATED at Glasgow this 3rd day of May.
One thousand eight hundred and Eighty one years.

STATEMENT.

1. Christian Name and Surname of Patient at length,	Lauchlan M'Diarmid.
2. Sex and Age,	Male. 23 years.
3. Married, Single, or Widowed,	Single.
4. Condition of Life, and Previous Occupation (if any),	Apprentice Joiner.
5. Religious Persuasion, so far as known,	Protestant.
6. Date of Admission into Asylum,	3rd May 1880.
7. Length of time Insane,	about two years.
Whether first Attack,	Yes.
Age (if known) on first Attack,	about 21 years.
11. Duration of existing Attack,	Two years.
12. Supposed Cause,	Not known.
13. Whether subject to Epilepsy,	No
14. Whether Suicidal,	No.
15. Whether Dangerous to others,	No.
16. Parish to which the Lunatic (if a Pauper) is Chargeable,	Govan Combination.
17. Christian Name and Surname, and Place of Abode of nearest known 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. Peter M'Diarmid. 9 Thomson Street Govan. Has received assistance to enable him to place him in above Institution & relieve the Parochial Board of his maintenance

I certify that, to the best of my knowledge, the above particulars are correctly stated.

(*To be signed by the Applicant*) Peter M'Diarmid

DATED this 3rd day of May One thousand eight hundred and Eighty one years.

N.B.—The foregoing particulars are required for the information of the authorities to whose care the Patient is to be transferred.

MEDICAL CERTIFICATE.

I, the undersigned William Adam Liddell
being (1) L. F. P. & S. Glasgow
hereby certify that I have this day at (2) Goran Parochial Lunatic asy
personally examined Lauchlan Mc Diarmid at present
Patient in said Asylum, and with respect to his Mental State that He is at time
more or less dull, depressed & morose - at others
excited - fractious & irritable, when his talk is rambl
incoherent - is also quarrelsome & under influence
fear of Evil
; and with respect to h
Bodily Health and Condition that Very an ordinary -
a masturbator -

(1) State Medical Qualification.
(2) Name Asylum.

and I further certify that, in my opinion, there is nothing in the Mental or Bodily Co
dition of the Patient to contraindicate removal to the ~~Asylum of~~ Brighton Institu

W Liddell Surg

DATED this 3rd day of May One thousand eigh
hundred and eighty one years.

SANCTION BY THE BOARD OF LUNACY.

(Under this Sanction a Patient may be Transferred without an Order of the Sheriff.)

(1) Insert at whose instance the Lunatic is detained, or the nearest known Relative of the Lunatic, or the Inspector of the Parish by which the expense of the maintenance of the Lunatic is defrayed.

Application having been made to the Board by (1) Peter Mc Diarmid
to authorize the transfer of Lauchlan Mc Diarmid
from Goran Parochial asylum to Dumfries
Royal asylum, and the Board having considered such application a
the accompanying Medical Certificate, do hereby authorize the transfer (2) of the sa
Lauchlan M'Diarmid as requested.

(2) Valid for fourteen days from date.

Commissioner.

DATED at Edinburgh, this 5th day of May One
thousand eight hundred and 81.

Date of Sheriffs order: 5th May 1880

1406
Lauchlan Mc Diarmid
5th May
1880

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Sheriff or Steward. Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of* ~~the~~ (2) Dumfries and Galloway *and his Substitutes,*—

The Petition of James Christison Inspector of Poor for the Parish of Kirkinner humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Margaret Clark your Petitioner's (3) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Margaret Clark to the Southern Counties Asylum, Dumfries and to sanction her admission into the said Asylum.

(3) State degree of relationship or other capacity in which Petitioner stands to Luna.

James Christison

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Seventh (4) day of May One thousand eight hundred and eighty one 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 Clark
1 Sex and Age,	Female aged 49
1 Married, Single, or Widowed,	Single
1 Condition of Life, and previous Occupation (if any),	Agricultural Labourer
1 Religious Persuasion, so far as known,	Protestant
1 Previous Place of Abode,	Kirkinner Village
1 Place where Found and Examined,	Do.
1 Length of time Insane,	about 4 days
1 Whether First Attack,	No
1 Age (if known) on First Attack,	43 years
1 When and where previously under Examination and Treatment,	Last time insane Examined 29th in ~~April~~ August and sent to Southern Counties Asylum on ~~1st May~~ 30th August 1879
1 Duration of Existing Attack,	4 days
1 Supposed Cause,	Cannot say
1 Whether subject to Epilepsy,	Do.
1 Whether Suicidal,	Do.
1 Whether Dangerous to others,	Yes
1 Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Kirkinner
1 Date of becoming Chargeable,	29th March 1875
1 Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Sarah Clark Isle of Whithorn. Sister Mother insane
2 Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Seventh day of May One thousand eight hundred and Eighty one years

(*To be signed by Party applying*) James Christison

P P

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, being a (1) Doctor of Medicine of the Glasgow [illegible]
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Kirkmuir village Wigtown in the County
separately from any other Medical Practitioner
visited and personally examined (4) Margaret Clark Agricultural labourer of Kirkmuir a Pauper and
the said Margaret Clark is a (5) person
of unsound mind and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
Has a dejected appearance refused to show tongue. answered in monosyllables and would not answer at all— Said that she was to be taken to the Asylum [illegible]

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Fanny Mitchell says that she has not been for the past two days. She has been in the village this morning almost naked

Name and Medical Designation, Charles McBride

Place of Abode, Wigtown

DATED this 9th day of May One thousand eight hundred and eighty one years

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, William Anderson being a (1) Bachelor of Medicine Master of Surgery [illegible] University
and being in actual practice as a (2) General Medical Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) the village of
Wigtown in the County
separately from any other Medical Practitioner
visited and personally examined (4) Margaret Clark of Kirkmuir village
(a pauper) and
the said Margaret Clark is a (5) person of
sound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
I cannot entice her as a rule to answer the simple questions. Her looks are very peculiar. Came [illegible] along the village street in a very aimless manner.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Fanny Mitchell of Kirkmuir village tells me she met her in the street this morning nearly nude & that she stripped entirely on the common stair when she arrived home.

Name and Medical Designation, Wm Anderson M.B. M.C.

Place of Abode Wigtown

DATED this Seventh day of May One thousand eight hundred and eighty one years.

1881

No. I.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Dated this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

No. II.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William Mackie Esquire (1) Sheriff Substitute
of the (2) County of Wigtown
having had produced to me, with a Petition at the instance of (3) James Christison Inspector of Poor for the Parish of Kirkinner.
Certificates under the hands of Charles McBride M.D. Wigtown
and William Anderson 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)
Margaret Clark a Pauper and that the said
Margaret Clark is a (5) person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Margaret Clark as a Patient into the (6) Public Asylum Asylum of the Southern Counties Dumfries and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Margaret Clark which accompanied the said Petition.

Dated this ninth day of May One thousand eight hundred and eighty one

Wm Mackie

To the Superintendent of the (7)
Public Asylum of Southern Counties, Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

14 A1

2
448

Margaret Clark

9th May

1881

N.B.—This FORM shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

...or Steward. ...e Stewartry.

Unto the Honourable the (1) Sheriff of Dumfries ~~of the~~ (2) and Galloway ~~of~~ *and his Substitutes,*—

The Petition of Hugh Knox, Inspector of Poor, Buittle, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Helen Clark your Petitioner's (3) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Helen Clark to the Southern Counties Asylum, Dumfries and to sanction her admission into the the said Asylum.

...e degree of ...ip or other ...which Peti... ...ds to Luna...

Hugh Knox

...date of the ...st be with... ...clear days ...the dates of ...cal Certifi...

DATED this Tenth (4) day of May One thousand eight hundred and Eighty-one.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

...tian Name and Surname of Patient at ...gth,	Helen Clark.
...nd Age,	Female. 28 years.
...d, Single, or Widowed,	Married
...ition of Life, and previous Occupation ...any),	Shepherd's Wife
...ious Persuasion, so far as known,	Protestant
...ous Place of Abode,	Back King St., Castle Douglas,
...where Found and Examined,	
...h of time Insane,	About one month.
...her first Attack,	No.
...if known) on first Attack,	26 years.
...and where previously under Examina... ...and Treatment,	Southern Counties Asylum, Dumfries
...ion of existing Attack,	About one month.
...sed Cause,	Unknown.
...her subject to Epilepsy,	No.
...her Suicidal,	No.
...er Dangerous to others,	Yes.
...or Union to which the Lunatic (if a ...per) is Chargeable,	Parish of Buittle.
...of becoming Chargeable,	Chargeable since 1879.
...ian Name and Surname, and Place of ...ode of nearest known Relative of the ...tient, and degree of Relationship (if ...own), and whether any Member of ...mily known to be or to have been In...ne,	Robert Clark, Husband, Airds of Kells, New Galloway.
...l circumstances (if any) preventing the ...ertion of any of the above particulars,	None.

I ...tify, that, to the best of my knowledge, the above particulars are correctly stated.

D...ED this Tenth day of May One thousand eight hundred and Eighty one

(*To be signed by Party applying*) Hugh Knox.

P. p

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Walter Lorraine being a (1) Graduate of Edin: University and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Back King Castle Douglas in the Co Kirkcudbright separately from any other Medical Pr visited and personally examined (4) Helen Clark. Pauper Back King St Castle Douglas the said Helen Clark is a (5) person of unsound mind and a proper person to be under Care and Treatment, and that I have formed this opinion upon the grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) She is very reticent & unwilling to answer questions her – She sleeps very little, she says & he not know the cause or is unwilling to state it

2. Other facts (if any) indicating Insanity communicated to me by others: (7) The people with whom she lives say that she none the night through. Either talking to herself conversation with people outside the window – She threatens to be very violent at times. She has been before & lately come out of the Southern Counties asylum

Name and Medical Designation, } Walter Lorraine

Place of Abode, Castle Douglas

Dated this Ninth day of May One thousand hundred and eighty one

---

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Richard B. Lorraine being a (1) Graduate of Edinburgh University and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Back King Castle – Douglas in the Co Kirkcudbright separately from any other Medical Practi visited and personally examined (4) Helen Clarke (Pauper) Back King Street – Castle – Douglas the said Helen Clarke (Pauper) is a (5) person of unsound mind and a proper person to be de under Care and Treatment, and that I have formed this opinion upon the foll grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) She pretends to be asleep and would not answer the questions I put to first – She complained of not being able to sleep on account of delusions such as thinking her husband is out the window to prevent her sleeping

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) (Farle) the man in whose house she lodges) says she not lie in bed at night getting up at all hours and and has frequent conversations with some people who are in the room – She is very irritable threatening to strike him so

Name and Medical Designation, } R.B. Lorraine M.B.

Place of Abode, Castle – Douglas

Dated this ninth day of May One thousand hundred and eighty one

14 A

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Dated this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Alexander Nicolson Esquire (1) Sheriff Substitute
of the (2) Stewartry of Kirkcudbright
having had produced to me, with a Petition at the instance of (3) Hugh Kinnear

Certificates under the hands of Walter Lorraine
and Richard B. Lorraine, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
Helen Clarke (Pauper) and that the said
Helen Clarke is a (5) person of unsound mind

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Helen Clarke 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 Helen Clarke which accompanied the said Petition.

Dated this tenth day of May One thousand eight hundred and eighty one.

Alex. Nicolson

To the Superintendent of the (7) Southern Counties Asylum of Dumfries.

Alex. Nicolson

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2
449

Helen Clark

10th May

1881

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Sheriff or Steward. Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of* ~~the~~ (2) Dumfries and Galloway *and his Substitutes*—

The Petition of Miles McInnes, Inspector of Poor, Dumfries

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Agnes Henderson or McMurdo 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 Henderson or McMurdo to the Southern Counties Asylum and to sanction her admission into the said Asylum. Two words deleted

(3) State degree of Relationship, or other capacity in which Petitioner stands to lunatic.

Miles McInnes

Dated this 16th (4) day of May One thousand eight hundred and 81 years.

(4) The date of the Petition must be within four-to-clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

Christian Name and Surname of Patient at length,	Agnes Henderson or McMurdo
Sex and Age,	Female – 44 years
Married, Single, or Widowed,	Married
Condition of Life, and previous occupation (if any),	Housekeeper
Religious Persuasion, so far as known,	Protestant
Previous Place of Abode,	10 Queen Street
Place where Found and Examined,	Do Do
Length of time Insane,	a few days
Whether first Attack,	yes first
Age (if known) on first Attack,	
When and where previously under Examination and Treatment,	no where
Duration of existing Attack,	a few days
Supposed Cause,	not known
Whether subject to Epilepsy,	no
Whether Suicidal,	no
Whether Dangerous to others,	no
Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dumfries
Date of becoming Chargeable,	13th May 1881
Christian Name and Surname, and Place of Abode of nearest known 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 McMurdo her Husband resides at 10 Queen Street, Dumfries. Had a Daughter Imbecile
Special circumstances (if any) preventing the insertion of any of the above particulars,	none

I certify that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 13th day of May One thousand eight hundred and 81 years

(*To be Signed by Party applying*) Miles McInnes Inspector of Poor Dumfries.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, John Smith being a (1) Graduate in Medicine of Edinburgh and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 10 Queen St. Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Agnes Henderson or McMurdo a Pauper and the said Agnes Henderson or McMurdo is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, 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 [illegible] rambling incoherent conversation. & delusions states that she & her husband are going to be murdered. & that people are constantly watching through holes in the walls of the house

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her Husband informs me that during last week she has been restless. talking incoherently & had many delusions

Name and Medical Designation, John Smith MD

Place of Abode, 14 Castle St. Dumfries

DATED this 13th day of May. One thousand eight hundred and 81 years.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, William Marshall being a (2) Graduate of the faculty of Physicians Surgeons Edinburgh and College of Physicians and being in actual practice as a (3) Physician hereby certify, on soul and conscience, that I have this day, at (3) Asylum Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Agnes Henderson or McMurdo (a pauper) and the said Agnes Henderson or McMurdo is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Talks incoherently look wild and insane Rambles with ideas & remarks, very restless &c

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her attendant states that she is restless and excited during the night

Name and Medical Designation, W Marshall MD

Place of Abode, Dumfries

DATED this 15th day of May One thousand eight hundred and eighty one years

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, John Smith, being (1) Graduate of Medicine of Edinburgh University hereby certify, on soul and conscience, that I have this day, at (2) 10 Queen St Dumfries in the County of Dumfries, seen and personally examined Agnes Henderson or McLundo, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

John Smith MD &c

Dated this 13th day of May, One thousand eight hundred and 81 years.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Stobie, (1) Sheriff Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) Miles McInnes, Inspector of Poor, Dumfries, Certificates under the hands of John Smith, and William Marshall, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Agnes Henderson or McLundo 10 Queen St Dumfries (a Pauper) and that the said Agnes Henderson or McLundo 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 Agnes Henderson or McLundo as a Patient into the (6) Public Asylum of Southern Counties, and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Agnes Henderson or McLundo, which accompanied the said Petition.

Dated this Sixteenth day of May, One thousand eight hundred and eighty one.

David Boyle Stobie

To the Superintendent of the (7) Public *Asylum of* Southern Counties, Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2
450

Agnes Henderson
or Mr. Murdo

13th May
1881

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward, Office or Stewartry.

Unto the Honourable the (1) Sheriff of Dumfries & Galloway ~~of the (1) Counties~~ *and his Substitutes,—*

The Petition of Peter Gordon Inspector of Poor—Kirkcowan &c

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Flyn

(2) State degree of Relationship or other Capacity in which Petitioner stands to Lunatic.

your Petitioner's (2) Pauper Lunatic

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said James Flyn to the Southern Counties Asylum Dumfries and to sanction his admission into the the said Asylum.

Peter Gordon Insp. of Poor Kirkcowan.

(3) The date of the Order must be within seven clear days following the dates of the Medical Certificates.

Dated this Fourteenth (3) day of May One thousand eight hundred and Eighty one years.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	James Flyn
2. Sex and Age,	Male aged 42 yrs
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Farm Labourer
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Kirkcowan
7. Place where Found and Examined,	Kirkcowan & Dumfries.
8. Length of time Insane,	2 days Lerious
9. Whether first Attack,	no. 4 times in the Asylum Lerious
10. Age (if known) on first Attack,	20 yrs of age
11. When and where previously under Examination and Treatment,	Southern Counties Asylum Dumfries
12. Duration of existing Attack,	it is about eight days since Symptoms commenced
13. Supposed Cause,	unknown
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	yes. very much so. Threatening to Stab with a Knife
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Kirkcowan
18. Date of becoming Chargeable,	14th May 1881
19. Christian Name, and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Helen Flyn his Mother Kirkcowan Village none ever insane but himself
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	none

I certify that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 14th day of May One thousand eight hundred and eighty one

(*To be signed by Party applying*) Peter Gordon

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, John Castle
being a (1) Licentiate of the Faculty of Physicians and Surg
of Glasgow.
and being in actual practice as a (2) General Medical Practitio
hereby certify, on soul and conscience, that I have this day, at (3) Kirkcow
Wigtown.
in the C
separately from any other Medical Pract
visited and personally examined (4) James Flegg
the said James Flegg is a (5) person of
Mind. and a proper person to be d
under Care and Treatment, and that I have formed this opinion upon the fo
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Great excit
Answering questions in a wayward Impul
Manner. Singing & swearing alterna

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Running about on the Streets and accos
people much above his Rank. He also
stood on open Knife and threatened to sta
William Parker
Nestor Hesart:

Name and Medical Designation, Relation of his own
John Castle F.F.P.S.G.

Place of Abode, Kirkcowan.

Dated this fourteenth day of May One thousand
hundred and Eighty one Years.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Hugh Cunningham
being a (1) Licentiate of the Royal College of Physicians in Edinburgh and
Faculty of Physicians and Surgeons Glasgow
and being in actual practice as a (2) Physician and Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) 25 Castle Str
Dumfries
in the Coun
Dumfries
separately from any other Medical Practiti
visited and personally examined (4) James Flegg, Pauper
the said James Flegg is a (5) person
unsound mind and a proper person to be det
under Care and Treatment, and that I have formed this opinion upon the follo
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) He has a wild
appearance of the countenance, is sullen, a
restless.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
William Parker informs me that he has
under treatment previously, and that yest
he was running about the Streets of Newton Stewart
very excited manner

Name and Medical Designation, Hugh Cunningham

Place of Abode, 25 Castle Street, Dumfries

Dated this fourteenth day of May One thousand e
hundred and eighty one years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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 Coutts being (1) General Medical Practitioner hereby certify, on soul and conscience, that I have this day, at (2) Kirkcowan in the County of Wigtown, seen and personally examined James Flynn, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

John Coutts L.F.P.S.

DATED this 14th Fourteenth day of May One thousand eight hundred and Eighty one years.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Peter Gordon Inspector of Poor Kirkcowan Wigtownshire Certificates under the hands of John Coutts and Hugh Cunningham, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) James Flyn, Farm Labourer, Kirkcowan (a Pauper) and that the said James Flyn is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said James Flyn as a Patient into the (6) Public Asylum of Southern Counties and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said James Flyn which accompanied the said Petition.

DATED this Fourteenth day of May One thousand eight hundred and eighty one.

David Boyle Hope

To the Superintendent of the (7) Public *Asylum of* Southern Counties Dumfries.

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2
451

James Flyn

14th May

1881

N.B.—This FORM shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

FORM A

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

[1] Sheriff or Steward. Shire or Stewartry.

Unto the Honourable the [1] Sheriff ——— *of the* [2] ———

of Dumfries Galloway — *and his Substitutes—*

The Petition of James Callander Wood Merchant Lockerbie,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mrs Susan Margaret Gardiner or Callander,

[3] State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

your Petitioner's [3] wife, is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Mrs Susan Margaret Gardiner or Callander to the Crichton Royal Institution and to sanction her admission into the said Asylum.

James Callander

[4] The date of the Petition must be within four clear days following the dates of the Medical Certificates.

DATED this Eighteenth [4] day of May, ——— One thousand eight hundred and eighty one.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Susan Margaret Gardiner or Callander,
2. Sex and Age,	Female. 28.
3. Married, Single, or Widowed,	Married.
4. Condition of Life, and previous occupation (if any),	Wood Merchants' wife
5. Religious Persuasion, so far as known,	Protestant.
6. Previous Place of Abode,	Lockerbie.
7. Place where Found and Examined,	Lauriehurst, Annandale Terrace.
8. Length of time Insane,	about a month.
9. Whether first Attack,	First Attack.
10. Age (if known) on first Attack,	28. -
11. When and where previously under Examination and Treatment,	Never previously under treatment.
12. Duration of existing Attack,	about a month.
13. Supposed Cause,	Not known.
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	No.
16. Whether Dangerous to others,	No.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Not chargeable.
18. Date of becoming Chargeable,	— —
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	James Callander, Wood Merchant Lockerbie - Husband. Aunt & Cousin were so.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None.

I certify that, to the best of my knowledge, the above particulars are correctly stated,

DATED this Eighteenth day of May, ——— One thousand eight hundred and eighty one

(To be Signed by Party applying) James Callander

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, William Marshall being a (1) Graduate of the Faculty of Physicians & Surgeons Glasgow and College of St Andrews and being in actual practice as a (2) Physician hereby certify on soul and conscience, that I have this day, at (3) Laurieknowe Mansion Kirkcudbright in the County separately from any other Medical Practitioner visited and personally examined (4) Mrs Susan Margt Callender and the said Susan Margt Callender is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Talks incoherently Does not seem to know the meaning of any Remains quite silent and immoveable &c &c

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her husband states much the same as

Name and Medical Designation, W Marshall M.D. &c

Place of Abode, Dumfries

DATED this 18th day of May One thousand eight hundred and eighty one years

---

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, John Smith being a (1) Graduate in Medicine of Edinburgh and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 2 Laurieknowe Mansion Kirkcudbright in the County separately from any other Medical Practitioner visited and personally examined (4) Susan Margaret Callander Woodmansbeats wife Lockerbie and the said Susan Margaret 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) Her stupid appearance, muttering incoherent speech & inability to answer questions

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her husband informs me that during the last month she has been so stated

Name and Medical Designation, John Smith M

Place of Abode, 14 Castle St. Dumfries

DATED this 18th day of May One thousand eight hundred and eighty one years

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, William Marshall being (1) a Graduate of the Faculty of Physicians & Surgeons Glasgow and hereby certify on soul and conscience, that I have this day, at (2) Lockerbie in the County of Dumfries, seen and personally examined Mr James Grant Callander, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

William Marshall M.D.

DATED this 16th day of May One thousand eight hundred and eighty one years.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Stoyle, — (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) James Callander Wood Merchant Lockerbie, Certificates under the hands of William Marshall and John Smith, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Susan Margaret Gardiner or Callander (Petitioner's wife) and that the said Susan Margaret Gardiner or 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 Susan Margaret Gardiner or Callander as a Patient into the (6) Public Asylum of Crichton Institution and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Susan Margaret Gardiner or Callander, which accompanied the said Petition.

DATED this Eighteenth day of May, — One thousand eight hundred and eighty one.

David Boyle Stoyle

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.

1707

Susan Margaret
Gardiner or Callander

18th May

1881

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

[illegible] Sheriff or Steward. [illegible] Sheriff or Stewartry.

Unto the Honourable the (1) Sheriff ~~of the (2)~~ County of Dumfries & Galloway *and his Substitutes,*—

The Petition of Mary Anne Welsh or Innes Kilspotters St Mungo humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Robert Innes your Petitioner's (3) husband is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Robert Innes to the 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.

Mary Anne Innes

(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 May One thousand eight hundred and eighty one

---

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Robert Innes
2. Sex and Age,	Male 46
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Farmer
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Kilpotters St Mungo Parish
7. Place where Found and Examined,	Locherbie
8. Length of time Insane,	Six months
9. Whether First Attack,	Yes.
10. Age (if known) on First Attack,	As above
11. When and where previously under Examination and Treatment,	No where
12. Duration of Existing Attack,	six months
13. Supposed Cause,	Anxiety about affairs
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,	Mary Anne Innes Kilpotters St Mungo Locherbie. Wife. No.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 18th day of May One thousand eight hundred and eighty one

(*To be signed by Party applying*) Mary Anne Innes

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, James Maclachlan being a (1) Bachelor of medicine & Master in Ing the University of Glasgow and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Rocke Parish of Fryperdale in the Co Dumfries separately from any other Medical Pract visited and personally examined (4) Robert Innes, Farmer Kilpatlers, St Mungo Parish and the said Robert Innes 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 grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Hallucin Suicidal impulses.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) George McDougall, Blacksmith states he is very absent & cannot to any work & constantly speaking of himself

Name and Medical Designation, James Maclachla

Place of Abode, Rocherlie

DATED this 18th day of May One thousand hundred and eighty one.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Alexander Dale MacDo being a (1) graduate of Edinburgh Ele and being in actual practice as a (2) Physician & Surg hereby certify, on soul and conscience, that I have this day, at (3) 18 Cas Dumfries in the Coun Dumfries separately from any other Medical Practitio visited and personally examined (4) Robert Innes Far Kilpatlers St Mungo and the said Robert Innes is a (5) person unsound mind and a proper person to be detai under Care and Treatment, and that I have formed this opinion upon the follow grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) has comp to me for six months of despondency suicidal impulses which have gradually increasing and always he was about to do something

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Mr McDougall says that as he has noticed a constant desp condition and a constant fear of

Name and Medical Designation, A D MacDonal

Place of Abode 18 Castle St Du

DATED this 18th day of May One thousand eig hundred and eighty one

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned James Maclachlan being (1) Bachelor of Medicine & Master in Surgery of the University of Glasgow, hereby certify, on soul and conscience, that I have this day, at (2) Lockerbie in the County of Dumfries, seen and personally examined Robert Innes, Farmer, Kilpotters, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

James Maclachlan M.B. C.M.

DATED this 18th day of May One thousand eight hundred and eighty one

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope — (1) Sheriff-Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Mary Ann Welch or Innes, Kilpotters, St Mungo, Lockerbie, Certificates under the hands of James Maclachlan and Alexander Dall MacDonald, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Robert Innes, Farmer, Kilpotters, St Mungo (Petitioner) and that the said Robert 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 Robert Innes, as a Patient into the (6) Public Asylum of Southern Counties, and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Robert Innes, which accompanied the said Petition.

DATED this ~~Eighteenth~~ day of May One thousand eight hundred and eighty one years. One word deleted.

David Boyle Hope

To the Superintendent of the (7) Public *Asylum of* Southern Counties, Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2

452

Robert Ames

18th May

1881

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) Dumfries & Galloway and his Substitutes,—

The Petition of John Sorbie. Roadman. Eskdale Street Langholm

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Sorbie. Roadman. Eskdale Street Langholm your Petitioner's (3) Brother is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said James Sorbie to the Southern Counties Asylum at Dumfries and to sanction his admission into the said Asylum.

(2) State degree of relationship or other affinity in which Petitioner stands to Lunatic.

John Sorbie

(4) The date of the Petition must be within seven clear days following the dates of the Medical Certificates.

DATED this 17th (4) day of May One thousand eight hundred and Eighty one years

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	James Sorbie
2. Sex and Age,	Male. 58 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Single an worked as Road Surfaceman
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Eskdale Street Langholm
7. Place where Found and Examined,	Eskdale Street Langholm
8. Length of time Insane,	About three Weeks
9. Whether First Attack,	yes first attack
10. Age (if known) on First Attack,	
11. When and where previously under Examination and Treatment,	Eskdale Street Langholm
12. Duration of Existing Attack,	about three weeks.
13. Supposed Cause,	Not Known.
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	Not yet
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Sine. Private Patient
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	John Sorbie. Roadman. Eskdale Street Langholm. with whom James resided. Brother. None
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 17th day of May One thousand eight hundred and Eighty one years.

(*To be signed by Party applying*) John Sorbie

P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, William Johnston Carlyle
being a (1) Doctor of Medicine (Edinburgh)
& Licentiate of the Royal College of Surgeons Edin.
and being in actual practice as a (2) Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) 25 Eskdale
Street Langholm
Dumfries in the Co
separately from any other Medical Pract
visited and personally examined (4) James Sorbie
25 Eskdale Street Langholm a
the said James Sorbie is a (5) person
unsound mind and a proper Person to be d
under Care and Treatment, and that I have formed this opinion upon the fo
grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Fits of excit
occasionally very restless, eyes dim watchful
with previous Morbid delusions, imagines
friends and neighbours are plotting against
to do him some bodily injury.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Mrs Sorbie Margaret and Robt Thos Sorbie
state that he has frequent fits of depression,
of late towards his friends and neighbours
hastily and unfounded suspicion
and threatens to do them some bodily injury
and that he suppose one going

Name and Medical Designation, W. J. Carlyle M.B.

Place of Abode, Langholm

DATED this 14th day of May One thousand
hundred and 81

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, John Gill
being a (1) Bachelor of Medicine & Master of
of Edinburgh University
and being in actual practice as a (2) General Medical Prac
hereby certify, on soul and conscience, that I have this day, at (3) No 25
Eskdale Street, Langholm in the Cou
Dumfries
visited and personally examined (4) James Sorbie, Road
residing at No 25 Eskdale Street, Langholm and
the said James Sorbie is a (5) person
unsound mind and a proper person to be deta
under Care and Treatment, and that I have formed this opinion upon the follo
grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He told me
he was afraid to go out of doors for fear of his life
that on three different occasions three different
had ~~attempt~~ either pointed a Gun at him or a
otherwise by very fierce looks to be intending to take
He says he sometimes at night hears guns or Cannon fire
(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
John Sorbie, his brother says he has said the same
to himself several times, & sometimes writes on paper
~~about~~ of which he can make no sense, & that he thin
his neighbours are against him.

Name and Medical Designation, John Gill M.B.

Place of Abode Langholm

DATED this 13th 15th day of May One thousand ei
hundred and eighty one.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Dated this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope — (1) Sheriff Substitute — of the (2) County of Dumfries — having had produced to me, with a Petition at the instance of (3) John Sorbie, Roadman Birkhill Street Langholm —, Certificates under the hands of William Winstone Carlyle and John Gill —, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) James Sorbie Roadman Birkhill St Langholm Dumfriesshire, and that the said James Sorbie, — is a (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 Sorbie, — as a Patient into the (6) Public — Asylum of Southern Counties, and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said James Sorbie, — which accompanied the said Petition.

Dated this Nineteenth day of May — One thousand eight hundred and eighty one.

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of
Southern Counties,
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2
453

James Lorbie

23rd May

1881

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Sheriff or Steward. Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of* ~~the (2)~~ Dumfries and Galloway *and his Substitutes*—

The Petition of Miles McInnes, Inspector of Poor, Dumfries, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Stobie your Petitioner's (3) Paupers is at present in a state of Mental Derangement, and 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 Stobie to the Southern Counties Asylum and to sanction his admission into the said Asylum.

(3) State degree of Relationship, or other capacity in which Petitioner stands to lunatic.

Miles McInnes

Dated this 26th (4) day of May One thousand eight hundred and Eighty One years.

(4) The date of the Petition must be within four-and clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

Christian Name and Surname of Patient at length,	James Stobie
Sex and Age,	Male – 35 years of age
Married, Single, or Widowed,	Single
Condition of Life, and previous occupation (if any),	" Ropemaker
Religious Persuasion, so far as known,	Protestant
Previous Place of Abode,	9 Assembly Street
Place where Found and Examined,	Burgh Police Office Dumfries
Length of time Insane,	not known
Whether first Attack,	yes
Age (if known) on first Attack,	35 years
When and where previously under Examination and Treatment,	no where
Duration of existing Attack,	a few days
Supposed Cause,	Not known
Whether subject to Epilepsy,	no
Whether Suicidal,	no
Whether Dangerous to others,	no
Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dumfries
Date of becoming Chargeable,	25th May 1881
Christian Name and Surname, and Place of Abode of nearest known 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 Stobie, Cabinetmaker, 9 Assembly Street Dumfries. no so far as known
Special circumstances (if any) preventing the insertion of any of the above particulars,	None

I certify that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 25th day of May One thousand eight hundred and 81 years

(To be Signed by Party applying) Miles McInnes
Insp. of Poor
Dumfries

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Wallace Marshall being a (1) Licentiate of the Faculty of Physicians and Surgeons of the College of Edinburgh and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Police office Dumfries Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) James Stobie Pauper

the said James Stobie Pauper and is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Talks incoherently imagines that his brother Hogmanay and perhaps his wife conspired to poison him. He looks quite exhausted that he must have worked on several Bonds, Mortgages &c.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) The Superintendent states that the patient has been in this state before and become very troublesome

Name and Medical Designation, Wallace Marshall M.D.

Place of Abode, Dumfries

DATED this 25th day of May One thousand eight hundred and eighty one years

---

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Gerald FitzGerald Thomas being a (1) Licentiate of Royal College of Physicians Royal College of Physicians in Edinburgh and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Dumfries Police Office Buccleugh Street Dumfries Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) James Stobie — Pauper

presently residing at No 9 Assembly Street Dumfries and the said James Stobie is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) general appearance indicative of insanity — defective memory — violent demeanour: makes rambling senseless statements about endeavours being made to poison him.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) (the patient) Inspector states that his brother (residing at 9 Assembly St Dumfries) has told him that the said person is subject periodically to similar fits of violence

Name and Medical Designation, Gerald FitzGerald Thomas LRCP LRCS Edin

Place of Abode, 14 Castle Street Dumfries

DATED this twenty fifth day of May One thousand eight hundred and Eighty one

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, Gerald Fitzgerald Thomas being (1) a licentiate of Royal College of Physicians & Surgeons Edinburgh hereby certify, on soul and conscience, that I have this day, at (2) Police Office - Dumfries in the County of Dumfries, seen and personally examined James Stobie, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Gerald Fitzgerald Thomas

Dated this twenty fifth day of May One thousand eight hundred and eighty one

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Miles McInnes Inspector of Poor Dumfries Certificates under the hands of William Marshall and Gerald Fitzgerald Thomas, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Stobie, Rope maker & Assembly Street Dumfries (a pauper) and that the said James Stobie is a (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 Stobie as a Patient into the (6) Public Asylum of Southern counties and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said James Stobie, which accompanied the said Petition.

Dated this twenty sixth day of May One thousand eight hundred and eighty one

David Boyle Hope

To the Superintendent of the (7) Asylum of

Stobie

Southern counties

Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2

454 Lent

James Stobie

25th May

1881

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Sheriff or Stewartry.

Unto the Honourable the (1) Sheriff —— *of the* (2) Sheriffdom of Dumfries & Galloway *and his Substitutes,—*

The Petition of John Lawson Inspector of Poor of Annan.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Helen Muir Port street Annan;

(3) State degree of Lunacy or other grounds on which Petition proceeds to Lunacy.

your Petitioner's (3) Pauper —— is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Helen Muir, —— to the Southern Counties Asylum —— and to sanction her admission into the said Asylum.

John Lawson

(4) The date of the Petition must be within seven clear days following the dates of the Medical Certificates.

DATED this 30th (4) day of May —— One thousand eight hundred and eighty one.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Helen Muir
2. Sex and Age,	Female 31 yrs
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,	Port Annan
7. Place where Found and Examined,	do do
8. Length of time Insane,	From Birth
9. Whether First Attack,	always an Idiot
10. Age (if known) on First Attack,	~~
11. When and where previously under Examination and Treatment,	~~
12. Duration of Existing Attack,	~~
13. Supposed Cause,	~~
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Annan Parish
18. Date of becoming Chargeable,	1st March 1852
19. Christian Name and Surname, and Place of Abode of nearest known 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 Bell 45 Rochdaysham Lowestoft Uncle none Annan means
20. Special circumstances (if any) preventing the 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 May One thousand eight hundred and eighty one.

(*To be signed by Party applying*) John Lawson

P. P.

MEDICAL CERTIFICATE, No. I.

I, the undersigned, Thos Williamson
being a (1) Licentiate of the Royal Col
of Surgeons of Edinb
and being in actual practice as a (2) General Practi
hereby certify, on soul and conscience, that I have this day, at (3) Port
Street annan in the C
Dumfries separately from any other Medical Prac
visited and personally examined (4) Helen Muir

the said Helen Muir is a (5) Idiot
from Birth and a proper Person to be
under Care and Treatment, and that I have formed this opinion upon the fo
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Incapable
to understand any thing told,
and to do any thing for herself

2. Other facts (if any) indicating Insanity communicated to me by others: (

Name and Medical Designation, Thos Williamson
Place of Abode, Church Place An
DATED this twenty fourth day of May One thousand
hundred and Eighty one

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) *Physician or Surgeon, or otherwise, as the case may be.*
(3) *Insert the street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper state so.*
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) *State the facts.*
(7) *State the information, and from whom derived.*

MEDICAL CERTIFICATE, No. II.

I, the undersigned, Daniel Mackenzie
being a (1) Bachelor of Medicine & Master in Su
of Edinburgh University
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Annan
Dumfries. in the Cou
separately from any other Medical Practiti
visited and personally examined (4) Helen Muir.

the said Helen Muir is a (5) Idiot
and a proper person to be det
under Care and Treatment, and that I have formed this opinion upon the follo
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) I have attend
her for some years as a recognised id

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
She has been an idiot fro
birth

Name and Medical Designation, D. Mackenzie, M.B.
Place of Abode Annan
DATED this Thirtieth day of May One thousand e
hundred and eighty one.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) *Physician or Surgeon, or otherwise, as the case may be.*
(3) *Insert the street and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper state so.*
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) *State the facts.*
(7) *State the information, and from whom derived.*

No. I.

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, Daniel Mackenzie being (1) Bachelor of Medicine & Master of Surgery hereby certify, on soul and conscience, that I have this day, at (2) Dalston in the County of Dumfries, seen and personally examined Helen Muir. , and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

D Mackenzie. M.B. & C.M.

DATED this thirtieth day of May One thousand eight hundred and eighty one years.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute of the (2) county of Dumfries having had produced to me, with a Petition at the instance of (3) Helen Lawson, Inspector of Poor, Annan Certificates under the hands of Thomas Williamson and Daniel Mackenzie, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Helen Muir Port Street, Annan (a Pauper) and that the said Helen Muir is a (5) Idiot, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Helen Muir as a Patient into the (6) Public Asylum of Southern Counties and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Helen Muir, which accompanied the said Petition.

DATED this thirty first day of May One thousand eight hundred and eighty one years.

David Boyle Hope

To the Superintendent of the (7) Public *Asylum of*

Southern Counties,

Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2

45.5 Sent

Helen Muir

20th May

1881

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Sheriff or Stewartry.

Unto the Honourable the (1) Sheriff ~~of the (2) Shire~~ of Dumfries Gallowa and his Substitutes,—

The Petition of Mary J. B. Dickson, Plea Lodge, Holdamb Poor humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Isabella Dickson your Petitioner's (3) aunt is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Isabella Dickson 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.

Mary J. B. Dickson

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 31st (4) day of May, One thousand eight hundred and eighty one.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Isabella Dickson
2. Sex and Age,	Female. 69 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Keeping house to her brothers
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Kinmeter Green
7. Place where Found and Examined,	Plea Lodge
8. Length of time Insane,	about two years
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	—
11. When and where previously under Examination and Treatment,	—
12. Duration of Existing Attack,	about two years
13. Supposed Cause,	much put about when leaving Kinmeter Green
14. Whether subject to Epilepsy,	—
15. Whether Suicidal,	only once threatened
16. Whether Dangerous to others,	Yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
18. Date of becoming Chargeable,	—
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Joseph Dickson } brothers Robt. Dickson } no.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 31st day of May, One thousand eight hundred and eighty one.

(*To be signed by Party applying*) Mary J. B. Dickson.

P. p.

The Parish of Kelr.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, James Barton Gass being a (1) Licentiate of the Royal College of Physicians and Surgeons, Edinr. and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Plea Lo[illegible] in the Cou[illegible] Dumfries separately from any other Medical Practit[illegible] visited and personally examined (4) Isabella Dickson an[illegible] the said Isabella Dickson is a (5) person [illegible] unsound mind and a proper Person to be de[illegible] under Care and Treatment, and that I have formed this opinion upon the foll[illegible] grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She gives no answer in reply to any questions I put [illegible] Covers her face and head with the bedclothes Resists when I attempt to feel her pulse or [illegible] 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) Is very restless, uses violence towards [illegible] friends & is quite unmanageable (Information from M. I. B. Dickson & others)

Name and Medical Designation, James Barton Gass Physician & Surgeon

Place of Abode, Ecclefechan

DATED this 30th day of May One thousand [illegible] hundred and eighty one

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, William Carruthers being a (1) Lic Roy Coll Phys Edinr & Lic Fac Phys & Su[illegible] Glasgow — and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Plea Lodge in the Parish of Hoddom in the County Dumfries separately from any other Medical Practitio[illegible] visited and personally examined (4) Isabella Dickson, Plea [illegible] Hoddom and [illegible] the said Isabella Dickson is a (5) person [illegible] unsound mind and a proper person to be detai[illegible] under Care and Treatment, and that I have formed this opinion upon the follow[illegible] grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She refuses speak; won't allow herself to be seen or touch[illegible] uses violence if any one removes the bed clothes from off her head - is dirty in [illegible] habits; & has a very excited look

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) From Jane D. Armstrong - Patient is [illegible] in the early mornings; threatens to do her[illegible] to her attendants -

Name and Medical Designation, William Carruthers

Place of Abode Kirkpatrick Fleming

DATED this 30th day of May One thousand eig[illegible] hundred and eighty one

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, James Barton Gass being (1) a Licentiate of Royal Coll of Physicians Edin hereby certify, on soul and conscience, that I have this day, at (2) Rea Lodge in the County of Dumfries, seen and personally examined Isabella Dickson, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

Poor

And I further certify that the case of the said person is one of Emergency.

James Barton Gass

DATED this 30th day of May One thousand eight hundred and eighty one

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Mary J. K. Dickson, Rea Lodge Moddam Certificates under the hands of James Barton Gass and William Carruthers, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Isabella Dickson Rea Lodge Moddam (Petitioner's guest) and that the said Isabella Dickson is a (5) person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Isabella Dickson as a Patient into the (6) Public Asylum of Crichton Institution and I authorize the Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Isabella Dickson which accompanied the said Petition.

DATED this Thirty first day of May One thousand eight hundred and eighty one.

David Boyle Hope

To the Superintendent of the (7) Public *Asylum of* Crichton Royal Institution Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

The Parish of Weir.

1708 Sent

Isabella Dickson

31st May

1881

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff ~~of the (2) Shire~~ of Dumfries Galloway *and his Substitutes,*—

The Petition of James Wilkie Moir, Inspector of Poor for the Parish of Keir humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Margaret Carruthers ——— 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 Carruthers ——— to the Southern Counties Asylum, and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

James Wilkie Moir

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this third (4) day of June One thousand eight hundred and eighty one.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Margaret Carruthers
2. Sex and Age,	Female – 31 years.
3. Married, Single, or Widowed,	Widowed.
4. Condition of Life, and previous Occupation (if any),	Pauper – formerly Farm Servant
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Keir Village – Parish of Keir.
7. Place where Found and Examined,	Isle Cottages – Parish of Holywood.
8. Length of time Insane,	About one year.
9. Whether First Attack,	No. 2
10. Age (if known) on First Attack,	30 years.
11. When and where previously under Examination and Treatment,	At Mouswald. Southern Counties Asylum from 14th June 1880 to 26th March 1881.
12. Duration of Existing Attack,	a few days.
13. Supposed Cause,	State of physical health.
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,	Parish of Keir
18. Date of becoming Chargeable,	23rd November 1872.
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Thomas Mitchell, Park Place, Lockerbie. (Brother)
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this third day of June One thousand eight hundred and eighty one

(*To be signed by Party applying*) James Wilkie Moir. P. p.
Inspector of Poor for the Parish of Keir.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Logan being a (1) Doctor of Medicine of the University of [illegible] and a Licentiate of the Faculty of Physicians & Surgeons [illegible] and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) The Isle Cottage Parish of Holywood in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Margaret Carruthers, a pa[illegible] residing at Isle Cottages, parish of Holywood and th[illegible] the said Margaret Carruthers is a (5) person of [illegible] mind and a proper Person to be detain[illegible] under Care and Treatment, and that I have formed this opinion upon the followi[illegible] grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) states that he [illegible] with whom she lives refuse to supply her [illegible] and that they and others are conspiring to de[illegible] her of her furniture and to deprive her of her [illegible]

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her brother-in-law James Wilson informs me that [illegible] threatens to commit suicide, that she refuses [illegible] food and that she was formerly in the Asy[illegible]

Name and Medical Designation, Thomas Logan [illegible]

Place of Abode, Thorpont Dumfriesshire

DATED this third day of June One thousand eig[illegible] hundred and eighty one years

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, John Smith being a (1) Graduate in Medicine of Edinburgh [illegible] and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) The Southern [illegible] Asylum in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Margaret Carruthers. [illegible] Cottage, Holywood. a Pauper and th[illegible] the said Margaret Carruthers is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Her delusion [illegible] States that lately she has led a very uncom[illegible] life owing to the people threatening to take her ch[illegible] from her & to deprive her of her furniture & a hou[illegible]

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her brother-in-law James Wilson informs me [illegible] last night she threatened to commit suicide, that she [illegible] times refuses to take food & that she requires constant watching

Name and Medical Designation, John Smith M.[illegible]

Place of Abode 14 Castle St Dum[illegible]

DATED this Third day of June One thousand eight hundred and eighty one years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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 Logan
being (1) Doctor of Medicine &c
hereby certify, on soul and conscience, that I have this day, at (2) The Isle Cottages, Holywood
in the County of Dumfries, seen and personally examined
Margaret Carruthers, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Thomas Logan M.D. &c

Dated this third day of June One thousand eight
hundred and eighty one years

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, George Whitelaw — (3) Honorary Sheriff Substitute
of the (4) County of Dumfries,
having had produced to me, with a Petition at the instance of (5) James Wilkie Mair,
Inspector of Poor, Kirkmichael,
Certificates under the hands of Thomas Logan
and John Smith, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (6) Margaret Carruthers Kirkmichael Isle Cottages, Holywood (a Pauper) and that the said Margaret Carruthers, is a (7) person of unsound mind,

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Margaret Carruthers, — as a Patient into the (8) Public — Asylum of Southern counties, and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Margaret Carruthers, — which accompanied the said Petition.

Dated this Fourth day of June, — One thousand eight
hundred and eighty one.

Geo Whitelaw
Hony. S.S.

To the Superintendent of the (9) Public
Asylum of Southern counties,
Dumfries.

(3) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(4) State whether a County or Stewartry.
(5) Insert Name and Designation.
(6) Describe him, and if a Pauper, state so.
(7) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(8) Public, District, Parochial, or Private.
(9) Public, District, Parochial, or Private.

2

456 Sent

Margaret Carruthers

3rd June

1881

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) Dumfries and Galloway and his Substitutes,—

The Petition of James Mc Murray farmer Port o Spittal humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Mc Murray your Petitioner's (3) son is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said John Mc Murray to the Crichton Royal Institution Dumfries and to sanction his admission into the the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

James Mc Murray

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Seventh (4) day of June One thousand eight hundred and eighty one

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	John Mc. Murray
2. Sex and Age,	Male. Twenty-eight years
3. Married, Single, or Widowed,	single.
4. Condition of Life, and previous Occupation (if any),	Farmer
5. Religious Persuasion, so far as known,	Reformed Presbyterian. Stranraer do. do.
6. Previous Place of Abode,	do.
7. Place where Found and Examined,	8 days.
8. Length of time Insane,	yes.
9. Whether first Attack,	
10. Age (if known) on first Attack,	8 days
11. When and where previously under Examination and Treatment,	bodily ailment
12. Duration of existing Attack,	no
13. Supposed Cause,	a tendency towards it
14. Whether subject to Epilepsy,	rather.
15. Whether Suicidal,	
16. Whether Dangerous to others,	
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Thos. McCracken Aird Stranraer
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	No.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Seventh day of June One thousand eight hundred and eighty one

(*To be signed by Party applying*) James Mc Murray

P. T.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

I, the undersigned, David Easton
being a (1) Doctor of medicine & Licentiate of the Royal Colleges of Surgeons Edin
and being in actual practice as a (2) General practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Port o Spittal ~~Portpatrick~~ Stoneykirk in the County of Wigtown
separately from any other Medical Practitioner, visited and personally examined (4) John Mc Murray. Farmer Portospittal
and that the said John Mc Murray is a (5) person of unsound mind
and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He suffers from a variety of delusions & hallucinations. Says the Judgement is come that the Papists are killing all the Christians that he can through the air to escape that they are passing his life accusing him of murder that if he eats he will be hanged at the end of the world that the doctors & others are plotting against him he is at times sullen & refuses to answer questions at other times laughing crying & has a wild unnatural stare

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His father & mother James & Elizabeth M[illegible] say he has turned quite against them. He refuses to take food from them for fear that it is poisoned & sometimes would threaten them with violence. This morning on rising out of the bed he has tried to strike his head against the bed. That he has tried to come from them & begged that he implores his father to flee with him to escape being murdered &c &c.

(8) *Name and Medical Designation.*

David Easton M[illegible]

Place of Abode. Stranraer

DATED this Seventh day of June One thousand eight hundred and eighty one.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

I, the undersigned, Hugh Cochrane
being a (1) Licentiate of the Royal College of Physicians & ~~the Licentiate of the Faculty of Physicians & Surgeons~~ Edin
and being in actual practice as a (2) general practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Port o Spittal Stoneykirk Leighouse in the County of Wigtown
separately from any other Medical Practitioner, visited and personally examined (4) John McMurray farmer Port o Spittal
and that the said John McMurray is a (5) person of unsound mind
and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Has a very excited appearance, and looked at me as if I were about to do something to him. Had considerably difficulty in getting answers to my questions. Says he has taken too much medicine. Says some of the [illegible] left his stomach travels to his head. Feels his

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) His father says that he complains of all in the house plotting against him. He says the next day is the judgment day and that all Christians are being killed. Smashes his head against the wall wishing to destroy himself. Would not go out a drive unless he had his family Bible with him. Has gone out of the house quite [illegible]

(8) *Name and Medical Designation.*

Hugh Cochrane LRCS

Place of Abode. Stranaer

DATED this Seventh day of June One thousand eight hundred and eighty one

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Peter MacLean Esquire (1) Sheriff Substitute
of the (2) County of Wigtown
having had produced to me, with a Petition at the instance of (3) James McMurray, farmer Port O Spittal Parish of Stoneykirk
Certificates under the hands of David Easton, Doctor of Medicine Stranraer
and Hugh Cochrane Surgeon there, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) John McMurray farmer Port O Spittal and that the said John McMurray is a (5) person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said John McMurray as a Patient into the (6) Public Asylum of Crichton Royal Institution Dumfries and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said John McMurray which accompanied the said Petition.

DATED this Eighth day of June One thousand eight hundred and eighty one

P. MacLean Sher. Sub.

To the Superintendent of the (7) Public
Asylum of Crichton Royal Institution
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

9

1709 Sent

John W. Murray

8th June

1881

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Sheriff or Steward. Shire or Stewartry.

Unto the Honourable the (2) Sheriff ~~of the (2)~~ of Dumfries Galloway — *and his Substitutes*—

The Petition of William Wilson, Inspector of Poor, Holywood, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James McNaught your Petitioner's (3) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said James McNaught to the Southern Counties Asylum and to sanction his admission into the said Asylum.

State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

William Wilson

The date of the Petition must be within four-lies clear days following the dates of the Medical Certificates.

Dated this Eleventh (4) day of June One thousand eight hundred and Eighty One. Years.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1 Christian Name and Surname of Patient at length,	James McNaught
2 Sex and Age,	Male. 62.
3 Married, Single, or Widowed,	Widower
4 Condition of Life, and previous occupation (if any),	Letter Carrier
5 Religious Persuasion, so far as known,	Established Church of Scotland
6 Previous Place of Abode,	Holywood Village, Dumfriesshire
7 Place where Found and Examined,	Holywood Village
8 Length of time Insane,	8 days
9 Whether first Attack,	Yes
10 Age (if known) on first Attack,	62.
11 When and where previously under Examination and Treatment,	—
12 Duration of existing Attack,	8 days.
13 Supposed Cause,	None.
14 Whether subject to Epilepsy,	No
15 Whether Suicidal,	Yes
16 Whether Dangerous to others,	Yes.
17 Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Holywood Parish
18 Date of becoming Chargeable,	June 10th 1881.
19 Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	James McNaught, Son. Holywood Village. No.
20 Special circumstances (if any) preventing the insertion of any of the above particulars,	None

I certify that, to the best of my knowledge, the above particulars are correctly stated.

Dated this Eleventh day of June One thousand eight hundred and Eighty One.

(*To be Signed by Party applying*) William Wilson, Inspector of Poor

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, John Smith being a (1) Graduate in Medicine of Edinburgh [illegible] and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Holywood [illegible] Dumfries in the Cou[illegible] separately from any other Medical Practit[illegible] visited and personally examined (4) James McNaught. Latter [illegible] Holywood Village. Pauper and the said James McNaught is a (5) person of unsound mind and a proper person to be det[illegible] under Care and Treatment, and that I have formed this opinion upon the foll[illegible] grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) His restless [illegible] appearance & delusions. Imagines that everything [illegible] wrong with him. Tells me that he has had thoughts making away with himself & that he can scarcely [illegible] himself from injuring the children

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His daughter informs me that he [illegible] several times threatened to kill the child[illegible]

Name and Medical Designation, John Smith M.D.

Place of Abode, 14 Castle St. Dumfries

DATED this 10th day of June One thousand [illegible] hundred and 81 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, Willeadie Marshall being a (1) Graduate of the faculty of Physicians & Surg[illegible] Glasgow and College of St Andrews and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Asylum Dumfries in the Count[illegible] Dumfries separately from any other Medical Practiti[illegible] visited and personally examined (4) James McNaught and the said James McNaught is a (5) person of unsound mind and a proper person to be deta[illegible] under Care and Treatment, and that I have formed this opinion upon the follo[illegible] grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Seems in a most melancholy state. Attributes all his misfortunes his own imaginary god deed is in great fear for the safety of his soul &c &c

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) The Inspector of his parish Mr Wilson, [illegible] that he had been threatening the lives of his [illegible]

Name and Medical Designation, W Marshall M.D. &c

Place of Abode, Buccleuch St Dumfries

DATED this 18th day of June One thousand [illegible] hundred and eighty one years

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, William Marshall & Wallace of St Andrews being (1) graduate of the faculty of Physicians & Surgeons Glasgow hereby certify, on soul and conscience, that I have this day, at (2) Asylum in the County of Dumfries, seen and personally examined James McNaught, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Marshall M: D &c

DATED this 10th day of June One thousand eight hundred and eighty one years

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, (1) of the (2) having had produced to me, with a Petition at the instance of (3)

Certificates under the hands of and , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) and that the said is a (5)

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said as a Patient into the (6) Asylum of and I authorize Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said which accompanied the said Petition.

DATED this day of One thousand eight hundred and

To the Superintendent of the (7)
Asylum of

---

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, *or* an Insane Person, *or* an Idiot, *or* a Person of unsound mind.
(6) Public, District, Parochial, *or* Private.
(7) Public, District, Parochial, *or* Private.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1)
of *of the* (2)
and his Substitutes,—

The Petition of

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that

(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 to the and to sanction admission into the said Asylum.

(4) The date of the petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this (4) day of One thousand eight hundred and

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,
2. Sex and Age,
3. Married, Single, or Widowed,
4. Condition of Life, and previous Occupation (if any),
5. Religious Persuasion, so far as known,
6. Previous Place of Abode,
7. Place where Found and Examined,
8. Length of time Insane,
9. Whether First Attack,
10. Age (if known) on First Attack,
11. When and where previously under Examination and Treatment,
12. Duration of Existing Attack,
13. Supposed Cause,
14. Whether subject to Epilepsy,
15. Whether Suicidal,
16. Whether Dangerous to others,
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,
18. Date of becoming Chargeable,
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,
20. Special circumstances (if any) preventing the insertion of any of the above particulars,

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this day of One thousand eight hundred and

(To be signed by Party applying)

P. p.

MEDICAL CERTIFICATE, No. I.

I, the undersigned,
being a (1)

and being in actual practice as a (2)
hereby certify, on soul and conscience, that I have this day, at (3)
in the County
separately from any other Medical Practitioner,
visited and personally examined (4)
and
the said is a (5)
and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6)

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, _____

Place of Abode, _____

DATED this day of One thousand eight
hundred and

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

MEDICAL CERTIFICATE, No. II.

I, the undersigned,
being a (1)

and being in actual practice as a (2)
hereby certify, on soul and conscience, that I have this day, at (3)
in the County
separately from any other Medical Practitioner,
visited and personally examined (4)
and
the said is a (5)
and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6)

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, _____

Place of Abode _____

DATED this day of One thousand eight
hundred and

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Dated this day of , One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Stope ——— (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) William Wilson,
Inspector of Poor, Hollywood
Certificates under the hands of John Smith
and William Marshall ———, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) James McDougall, Letter Carrier Hollywood Village (a Pauper) and that the said James McDougall, ——— is a (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 McDougall ——— 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 James McDougall, ——— which accompanied the said Petition.

Dated this thirteenth day of June, ——— One thousand eight hundred and eighty one.

David Boyle Stope

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

457 Cent

James McNaught.

11th June

1881

34 & 35 Victoria, Cap 55, Sec. 6.

PETITION to the Sheriff to grant order for the reception of John William Paterson a Prisoner in the Prison of Kirkcudbright into the District Asylum at Dumfries

UNTO the Honourable the Sheriff of ~~the County of Kirkcudbright~~ Dumfries and Galloway and his Substitutes. for the Stewartry of Kirkcudbright

The PETITION of Donald Reid

Governor of the Prison of Kirkcudbright 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 John William Paterson presently confined in the said Prison of Kirkcudbright is insane.

May it therefore please your Lordship by a Warrant under your hand to order the said John William Paterson to be removed from the said Prison of Kirkcudbright to the District Lunatic Asylum at Dumfries and to sanction his admission into the said Asylum.

Donald Reid

Governor H. M. Prison.

Kirkcudbright

Dated this Eleventh day of June Eighteen Hundred and Eighty- one

James McNaught.

(1) Set forth the qualification entitling the person certifying to grant the Certificate, e.g., being a Member of the Royal College of Physicians in Edinburgh.

(2) Physician, Surgeon, or otherwise, as the case may be.

I, the undersigned[1] Wm S. S. Reid M.B. C.M.
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 H. M. Prison Kirkcudbright in the county of Kirkcudbright visited and personally examined John William Paterson presently a prisoner in the said Prison, and that, in my opinion, the said John Williams Paterson is insane

(3) Name and Medical designation.

(Signed)[3] W. S. S. Reid M.B. C.M.

Dated this South day of June One Thousand Eight Hundred and Eighty-One.

(1) Set forth the qualification entitling the person certifying to grant the Certificate, e.g., being a Member of the Royal College of Physicians in Edinburgh.

(2) Physician, Surgeon, or otherwise, as the case may be.

I, the undersigned[1] Wm Johnstone M.B. &c.
of the university of Edin., and being in actual Practice as a[2] general practitioner, do hereby certify, on soul and conscience, that I have this day, at H. M. Prison Kirkcudbright in the county of Kirkcudbright visited and personally examined John William Paterson presently a prisoner in the said Prison, and that, in my opinion, the said John William Paterson is insane.

(3) Name and Medical designation.

(Signed)[3] Wm Johnstone M.B. &c.

Dated this 11th day of June One Thousand Eight Hundred and Eighty-one.

I Alexander Nicolson. Sheriff Substitute of the Stewartry of Kirkcudbright having had produced to me. with a Petition at the instance of D[illegible] Reid. Governor of the Prison of Kirkcudbright. Certificates under the hands of William Swanston Spence Reid. and William Johnstone being two Medical Persons duly qualified in terms of an Act entitled "An Act for the Regulation of the care and Treatment of Lunatics and for the Provision. Maintenance. and Regulation of Lunatic Asylums in Scotland" setting forth that they had separately visited and examined John William Paterson. Medical Student. and that the said John William Paterson is an insane person and a proper person to be detained and taken care of. Do hereby authorize you to receive the said John William Paterson as a Patient into the District Lunatic Asylum at Dumfries and I authorize his transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates. and a Statement regarding the said John William Paterson which accompanied the said Petition.

Dated this Eleventh day of June. One thousand eight hundred and eighty one years.

Alex. Nicolson

To the Superintendent of the District Southern Counties Asylum at Dumfries.

a prisoner in the Prison of Kirkcudbright

Governor of the Prison Kirkcudbright 11th June 81

2/ 458 Send John William Paterson 11th June 81

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. Shire or Stewartry.

Unto the Honourable the (1) Sheriff of (2) ~~Kirkcudbright~~ Dumfries and Galloway *and his Substitutes,—*

The Petition of James Rae Bus Driver
~~Kirkpatrick Durham~~

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Thomas Turner

(3) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (3) Uncle in Law is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Thomas Turner to the Southern Counties Asylum and to sanction his admission into the said Asylum.

James Rae

(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 June One thousand eight hundred and Eighty one

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Thomas Turner
2. Sex and Age,	Male 4/6
3. Married, Single, or Widowed,	Widower
4. Condition of Life, and previous Occupation (if any),	Joiner
5. Religious Persuasion, so far as known,	Established Church
6. Previous Place of Abode,	Kirkpatrick Village
7. Place where Found and Examined,	Ditto
8. Length of time Insane,	Four weeks
9. Whether First Attack,	Second
10. Age (if known) on First Attack,	Not known
11. When and where previously under Examination and Treatment,	Southern Counties Four weeks
12. Duration of Existing Attack,	Four weeks
13. Supposed Cause,	Operation for Cancer
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Not a Pauper Kirkpatrick Durham
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known 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 Turner Sister Kirkpatrick Durham — No other insane
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 16th day of June One thousand eight hundred and Eighty one

(*To be signed by Party applying*) James Rae

P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, John Meggat being a (1) Graduate of Edinburgh University and being in actual practice as a (2) General Practitioner 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) Thomas Turner and that the said Thomas Turner is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, 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 easily excited when he becomes quite furious talks incoherently - does not know his neighbours

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) They can scarcely keep him in his never sleeps any without narcotics

Name and Medical Designation, John Meggat Mrs

Place of Abode, Kirkpatrick Durham

DATED this 16th day of June One thousand eight hundred and 81

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Walter Lorraine being a (1) Graduate of Edinburgh University and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Kirkpatrick Durham village in the County of Kirkcudbright separately from any other Medical Practitioner visited and personally examined (4) Thomas Turner and that the said Thomas Turner is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He talks incoherently and upon subjects of old date - He mistakes people of his acquaintance for old friends and neighbours

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) His neighbours say that he has been restraint several times for insanity He never sleeps without narcotics

Name and Medical Designation, Walter Lorraine

Place of Abode Castle Douglas

DATED this 15th day of June One thousand eight hundred and 81

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope — (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) James Rae
Bus Driver Kirkpatrick-Durham
Certificates under the hands of John Meggat
and Walter Lorraine, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Thomas Turner, Joiner, Kirkpatrick-Durham (Petitioners Uncle) and that the said Thomas Turner — is a (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 Turner as a Patient into the (6) Public — Asylum of Southern Counties and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Thomas Turner, which accompanied the said Petition.

DATED this Sixteenth day of June, — One thousand eight hundred and eighty one.

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, *or* an Insane Person, *or* an Idiot, *or* a Person of unsound mind.
(6) Public, District, Parochial, *or* Private.
(7) Public, District, Parochial, *or* Private.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, John Paterson Lewis, M.D., being a (1) Graduate of the University of Glasgow, and being in actual practice as a (2) General practitioner hereby certify, on soul and conscience, that I have this day, at (3) Steedstone parish of Urr, in the County of Kirkcudbright, separately from any other Medical Practitioner visited and personally examined (4) Janet Bryden, Domestic Servant residing now at Steedstone, Urr, and that the said Janet 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)

Talked in a most voluble and incoherent manner — swore profane oaths, — Danced about the bed & floor of the room in her night shirt — said she saw a man come down the chimney — Was violent in her conduct generally —

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Her Nephew, William Bryden, told me that she last night bit him with her teeth; and knocked about roughly and threatened to smash things.

Name and Medical Designation, John Paterson Lewis, M.D.

Place of Abode, Alma, Dalbeattie,

DATED this Sixteenth day of June One thousand eight hundred and Eighty one —

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Robert McKuchar, M.B. being a (1) Graduate of the University of Edinburgh and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Steedstone parish of Urr in the County of Kirkcudbright separately from any other Medical Practitioner visited and personally examined (4) Janet Bryden a domestic Servant and that the said Janet 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) Talks incoherently, Is violent, Can answer no question rationally, Is profane in her language

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Has been violent, Sleepless, Constantly talks about imaginary Objects, Her Nephew Wm Bryden is my informant.

Name and Medical Designation, Robert McKuchar

Place of Abode Dalbeattie

DATED this Sixteenth day of June One thousand eight hundred and Eighty one

No. I.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of
, seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute,
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) William Bryden,
Headstone Dalbeattie
Certificates under the hands of Wm Paterson Lewis
and Robert M'Farlane, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Bryden Domestic Servant Headstone Dalbeattie (Wife and) and that the said Janet Bryden is a (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 Bryden as a Patient into the (6) Public Asylum of Southern Counties and I authorize the Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Janet Bryden, which accompanied the said Petition.

DATED this Seventeenth day of June One thousand eight hundred and eighty one.

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of
Southern Counties
Dumfries.

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

Janet Bryden
16th June 81

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., 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) Dumfries ~~shire~~ & of Galloway ——— *and his Substitutes,*—

The Petition of John Hutton, Inspector of Poor, Parton, ~~Kirkcudbrightshire~~ humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that William Thomson, ———, your Petitioner's (2) Pauper, ——— is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said William Thomson ——— to the Southern Counties Asylum ——— and to sanction his admission into the said Asylum.

(2) State degree of relationship or other circumstance in which Petitioner stands to Lunatic.

John Hutton, Insp^r of Poor

(3) The date of the Petition must be within fourteen clear days preceding the dates of the Medical Certificates.

DATED this Seventeenth (3) day of June ——— One thousand eight hundred and Eightyone.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1 Christian Name and Surname of Patient at length,	William Thomson.
2 Sex and Age,	Male, 28 Years
3 Married, Single, or Widowed,	Single.
4 Condition of Life, and previous Occupation (if any),	Joiner, Journeyman,
5 Religious Persuasion, so far as known,	Protestant
6 Previous Place of Abode,	Barnbarroch, Colvend,
7 Place where Found and Examined,	Parton Village,
8 Length of time Insane,	4 days,
9 Whether first Attack,	First
10 Age (if known) on first Attack,	———
11 When and where previously under Examination and Treatment,	———
12 Duration of existing Attack,	4 days,
13 Supposed Cause,	Supposed love case,
14 Whether subject to Epilepsy,	No.
15 Whether Suicidal,	not at present
16 Whether Dangerous to others,	yes. to his relations
17 Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Parton,
18 Date of becoming Chargeable,	14th June 1881
19 Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	John Thomson, joiner, Parton, Father No.
20 Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Seventeenth day of June ——— One thousand eight hundred and Eightyone

(*To be signed by Party applying*) John Hutton,

P. P

Parish Register
16th June 81

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Walter Lorraine
being a (1) Graduate of Edinburgh University
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Parton
Kirkcudbright in the Cou
separately from any other Medical Practi
visited and personally examined (4) William Thomson Pau
the said William Thomson is a (5) person
unsound mind and a proper person to be de
under Care and Treatment, and that I have formed this opinion upon the foll
grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
Talks incoherently - He does not
where he is and seems to forget
most recent incident

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
His friends say he talks about
hearing about and other matters
wholly imaginary

Name and Medical Designation, Walter Lorraine

Place of Abode, Castle Douglas

DATED this Seventeenth day of June — One thousand
hundred and eighty one

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Richard B. Lorraine
being a (1) Graduate of Edinburgh University
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Parton
in the Cou
Kirkcudbright separately from any other Medical Practiti
visited and personally examined (4) Wm Thomson Pauper
and
the said William Thomson is a (5) person
of unsound mind and a proper person to be deta
under Care and Treatment, and that I have formed this opinion upon the follo
grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
He is very restless - thought I was his brother
Came from America - Continually talks about a Spirit medium
thought I was one - Speaks of being divided between two
through the influence of Spirits - he will not take any medi
Is very obstinate

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
His Father says he is very noisy - wanting to go
the house - does not believe he is in his Father
Two or three days ago he stopped a horse and machine
public road without any cause

Name and Medical Designation, R.B. Lorraine M.

Place of Abode, Castle - Douglas

DATED this seventeenth day of June — One thousand ei
hundred and eighty one

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope, — (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) John Stutton, Inspector of Poor Parton
Certificates under the hands of Walter Lorraine,
and Richard B. Lorraine, , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) William Thomson, Journeyman Joiner, Parton Village (a Pauper) and that the said William Thomson, — is a (5) person of unsound mind,
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said William Thomson as a Patient into the (6) Public Asylum of Southern Counties, and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said William Thomson, — which accompanied the said Petition.

DATED this Seventeenth day of June — One thousand eight hundred and eighty one.

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of Southern Counties,
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2
461 Sent

William Thomson

17th June 1881

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Dumfries ~~of~~ and Galloway *and his Substitutes,*—

The Petition of James Kelly, Inspector of Poor Parish of Shawmer humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Watt a pauper residing ~~your Petitioner's~~ (3) in Wigtownshire Poor House is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said John Watt to the Southern Counties Asylum and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other [illegible] in which Petitioner stands to Lunatic.

James Kelly

(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 July One thousand eight hundred and eighty one.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1	Christian Name and Surname of Patient at length,	John Watt
2	Sex and Age,	male - 63
3	Married, Single, or Widowed,	widowed
4	Condition of Life, and previous Occupation (if any),	Labourer
5	Religious Persuasion, so far as known,	Protestant
6	Previous Place of Abode,	Shawmer
7	Place where Found and Examined,	Wigtownshire Poor House
8	Length of time Insane,	Not Known
9	Whether First Attack,	yes
10	Age (if known) on First Attack,	—
11	When and where previously under Examination and Treatment,	Never before under treatment
12	Duration of Existing Attack,	Not Known
13	Supposed Cause,	Not Known
14	Whether subject to Epilepsy,	no
15	Whether Suicidal,	yes
16	Whether Dangerous to others,	Doubtful.
17	Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Shawmer
18	Date of becoming Chargeable,	4th July 1884
19	Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Has sons in Glasgow address not known
20	Special circumstances (if any) preventing the insertion of any of the above particulars,	—

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this fourth day of July One thousand eight hundred and eighty one.

(*To be signed by Party applying*) James Kelly

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, David Easton - Stranraer being a (1) Doctor of Medicine and Licentiate of the Royal College of Surgeons Edinburgh and being in actual practice as a (2) General practitioner hereby certify, on soul and conscience, that I have this day, at (3) the Mylne Parkhouse - Stranraer - in the County of Wigtown separately from any other Medical Practitioner visited and personally examined (4) John Watt an inmate of the Poorhouse - the said John Watt is a (5) person of unsound mind - and a proper Person to be detained under Care and Treatment, 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 always walking up & down the wards with hasty & unsteady steps, taking notice of any one, frequently stops to laugh, talks to himself, answers questions abruptly & is contradictory in his statements, becomes very excitable in a good & angry mood, says he is proof against all evil, & his habits are those of a wild animal. Stares & has a wild appearance. Keeps his eyes downcast at times & has a wild appearance. Keeps his eyes downcast at times & has a wild appearance. Keeps his eyes downcast at times

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Peter Mackean Esquire (1) Sheriff Substitute of the (2) County of Wigtown having had produced to me, with a Petition at the instance of (3) James Dally Inspector of Poor of the parish of Stranraer Certificates under the hands of David Easton Doctor of Medicine and Hugh Cochrane Surgeon, both in Stranraer, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) John Watt an inmate of Wigtownshire Parkhouse and that the said John Watt is a (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 Watt as a Patient into the (6) Public Asylum of Southern Counties Dumfries and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said John Watt which accompanied the said Petition.

DATED this fourth day of July One thousand eight hundred and eighty one

P. Mackean Sh. Sub

M.J.

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

462

John Watt.
Sent

4th July
1881 Sent

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

...eriff or Steward. ...fre or Stewartry.

Unto the Honourable the (1) Sheriff ~~of the (2) County~~ of Dumfries & Galloway and his Substitutes,—

The Petition of Angus Ross, Coachman, Moffat, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Jane Proudfoot or Ross your Petitioner's (3) Wife is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Jane Proudfoot or Ross to the Southern Counties Asylum and to sanction her admission into the said Asylum.

(3) State degree of ...onship or other ...ty in which Peti... stands to Luna...

Angus Ross his mark +

Witness Robert Thomson Forbes
" Wm D'Ayly Grange

(4) The date of the ...a must be with... ...teen clear days ...ing the dates of ...edical Certifi...

DATED this fifth (4) day of July One thousand eight hundred and eighty one.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. ...hristian Name and Surname of Patient at length,	Jane Proudfoot or Ross
2. ...ex and Age,	Female
3. ...arried, Single, or Widowed,	Married
4. ...ondition of Life, and previous Occupation (if any),	Married
5. ...eligious Persuasion, so far as known,	Protestant
6. ...revious Place of Abode,	Glasgow
7. ...lace where Found and Examined,	Hydropathic Cottages. Moffat
8. ...ength of time Insane,	Two weeks
9. ...hether First Attack,	First attack
10. ...ge (if known) on First Attack,	Thirty six
11. ...hen and where previously under Examination and Treatment,	—
12. ...uration of Existing Attack,	Two weeks
13. ...pposed Cause,	Warran
14. ...hether subject to Epilepsy,	No
15. ...hether Suicidal,	No
16. ...hether Dangerous to others,	No
17. ...arish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
18. ...ate of becoming Chargeable,	
19. ...ristian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	John Proudfoot & Mrs Proudfoot Father & Mother Townfoot Moffat No member of Family known to be insane
20. ...ecial circumstances (if any) preventing the insertion of any of the above particulars,	—

...certify, that, to the best of my knowledge, the above particulars are correctly stated.

...ATED this fifth day of July One thousand eight hundred and eighty one

(*To be signed by Party applying*) Angus Ross his mark +

Witness Robert Thomson Forbes
" Wm D'Ayly Grange

John Wall
4th July

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, *or* an idiot, *or* a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Robert Thomson Forbes being a (1) Bachelor of Medicine & Master in Surg

and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Hydropathic Cottages Moffat Dumfries in the County separately from any other Medical Practitioner visited and personally examined (4) Mrs Ross

the said Mrs Ross 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)
In a very excited State & states that there around her have attempted to murder her & that the house is full of murderers.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
by excited that she can hardly be restrained

Name and Medical Designation, Robert Thomson Forbes

Place of Abode, Hydropathic Establishment

DATED this fifth day of July One thousand hundred and eighty one.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, or an idiot, *or* a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Wm D'Orsay Grange being a (1) Doctor of Medicine & Master in Surgery

and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Hydropathic Cottages, Moffat Dumfries in the County separately from any other Medical Practitioner visited and personally examined (4) Mrs Ross

the said Mrs Ross 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) Restless wandering aimlessly about - fancying that people are looking in at the window

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
fancying that she is going to be shot &c.

Name and Medical Designation, Wm D'Orsay Grange

Place of Abode Maustica House,

DATED this fifth day of July One thousand eight hundred and eighty one.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Robert Thomson Forbes being (1) a Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (2) Moffat in the County of Dumfries, seen and personally examined Mrs Ross, and that the said person is of unsound mind, and 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 Thomson Forbes

DATED this fifth day of July One thousand eight hundred and eighty one

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Angus Ross, Coachman Moffat Certificates under the hands of Robert Thomson Forbes and Wm D'Oyly Grange, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Jane Proudfoot or Ross, Hydropathic Cottage and that the said Jane Proudfoot or Ross, is a (5) insane person, Moffat, (Petitioner's wife) and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Jane Proudfoot or Ross as a Patient into the (6) Public Asylum of Southern Counties and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Jane Proudfoot or Ross which accompanied the said Petition.

DATED this Sixth day of July One thousand eight hundred and eighty one. one word deleted.

David Boyle Hope

To the Superintendent of the (7) Public *Asylum of* Southern Counties Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, *or* an Insane Person, *or* an Idiot, *or* a Person of unsound mind.
(6) Public, District, Parochial, *or* Private.
(7) Public, District, Parochial, *or* Private.

2
463

Jane Proudfoot
or Ross
6th July 1881
Sent.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

...eriff or Steward. ...ire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Dumfries & Galloway *and his Substitutes,*—

The Petition of Robert Kennedy, Newland Stockmaker

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Gillison, Isle Steps Troqueer

(3) State degree of ...ship or other ...y in which Peti... stands to Luna...

your Petitioner's (3) uncle

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said John Gillison to the Crichton Royal Institution and to sanction his admission into the the said Asylum.

Robert Kennedy

(4) The date of the ...n must be with... ...teen clear days ...ng the dates of ...edical Certifi...

Dated this 10th (4) day of July One thousand eight hundred and eighty one

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

...ristian Name and Surname of Patient at length,	John Gillison
...x and Age,	Male 82 years
...arried, Single, or Widowed,	Widower
...ndition of Life, and previous Occupation (if any),	Farmer
...eligious Persuasion, so far as known,	Protestant
...revious Place of Abode,	Isle Steps, Parish of Troqueer
...ace where Found and Examined,	Do
...ength of time Insane,	Several times in the Crichton
...hether first Attack,	No
...ge (if known) on first Attack,	23 years
...hen and where previously under Examination and Treatment,	Crichton Institution
...uration of existing Attack,	10 days
...pposed Cause,	not known
...hether subject to Epilepsy,	no
...hether Suicidal,	no
...hether Dangerous to others,	no
...arish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
...ate of becoming Chargeable,	
...ristian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Thomas Gillison Lincoln Brother no.
...ecial circumstances (if any) preventing the insertion of any of the above particulars,	

...certify that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 10th day of July One thousand eight hundred and eighty one

(*To be signed by Party applying*) Robert Kennedy

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Alexander Dale Mac
being a (1) Graduate of Edinburgh Univ
and being in actual practice as a (2) General practitio
hereby certify, on soul and conscience, that I have this day, at (3) Lele
in the C
separately from any other Medical Pra
visited and personally examined (4) John Gillison
residing
the said John Gillison is a (5) Lun
Unsound Mind and a proper person to be
under Care and Treatment, and that I have formed this opinion upon the
grounds, viz.:—

(1) *State the facts.*

1. Facts indicating Insanity observed by myself: (1) has al
Wont - buying useless property and co
and is excitable and has been
Crichton Institution Dumfries
2. Other facts (if any) indicating Insanity communicated to me by others:
Is sent by our Medical Attend
informs me that he has delusions
buying useless land and is very a

(2) *State the information, and from whom derived.*

Name and Medical Designation, A D MacDonald

Place of Abode, 18 Castle St Dumfries

DATED this 10th day of July One thousand
hundred and eighty one

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Thomas Ferguson
being a (1) Graduate of Edinburgh University
and being in actual practice as a (2) General practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Crichton
Royal Institution
Dumfries in the Co
separately from any other Medical Pract
visited and personally examined (4) John Gillison
at
the said John Gillison is a (5) Insane
Unsound Mind and a proper person to be de
under Care and Treatment, and that I have formed this opinion upon the fol
grounds, viz.:—

(1) *State the facts.*

1. Facts indicating Insanity observed by myself: (1)
He seems excitable & talks continuous
but somewhat disconnectedly -
He talks of buying landed property &
houses for which he has no use
2. Other Facts (if any) indicating Insanity communicated to me by others: (

(2) *State the information, and from whom derived.*

By ~~himself~~ the Officials of the Crichton Institution That he has been
Institution suspect
Name and Medical Designation, Thomas Ferguson M

Place of Abode, 32 Castle St Dumfries

DATED this tenth day of July One thousand
hundred and eighty one

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, Alexander Dall MacDonald being (1) graduate of Edinburgh University &c hereby certify, on soul and conscience, that I have this day, at (2) Islesteps in the County of Kirkcudright, seen and personally examined John Gillison Islesteps Troqueer, and that the said John Gillison person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

A D MacDonald MD

DATED this 10th day of July One thousand eight hundred and eighty one

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, George Whitelaw, Honorary—(1) Sheriff Substitute, of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) Robert Kennedy, Newlands, Kirkmahoe, Certificates under the hands of Alexander Dall Macdonald, and Thomas Fergusson, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) John Gillison Islesteps Troqueer (Petnrs. Uncle)—and that the said John Gillison is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said John Gillison as a Patient into the (6) Public Asylum of Crichton Royal Institution and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said John Gillison which accompanied the said Petition.

DATED this eleventh day of July One thousand eight hundred and eighty one years.

Geo. Whitelaw

To the Superintendent of the (7) Public
Asylum of Crichton Royal Institution.
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1711

John Gillison

10th July 1881

Lens

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 McGregor Kilwinning Ayrshire humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that your Petitioner's (3) Wife Lillian P. McGregor Hamilton or W. McG. is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Lillian Hamilton or McGregor to the Sotherwe Counties Asylum and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other Authority in which Petitioner stands to Lunatic.

William McGregor

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 12th (4) day of July One thousand eight hundred and 81

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1	Christian Name and Surname of Patient at length,	Lillian Hamilton or McGregor
2	Sex and Age,	Female 25 years
3	Married, Single, or Widowed,	Married
4	Condition of Life, and previous Occupation (if any),	Kept House
5	Religious Persuasion, so far as known,	Protestant
6	Previous Place of Abode,	Kilwinning
7	Place where Found and Examined,	Dumfries
8	Length of time Insane,	3 days
9	Whether First Attack,	Yes
10	Age (if known) on First Attack,	25
11	When and where previously under Examination and Treatment,	Never & Nowhere
12	Duration of Existing Attack,	3 days
13	Supposed Cause,	Nursing Child
14	Whether subject to Epilepsy,	No
15	Whether Suicidal,	No
16	Whether Dangerous to others,	Yes
17	Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
18	Date of becoming Chargeable,	—
19	Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Wm. McGregor 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 12th day of July One thousand eight hundred and 81

(*To be signed by Party applying*) Wm McGregor

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Gerald Fitzgerald Thomas being a (1) Licentiate of Royal College of Physicians of Edinburgh and being in actual practice as a (2) Physician Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Number 4 Seven Brethren Street Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Lillias Hamilton or McGregor of Kilwinning. the said Lillias Hamilton or McGregor is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Reckless demeanour wild expression. dishevelled hair. Constant rambling purposeless talk. wants to go out & in cursing & using bad language — says her husband

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Husband states she has attempted to throw herself from a window & has not shewn any signs of reason for past three

Name and Medical Designation, Gerald Fitzgerald Thomas L.R.C.P. L.R.C.S. Edin.

Place of Abode, 14 Castle Street Dumfries

DATED this Twelfth day of July One thousand eight hundred and Eighty one years

---

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Thomas Ferguson being a (1) Graduate of Edinburgh University and being in actual practice as a (2) general practitioner hereby certify, on soul and conscience, that I have this day, at (3) 27 Buccleuch Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Lillias Hamilton or McGregor of Kelwinning the said Lillias Hamilton or McGregor is a (5) person of unsound Mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She is noisy - constantly talking; talks without any meaning in what she says. Restless & excited. Talks & shouts & if she does not have possession of her — Talks incoherently in rambling way

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) By her husband That she is noisy — unfit to be left alone. That she has twice recently harm by attempting to escape

Name and Medical Designation, Thomas Ferguson M.B.

Place of Abode 22 Castle Street Dumfries

DATED this twelfth day of July One thousand eight hundred and eighty one

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Gerald Fitzgerald Thomas being (1) member of Royal College of Physicians Surgeons Edinburgh hereby certify, on soul and conscience, that I have this day, at (2) Twenty Seven Broadcroft St. Dumfries in the County of Dumfries, seen and personally examined Lillias Hamilton or McGregor, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Gerald Fitzgerald Thomas Resident

DATED this twelfth day of July One thousand eight hundred and eighty one years.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute of the (2) County of Dumfries. having had produced to me, with a Petition at the instance of (3) William McGregor, Kilwinning Ayrshire Certificates under the hands of Gerald Fitzgerald Thomas 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) Lillias Hamilton or McGregor, Kilwinning Ayrshire, and that the said Lillias Hamilton or McGregor is a (5) person of unsound mind (Wife)

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Lillias Hamilton or McGregor as a Patient into the (6) Public Asylum of Southern Counties and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Lillias Hamilton or McGregor. which accompanied the said Petition.

DATED this twelfth day of July One thousand eight hundred and eighty one years.

David Boyle Hope

To the Superintendent of the (7) Public Asylum of Southern Counties, Dumfries.

---

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2464

Killias Hamilton
or McGregor

12th July
1881

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. Shire or Stewartry.

Unto the Honourable the (1) Sheriff of ~~Kirkcudbright~~ Galloway and his Substitutes.

The Petition of the Revd Alex^r Paterson, Dalry Galloway,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John William Paterson

(2) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (2) son (second surviving)

is at present in a state of Mental Derangement, and 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 William Paterson~~ the Revd Alex^r Paterson to the ~~Crichton Royal Institution for the Southern~~ Counties Asylum and to sanction his admission into the said Asylum.

Alex^r Paterson

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Eighteenth (3) day of July — One thousand eight hundred and eighty one

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	John William Paterson
2. Sex and Age,	Male – age 28+ – born 6th June 1853
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Medical Student
5. Religious Persuasion, so far as known,	U. P. Church in Scotland
6. Previous Place of Abode,	Dalry – Galloway
7. Place where Found and Examined,	Dalry – Examined in ~~Jurisdiction of Kirkcudbright~~ Dumfries &c.
8. Length of time Insane,	some two months
9. Whether First Attack,	yes, as far as known
10. Age (if known) on First Attack,	not quite 28?
11. When and where previously under Examination and Treatment,	In Kirkcudbright Prison after sentence on 17th May – since, examination in Southern Counties Asylum
12. Duration of Existing Attack,	During about two months perhaps
13. Supposed Cause,	Drinking to excess during several months
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	Not as far as known
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,	Revd Alex^r Paterson, U. P. Manse, Dalry, Galloway No one were before or after the said John William Paterson
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Eighteenth day of July One thousand eight hundred and 81

(*To be signed by Party applying*) Alex^r 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, Alexander Dow Agnew being a (1) Graduate of Edinburgh Univ

and being in actual practice as a (2) Physician & Surg

hereby certify, on soul and conscience, that I have this day, at (3) 16 Lo

Counties Asylum, Dumpries in the C

Dumpries separately from any other Medical Prac

visited and personally examined (4) John William Pa

Medical Student and

the said John William Paterson is a (5) a lun

insane mind and a proper Person to be

under Care and Treatment, and that I have formed this opinion upon the fo

grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) is incoh

brusk into the patient - nonsen

talking and answering [illegible] in

restless. And has evinced a maniac

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

has been in the same condi

for more than a month in

Name and Medical Designation, A Dow Agnew

Place of Abode, 16 Castle St Dum

DATED this 16th day of July One thousand

hundred and eighty one.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, James Scott

being a (1) Graduate of Edinburgh Universit

and being in actual practice as a (2) House-Surgeon at the Royal

hereby certify, on soul and conscience, that I have this day, at (3) Crichto

Royal Institution

Dumfries separately from any other Medical Practi

visited and personally examined (4) John William Paterson

Medical Student and

the said John William Paterson is a (5) ~~fit & p~~

person of unsound mind and a proper person to be de

under Care and Treatment, and that I have formed this opinion upon the follo

grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) is quite

incoherent conducts himself in

most extravagant manner, & is co

talking nonsense in answer to qu

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) put to hi

been behaving in an excited way

an insane appearance & rambles

in his talk

J. Craig Balfour

Name and Medical Designation, James Scott M

Place of Abode 17 & Galloway Royal

DATED this 17th day of July One thousand

hundred and eighty-one

No. I.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Alexander Dall Macdonald being (1) Graduate of Edinburgh University hereby certify, on soul and conscience, that I have this day, at (2) Crichton Royal Asylum, in the County of Dumfries, seen and personally examined John William Paterson, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

A D Macdonald MD

DATED this 16th day of July One thousand eight hundred and eighty one

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, George Whitelaw (1) Deputy Sheriff Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) The Revd Alexander Paterson, Dalry, Galloway, Certificates under the hands of Alexander Dall Macdonald and James 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) John William Paterson, Merchant Student Dalry Parish and that the said John William 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 John William Paterson as a Patient into the (6) Public Asylum of Crichton Royal ~~Institution~~ and I authorize the Transmission to the said Asylum accordingly, and I transmit you herewith the said Medical Certificates, and a Statement regarding the said John William Paterson, which accompanied the said Petition.

DATED this Nineteenth day of July, One thousand eight hundred and eighty one years.

Geo Whitelaw Dep S.S.

To the Superintendent of the Asylum of (7) Public Crichton Royal Institution Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1712

John William Paterson

16th ~~18th~~ July 1881

Sent

145.

[FORM B²]

25 and 26 Vict. Cap. 54, Sect. 16.

APPLICATION TO THE GENERAL BOARD OF LUNACY TO GRANT A TRANSFER OF A PATIENT FROM ONE ASYLUM TO ANOTHER.

I the undersigned James Kelly, Inspector of Poor
being desirous to transfer Elizabeth Campbell or Murdoch
at present a Patient in St Cuthberts Asylum, Edinburgh, and (1) If Lunatic is not a Pauper: detained at my instance, or whose nearest known relative I am. If Lunatic is a Pauper: a Pauper Lunatic of the Parish of which I am Inspector of Poor.
(1) a Pauper Lunatic of the Parish of Straiton of which I am Inspector of Poor _____ from the said Asylum to the
Southern Counties Asylum Dumfries hereby request the authority of the
Board to such transfer; and I subjoin a Statement of Particulars regarding the said
Elizabeth Campbell or Murdoch and a Medical Certificate with
respect to her mental and bodily condition.

James Kelly

(2) Insp of Poor, Parish of Straiton — (2) State degree of Relationship, or other capacity in which Applicant stands to Patient.

DATED at Straiton this 9th day of
One thousand eight hundred and eighty one. —

STATEMENT.

1. Christian Name and Surname of Patient at length,	Elizabeth Campbell (or Murdoch)
2. Sex and Age,	female -
3. Married, Single, or Widowed,	single -
4. Condition of Life, and Previous Occupation (if any),	Servant
5. Religious Persuasion, so far as known,	Protestant
6. Date of Admission into Asylum,	19 march 1881
7. Length of time Insane,	from that date
8. Whether first Attack,	supposed whether
9. Age (if known) on first Attack,	—
10. Duration of existing Attack,	from 19 march 1881
11. Supposed Cause,	Not known
12. Whether subject to Epilepsy,	No
13. Whether Suicidal,	No
14. Whether Dangerous to others,	Yes
15. Parish to which the Lunatic (if a Pauper) is Chargeable,	Straiton
16. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of relationship (if known), and whether any Member of Family known to be, or to have been Insane,	No relatives —

I certify that, to the best of my knowledge, the above particulars are correctly stated.

(To be signed by the Applicant) James Kelly

DATED this 9th day of July One thousand eight
hundred and eighty one. —

N.B.—The foregoing particulars are required for the information of the authorities to whose care the Patient is to be transferred.

MEDICAL CERTIFICATE.

(1) State Medical Qualification.
(2) Name Asylum.

I, the undersigned Thomas Smith Clouston being (1) a Fellow of the College of Physicians Edin. hereby certify that I have this day at (2) the Royal Edin. Asylum personally examined Elizabeth Campbell or Murdoch at present a Patient in said Asylum, and with respect to her Mental State that she is unpublished in mind has delusions e.g. that a nurse here killed her child and is at times excited & dangerous. She attached a nurse here without cause yesterday; and with respect to her Bodily Health and Condition that they are average.

and I further certify that, in my opinion, there is nothing in the Mental or Bodily Condition of the Patient to contraindicate removal to the Asylum of Dumfries.

T. S. Clouston M.D.

Dated this 8th day of July One thousand eight hundred and 81

SANCTION BY THE BOARD OF LUNACY.

(Under this Sanction a Patient may be Transferred without an Order of the Sheriff.)

(1) Insert at whose instance the Lunatic is detained, or the nearest known Relative of the Lunatic, or the Inspector of the Parish by which the expense of the maintenance of the Lunatic is defrayed.

(2) Valid for fourteen days from date.

Application having been made to the Board by (1) the Inspector of Poor, Stranraer to authorize the transfer of Elizabeth Campbell or Murdoch from Edinburgh Royal Asylum to Dumfries Royal Asylum, and the Board having considered such application and the accompanying Medical Certificate, do hereby authorize the transfer (2) of the said Elizabeth Campbell or Murdoch as requested.

Arthur Mitchell Commissioner

Dated at Edinburgh, this 9 day of July thousand eight hundred and eighty one.

Date of Sheriff's Order — 21 March

Elizabeth Campbell or Murdoch 18th July 81 1881

[FORM A[1]]

20 & 21 *Vict., Cap.* 71, *Sect.* 37.

NOTICE OF ADMISSION.

I HEREBY GIVE NOTICE, That (1)

was received into this House as a (2)

Patient on the (3) day of

and I hereby transmit a Copy of the Order and Medical Certificates and Statement on which he was received.

Subjoined is a Report with respect to the mental and bodily condition of the above-named Patient.

_____ *Superintendent.*

DATED at this (4) day of

One thousand eight hundred and

To the Secretary of the
General Board of Lunacy.

REPORT.

I HAVE this day (4) seen and personally examined

the Patient named in the above Notice,

and hereby report and certify, with respect to mental state, that (5)

and with respect to bodily health and condition, that (6)

_____

(7) _____

DATED this day of One thousand eight hundred and

---

(1) Name and Designation.
(2) Private or Pauper.
(3) Some day within fourteen days after the date of the Order of the Sheriff; or within twenty-one days, if the Order be granted by the Sheriff of Orkney and Shetland.
(4) Some day not less than two clear days after the admission of the Patient, and before the expiration of fourteen clear days after admission.
(5) Insert Particulars.
(6) Insert Particulars.
(7) Add Designation.

(~~Copies~~)

25 & 26 *Vict., Cap. 54, Sect. 14.*

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) ~~Stewartry~~ Shire at Kirkcudbright and his Substitutes,—

The Petition of John Kelly Inspector of Poor Parish

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Robert Mc Culloch of Ravenshall

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (3) ~~Inspector of Poor~~ Pauper is at present in a state of Mental Derangement, and a proper person for treatment in a Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Robert Mc Culloch to the Southern Counties Asylum Dumfries and to sanction His admission into the said Asylum.

John Kelly Inspector of Poor Parish

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this nineteenth (4) day of July One thousand eight hundred and eighty one

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Robert Mc Culloch
2. Sex and Age,	Male thirty three years of age
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Gardner
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Kirkdale
7. Place where Found and Examined,	Ravenshall Cottage
8. Length of time Insane,	~~6~~ Eight years
9. Whether First Attack,	First Attack
10. Age (if known) on First Attack,	Twenty five years
11. When and where previously under Examination and Treatment,	Ravenshall
12. Duration of Existing Attack,	Eight years
13. Supposed Cause,	Been shot in the head
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	His manner and apearance looks so
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Kirkmabreck
18. Date of becoming Chargeable,	Nineteenth July Eighteen hundred and
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Mary Mc Culloch or Scotland Ravenshall Cottage Mother No Relations of the family ever known to be
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Nineteenth day of July One thousand eight hundred and Eighty

(*To be signed by the Party applying*) John Kelly Inspector

(~~Copies.~~)

MEDICAL CERTIFICATE, No. I.

I, the undersigned, William Donald Mackeith being a (1) Bachelor of Medicine of Glasgow University & Licentiate of Royal College of Surgeons and being in actual practice as a (2) General Practioner hereby certify, on soul and conscience, that I have this day, at (3) Lauenhall. Kirkcudbright in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) Robert McCulloch (Pauper) and that the said Robert McCulloch is a (5) Person of unsound mind 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.*

Incoherence in speaking; Absent expression Complexion; I have observed him dance which should be considered quite unusual

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

(7) *State the information, and from whom derived.*

Has threatened his mother, says he has kept wife & family last ten years; and all all hours night; & his mother is afraid to leave with him

Name and Medical Designation, William Donald Mackeith M.B. Surgeon

Place of Abode, Gatehouse

DATED this Nineteenth day of July One thousand eight hundred and ~~seventy~~ eighty one.

MEDICAL CERTIFICATE, No. II.

I, the undersigned, James Nichol Coy being a (1) Licentiate of the Royal College of Surgeons of Edinburgh and being in actual practice as a (2) general Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Lauenhall Kirkcudbright in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) Robert McCulloch (Pauper) and that the said Robert McCulloch is a (5) person of unsound mind 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.*

General incoherence in speech. Excited manner - Wild and fixed expression of eyes - has frequently had temporary fits of insanity & is evidently getting worse. Have seen him do irrational actions

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

(7) *State the information, and from whom derived.*

His mother tells me that she is afraid to live any longer with him on account of his wild and excited manner & actions

Name and Medical Designation, James Nichol Coy. L.R.C.S. Ed. &c

Place of Abode Gatehouse of Fleet

DATED this Nineteenth day of July One thousand eight hundred and Eighty One.

(~~Copies.~~)

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Robert Macartney Gordon Esq. (1) Sheriff Substitute of the (2) Stewartry of Kirkcudbright having had produced to me, with a Petition at the instance of (3) John Kelly Certificates under the hands of William Donald Mackeith and James Nichol Cox, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Robert McCulloch, (Pauper) and that the said Robert McCulloch is a (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 McCulloch as a Patient into the (6) Southern Counties Asylum of Dumfries and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Robert McCulloch which accompanied the said Petition.

DATED this Twenty first day of July One thousand eight hundred and eighty one.

Robt Gordon S S

To the Superintendent of the (7) Southern Counties *Asylum of* Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

Robert McCulloch
23rd July
1881 Sent

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

...eriff or Steward. ...ire or Stewartry.

Unto the Honourable the (1) Sheriff *of* (2) Dumfries and Galloway *and his Substitutes,*—

The Petition of John McCracken, Inspector of Poor, for the Parish of Portpatrick humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Elizabeth Brown residing in Portpatrick 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 Brown to the Southern Counties Asylum Dumfries and to sanction her admission into the said Asylum.

(3) State degree of ...ship or other ...y in which Peti... stands to Luna...

John McCracken

(4) The date of the ... must be with... fourteen clear days ...g the dates of ...edical Certifi...

Dated this 25th (4) day of July One thousand eight hundred and Eighty one.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

...ristian Name and Surname of Patient at length,	Elizabeth Brown
...x and Age,	Female 50 years
...rried, Single, or Widowed,	Single
...ndition of Life, and previous Occupation (if any),	out door worker
...ligious Persuasion, so far as known,	Protestant
...evious Place of Abode,	Portpatrick
...ace where Found and Examined,	Holm street Portpatrick
...ngth of time Insane,	unknown
...ether First Attack,	—
...e (if known) on First Attack,	—
...en and where previously under Examination and Treatment,	—
...ration of Existing Attack,	Eight days
...posed Cause,	—
...ether subject to Epilepsy,	—
...ether Suicidal,	yes
...ether Dangerous to others,	—
...ish or Union to which the Lunatic (if a Pauper) is Chargeable,	Parish of Portpatrick
...e of becoming Chargeable,	21 August 1880
...istian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Mary Ann Brown, an inmate of Southern Counties Asylum.
...ial circumstances (if any) preventing the assertion of any of the above particulars,	unknown to Inspector

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 25th day of July One thousand eight hundred and Eighty one

(*To be signed by Party applying*) John McCracken

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Hugh Cochrane
being a (1) Licentiate of the Royal College of Physicians & a Licentiate of the Faculty of Physicians & Surgeons
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Holm Street Portpatrick Wigtown in the County separately from any other Medical Practitioner visited and personally examined (4) Elizabeth Brown, pauper Portpatrick
the said Elizabeth Brown is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She talks in a rambling and incoherent manner. Cannot rest must be continually moving about. Says that her mouth is full of abominable words. Says that she is a dirty abominable woman Says from her present State of mind I must get her into some home

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Told Mr McCracken that the inmates doctor in the Sarah Gilmour residing next door informs me that she N.B. Elizabeth Brown's Sister to at present was standing in the burn at the back of their house in the Southby Cumlin Asylum her mother was also mentally deranged (H.) asking the water about and saying that some one had done wrong and that they would have her revenge

Name and Medical Designation, Hugh Cochrane LRCP & LRFP Edin

Place of Abode, Stranraer

DATED this twenty third day of July One thousand hundred and eighty one years.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, William McNeil
being a (1) Doctor of Medicine of the University of Edinburgh and a licentiate of the Royal College of Surgeons Edinburgh
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Holm Street Portpatrick Wigtown in the County separately from any other Medical Practitioner visited and personally examined (4) Elizabeth Brown, pauper Portpatrick residing there
the said Elizabeth Brown is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She keeps constantly talking and muttering to herself. Has delusions about Mr Mc Clew Brown. Says she has informed the wrong detectives about this (which is a delusion Mr Mc Clew her best friend.) talks incoherently on all subjects

(7) *State the information and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Sarah Gilmour a neighbour says she is at times quite violent hears her swearing about Mr Mc Clew. Saw her other day standing in the burn which runs behind the house the water up her legs wanders out towards the Cliffs as if to drown herself. Mr Gray another neighbour confirms this

Name and Medical Designation, William McNeil M.D.

Place of Abode Stranraer

DATED this twenty fourth day of July One thousand eight hundred and eighty one

No. I.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of
, seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

No. II.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Peter MacLean Esquire (1) Sheriff Substitute of Dumfries
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) John McCracken Inspector of the Poor for the parish of Portpatrick
Certificates under the hands of Hugh Cochrane Surgeon Stranraer and and William McNeil, Doctor of Medicine there, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Elizabeth Brown residing in Portpatrick a spinster and that the said Elizabeth Brown is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Elizabeth Brown as a Patient into the (6) Public Asylum of Southern Counties, Dumfries and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Elizabeth Brown which accompanied the said Petition.

DATED this twenty fifth day of July One thousand eight hundred and eighty one years

P. MacLean
Sheriff Substitute

To the Superintendent of the (7) Public Asylum of Southern Counties Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

Petition
by
John McCracken
Insp of Poor of
Portpatrick
for removal to
asylum of
Elspth Brown

1881

Elspth Brown
aged
26 years
1881

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward, Shire or Stewartry.

Unto the Honourable the (1) Sheriff ——— *of the* (2)

of Dumfries Galloway *and his Substitutes,*—

The Petition of William Nicholson, Farmer, Fulton, Trimald,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Nicholson, Farmer, Fulton Cottage, Trimald,

(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 James Nicholson, ——— to the Southern Counties Asylum, — and to sanction his admission into the said Asylum.

William Nicholson

(4) The date of the Petition must be within four clear days following the dates of the Medical Certificates.

Dated this Twenty seventh day of July, ——— One thousand eight hundred and eighty one years.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

Christian Name and Surname of Patient at length,	James Nicholson,
Sex and Age,	Male. 55.
Married, Single, or Widowed,	Married.
Condition of Life, and previous occupation (if any),	Farmer.
Religious Persuasion, so far as known,	Protestant.
Previous Place of Abode,	Fulton Cottage.
Place where Found and Examined,	Found and Examined at Fulton and Dumfries
Length of time Insane,	About ten days.
Whether first Attack,	Yes.
Age (if known) on first Attack,	55.
When and where previously under Examination and Treatment,	Never formerly under treatment.
Duration of existing Attack,	10 days.
Supposed Cause,	Death of Brother.
Whether subject to Epilepsy,	No.
Whether Suicidal,	Yes.
Whether Dangerous to others,	No.
Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Not chargeable.
Date of becoming Chargeable,	———
Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Mrs. Nicholson, Fulton Cottage, Trimald. wife.
Special circumstances (if any) preventing the insertion of any of the above particulars,	None.

I certify that, to the best of my knowledge, the above particulars are correctly stated.

Dated this Twenty seventh day of July, ——— One thousand eight hundred and eighty one.

(*To be Signed by Party applying*) William Nicholson

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, William Marshall being a (1) Graduate of the Faculty of Physicians and Surgeons Glasgow and College of Physicians Edinburgh and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Patton Cottage Linwood ~~Dumfries~~ in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) James Nicholson and the said James Nicholson is a (5) person of Unsound Mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Has great delusions supposes that he has been the cause of death of all his people & loss of property &c &c totally insane &c &c

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His friends state much the same as above

Name and Medical Designation, W Marshall M.D. &c &c

Place of Abode, Dumfries

DATED this 27th day of July One thousand eight hundred and Eighty one years.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Gerald Fitzgerald Thomas being a (1) Licentiate of Royal College of Physicians & College of Surgeons of Edinburgh and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Number Thirteen Beaconsfield Street Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) James Nicholson of Euston College Linwood and the said James Nicholson is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) General appearance of despondency. refuses to answer any Questions. takes no notice of surrounding circumstances

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Brother states he has attempted Life on every available opportunity within the fortnight and that he is in a continued state

Name and Medical Designation, Gerald Fitzgerald Thomas L.R.C.P.

Place of Abode, 14 Castle Street Dumfries

DATED this twenty seventh day of July One thousand eight hundred and Eighty One years

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, Gerald Fitzgerald Thomas being (1) Member of Royal College of Physicians Surgeons, Edinb hereby certify, on soul and conscience, that I have this day, at (2) Number Thirty Seven Buccleuch Street in the County of Dumfries, seen and personally examined James Nicholson, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Gerald Fitzgerald Thomas

Dated this twenty seventh day of July One thousand eight hundred and eighty one years.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope, — (1) Sheriff-Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) William Nicholson, Fulton, Tinwald, Certificates under the hands of William Marshall, — and Gerald Fitzgerald Thomas —, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Nicholson Farmer Fulton cottage Tinwald (Notice Required) and that the said James Nicholson, — is a (5) person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said James Nicholson, — as a Patient into the (6) Public Asylum of Southern Counties, — and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said James Nicholson, — which accompanied the said Petition.

Dated this Twenty eighth day of July, — One thousand eight hundred and eighty one.

David Boyle Hope

To the Superintendent of the (7) Public *Asylum of* Southern Counties, Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

James Nicholson
sent
27th July
1881

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Sheriff or Stewartry.

Unto the Honourable the (1) Sheriff ~~of the (2)~~ County of Dumfries & Galloway *and his Substitutes,*—

The Petition of Andrew McIntosh, Innkeeper, Lockerbie

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Carruthers

(3) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (3) Uncle

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said John Carruthers to the Southern Counties Asylum and to sanction his admission into the said Asylum.

Andw. McIntosh

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 29th (4) day of July One thousand eight hundred and eighty one. Three words deleted

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	John Carruthers
2. Sex and Age,	Male 60
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Minister of the Gospel
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Mains Street Lockerbie
7. Place where Found and Examined,	Mains Street, Lockerbie
8. Length of time Insane,	Three weeks
9. Whether First Attack,	Fourth attack
10. Age (if known) on First Attack,	Unknown
11. When and where previously under Examination and Treatment,	Southern Counties Asylum, Dumfries
12. Duration of Existing Attack,	Three weeks
13. Supposed Cause,	Unknown
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	No.
16. Whether Dangerous to others,	Yes.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Not chargeable.
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Andrew McIntosh Hotel-keeper Lockerbie. Unknown
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None -

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 29th day of July One thousand eight hundred and

(*To be signed by Party applying*) Andw. McIntosh

P. p.

James Nicholson
Sent
27th July

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, James Maclachlan being a (1) Bachelor of Medicine & Master in Surg[illegible] of the University of Glasgow and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Main [illegible] Lockerbie in the [illegible] Dumfries separately from any other Medical Pr[illegible] visited and personally examined (4) John Carruthers, Mi[illegible] Mains Street, Lockerbie and the said John Carruthers is a (5) person of unsound mind and a proper Person to be [illegible] under Care and Treatment, and that I have formed this opinion upon the [illegible] grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Restless & [illegible]cited muttering to himself & carrying [illegible] conversations with imaginary beings

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Sleeps none & takes no food. Very noisy [illegible] violent at times.

Name and Medical Designation, James Maclachlan M.B. C.M.

Place of Abode, Lockerbie

DATED this 29th day of July One thousand [illegible] hundred and eighty one.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, James T. Wilson being a (1) Surgeon of the Royal College of Surgeons [illegible] and being in actual practice as a (2) hereby certify, on soul and conscience, that I have this day, at (3) Mains [illegible] Lockerbie in the C[illegible] separately from any other Medical Prac[illegible] visited and personally examined (4) John Carruthers [illegible] the said John Carruthers is a (5) person of unsound mind and a proper person to be [illegible] under Care and Treatment, and that I have formed this opinion upon the fo[illegible] grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) sleepless [illegible] wandering up & down the county. [illegible] to himself.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: the subject of oft repeated attacks

Name and Medical Designation, Jas. T. Wilson

Place of Abode Surgeon Lockerbie

DATED this 29 day of July One thousand [illegible] hundred and eighty one

Jas. T. Wilson

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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 in Surgery of Glasgow hereby certify, on soul and conscience, that I have this day, at (2) Main Street, Lockerbie in the County of Dumfries, seen and personally examined John Carruthers, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

James Maclachlan

DATED this 29th day of July One thousand eight hundred and eighty one.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Andrew McIntosh, Hotel Keeper, Lockerbie, Certificates under the hands of James Maclachlan, and James Thomson Nilson, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) John Carruthers, minister, Main Street, Lockerbie, Dumfriesshire, and that the said John Carruthers is a (5) person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said John Carruthers as a Patient into the (6) Public Asylum of Southern Counties and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said John Carruthers which accompanied the said Petition.

DATED this thirtieth day of July One thousand eight hundred and eighty one years.

David Boyle Hope

To the Superintendent of the (7) Public Asylum of Southern Counties, Dumfries.

---

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

469

John Carruthers
Rhr

29th July
1881

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (1) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of Dumfries ~~of the~~ (1) and Galloway and ~~_____~~ *his Substitutes,*—

The Petition of John Liddendale residing in Dalbeattie humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that David Liddendale your Petitioner's (2) Father is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said David Liddendale to the Crichton Royal Asylum, Dumfries and to sanction his admission into the said Asylum.

(2) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

John Liddendale

(3) The date of the petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this first (3) day of August One thousand eight hundred and eighty one

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient, at length,	David Liddendale
2. Sex and Age,	Male 69
3. Married, Single, or Widowed,	married
4. Condition of Life, and previous Occupation (if any),	Carter
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Gatehouse
7. Place where Found and Examined,	Gatehouse
8. Length of time Insane,	10 days
9. ~~Whether First~~ Attack,	First
10. Age (if known) on First Attack,	69
11. When and where previously under Examination and Treatment,	—
12. Duration of Existing Attack,	10 days
13. Supposed Cause,	Cannot tell
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no, once threatened
16. Whether Dangerous to others,	no
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Girthon
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Charlotte Lamison Wife his sister
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this first day of August One thousand eight hundred and 81

(*To be signed by Party applying*) John Liddendale

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, 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 Michael Coy
being a (1) Licentiate of the Royal College of Surgeons of Edinburgh
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Cathcart, Gateshouse of Muir
Muirend Bright in the County of
separately from any other Medical Practitioner
visited and personally examined (4) David Liddesdale
the said David Liddesdale and that
of unsound mind is a (5) person of
and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) at times his conduct is quite bombling and incoherent; his manner and expression of his eyes are wild and unnatural. He is from intense mental excitement and is evidently under delusions

2. Other facts (if any) indicating Insanity communicated to me by others: (7) his wife informs me that for some time he has been excitable and irritable, and irrational in his conduct at times very violent. His sons inform me that it is impossible to keep him under restraint

Name and Medical Designation, } James Michael Coy, Surgeon

Place of Abode, Gateshouse of Muir

DATED this First day of August One thousand eight hundred and eighty one

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, W. J. S. Reid
being a (1) Bachelor of Medicine & Master in Surgery of the University of Edinburgh
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Gateshouse
Oakley Kirkcudbright in the County of
Kirkcudbright separately from any other Medical Practitioner
visited and personally examined (4) David Liddesdale and
the said David Liddesdale is a (5) person
of unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6)
He seems to have various delusions one of which is that he possesses a good sum of money. His conversation is somewhat rambling at times

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
from his Son, George Liddesdale, who states that he sleeps very little - He constantly talks incoherently. He has various delusions. He is violent at times

Name and Medical Designation, } farming Oakley W. J. S. Reid M.B.

Place of Abode Oakley - Kirkcudbright

DATED this First day of August One thousand eight hundred and eighty one

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Alexander Nicolson Esqr (1) Sheriff Substitute of the (2) Stewartry of Kirkcudbright having had produced to me, with a Petition at the instance of (3) John Liddesdale Certificates under the hands of Dr Nichol Cox and W. S. Reid, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) David Liddesdale and that the said David Liddesdale is a (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 Liddesdale as a Patient into the (6) Crichton Royal Asylum of Dumfries and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said David Liddesdale which accompanied the said Petition.

DATED this first day of August One thousand eight hundred and eighty one.

Alex. Nicolson

To the Superintendent of the (7) Crichton Royal
Asylum of Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

David Riddendale

14th August

1881

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Sheriff or Steward. Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Dumfries and ~~of~~ Galloway *and his Substitutes,*—

The Petition of Charles Finlayson Inspector of Poor humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Janet Douglas or Gourlay your Petitioner's (3) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Janet Douglas or Gourlay 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.

C. Finlayson

(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 eight hundred and eighty one

---

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

Christian Name and Surname of Patient at length,	Janet Douglas or Gourlay
Sex and Age,	Female 45 years of age (about)
Married, Single, or Widowed,	Married
Condition of Life, and previous Occupation (if any),	Seconstress
Religious Persuasion, so far as known,	Protestant
Previous Place of Abode,	Kirkcudbright
Place where Found and Examined,	Kirk
Length of time Insane,	a week
Whether First Attack,	No
1[illegible] Age (if known) on First Attack,	Not Known
1[illegible] When and where previously under Examination and Treatment,	
1[illegible] Duration of Existing Attack,	a week
1[illegible] Supposed Cause,	
1[illegible] Whether subject to Epilepsy,	No
1[illegible] Whether Suicidal,	No
1[illegible] Whether Dangerous to others,	Yes
1[illegible] Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Kirkcudbright
1[illegible] Date of becoming Chargeable,	Aug 1st 1881
1[illegible] Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Geo Gourlay - husband
2[illegible] Special circumstances (if any) preventing the insertion of any of the above particulars,	—

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 1st day of August One thousand eight hundred and eighty one

(*To be signed by Party applying*) C. Finlayson

P. p.

Daniel Liddesdale

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Wm Johnstone
being a (1) M.D. of Edin.

and being in actual practice as a (2) general practitioner
hereby certify, on soul and conscience, that I have this day, at (3) High street
Kirkcudbright in the County
Kirkcudbright separately from any other Medical Practitioner
visited and personally examined (4) Janet Douglas or Gourlay
the said Janet Douglas or Gourlay is a (5) person of
unsound mind and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She is subject to various delusions and hallucinations. [illegible]

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
That she is dangerous to those [illegible] her.

Name and Medical Designation, Wm Johnstone M.D.

Place of Abode, Kirkcudbright

DATED this first day of August One thousand eight hundred and eighty one.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Walter S. Campbell
being a (1) Bachelor of Medicine of Glasgow
and being in actual practice as a (2) general practitioner
hereby certify, on soul and conscience, that I have this day, at (3) High street
Kirkcudbright, in the County
Kirkcudbright separately from any other Medical Practitioner
visited and personally examined (4) Janet Gourlay or Douglas
and
the said Janet Gourlay or Douglas is a (5) person
of unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She is constantly roaming about the house conversing on all [illegible] of subjects with imaginary persons and [illegible] all manner of ridiculous things.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Threating her husband's life with a knife.

Name and Medical Designation, Walter S. Campbell M.D.

Place of Abode Balmaghie

DATED this first day of August One thousand eight hundred and eighty one

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Walter J. Campbell being (1) M.B. & C.M. of Glasgow hereby certify, on soul and conscience, that I have this day, at (2) High St in the County of Kirkcudbright, seen and personally examined Janet Douglas or Yorkston, pauper, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Alexander Nicolson Esq. (1) Sheriff-Substitute of the (2) Stewartry of Kirkcudbright having had produced to me, with a Petition at the instance of (3) Charles Finlayson Certificates under the hands of William Johnstone and Walter J. 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) Janet Douglas or Yorkston, pauper, and that the said Janet Douglas or Yorkston is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Janet Douglas or Yorkston 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 Janet Douglas or Yorkston which accompanied the said Petition.

DATED this First day of August One thousand eight hundred and eighty one.

Alex. Nicolson

To the Superintendent of the (7) Southern Counties Asylum of Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

Janet Douglas or Gourley

1st August

1881

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

[illegible]riff or Steward. [illegible]re or Stewartry.

Unto the Honourable the (1) Sheriffe ~~of the (2) County~~ *of* Dumfries & Galloway *and his Substitutes,—*

The Petition of James Thompson Grocer Lockerbie humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Jessie Dickson Thompson 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 Jessie Dickson Thompson to the Creighton Royal Institution and to sanction her admission into the said Asylum.

James Thompson

(3) State degree of [illegible]ship or other [illegible]y in which Peti[illegible] stands to Luna[illegible]

(4) The date of the [illegible] must be with[illegible] fourteen clear days [illegible]ing the dates of [illegible] Medical Certifi[illegible]

Dated this First (4) day of August One thousand eight hundred and eighty one

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. [illegible]ristian Name and Surname of Patient at length,	Jessie Dickson Thompson
2. [illegible]ex and Age,	Female. 27
3. [illegible]arried, Single, or Widowed,	Single
4. [illegible]ondition of Life, and previous Occupation (if any),	No occupation
5. [illegible]eligious Persuasion, so far as known,	Protestant
6. [illegible]revious Place of Abode,	Lockerbie
7. [illegible]lace where Found and Examined,	Douglas Terrace Lockerby
8. [illegible]ength of time Insane,	About two years
9. [illegible]hether First Attack,	Yes
10. [illegible]ge (if known) on First Attack,	
11. [illegible]hen and where previously under Examination and Treatment,	
12. [illegible]uration of Existing Attack,	About two years
13. [illegible]upposed Cause,	General debility no other cause known
14. [illegible]hether subject to Epilepsy,	No
15. [illegible]hether Suicidal,	No
16. [illegible]hether Dangerous to others,	Yes
17. [illegible]arish or Union to which the Lunatic (if a Pauper) is Chargeable,	Not chargeable.
18. [illegible]ate of becoming Chargeable,	
19. [illegible]ristian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	James Thompson Grocer Lockerbie ~~Jonah Nicholson~~ ~~Uncle~~ (Father) ~~How that~~ Was some time in the Creighton Institution - Now Dead
20. [illegible]ecial circumstances (if any) preventing the insertion of any of the above particulars,	

[illegible] certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this First day of August One thousand eight hundred and eighty one

(*To be signed by Party applying*) James Thompson

P. p.

James Douglas or Gourdy
1st August

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 J. Wilson being a (1) Member of the Royal College of Surgeons and being in actual practice as a (2) hereby certify, on soul and conscience, that I have this day, at (3) Lockerbie in the separately from any other Medical Practitioner visited and personally examined (4) Jessie Dickson Thompson Dumfries the said Jessie Dickson Thompson is a (5) person of unsound mind and a proper Person to be under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Restless & excited in manner talking to herself. no sleep except occasions, extreme irritability at times, & frequently manifested by violence to others - daily becoming worse

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, Jas. J. Wilson Surgeon, Lockerbie

Place of Abode,

DATED this 30th day of July One thousand hundred and eighty one

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, John Thompson Richardson Wotherspoon being a (1) Licentiate of the Royal Coll. Phys. and Surgeons Edin. and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Jordan Bank in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Miss Jessie Dickson Thompson the said Miss Jessie Dickson Thompson is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Increased excitement towards her Parents. Unnecessary violence, at times quite a dangerous patient. Excitement requiring constant Bromide Sedatives

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Great restlessness - Distress - Frequent motion of the hands face & head - Very Changeable - communicated by Father.

Name and Medical Designation, John T. R. Wotherspoon Regist. Physician & Surgeon

Place of Abode The Green, Lockerbie

DATED this 31st day of July One thousand hundred and Eighty One.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, James T. Wilson being (1) a Member of the Royal College of Surgeons Edinburgh hereby certify, on soul and conscience, that I have this day, at (2) Lockerbie in the County of Dumfries, seen and personally examined Jessie Dickson Thompson, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Jas. T. Wilson

DATED this 30th day of July One thousand eight hundred and Eighty one

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) James Thompson, Grocer, Lockerbie Certificates under the hands of James T. Wilson and John Thompson Richardson Wotherspoon being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Jessie Dickson Thompson, Douglas Terrace, Lockerbie (Pers daughter) and that the said Jessie Dickson Thompson is a (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 Dickson Thompson as a Patient into the (6) Public Asylum of Crichton Institution and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Jessie Dickson Thompson which accompanied the said Petition.

DATED this First day of August One thousand eight hundred and eighty one.

David Boyle Hope

To the Superintendent of the (7) Public *Asylum of* Crichton Royal Institution, Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1714

Jessie Dickson Thomson

2nd August

1881

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. Shire or Stewartry.

Unto the Honourable the (1) Sheriff of ~~the~~ Dumfries and Galloway and his Substitutes—

The Petition of Miles Mc Innes Inspector of Poor Dumfries

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Janet Smith 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 Smith to the Southern counties Asylum and to sanction her admission into the said Asylum.

(2) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

Miles Mc Innes

DATED this Second (3) day of August One thousand eight hundred and eighty one

(3) The date of the Petition must be within four clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Janet Smith
2. Sex and Age,	Female 22 years of age
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous occupation (if any),	Millworker
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	20 Friars Vennel
7. Place where Found and Examined,	Do
8. Length of time Insane,	three weeks
9. Whether first Attack,	First attack
10. Age (if known) on first Attack,	
11. When and where previously under Examination and Treatment,	
12. Duration of existing Attack,	three weeks
13. Supposed Cause,	Fallen in Sickness
14. Whether subject to Epilepsy,	Yes
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dumfries
18. Date of becoming Chargeable,	2nd August 1881
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of her Family known to be or to have been Insane,	William Smith Labourer and Lucy Callander her parents both residing at 20 Friars Vennel Dumfries, None of family known to be Insane
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	none

I certify that, to the best of my knowledge, the above particulars are correctly stated.

Dated this Third day of August One thousand eight hundred and Eighty One

(To be Signed by Party applying) Miles Mc Innes
Insp of Poor

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Gerald Fitz Gerald Thomas being a (1) Licentiate of Royal Colleges of Physicians & Surgeons of Edinburgh and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Number Twenty Blue Bell Close Friars Vennel. Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Janet Smith of above address a Pauper and the said Janet Smith is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) General restlessness of demeanour. Sudden changes of temper – defective memory of persons & dates – delusions regarding her child & her Father – disconnected expression of [illegible]

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Inability to sleep – rises from her bed [illegible] the night carrying her child with her – [illegible] occasional fits of violent passion – has not been reasonable for past fortnight

Name and Medical Designation, Gerald Fitz Gerald Thomas L.R.C.P.; L.R.C.S.E.

Place of Abode, 14 Castle Street. Dumfries

DATED this Second day of August One thousand [illegible] hundred and Eighty one years.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, John Cunningham being a (1) Licentiate of the Royal Colleges of Physicians & Surgeons Edinburgh & Mid and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 20 Friars (Blue Bell Close) Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Janet Smith, Spinster Pauper and the said Janet Smith is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She called up this morning & talked very incoherently

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Was going about the stairs leading to her own residence in a nude state – was [illegible] (communicated by a sister-in-law

Name and Medical Designation, John Cunningham [illegible]

Place of Abode, 35 Buccleuch Street

DATED this 2nd day of August One thousand [illegible] hundred and eighty one

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, Gerald Fitzgerald Thomas being (1) a licentiate of Royal Colleges of Physicians & Surgeons of Edinburgh hereby certify, on soul and conscience, that I have this day, at (2) Dumfries in the County of Dumfries, seen and personally examined Janet Smith, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Gerald Fitzgerald Thomas

Dated this second day of August One thousand eight hundred and Eighty one years.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (3) Sheriff Substitute of the (4) County of Dumfries having had produced to me, with a Petition at the instance of (5) Miles McInnes Inspector of Poor, Dumfries Certificates under the hands of Gerald Fitzgerald Thomas and John Cunningham, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (6) Janet Smith Millworker, 20 Friars Vennel, Dumfries (a pauper) and that the said Janet Smith is a (7) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Janet Smith as a Patient into the (8) Public Asylum of Southern Counties and I authorize You Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Janet Smith which accompanied the said Petition.

Dated this fourth day of August One thousand eight hundred and eighty one years.

David Boyle Hope

To the Superintendent of the (9) Public *Asylum of* Southern Counties, Dumfries.

(3) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(4) State whether a County or Stewartry.
(5) Insert Name and Designation.
(6) Describe him, and if a Pauper, state so.
(7) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(8) Public, District, Parochial, or Private.
(9) Public, District, Parochial, or Private.

Janet Smith
sent
2nd August
1881

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap. 54, Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of (2) ~~County~~ of Dumfries Galloway and his Substitutes,—

The Petition of David Johnston Inspector of Poor

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that your Petitioner's (3) Parish Janet Edgar or Coullie is at present in a state of Mental Derangement, and 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 Edgar or Coullie to the Southern Counties Asylum and to sanction her admission into the said Asylum. Form altered.

David Johnston Insp. of Poor.

(3) State degree of Lordship or other County in which Petitioner stands to Lunatic.

(4) The date of the Order must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Eighth (4) day of August One thousand eight hundred and Eightyone.

STATEMENT.

If any 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 Edgar or Coullie
2.	Sex and Age,	Female aged 74 years
3.	Married, Single, or Widowed,	Widow
4.	Condition of Life, and previous Occupation (if any),	Sawyers Wife
5.	Religious Persuasion, so far as known,	Protestant
6.	Previous Place of Abode,	Pennersaughs
7.	Place where Found and Examined,	Sunnybrae
8.	Length of time Insane,	Four weeks
9.	Whether First Attack,	First
10.	Age (if known) on First Attack,	74 years
11.	When and where previously under Examination and Treatment,	No where
12.	Duration of Existing Attack,	four Weeks
13.	Supposed Cause,	None
14.	Whether subject to Epilepsy,	No
15.	Whether Suicidal,	No
16.	Whether Dangerous to others,	rather.
17.	Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Middlebie
18.	Date of becoming Chargeable,	Eight of July 1881
19.	Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Robert Irving Sunnybrae Cousin no Member of Family known to be or to have been Insane
20.	Special circumstances (if any) preventing the insertion of any of the above particulars,	— — — —

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Eighth day of August One thousand eight hundred and Eightyone.

(*To be signed by Party applying*) David Johnston Insp. of Poor

P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, being a (1) Licentiate of the Faculty of Physicians and Surgeons of Glasgow and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Summytree near Ecclefechan Dumfries in the County separately from any other Medical Practitioner visited and personally examined (4) Widow Janet Edgar or Coulter and the said Widows Janet Edgar or Coullie is a (5) person of unsound mind and a proper Person to be under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) great restlessness of demeanour thinks some person is coming to steal her naked and take her out of her house by force refuses food. Exhibits signs of fear and trepidation to a most extreme degree without cause.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Mrs Green and Mrs Irving (her neighbours) have great difficulty in keeping her in bed at night or in getting her to accept of any form of nourishment

Name and Medical Designation, James Gibson L.F.P.S.G.

Place of Abode, Waterbeck Nr Ecclefechan

DATED this Seventh day of August One thousand eight hundred and Eighty one

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, being a (1) Licentiate of the Royal College of Physicians Edinr, & Licentiate of the Roy College of Surgeons and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) at Summytree in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Widow Janet Edgar or Coullie and the said Wd Janet Edgar or Coullie is a (5) person of unsound mind and a proper person to be dealt with under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Extremely restless much agitated: thinks she has done something wrong. Often asks what she has done.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Mrs Green says she has been twice in her house in her night clothes saying she was frightened men coming to take her away. Takes little or no food. Very sleepless.

Name and Medical Designation, Surgeon Barton Gass L.R.C.P.S.E.

Place of Abode Ecclefechan

DATED this eighth day of August One thousand eight hundred and eighty one.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, George Whitelaw (1) Honorary Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) David Johnston, Inspector of Poor, Middlebie Certificates under the hands of James Gilroy and James Barton Gass, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Janet Edgar or Coullie, Sunnybrae Middlebie (a Pauper) and that the said Janet Edgar or Coullie, is a (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 Edgar or Coullie as a Patient into the (6) Public Asylum of Southern Counties and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Janet Edgar or Coullie which accompanied the said Petition.

DATED this Tenth day of August One thousand eight hundred and eighty one.

Geo. Whitelaw

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2
472

Daniel Edgar
or Collie

10th August
1881

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Shire of Renfrew and Bute *and his Substitutes,—*

The Petition of Thomas Howie fire clay operative residing at Hurlford near Kilmarnock humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Robert Howie residing at [illegible] 34 Newark Street Galston your Petitioner's (3) father is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Robert Howie to the Crichton Royal Institution Dumfries and to sanction his admission into the the said Asylum.

(3) State degree of Relationship or other Capacity in which Petitioner stands to Lunatic.

Thomas Howie.

The date of the Petition must be within thirteen clear days following the dates of the Medical Certificates.

Dated this eleventh (4) day of August One thousand eight hundred and eighty one

---

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Robert Howie
2. Sex and Age,	male.
3. Married, Single, or Widowed,	married
4. Condition of Life, and previous Occupation (if any),	fire clay worker
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Hurlford near Kilmarnock
7. Place where Found and Examined,	34 Newark Street Galston
8. Length of time Insane,	Ten days or thereby
9. Whether first Attack,	yes
10. Age (if known) on first Attack,	43 years
11. When and where previously under Examination and Treatment,	Nowhere
12. Duration of existing Attack,	continuous specially during nighttime
13. Supposed Cause,	failing health and domestic discomfort
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	expresses dread of suicide and
16. Whether Dangerous to others,	danger to relatives
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Petitioner and Mrs Margaret Howie or Smart of 34 Newark Street Galston nearest relatives, no member of family insane
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

I certify that, to the best of my knowledge, the above particulars are correctly stated.

Dated this eleventh day of August One thousand eight hundred and eighty one

(*To be signed by Party applying*) Thomas Howie

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Whitford
being a (1) Doctor of Medicine and Licentiate of the College of Surgeons of Edinburgh
and being in actual practice as a (2) Surgeon and Physician
hereby certify, on soul and conscience, that I have this day, at (3) 37 Howard Street - Renfrew Carlogie
in the County of Renfrew
separately from any other Medical Practitioner, visited and personally examined (4) Mr. Robert Howie
and the said Mr. Robert Howie
of unsound mind
is a (5) person
and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
He is melancholy - and laments his condition - that of Son being better - states that he has heard strange noises and been hearing strange sounds - is conscious that his mental faculties not correct - and confesses that he is sometimes afraid he may do himself harm

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
I am informed by his son, his daughter and his Son in Law - that he has become melancholy during the last few months - that he is not longer fit for anything - that he is a burden to himself - has been found wandering out of his bedroom at night - seemingly under the influence of some hallucination - is unaware of what he has done or has spoken to his Son as if anything peculiar -

Name and Medical Designation, James Whitford M.D.

Place of Abode, 6 Forsyth Street - Greenock

DATED this twelfth day of August One thousand eight hundred and Eighty one

---

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, James Paton
being a (1) Doctor of Medicine, and master of Surgery of the University of Glasgow
and being in actual practice as a (2) Physician + Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Carlogie
37 Newark St. Greenock
in the County of Renfrew
separately from any other Medical Practitioner, visited and personally examined (4) Mr Robert Howie
and the said Mr. Robert Howie
of unsound mind
is a (5) person
and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
His eyes have a somewhat vacant look - he is melancholy, and much depressed in mind - when spoken to answers coherently, but shortly, and immediately resumes his former condition - thinks he will never be better - is afraid of any one, or even himself -

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
His son + daughter inform me that he has manifested despondency for some time, which has much increased during last few days - that he has a fear of being left alone in case should harm himself - that he has made signs of a desire to do so by drawing his hand across his throat - that he has expressed the desire to put him out of existence - that up during night in a shorthed condition - that he is incoherent -

Name and Medical Designation, James Paton M.D. &c.

Place of Abode, 19 Ann Morgan Sq. Greenock

DATED this tenth day of August One thousand eight hundred and Eighty one -

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Abram Lyle Esquire Sheriff Substitute of ~~the~~ (1) Renfrew and Bute
having had produced to me, with a Petition at the instance of (3) Thomas Hamie
Fire Clay Operative residing at Hurlford near Kilmarnock
Certificates under the hands of James Whitelaw and James Pedan
~~and~~ both Physicians in Greenock, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
Robert Hamie residing at Hurlford and that the said
Robert Hamie is a (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 Hamie as a Patient into the (6) Crichton Royal ~~Asylum of~~ Institution Dumfries and I authorize his Transmission to the said Asylum accordingly; and I transmit to you herewith the said Medical Certificates, and a Statement regarding the said Robert Hamie which accompanied the said Petition.

DATED this Eleventh day of August One thousand eight hundred and eighty one

Abram Lyle

To the Superintendent of the (7) Crichton
~~Asylum of~~ Royal Institution
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an Idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1715

Robert Howie

11 August

1881

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Sheriff or Steward, Bailie or Stewartry.

Unto the Honourable the (1) Sheriff — of ~~the~~ (2) ~~County~~ Dumfries & Galloway ~~of Kirkcudbright~~ — *and his Substitutes,—*

The Petition of Elizabeth Broadfoot Monreith Village Glasserton.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Margaret Lyndsay or Broadfoot 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 Margaret Lyndsay or Broadfoot to the Southern Counties Asylum and to sanction her admission into the the said Asylum.

(3) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

Elizabeth Broadfoot

DATED this ~~Twelfth~~ 15th (4) day of August — One thousand eight hundred and eighty one years.

(4) The date of the Petition must be within fifteen clear days following the date of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1.	Christian Name and Surname of Patient at length,	Margaret Lyndsay or Broadfoot
2.	Sex and Age,	Female. 69 years
3.	Married, Single, or Widowed,	Married.
4.	Condition of Life, and previous Occupation (if any),	
5.	Religious Persuasion, so far as known,	Protestant
6.	Previous Place of Abode,	Monreith Village. Parish of Glasserton
7.	Place where Found and Examined,	"
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,	
12.	Duration of existing Attack,	One month
13.	Supposed Cause,	Unknown
14.	Whether subject to Epilepsy,	No
15.	Whether Suicidal,	Yes.
16.	Whether Dangerous to others,	Yes.
17.	Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
18.	Date of becoming Chargeable,	
19.	Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of her Family known to be or to have been Insane,	Alexander Broadfoot. Monreith Village Parish of Glasserton. 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 ~~Twelfth~~ 15th day of August — One thousand eight hundred and eighty one.

(*To be signed by Party applying*) Elizabeth Broadfoot

P. 4

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, John Charles Douglas. being a (1) Graduate of Glasgow University & Lieut. of the Royal College of Surgeons of Edinburgh and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) St. Ninians Whithorn, in the Parish of Whithorn in the County of Wigtown separately from any other Medical Practitioner visited and personally examined (4) Mrs Margaret Lymburn or Broadfoot, of Monreith Village and the said Mrs Broadfoot is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Says Satan has possession of her. that her soul is lost that is to murder all her children, bites herself to knock her head against the furniture.

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Elizabeth Broadfoot her daughter says she screams for house. attempts to injure herself & patient says she has to do whatever Satan

Name and Medical Designation, John C. Douglas. M.D.

Place of Abode, St Ninians. Whithorn

DATED this Twelfth day of August One thousand eight hundred and eighty one years.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Alexander Thomson being a (1) Doctor of Medicine of the Minerva 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) The Southern Counties Asylum, Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Margaret Lymburn or Broadfoot. House wife and the said Margaret Lymburn or Broadfoot is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Minister an Evil Spirit has possession of her and is constantly urging her to murder Children — General incoherency —

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Told by Dr. Balfour resident medical officer that she was very restless and excited during last night, and talking constantly.

Name and Medical Designation, Alex. Thomson M.D.

Place of Abode Castle St. Dumfries

DATED this Fifteenth day of August One thousand eight hundred and eighty one years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, John Charles Douglas
being (1) a Doctor in Medicine
hereby certify, on soul and conscience, that I have this day, at (2) Whithorn
in the County of Wigtown, seen and personally examined
Mrs Broadfoot, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

John C. Douglas M.D. &c

DATED this Twelfth day of August One thousand eight hundred and eighty one years.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff-Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Elisabeth Broadfoot, Monreith Village, Glasserton, Wigtownshire,
Certificates under the hands of John Charles Douglas
and Alexander Thomson, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Margaret Lymburn or Broadfoot Monreith Village, aforesaid (Petrs Mother) and that the said Margaret Lymburn or Broadfoot, person of unsound mind (5)

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Margaret Lymburn or Broadfoot as a Patient into the (6) Public Asylum of Southern Counties and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Margaret Lymburn or Broadfoot, which accompanied the said Petition.

DATED this Fifteenth day of August, One thousand eight hundred and eighty one.

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2
473

Margaret Lyttleton
or Broadfoot

12 august

1881

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (1) Dumfries and Galloway *and his Substitutes,—*

The Petition of Charles Finlayson Inspector of Poor humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Elizabeth Campbell or McEwen your Petitioner's (2) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Elizabeth Campbell or McEwen to the Southern Counties Asylum Dumfries and to sanction her admission into the said Asylum.

(2) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

C. Finlayson

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Seventeenth (3) day of August One thousand eight hundred and eighty one

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Elizabeth Campbell or McEwen
2. Sex and Age,	Female 29
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	—
5. Religious Persuasion, so far as known,	Roman Catholic
6. Previous Place of Abode,	High St - Kirkcudbright
7. Place where Found and Examined,	" "
8. Length of time Insane,	a week
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	27.
11. When and where previously under Examination and Treatment,	High St Southern Counties Asylum in 1879
12. Duration of Existing Attack,	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,	Kirkcudbright
18. Date of becoming Chargeable,	Augt 14
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Peter McEwen husband no
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	—

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 19th day of August One thousand eight hundred and Eighty one

(*To be signed by Party applying*) C. Finlayson

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Wm Johnstone being a (1) M.D. of the University of Edinr. & Longer. Ed. and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) High Street Kirkcudbright in the County of Kirkcudbright separately from any other Medical Practitioner visited and personally examined (4) Elizabeth Campbell or Mc Ewen Pauper and that the said Elizabeth Campbell or Mc Ewen is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) from her vacant Melancholic expression. her refusing to answer any questions put to her - as well as refusing all food and drink.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) that she has not slept for some [illegible] and refuses food and drink.

Name and Medical Designation, Wm Johnstone M.D.

Place of Abode, Kirkcudbright

DATED this 18th day of August One thousand eight hundred and Eighty one.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Wm S. S. Reid being a (1) Bachelor of Medicine & Master of Surgery of the University of Edinburgh and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) High St. Kirkcudbright in the County of Kirkcudbright separately from any other Medical Practitioner visited and personally examined (4) Elizabeth Campbell or Mc Ewen pauper and that the said Eliz. Campbell or Mc Ewen is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Restlessness & Melancholic expression - She refuses to take food & drink - will not answer any questions &c.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Want of sleep and refusal of all food & drink. Communicated by her husband -

Name and Medical Designation, W. S. S. Reid M.D.

Place of Abode Oakley - Kirkcudbright

DATED this 18th day of August One thousand eight hundred and 81.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of
, seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Alexander Nicolson (1) Sheriff Substitute — of the (2) Stewartry of Kirkcudbright —
having had produced to me, with a Petition at the instance of (3) Charles Finlayson, Inspector of Poor, for the Parish of Kirkcudbright Certificates under the hands of William Johnstone — and William Swanston Munro 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) Elizabeth Campbell or Mc Ewan, Pauper — and that the said Elizabeth Campbell or Mc Ewan is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Elizabeth Campbell or Mc Ewan as a Patient into the (6) Southern Counties Asylum of Dumfries — and I authorize her — Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Elizabeth Campbell or Mc Ewan which accompanied the said Petition.

DATED this Nineteenth day of August — One thousand eight hundred and eighty one.

Alex. Nicolson

To the Superintendent of the (7)
Asylum of Dumfries Counties
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

Elizabeth Campbell
or McEwen

19 august

1887

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. Shire or Stewartry.

Unto the Honourable the (1) Sheriff ~~of the (2) County or Shire~~ *of* Dumfries & Galloway *and his Substitutes,—*

The Petition of Janet McBurnie, Butt, Dunscore humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Janet Adamson or McBurnie 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 Janet Adamson or McBurnie to the Southern Counties Asylum and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other Quality in which Petitioner stands to Lunatic.

Janet McBurnie

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 22nd (4) day of August One thousand eight hundred and eighty one years

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1	Christian Name and Surname of Patient at length,	Janet Adamson or McBurnie
2	Sex and Age,	Female about 66 years
3	Married, Single, or Widowed,	Married
4	Condition of Life, and previous Occupation (if any),	no occupation
5	Religious Persuasion, so far as known,	Protestant
6	Previous Place of Abode,	Butt, Dunscore (for many years)
7	Place where Found and Examined,	Butt, Parish of Dunscore
8	Length of time Insane,	considerable time, only lately dangerous
9	Whether First Attack,	First serious attack
10	Age (if known) on First Attack,	about 66 years
11	When and where previously under Examination and Treatment,	not applicable to the case
12	Duration of Existing Attack,	about six weeks
13	Supposed Cause,	Religious melancholy
14	Whether subject to Epilepsy,	no.
15	Whether Suicidal,	yes.
16	Whether Dangerous to others,	yes.
17	Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	not a pauper
18	Date of becoming Chargeable,	not applicable
19	Christian Name and Surname, and Place of Abode of nearest known 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 McBurnie, husband ~~not~~ 16 Galloway Street Maxwelltown (not residing with the patient) Sp
20	Special circumstances (if any) preventing the insertion of any of the above particulars,	A sister was insane.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 22nd day of August One thousand eight hundred and eighty one years

(*To be signed by Party applying*) Janet McBurnie

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Ard Lorimer being a (1) Member of the University of St Andrews and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Butts Dr[illegible] Dumfries in the C[illegible] separately from any other Medical Prac[illegible] visited and personally examined (4) Janet Adamson or McBurnie the said Janet Adamson or McBurnie is a (5) person of unsound Mind and a proper Person to be [illegible] under Care and Treatment, and that I have formed this opinion upon the [illegible] grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

Determined to commit Suicide, thinks every [illegible] is against her, does not speak a word of se[illegible] when conversing with her.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

She has repeatedly tried to get a hold of knives to destroy herself communicated by her daughter

Name and Medical Designation, } Ard Lorimer M. S.

Place of Abode, Launceston, Glencairn

DATED this 22 day of August One thousand eight hundred and eighty one years.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, William Duncan being a (1) Graduate in Medicine & Surgery of the University of Edinburgh and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) The Southern Counties Lunatic Asylum in the Co[illegible] separately from any other Medical Practi[illegible] visited and personally examined (4) Janet Adamson or McBurnie an[illegible] the said Janet Adamson or McBurnie is a (5) Person of unsound mind and a proper person to be de[illegible] under Care and Treatment, and that I have formed this opinion upon the foll[illegible] grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

Her mental condition is extremely depressed without [illegible] apparent cause. Her answers to questions are incoherent. [illegible] memory for days ~~[illegible]~~ of the week and month is quite gone. S[illegible] mental confusion to an extent that she sometimes is not aware what she [illegible]

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

I was told by her attendant that she refused her [illegible] without cause assigned.

Name and Medical Designation, } William Duncan

Place of Abode 33 Castle St., Dumfries

DATED this Twenty-second day of August One thousand [illegible] hundred and eighty one.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, And Lorimer being (1) a Member of the Univers of St Andrews hereby certify, on soul and conscience, that I have this day, at (2) Butt Duncow in the County of Dumfries, seen and personally examined Janet Adamson or McBurnie, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

And Lorimer M. D.

DATED this 22 day of August One thousand eight hundred and eighty one.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (3) Sheriff Substitute of the (4) County of Dumfries. having had produced to me, with a Petition at the instance of (5) Janet McBurnie. Butt Duncow. Certificates under the hands of Andrew Lorimer and William Duncan, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (6) Janet Adamson or McBurnie Butt Duncow (she mother) and that the said Janet Adamson or McBurnie is a (7) person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Janet Adamson or McBurnie as a Patient into the (8) Public Asylum of Southern Counties — and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Janet Adamson or McBurnie, which accompanied the said Petition.

DATED this twenty third day of August, One thousand eight hundred and eighty one years.

David Boyle Hope

To the Superintendent of the (9) Public Asylum of Southern Counties Dumfries.

---

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, *or* an Insane Person, *or* an Idiot, *or* a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2
475

Janet Adamson
or McBurnie

22 August
1881.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Shire of Lanark *and his Substitutes,—*

The Petition of Andrew Wallace Inspector of Govan Combination humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Margt Hart or Johnstone 53 McNeill St Glasgow 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 Margt. Hart or Johnstone to the District Royal Asylum at Dumfries and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

And. Wallace

(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 August One thousand eight hundred and eighty.

STATEMENT.

If any 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 Hart or Johnstone
2. Sex and Age,	Female 53 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,	53 McNeill St. Glasgow
7. Place where Found and Examined,	53 McNeill st Glasgow
8. Length of time Insane,	about a month
9. Whether First Attack,	No
10. Age (if known) on First Attack,	53 year
11. When and where previously under Examination and Treatment,	2 months ago in Smithston Asylum Greenock
12. Duration of Existing Attack,	about a month
13. Supposed Cause,	Unknown
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Uncertain
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Govan Combination meantime
18. Date of becoming Chargeable,	23rd August 1881
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Johnstone Ship Son Timothy Octavia St, Port Glasgow Carpenter a sister
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Twenty second day of August One thousand eight hundred and eighty one.

(*To be signed by Party applying*) And. Wallace

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Joseph Hume Menzies being a (1) M.D. of Glasgow University &c

and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) 53 McNeil Glasgow Lanark in the County of separately from any other Medical Practitioner, visited and personally examined (4) Margaret Hart or Johnstone 53 McNeil Glasgow — a pauper and that the said Margaret Hart 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) Talks in a [illegible] manner. Is very nervous and excited. [illegible] very suspicious imagines people are plotting [illegible] against her and her family — says this [illegible] sleeping — has to watch the housedering the night [illegible]

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her granddaughter says she has been [illegible] state for some weeks. Is violent at time. Has been in an Asylum

Name and Medical Designation, Joseph Hume Menzies

Place of Abode, 173 George St Glasgow

DATED this Nineteenth day of August One thousand eight hundred and Eighty One Years

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, John Barrie being a (1) M.D. Glasgow University &c

and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) 53 McNeil Glasgow Lanark in the County separately from any other Medical Practitioner, visited and personally examined (4) Margaret Hart or Johnstone 53 McNeil St. Glasgow — a pauper and that the said Margaret Hart Johnstone is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Is nervous & has delusions, imagines people are conspiring against her & her daughter. filling the house [illegible] poisonous vapours &c.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her Neice says she has been in this County for several weeks. Has been in an Asylum

Name and Medical Designation, John Barrie M.D.

Place of Abode 3 Royal Cres Crosshill

DATED this Twentieth day of August One thousand eight hundred and Eighty One Years

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, John Barrie being (1) MD Glasgow University & hereby certify, on soul and conscience, that I have this day, at (2) 53 McNeil St. Glasgow in the County of Lanark, seen and personally examined Margaret Hart or Johnstone, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

John Barrie MD

DATED this Twentieth day of August One thousand eight hundred and Eighty one Years.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Walter Cook Spens Advocate Sheriff Substitute of the (1) County of Lanark having had produced to me, with a Petition at the instance of Andrew Wallace Inspector of Poor Govan Combination Certificates under the hands of Joseph Hume Menzies and John Barrie, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and 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 Hart or Johnstone 53 McNeill Street Glasgow a Pauper and that the said Margaret Hart or Johnstone is a (4) person of unsound mind and a proper Person to be detained and taken care of DO HEREBY AUTHORIZE you to receive the said Margaret Hart or Johnstone as a Patient into the District Royal Asylum at Dumfries and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Margaret Hart or Johnstone which accompanied the said Petition.

DATED this twenty second day of August One thousand eight hundred and eighty

Walter J. Spens

To the Superintendent of the (1) District Royal *Asylum* at Dumfries

---

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2
476

Margaret Hart
or Johnstone

22 august
1881

LETTER OF AGREEMENT

FOR PAYMENT OF BOARD,

TO BE SUBSCRIBED BY THE INSPECTOR OF POOR IN THE CASE OF *PAUPER* PATIENTS; IN THE CASE OF *PRIVATE* PATIENTS, BY THE INSPECTOR OF POOR OR OTHER RESPONSIBLE PERSON.

To the Trustees & Directors of the Crichton Royal Institution, Dumfries.

Annan 23rd August 1881

GENTLEMEN,

In respect of your agreeing to Admit Margaret Hart or Johnstone *as a Patient into the SOUTHERN COUNTIES ASYLUM for LUNATICS at DUMFRIES, I hereby agree to pay to your Treasurer Quarterly, and in advance, the Board fixed by you for the said* Margaret Hart or Johnstone *to remove* her *when required to do so by you; to bury* her *in case of death; to relieve you and all the Officers, &c., of the Asylum of all responsibility for the reception or detention of the said Patient; and, generally, to fulfil all conditions required by the Regulations of the Institution.*

Signature John Lawson

Designation Inspector of Poor of Annan

Residence Battlehill, Annan

Campbell McLean *Witness.*

Designation and Address Merchant
Bridge End Annan

James Dalrymple *Witness.*

Designation and Address. Grocer
High St Annan

Conscience

A D Macdonald Mo

Dumfries July 21st 1861

On the 20th, 21st & 22nd July in the prisons of Dumfries I Examined a prisoner named Peter Lee or Poland charged with the crime of Assault, and found him to be a Lunatic in a State threatening danger to the lieges rendering his Confinement in a lunatic Asylum or other Safe place of Custody Necessary.

The above is Certified on Soul and Conscience.

A D Macdonald MD

Dumfries August 16th 1861

I have again Examined Peter Lee or Poland to day in the prisons of Dumfries and find that though he has short lucid intervals yet he is still a lunatic in a State threatening danger to the lieges rendering his Confinement in a lunatic Asylum or other place of safe Custody Necessary.

The above is Certified on Soul and Conscience

A D Macdonald MD

Dumfries 16th August 1881

Unto the Honourable the Sheriff of Dumfries and Galloway.

The Petition of Thomas Thanks Chalmers, Procurator Fiscal of Court, for the public interest.

Humbly Sheweth,

That by an Act passed in the 25th and 26th Years of the Reign of Her Majesty Queen Victoria Cap: 54 Entituled "An Act to Make further provision respecting Lunacy in Scotland (29 July 1862") it is by Section 15 Enacted "When any Lunatic shall have been apprehended Charged with Assault, or other Offence inferring danger to the Liegis, or When any Lunatic shall be found in a State threatening danger to the Liegis, or in a State offensive to public decency, it shall be Lawful for the Sheriff of the County in which such Lunatic may have been apprehended or found, upon application by the Procurator Fiscal or Inspector of Poor, or other person, accompanied by a Certificate from a Medical person, bearing that the Lunatic is

T Chalmers PF

"is in a State threatening such
"danger, or in a State offensive or
"threatening to be offensive to public
"decency, forthwith to commit such Lunatic
"to some place of safe Custody, and the
"Sheriff shall thereupon direct Notice to
"be given in some News paper Circulated
"in the County within which such Lunatic
"was apprehended or found of such
"Commitment, and that it is intended
"to Enquire into the Condition of such Lunatic
"on an early day to be named; and shall
"also direct Notice of the application
"to be given to the Inspector of Asylums
"of the parish within which the Lunatic
"has been apprehended or found (where
"the application is not presented to
"the Inspector of such parish) and
"such farther Notice as he shall think
"fit; and if the Inspector of the
"Parish does not within Twenty four
"hours undertake to the Satisfaction
"of the Sheriff to make due arrangements
"for the safe Custody of such Lunatic
"the Sheriff shall accordingly procure
"to take Evidence of the Condition of such
"Lunatic

H Chalmers
JP

"Lunatic, and upon being Satisfied that
"he is a Lunatic and is a Nate
"threatening danger to the liege, or Offensive
"to public decency, he Shall Commit the
"Lunatic to any Asylum, and an Order
"Authorising the Superintendent of the
"Asylum to which the Lunatic may be
"Committed, to receive the Lunatic, and
"Authorising the transmission of the Lunatic
"to such Asylum, Shall be Granted by
"the Sheriff in respect to Every such
"Commitment, and such Lunatic Shall
"be detained in such Asylum, until Cured
"or until Caution Shall be found for
"his Safe Custody, in which last case
"it shall be lawful for the Sheriff upon
"application to that Effect, and upon being
"Satisfied as to such Caution, and the
"Safety and propriety of such Custody,
"to Authorise the delivery of the Lunatic to
"the person so finding Security, and the
"Sheriff at the time of granting Warrant
"to Commit such Lunatic to an Asylum,
"or thereafter in proceedings following on
"the said Application, Shall pronounce a
"judgment finding the amount of the Expenses
"Connected

" connected with the said application,
" Enquiry and Procedure, as the same
" shall be taxed, and shall grant Decree
" for such Expenses against the parish
" within which the Lunatic shall have
" been apprehended or found at large, and
" in favour of the Procurator Fiscal
" or other person (Except the Inspector
" of the Poor) at whose instance such
" application shall have been made, and
" such Enquiry and Procedure conducted,
" and shall also grant Decree against
" such parish, and in favour of the
" Procurator Fiscal, or other such person
" (Except the Inspector of the Poor) or in
" favour of the Superintendent or Keeper
" of the Asylum to which the Lunatic
" shall have been Committed for such
" Sums as may be necessary for the
" Maintenance of such Lunatic, and
" Every such Decree shall be final and
" Conclusive, and not subject to Review
" or Reduction in any way, or by any
" process whatsoever; but the parish so
" decerned against and paying such
" Expenses and Cost of Maintenance
" shall

5.

"shall have relief and recourse therefor
"against the Lunatic and his Estate, and
"any of his Relatives legally liable for his
"Maintenance, and also against the parish
"of Settlement of such Lunatic, in the
"Court of the parish in which the Lunatic
"was apprehended or found at large, not
"being the parish of Settlement, as
"accords of law."

That Peter Lee or Poland, a Labourer, lately residing in James M'Donald's lodging house in Friars Vennel, Dumfries, was apprehended on or about 19th July 1881 years, and is now in custody in the prison of Dumfries, charged with having of that date committed a Breach Assault at Sandbed, Palnure, in the parish of Kirkmahoe and County of Dumfries, the apprehension taking place at Sandbed in the parish and County aforesaid;

That the said Peter Lee or Poland having on 20th, 21st and 22nd July and again on 16th August 1881, in the prison of Dumfries, been Examined by Alexander Dall Macdonald, Doctor of

A Clarkson

6.

Medicine in Dumfries, is certified by the said Alexander Dalle Macdonald to have been as at 20th, 21st, and 22nd July 1881 and now is, a Lunatic and in a State threatening danger to the Liegies, Conforme to Certificate herewith produced:-

That so far as known to the Petitioner, the said Peter Lee or Dolan has no Means for defraying the cost of his Maintenance in any Asylum.

That the parish of Kirkmahoe within which the said Peter Lee or Dolan was apprehended or found is the parish liable in the first instance for the cost of his Maintenance in an Asylum, with Relief as provided for in the Section of the Act above recited

May

J Galloway

7.

May it therefore please Your Lordship in terms of the provisions of Section 15 of the Act 25 and 26 Victoria, Chapter 54 as above quoted, to grant Warrant forthwith to Commit the said Peter Lee or Polan to the Prison of Dumfries or other place of safe custody: appoint an early day to Enquire into the Condition of the said Peter Lee or Polan: direct Notice to be given in some Newspaper circulated in the County of Dumfries of such Commitment, and of Your Lordships intention to Enquire into the Condition of the said Peter Lee or Polan on a day to be so appointed: and to direct Notice of this application to be given to Robert Duff, Inspector of Poor of the Parish of Kirkmahoe, within which the said Peter Lee or Polan was found or apprehended and such further Notice as Your Lordship shall think fit, and thereafter (failing the Inspector of Poor of the aforesaid parish, within

J Chalmers
A.F.

twenty four hours after Service
on him of such Notice, undertaking
to the Satisfaction of your Lordship
to make due arrangements for the
Safe custody of the said Peter Lee
or Tolan, proceed on the day to be
so appointed to take Evidence of
the condition of the said Peter Lee
or Tolan, and on being Satisfied
that he is a Lunatic and is
a State threatening danger to
the Lieges, to grant Warrant to
Commit him to the Southern
Counties Lunatic Asylum Tunbridge
or such other Asylum as your
Lordship may think proper: also
grant Warrant to the Superintendent
of the Asylum to which the said
Peter Lee or Tolan may be so
Committed, to receive him, and
authorising his transmission to
such Asylum, therein to remain
until he be cured, or until cause
shall be found for his safe custody
further at the time of granting such
final Warrant of Commitment, or
in

H Chalmers
Pt

J.

in proceedings following on this application, pronounce judgment finding the amount of the Expenses connected with the said Application, Enquiry and procedure, as the same shall be taxed, and Grant Decree for such Expenses in favor of the Petitioner: also decern in favor of the Superintendent of the Asylum to which the said Peter Lee or Doland may be committed, for the Expense of his Maintenance, all against the said parish of Kirkmahoe and Robert Duff as Inspector of and representing the said parish, reserving relief and recourse to the said parish and Inspector thereof against all others as accords of law; all in terms of the foresaid Sections of the said Act

According to Justice.

H Cholmers
P J

Dumfries 16th August 1881. The Sheriff Substitute having considered the foregoing Petition, with the Medical Certificate produced;- In respect that the alleged Lunatic is at present in a safe place of Custody Finds it unnecessary to order his removal to an Asylum in the Meantime: Appoints Tuesday, the Twenty third day of August current, at three o'clock afternoon, within the Sheriff Court House, Dumfries, as a diet for proceeding to Enquire into the Condition of the said Peter Lee or Dolan; and grants Warrant to cite Witnesses for said diet: Directs Notice of said diet to be given in the Dumfries and Galloway Herald Newspaper, and also to the Inspector of Poor of the Parish of Kirkmahoe, all in terms of the Act of Parliament found on.

David Boyle Hope

This

11.

This Petition and Deliverance Served by me Archibald Aytoun Sheriff Officer upon Robert Duff, Inspector of Poor of the Parish Kirkmahoe, by leaving for him a full Copy thereof, having a just Copy of Service and Requisition subjoined, within his dwelling place at Islesmuir Village, with a Warrant thereto to be given to him, because I could not find him personally in presence of Alexander Loudoun residenter in Dumfries this Sixteenth day of August, Eighteen hundred and Eighty one years.

Arch. Aytoun

Alex. Loudoun Witness. Sheriff Officer

At Dumfries, the Twenty third day of August, One Thousand Eight Hundred and Eighty one Years. In presence of David Boyle Hope Esquire, Advocate, Sheriff Substitute of the County of Dumfries; Appeared the Petitioner Thomas Shanks Chalmers who produced a Copy of the Dumfries and Galloway

David Boyle Hope

Galloway Herald Newspaper of date the 17th. August current containing the advertisement ordered by the preceding Interlocutor

Compeared Peter Lee or Adam the alleged Lunatic. Mr. Robert Duff. Inspector of Poor of the Parish of Kirkmahoe was also present.

The following witnesses were examined upon oath in support of the Petition viz.

1. William Hyslop. Labourer. Stithbank. Dumfries
2. John Graham. Farmer. Glodahill. Dryfesdale.
3. James Milne. Labourer. Landbed. Kirkmahoe.
4. Andrew Kerr. Police Constable. Galewinton.
5. Alexander Ball Macdonald. Doctor of Medicine.
6. James Adam. Medical Superintendent of Crichton Royal Institution and Southern Counties Asylum. Dumfries.

Dumfries 23rd August 1881. The Sheriff Substitute having

David Boyd

having resumed consideration of the Petition, with the evidence adduced at the enquiry held this day and being satisfied that Peter Lee or Dolan, designed in the Petition is at present and was at the date of his apprehension on 19th July last a Lunatic, and in a state threatening danger to the Liege, grants warrant to officers of court to remove the said Peter Lee or Dolan, from the Prison of Dumfries, and to commit him to the Southernbounties Asylum, Dumfries, and authorises the Superintendent of said Asylum to receive the said Peter Lee or Dolan, and detain him in said Asylum until cured, or until caution be found for his safe custody: Farther finds that the expenses connected with the Application, Enquiry and Procedure as taxed amount to the sum of fourteen pounds nineteen shillings and eight pence Sterling.

David Boyle

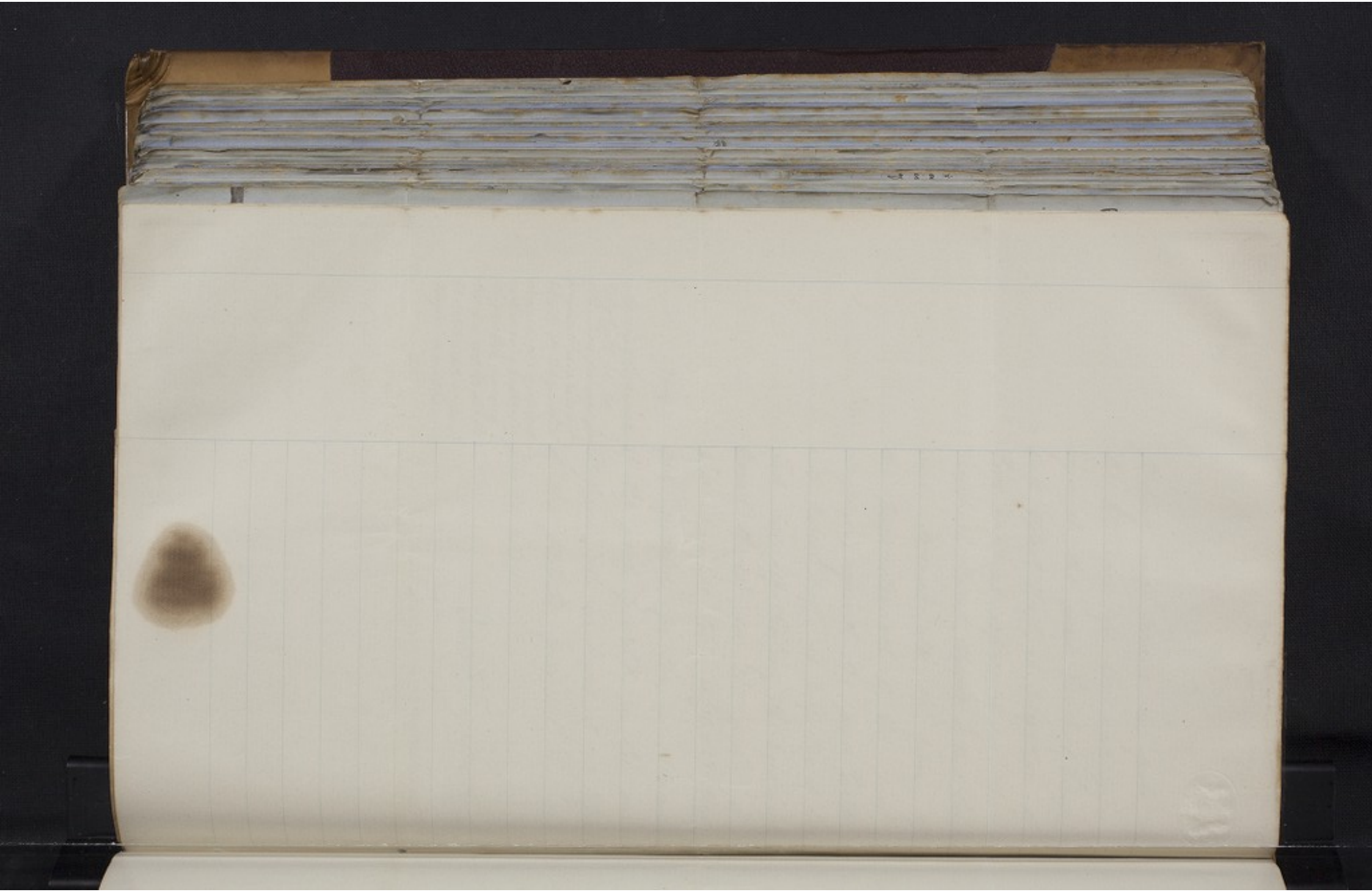
Sterling and Decerns in favor of the Petitioner for the said sum against the ~~said~~ Parish of Kirmahoe and Robert Duff, as Inspector of Poor, and as representing the Parochial Board ~~thereof~~ of that Parish; and decerns also in favor of the Superintendent of the said Asylum, against the said Parish, and Robert Duff, as Inspector of Poor, and as representing the Parochial Board thereof, for the sum of five pounds ten shillings Sterling per quarter, for the maintenance of the said Lunatic in the said Asylum, all in terms of the Section of the Statute founded on. Two words deleted.

S. B.

during the period he shall be so detained, commencing payment as on the date hereof for the quarter immediately succeeding and so on quarterly thereafter during the period he shall be detained in said Asylum and Decerns.

H

David Boyle Hope



2
477

Lunacy Petition
The Prör Fiscal
v.
Peter Lee or Dolan.

23. August 1881

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Barony or Stewartry.

Unto the Honourable the (1) Sheriff —— *of* —— (2) Dumfries and Galloway

and his Substitutes,—

The Petition of James Johnstone Lee Doctor of Medicine Stratford on Avon

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Antony Alopius Roche your Petitioner's (3) patient is at present in a State of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Antony Alopius Roche to the Crichton Royal Institution and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other ground on which Petitioner stands to Lunatic.

Jos J. Lee

DATED this 26th (4) day of August One thousand eight hundred and eighty one

(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,	Antony Alopius Roche
2.	Sex and Age,	Male. aet 29
3.	Married, Single, or Widowed,	Single
4.	Condition of Life, and previous Occupation (if any),	Medical Practioner
5.	Religious Persuasion, so far as known,	Roman Catholic
6.	Previous Place of Abode,	Shelford on Avon. Wintown House
7.	Place where Found and Examined,	At Dumfries
8.	Length of time Insane,	about twelve months
9.	Whether First Attack,	Yes
10.	Age (if known) on First Attack,	28
11.	When and where previously under Examination and Treatment,	Wintown House and elsewhere
12.	Duration of Existing Attack,	12 months
13.	Supposed Cause,	Not known
14.	Whether subject to Epilepsy,	No
15.	Whether Suicidal,	No
16.	Whether Dangerous to others,	Yes
17.	Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Not chargeable
18.	Date of becoming Chargeable,	——
19.	Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	W. Roche Esq. 72 Harcourt St. Dublin (Father) None
20.	Special circumstances (if any) preventing the insertion of any of the above particulars,	None

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this twenty fourth day of August One thousand eight hundred and eighty one years

(To be signed by Party applying) Jos Johnstone Lee

P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Thomas Ferguson being a (1) Graduate of Edinburgh Univ and being in actual practice as a (2) general practitio hereby certify, on soul and conscience, that I have this day, at (3) 27 Ca Dumfries in the Co Dumfries separately from any other Medical Pract visited and personally examined (4) Antony Aloysius Ro a the said Antony Aloysius Roche is a (5) person of unsound mind and a proper Person to be d under Care and Treatment, and that I have formed this opinion upon the fo grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) He seems con He tells me that while under the of God or possessed by an evil spirit he h his spine by means of a sharp instrument — w the cow. Says he was sleepy without sedatives & that he is in cer & an injunction against this is not the case.

2. Other facts (if any) indicating Insanity communicated to me by others: (7) By the Attendant — That he has b under spinal treatment in several pl for the same mentar debilitation

Name and Medical Designation, Thomas Ferguson M

Place of Abode, 27 Castle St Dumfries

DATED this twenty fourth day of August One thousand hundred and eighty one

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, William Duncan being a (1) Graduate of Medicine of the Universit Edinburgh and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) The Cradle Royal Institution in the Cou Dumfries separately from any other Medical Practiti visited and personally examined (4) Anthony Aloysius Road and the said Anthony Aloysius Roche 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.:—

1. Facts indicating Insanity observed by myself: (6) He alleges having made an attempt to injure his spine in a state of mind he does not Know what he was, when manner is very excited and his narrative sometimes inconsistent. H his hands and thumbs Blue also.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) He has been under treatment for insanity in various pa The Attendant says he talks to himself, shouts and dan his hands.

Name and Medical Designation, William Duncan

Place of Abode 33 Castle St. Dumfries

DATED this 26th day of August One thousand e hundred and eighty one.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Thomas Ferguson being (1) Graduate of Edinburgh University hereby certify, on soul and conscience, that I have this day, at (2) 27 Castle St Dumfries in the County of Dumfries, seen and personally examined Antony Aloysius Roche, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Thomas Ferguson M.B. & Ch.

DATED this twenty fourth day of August One thousand eight hundred and eighty one

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, George Whitelaw (1) Honorary Sheriff Substitute of the (2) county of Dumfries, having had produced to me, with a Petition at the instance of (3) James Whitstone Luce, Doctor of Medicine, Stratford-on-Avon, Certificates under the hands of Thomas Ferguson and William Duncan, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Antony Aloysius Roche, Stratford-on-Avon (Petr's Patient) and that the said Antony Aloysius Roche, is a (5) person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Antony Aloysius Roche, as a Patient into the (6) Public Asylum of Crichton Institution, and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Antony Aloysius Roche, which accompanied the said Petition.

DATED this Twenty seventh day of August, One thousand eight hundred and eighty one.

Geo. Whitelaw

To the Superintendent of the (7) Public *Asylum of* Crichton Royal Institution Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1716

Anthony A. Rocke

24th August

1881

[FORM A[1]]

20 & 21 *Vict., Cap.* 71, *Sect.* 37.

NOTICE OF ADMISSION.

I HEREBY GIVE NOTICE, That (1)

was received into this House as a (2)

Patient on the (3) day of

and I hereby transmit a Copy of the Order and Medical Certificates and Statement on which was received.

Subjoined is a Report with respect to the mental and bodily condition of the above-named Patient.

Superintendent.

DATED at this (4) day of

One thousand eight hundred and seventy

To the Secretary of the
General Board of Lunacy.

REPORT.

I HAVE this day (5) seen and personally examined

the Patient named in the above Notice,

and hereby report and certify, with respect to mental state, that (6)

and with respect to bodily health and condition, that (6)

(7)

DATED this day of One thousand eight hundred and

---

(1) Name and Designation.
(2) Private or Pauper.
(3) Some day within fourteen days after the date of the Order of the Sheriff; or within twenty-one days, if the Order be granted by the Sheriff of Orkney and Shetland.
(4) Some day not less than two clear days after the admission of the Patient, and before the expiration of fourteen clear days after admission.
(5) Insert Particulars.
(6) Insert Particulars.
(7) Add Designation.

~~Copies.~~

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(*) Sheriff or Steward.
(*) Shire or Stewartry.

Unto the Honourable the (*) Sheriff of ~~the (*) Stewartry~~ Dum and Galloway ~~of Kirkcudbright~~ *and his Substitutes,—*

The Petition of John Kelly

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Margaret R. Kergin or O Hara your Petitioner's (*) ~~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 Margaret R. Kergin or O. Hara ~~her~~ to the Southern Counties Asylum Dumfries and to sanction ~~Her~~ admission into the said Asylum. Seven words deleted

(*) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

John Kelly Inspector

(*) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this thirtieth (*) day of August One thousand eight hundred and eightyone

STATEMENT.

If any 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 R. Kergin or O Hara
2. Sex and Age,	Female age twenty two years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Domestic Servant
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Creetown
7. Place where Found and Examined,	Church Court Creetown
8. Length of time Insane,	Three weeks
9. Whether first Attack,	first
10. Age (if known) on first Attack,	Twenty two years
11. When and where previously under Examination and Treatment,	
12. Duration of existing Attack,	Three weeks
13. Supposed Cause,	Puerperal Condition
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 Kirkmabreck
18. Date of becoming Chargeable,	Thirty first day of August 1881
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	James Kergin Husband Church Court Creetown None of her relations ever known to be ins
20. Special circumstances (if any) preventing the 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 August One thousand eight hundred and eigh

(*To be signed by the Party applying*) John Kelly
Inspector of Poor

(~~Copies.~~)

MEDICAL CERTIFICATE, No. I.

I the undersigned, James Clark
being a (1) Licentiate of the Faculty of Physicians and Surgeons, Glasgow.
and being in actual practice as a (2) Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Harbour
St. Centurion.
Husband's house in the County of separately from any other Medical Practitioner,
visited and personally examined (4) Margaret K. Keegan
Campus, Harbour St. Centurion and that
the said Margaret K. Keegan is a (5) Person
of unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)
She believes that her food is being poisoned
and refuses to take it; that those about her
are conspiring to take her life. She talks
very incoherently at times.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Her husband states that she is subject
to fits of excitement, that in one, she
jumped from the window to the street
& had only recovering when they allowed him
to give her as many as possible. She has got 6 children St. almost mad

Name and Medical Designation, James Clark, Surgeon

Place of Abode, St Centurion Stuart

DATED this Thirtieth day of August. One thousand eight
hundred and Eighty one years.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) *Physician or Surgeon, or otherwise, as the case may be.*
(3) *Insert the street and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper state so.*
(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*
(6) *State the facts.*
(7) *State the information, and from whom derived.*

MEDICAL CERTIFICATE, No. II.

I the undersigned, William Donald Mackeith
being a (1) Bachelor of Medicine Glasgow University
& member of Royal College of Surgeons London
and being in actual practice as a (2) Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Harbour
Street Greetown
Greenbury 21.
in the County of separately from any other Medical Practitioner,
visited and personally examined (4) Margaret Richardson Keegan
Campus Harbour, Street Greetown and that
the said Margaret Richardson Keegan is a (5) person
of unsound mind and a proper person to be detained
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 all nourishment accuses me of
attempting to poison her; mechanical stupor,
accused her sister of trying to smother her.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Her husband states that she was found lying in a
room with a child to whom she leaped from a window
6 feet high; paraded the street naked; accuses him of

Name and Medical Designation, William Donald Mackeith Surgeon

Place of Abode, Greetown

DATED this Thirtieth day of August One thousand eight
hundred and eighty one 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.*

(~~Copies.~~)

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I William Jardine Maxwell Honorary (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) John Kelly, Inspector of Poor Kirkmabreck, Certificates under the hands of James Clark and William Donald Macleith, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 R. Kirgan or O'Hara, Church Street, Creetown (a pauper) and that the said Margaret R. Kirgan or O'Hara is a (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 R. Kirgan or O'Hara, as a Patient into the (6) Public Asylum of Southern Counties and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Margaret R. Kirgan or O'Hara, which accompanied the said Petition.

DATED this thirty first day of August One thousand eight hundred and eighty one years.

W. J. Maxwell.

Cm. K.

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

[FORM A[1]]

2
479
William McLellan
31st Aug 81

20 & 21 *Vict., Cap.* 71, *Sect.* 37.

NOTICE OF ADMISSION.

I HEREBY GIVE NOTICE, That (1)

was received into this House as a (2)

Patient on the (3) day of

and I hereby transmit a Copy of the Order and Medical Certificates and Statement on which was received.

Subjoined is a Report with respect to the mental and bodily condition of the above-named Patient.

_____ *Superintendent.*

DATED at this (4) day of

One thousand eight hundred and seventy

To the Secretary of the
General Board of Lunacy.

REPORT.

I HAVE this day (4) seen and personally examined

the Patient named in the above Notice,

and hereby report and certify, with respect to mental state, that (5)

and with respect to bodily health and condition, that (6)

(7) _____

DATED this day of One thousand eight hundred and

(1) Name and Designation.
(2) Private or Pauper.
(3) Some day within fourteen days after the date of the Order of the Sheriff; or within twenty-one days, if the Order be granted by the Sheriff of Orkney and Shetland.
(4) Some day not less than two clear days after the admission of the Patient, and before the expiration of fourteen clear days after admission.
(5) Insert Particulars.
(6) Insert Particulars.
(7) Add Designation.

~~Copies~~

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Stewart.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) ~~Stewartry~~ Dumfries and Galloway ~~of Kirkcudbright~~ *and his Substitutes,*—

The Petition of John Kelly, Inspector of Poor, Kirkmabreck

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that William McLellan Abby Wood ——

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

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 William McLellan —— to the Southern Counties Asylum Dumfries and to sanction His admission into the said Asylum. Seven words deleted.

John Kelly Inspector

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this thirtieth (4) day of August One thousand eight hundred and eighty one

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	William McLellan
2. Sex and Age,	Male age fifty years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Gardner
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Penninghame
7. Place where Found and Examined,	Abby Wood near Cruetown
8. Length of time Insane,	Twelve Months
9. Whether first Attack,	first
10. Age (if known) on first Attack,	fifty years
11. When and where previously under Examination and Treatment,	Abby wood
12. Duration of existing Attack,	twelve months
13. Supposed Cause,	Intemperate habits
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,	Kirkmabreck
18. Date of becoming Chargeable,	thirty first day of August 1881
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Martha Kingsley Abby Wood near Cr no member of the family ever known be Insane or any Relation
20. Special circumstances (if any) preventing the 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 August One thousand eight hundred and Eighty

(*To be signed by the Party applying*) John Kelly Inspector of Poor

(~~Copies~~)

MEDICAL CERTIFICATE, No. I.

, the undersigned, James Clark
ing a (1) Licentiate of the Faculty of Physicians
nd Surgeons, Glasgow
nd being in actual practice as a (2) Surgeon
reby certify, on soul and conscience, that I have this day, at (3) Abbey
Wood. Crutown in the County of
Kirkcudbright separately from any other Medical Practitioner,
sited and personally examined (4) William M'Lelland,
Pauper, Abbey Wood, Crutown, and that
e said William M'Lelland is a (5) Person
of unsound mind and a proper person to be detained
nder Care and Treatment, and that I have formed this opinion upon the following
rounds, 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.*

Progressive impairment of all the mental
faculties with gradually increasing general
lunacy.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

(7) *State the information, and from whom derived.*

His wife states that his actions are found
inconsistent & unreasonable & unconsciously in bed
as was shown by the state of his bed clothes.—

Name and Medical Designation, James Clark Surgeon.

Place of Abode, N. Cotmclleland

DATED this Twenty third day of August One thousand eight
ndred and Eighty one years.

MEDICAL CERTIFICATE, No. II.

the undersigned, William Donald MacKeith
ing a (1) Bachelor of Medicine and Licentiate of Royal College Surgeons Edinburgh
d being in actual practice as a (2) Surgeon
reby certify, on soul and conscience, that I have this day, at (3) Abbey
Wood near Crieltown in the County of
Kirkcudbright. separately from any other Medical Practitioner,
sited and personally examined (4) William M'Lelland
Pauper Abbey Wood near Crieltown and that
e said William M'Lelland is a (5) person
of unsound mind and a proper person to be detained
nder Care and Treatment, and that I have formed this opinion upon the following
rounds, 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.*

General impairment of all mental faculties
with Paralysis of the Insane)

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

(7) *State the information, and from whom derived.*

Mrs M'Connell states that he has threatened her
life often: & that he cannot manage her property
this entry taken: excessive Gluttony

Name and Medical Designation, William Donald MacKeith Surgeon

Place of Abode, Crieltown

DATED this twenty third day of August One thousand eight
ndred and eighty one years.

(~~Copies.~~)

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I William Jardine Maxwell (3) Honourary Sheriff Substitute of the (4) County of Dumfries, having had produced to me, with a Petition at the instance of (5) John Kelly, Inspector of Poor, for the parish of Kirkmabreck, Certificates under the hands of James Clark, and William Donald Mackeith, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (6) William McLellan, Abbey Wood Creetown Pauper and that the said William McLellan is a (7) ~~pauper~~ person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said William McLellan as a Patient into the (8) Public Asylum of Southern Counties and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said William McLellan which accompanied the said Petition.

DATED this thirty first day of August One thousand eight hundred and eighty one years. One word deleted.

W. J. Maxwell

Cert. E.

To the Superintendent of the (9) Public
Asylum of Southern Counties, Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Sheriffdom or Stewartry.

Unto the Honourable the (1) Sheriff ~~of the (1) Sheriffdom~~ of Dumfries & Galloway *and his Substitutes,—*

The Petition of Thomas Johnstone, Rigfoot Kirkpatrick Fleming humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that William Johnstone ~~William Johnstone~~ your Petitioner's (2) Son ~~William Johnstone~~ is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said William Johnstone to the Southern Counties Asylum Dumfries, and to sanction his admission into the said Asylum. Fiat ut petitur.

(2) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

Thomas Johnstone

DATED this third (3) day of September, One thousand eight hundred and eighty one.

(3) 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,	William Johnstone
2. Sex and Age,	male twenty five years.
3. Married, Single, or Widowed,	single
4. Condition of Life, and previous Occupation (if any),	previously a railway servant.
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Rigfoot Parish of ~~Moffat~~ Kirkpatrick Juxta
7. Place where Found and Examined,	Of and on for three years.
8. Length of time Insane,	new
9. Whether First Attack,	twenty two years.
10. Age (if known) on First Attack,	Edinburgh
11. When and where previously under Examination and Treatment,	9 months
12. Duration of Existing Attack,	
13. Supposed Cause,	
14. Whether subject to Epilepsy,	
15. Whether Suicidal,	not suicidal
16. Whether Dangerous to others,	not dangerous but troublesome
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Thomas Johnstone. Father residing at Rigfoot Parish of ~~Moffat~~ Kirkpatrick juxta Dumfries Shire. A sister temporarily 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 third day of September One thousand eight hundred and eighty one

(To be signed by Party applying) Thomas Johnstone

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Wm D'Ogly Grange being a (1) Doctor of Medicine of the University of Edinburgh and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Riggfoot Parish of ~~Moffat~~ Kirkpatrick Juxta in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) William Johnstone of Riggfoot by Moffat and the said William Johnstone of Riggfoot ~~[illegible]~~ is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Appearance nervous restlessness Hallucinations & delusions unfounded fear.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Absurd assertions of independance and greatness very troublesome to the neighbours and obstinate to a degree at times.

Name and Medical Designation, Wm D'Ogly Grange M

Place of Abode, Mansfield House, Moffat

DATED this 2nd day of September One thousand eight hundred and eighty one.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, J. Maxwell Davidson being a (1) Bachelor of Medicine & Master Surgery of the University of Glasgow and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Riggfoot Parish of Kirkpatrick Juxta (near Moffat) in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) William Johnstone of Riggfoot Parish of Kirkpatrick-Juxta and the said William Johnstone of Riggfoot is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

Restless manner.
Flighty Suspicious look.
Has strange delusions

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Thinks that he shd hold a higher position in the world. Is troublesome to neighbours. Does not sleep during the early part of the night. Nearly continually wanders

Name and Medical Designation, J. Maxwell Davidson

Place of Abode Johnstone Bridge, Lockerbie

DATED this Third day of September One thousand eight hundred and eighty-one.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, William Dorby Grange
being (1) a Doctor of Medicine
hereby certify, on soul and conscience, that I have this day, at (2) Rigfoot; Moffat;
in the County of Dumfries, seen and personally examined
William Johnston, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

William Dorby Grange M.D. C.M.

DATED this second day of September One thousand eight hundred and eighty one

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff-Substitute
of the (2) County of Dumfries
having had produced to me with a Petition at the instance of (3) Thomas Johnstone,
Rigfoot, Kirkpatrick-Fleming
Certificates under the hands of William Dorby Grange
and J. Maxwell Davidson, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
William Johnstone, Rigfoot-Kirkpatrick, and that the said
William Johnstone, is a (5) person of unsound mind,
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said William Johnstone as a Patient into the (6) Southern Counties Asylum at Dumfries and I authorize Its Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Pauper William Johnstone, which accompanied the said Petition.

DATED this third day of September, One thousand eight hundred and Eighty one.

David Boyle Hope

To the Superintendent of the (7) Southern Counties
Public Asylum at Dumfries.

---

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

William Johnston

3rd September

1881

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of (2) Dumfries & Galloway *and his Substitutes,*—

The Petition of John Ford Connell, Solicitor Lockerbie

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Margaret Murray residing in Lochmaben your Petitioner's (3) Client is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Margaret Murray to the Northern Counties Asylum and to sanction her admission into the said Asylum.

John Ford Connell

(3) State degree of Relationship or other Capacity in which Petitioner stands to Lunatic.

(4) The date of the Petition must be within fifteen clear days following the dates of the Medical Certificates.

DATED this ninth (4) day of September One thousand eight hundred and eighty one

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Margaret Murray or Margaret Scott Murray
2. Sex and Age,	female, aged ~~44~~ 40
3. Married, Single, or Widowed,	single
4. Condition of Life, and previous Occupation (if any),	no occupation
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Lochmaben
7. Place where Found and Examined,	Lochmaben
8. Length of time Insane,	insane more or less for the last four years
9. Whether First Attack,	no. second serious attack
10. Age (if known) on First Attack,	35
11. When and where previously under Examination and Treatment,	formerly in a lunatic asylum
12. Duration of Existing Attack,	about a year
13. Supposed Cause,	not known
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	has threatened to commit suicide
16. Whether Dangerous to others,	yes, threatened her landlady's life
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	supposed to be Gretna, but not ascertainable
18. Date of becoming Chargeable,	—
19. Christian Name and Surname, and Place of Abode of nearest known 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 Murray, Station Master on the Caledonian Railway and residing at 142 Ingleby Drive, Dennistoun Glasgow - not known whether any other member of the family were insane
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	—

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 9 day of September One thousand eight hundred and eighty one

(*To be signed by Party applying*) John F. Connell

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, John T. R. Wotherspoon being a (1) Regist. Licentiate of Royal Coll. Physicians & Surg.

and being in actual practice as a (2) General Medical Practitioner hereby certify, on soul and conscience, that I have this day, at (3) 22 High St. Lochmaben in the Co. Dumfries separately from any other Medical Pract. visited and personally examined (4) Margaret Murray

the said Margaret Murray is a (5) person of an insane and a proper Person to be d under Care and Treatment, and that I have formed this opinion upon the fo grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Melancholia, with accompanying attacks of great excitement, with evidence of personal violence.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Very irregular in her habits, mothering-sitting and frequent desires to walk out & unusual lascivious desires (From Mrs. Gillespie)

Name and Medical Designation, John T. R. Wotherspoon Regist. Physician & Surg.

Place of Abode, The Green Lockerbie

DATED this 8th day of September One thousand hundred and Eighty One.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, William Carruthers being a (1) Graduate in Medicine of Edinb. Univ.

and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 22 High St. Lochmaben in the Co. Dumfries separately from any other Medical Practi visited and personally examined (4) Margaret Murray

the said Margaret Murray is a (5) insane and a proper person to be d under Care and Treatment, and that I have formed this opinion upon the foll grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Her Melanch appearance and threats of violence towards her landlady

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Mrs Gillespie Her Landlady states that she knocked her down and thrown things at her and has been in an Asylum before

Name and Medical Designation, William Carruthers

Place of Abode Lockerbie late Dum

DATED this 8th day of September One thousand hundred and eighty one years

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, John T. R. Wotherspoon being (1) Regist. Medical Practitioner hereby certify, on soul and conscience, that I have this day, at (2) Lochmaben in the County of Dumfries, seen and personally examined Margaret Murray, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

John T. R. Wotherspoon

DATED this 8th day of Sept. One thousand eight hundred and Eighty One

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) John Ford Cormack, Solicitor Lochmaben Certificates under the hands of John T. R. Wotherspoon and William Carruthers being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Margaret Murray, High Street Lochmaben (Petroscient) and that the said Margaret Murray, is a (5) person of unsound mind an insane and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Margaret Murray as a Patient into the (6) Public Asylum of Southern counties and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Margaret Murray, which accompanied the said Petition.

DATED this Ninth day of September, One thousand eight hundred and eighty one.

David Boyle Hope

To the Superintendent of the (7) Public *Asylum of* Southern counties Dumfries.

---

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2
481

Margaret Murray

9 September

1881

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. Shire or Stewartry.

Unto the Honourably the (1) Sheriff of the (2) Dumfries and Galloway and his Substitute—

The Petition of Miles Mc Jones, Inspector of Poor Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Margaret Sinclair your Petitioner's (3) Duper is at present in a state of Mental Derangement, and 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 Sinclair to the Southern Counties Asylum, Dumfries and to sanction her admission into the said Asylum. Two words deleted

Miles Mc Jones

(3) State degree of Relationship, or other capacity which Petitioner stands to Lunatic.

(4) The date of the Petition must be within four clear days following the dates of the Medical Certificates.

Dated this Ninth (4) day of September One thousand eight hundred and Eighty one Year.

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 Sinclair
Sex and Age,	Female — 18 years
Married, Single, or Widowed,	Single
Condition of Life, and previous occupation (if any),	Ds —
Religious Persuasion, so far as known,	Not known
Previous Place of Abode,	Gatehouse of Flet
Place where Found and Examined,	Dumfries & Galloway Royal Infirmary
Length of time Insane,	Not known
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,	~~Yes~~ No
Whether Suicidal,	No
Whether Dangerous to others,	No
Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Curthon
Date of becoming Chargeable,	9th September 1881
Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Betsy Sinclair, Gatehouse of Flet Not known
Special circumstances (if any) preventing the insertion of any of the above particulars,	The Pauper any Relation to give me information regarding her.

I certify that, to the best of my knowledge, the above particulars are correctly stated.

Dated this Ninth day of September One thousand eight hundred and Eighty one

(*To be Signed by Party applying*) Miles Mc Jones
Inspector of Poor
Parish of Dumfries

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, or an idiot, *or* a person of unsound mind.

I, the undersigned, William Marshall being a (1) Graduate of the faculty of Physicians Glasgow and college of St Andrews and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Infirmary Dumfries Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Margt Sinclair (a pauper) and I find the said Margt Sinclair is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) talks incoherently. Becomes at times very violent and dangerous to others. Quite excitable and keeps those around her in a state of excitement since childhood.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) The Hospital surgeon reports mind the same as above

Name and Medical Designation, William Marshall M.D. Dumfries

Place of Abode, Dumfries

DATED this 8th day of September One thousand eight hundred and eighty one years

---

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, John Smith being a (1) Graduate in Medicine of Edinburgh and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) The Royal Infirmary Dumfries Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Margaret Sinclair. (a pauper) and I find the said Margaret Sinclair is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Her manner and appearance. Talks in an excited incoherent manner. Is subject to epileptic fits

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) The nurse informs me that she requires constant watching. At times becoming unmanageable & attempts to injure herself

Name and Medical Designation, John Smith M.D. C.M.

Place of Abode, 14 Castle St Dumfries

DATED this 9th day of September One thousand eight hundred and eighty one years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of
, seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Dated this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute
of the (2) County of Dumfries.
having had produced to me, with a Petition at the instance of (3) Miles McInnes, Inspector of Poor, Dumfries.
Certificates under the hands of William Marshall
and John Smith, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Margaret Sinclair,
Dumfries and Galloway Infirmary (a pauper) and that the said
Margaret Sinclair, is a (5) person of unsound mind,
and a proper Person to be detained and taken care of, DO HEREBY AUTHORISE you to receive the said Margaret Sinclair, as a Patient into the (6) Public Asylum of Southern Counties and I authorise her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Margaret Sinclair, which accompanied the said Petition.

Dated this ninth day of September One thousand eight hundred and eighty one years.

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

Margaret Sinclair

9th September

1881

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(*) Sheriff or Steward. Give or Stewartry.

Unto the Honourable the (*) Sheriff ~~of the (*) County~~ of Dumfries Galloway at Dumfries and his Substitutes,—

The Petition of Jane McRune, Carsethorn,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John McRune, Farmer, Griffelhouse, Newabbey

(*) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (*) Brother is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said John McRune to the Crichton Royal Institution and to sanction his admission into the said Asylum.

Jane McRune

(*) The date of the Petition must be within fifteen clear days following the dates of the Medical Certificates.

DATED this 13th (*) day of September One thousand eight hundred and eighty one. — Three words deleted.

STATEMENT.

If any 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 McRune
2. Sex and Age,	Male 49 Years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Farmer
5. Religious Persuasion, so far as known,	Presbyterian
6. Previous Place of Abode,	Griffelhouse
7. Place where Found and Examined,	Griffelhouse
8. Length of time Insane,	Three Months
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	Now Sure
11. When and where previously under Examination and Treatment,	—
12. Duration of Existing Attack,	Unknown
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. Date of becoming Chargeable,	—
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Jane McRune, Carsethorn. Sister
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	No

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 13th day of September One thousand eight hundred and eighty one

(*To be signed by Party applying*) Jane McRune

P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Charles Ford being a (1) Graduate of the Univ. Edin.

and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Criffel House Kirkcudbright in the County separately from any other Medical Practitioner visited and personally examined (4) John McKune

the said John McKune is a (5) Insane and of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Despondency for three months Attempted by suspension

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Threatened before making the attempt to destroy himself

Name and Medical Designation, Chas Ford MD

Place of Abode, Mains Riddell Southwick

DATED this 12th day of September One thousand eight hundred and eighty one.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Alexander Thomson being a (1) Doctor of Medicine of the University of Glasgow

and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) the Crichton Institution in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) John McKune Farmer, Criffel House, New-Abbey and the said John McKune is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Son spirits despondency - tired of life: admits that he threatened to commit suicide also that he cannot sleep at night.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Told by Dr Balfour - Crichton Institution that he has been suffering from delirium since admission

Name and Medical Designation, Alex Thomson MD

Place of Abode Castle St - Dumfries

DATED this Thirteenth day of September One thousand eight hundred and eighty one years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned Charles Ford being (1) a Graduate of the Univ. Edin. hereby certify, on soul and conscience, that I have this day, at (2) Criffel House in the County of Kirkcudbright, seen and personally examined John McKune, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Chas. Ford.

DATED this 12th day of September One thousand eight hundred and eighty one

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope, (1) Sheriff Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) Jane McKune residing at Carsethorn Certificates under the hands of Charles Ford and Alexander Thomson, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) John McKune Criffel House Kirkcudbrightshire (Letters Brother) and that the said John McKune is a (5) person of unsound mind and insane and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said John McKune as a Patient into the (6) Public Asylum of Crichton Institution and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said John McKune which accompanied the said Petition.

DATED this fourteenth day of September One thousand eight hundred and eighty one years.

David Boyle Hope

To the Superintendent of the (7) Public *Asylum of* Crichton Royal Institution, Dumfries

---

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1717

John McClune

12th September

1881

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. Shire or Stewartry.

Unto the Honourable the (1) Sheriff — of ~~the~~ (2) Dumfries and Galloway —

and his Substitutes,—

The Petition of John M'Knight Registrar Langholm, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Helen Eckford M'Knight — your Petitioner's (3) Wife — is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Helen Eckford M'Knight — to the Southern Counties Asylum Dumfries and to sanction her admission into the said Asylum.

(3) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

John M'Knight

(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 September — One thousand eight hundred and Eighty one years.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

Christian Name and Surname of Patient at length,	Helen Eckford M'Knight.
Sex and Age,	Female Aged 40 years.
Married, Single, or Widowed,	Married.
Condition of Life, and previous Occupation (if any),	Married and House Keeper.
Religious Persuasion, so far as known,	Protestant.
Previous Place of Abode,	Buccleuch Square Langholm
Place where Found and Examined,	Buccleuch Square Langholm
Length of time Insane,	About one year
Whether First Attack,	yes
10. Age (if known) on First Attack,	39 years.
11. When and where previously under Examination and Treatment,	In Buccleuch Square Langholm
12. Duration of Existing Attack,	About one year.
13. Supposed Cause,	Change of Life.
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,	None Private Patient.
18. Date of becoming Chargeable,	Not chargeable
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	John M'Knight. 12 Buccleuch Square Langholm the Husband
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Thirteenth day of September One thousand eight hundred and Eighty one years

(*To be signed by Party applying*) John M'Knight Registrar P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, William Johnstone Carlyle being a (1) Doctor of Medicine (Edinburgh) and Licentiate of the Royal College of Surgeons (Edin) and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Buccleugh Square Langholm in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Helen McKnight Buccleugh Square Langholm and the said Helen McKnight is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Labours under various morbid delusions, imagines people [illegible] every movement and she is afraid that they may do her some bodily injury. She tried to [illegible] upon me that the Telephone was through the whole house. She is occasionally very excited.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) John McKnight her husband she gets into a very excited state occasionally and requires some restraint to be used.

Name and Medical Designation, W. J. Carlyle M.D.

Place of Abode, Langholm

DATED this 13th day of September One thousand [illegible] hundred and 81

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 (Edinburgh) and being in actual practice as a (2) General Medical practitioner hereby certify, on soul and conscience, that I have this day, at (3) Buccleuch Square Langholm in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Helen Eckford McKnight, Buccleuch Square, Langholm and the said Helen Eckford McKnight is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She told me her house was underlaid with Telephones by her enemies [illegible] to everything she says & that she thus can get no peace or quiet [illegible] I asked to see the back of her throat she became very excited & would [illegible] allow me & burst into tears & then again complained of her many enemies [illegible] would give her no peace. She wished me to get her a house where she could live [illegible]

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her husband says when she sees two or three persons [illegible] the house speaking together she imagines they are conspiring [illegible] her. She gets very excited at times & imagines that one of [illegible] who has gone to Glasgow to learn a business has been done away with [illegible]

Name and Medical Designation, John Gill

Place of Abode Langholm

DATED this 13th day of Septr. One thousand [illegible] hundred and 81.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) John McKnight Registrar, Langholm
Certificates under the hands of William Johnstone Carlyle
and John Gill, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Helen Eckford or McKnight Buccleuch Square Langholm (Lewis wife) and that the said Helen Eckford or McKnight is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Helen Eckford or McKnight as a Patient into the (6) Public Asylum of Southern Counties and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Helen Eckford or McKnight which accompanied the said Petition.

DATED this fourteenth day of September One thousand eight hundred and eighty one years.

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of Southern Counties.
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2
483

Helen Bickford
or McKnight
14th September
1881

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (1) Dumfries and Galloway *and his Substitutes,—*

The Petition of James Austin Inspector of Poor

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Agnes Irving Campsellacks Closeburn

(2) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (2) ~~Husband~~ Parish Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Agnes Irving to the Southern Counties Asylum and to sanction her admission into the said Asylum.

James Austin Inspector of Poor

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Fifteenth (3) day of September One thousand eight hundred and Eighty one. *Three words deleted.*

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1 Christian Name and Surname of Patient at length,	Agnes Irving
2 Sex and Age,	F. Age 50.
3 Married, Single, or Widowed,	Single
4 Condition of Life, and previous Occupation (if any),	General Servant
5 Religious Persuasion, so far as known,	Established Church
6 Previous Place of Abode,	Campbell Thornhill & Campsellacks
7 Place where Found and Examined,	Campsellacks
8 Length of time Insane,	a few days
9 Whether First Attack,	No
10 Age (if known) on First Attack,	34 yrs.
11 When and where previously under Examination and Treatment,	Southern Counties
12 Duration of Existing Attack,	a few days
13 Supposed Cause,	Cannot state
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,	Closeburn
18 Date of becoming Chargeable,	14th Sept 1881
19 Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Mrs Sharp Campsellacks, Sister A Nephew in Southern Counties insane
20 Special circumstances (if any) preventing the insertion of any of the above particulars,	no.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Fifteenth day of September One thousand eight hundred and Eighty one

(*To be signed by Party applying*) James Austin Inspector of Poor for the parish of Closeburn

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, 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 Boyle Grierson being a (1) Licentiate of the Royal College of Surgeons of Edinburgh and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Thornhill in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Agnes Irving and the said Agnes Irving is an (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) In a state of blind fury, loud and continued vociferation ideas unconnected. in a state of acute mania

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Friends, speak as to what I have myself observed and state that she has refused food

Name and Medical Designation, T. B. Grierson Licentiate of the Royal College of Surgeons

Place of Abode, Thornhill

DATED this 14 day of September One thousand eight hundred and eighty one.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, James Scott Wilson being a (1) Bachelor of Medicine & Master in Surgery of Glasgow Universities & Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Camps Castle Closeburn Dumfriesshire separately from any other Medical Practitioner visited and personally examined (4) Agnes Irving and the said Agnes 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) Ideas of persecution, very suspicious getting up at times & under & answer questions — but however looks harmless, only at an insane look especially in the eyes.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) She has been insane previously and under restraint as stated by Mr Austin Inspector of Poor Closeburn — refuses food and appears to be emaciated.

Name and Medical Designation, James Scott Wilson Bachelor of Medicine & Surgery Glasgow

Place of Abode Thornhill

DATED this 15 day of September One thousand eight hundred and eighty one

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) James Austin Inspector of Poor, Closeburn,
Certificates under the hands of Thomas Boyle Pierson
and James Scott Halcro, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Agnes Irving Gamplestacks Closeburn (a pauper) and that the said Agnes Irving is an (5) insane person and a lunatic
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Agnes Irving as a Patient into the (6) Public Asylum of Southern Counties and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Agnes Irving which accompanied the said Petition.

DATED this fifteenth day of September One thousand eight hundred and eighty one years.

David Boyle Hope

To the Superintendent of the (7) Public Asylum of Southern Counties. Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1881

Agnes Irving
15th " September
1881

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Sheriff or Steward, Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of* ~~the (2)~~ Dumfries ~~of~~ an Galloway *and his Substitutes*—

The Petition of Miles McInnes, Inspector of Poor, Dumfries, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Elizabeth Kirkpatrick 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 Kirkpatrick to the Southern Counties Asylum and to sanction her admission into the said Asylum. Three words deleted

(3) State degree of Relationship, or other capacity which Petitioner stands Lunatic.

Dated this ~~Sixteenth~~ Sixteenth (4) day of September One thousand eight hundred and Eighty One years. One word delete M. M. I.

(4) The date of the Petition must be within four-in clear days following dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

Christian Name and Surname of Patient at length,	Elizabeth Kirkpatrick
Sex and Age,	Female 68 years
Married, Single, or Widowed,	Single
Condition of Life, and previous occupation (if any),	
Religious Persuasion, so far as known,	Protestant
Previous Place of Abode,	Grainges Close
Place where Found and Examined,	Grainges Close
Length of time Insane,	Cannot tell
Whether first Attack,	yes
Age (if known) on first Attack,	no when
When and where previously under Examination and Treatment,	Cannot tell
Duration of existing Attack,	not known
Supposed Cause,	no
Whether subject to Epilepsy,	no
Whether Suicidal,	no
Whether Dangerous to others,	Dumfries
Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	1st Oct. 1861
Date of becoming Chargeable,	Mary Kirkpatrick or Good her Sister, resides at Grainges Close Dumfries
Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	
Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify that, to the best of my knowledge, the above particulars are correctly stated.

Dated this Sixteenth day of September One thousand eight hundred and Eighty One years

(*To be Signed by Party applying*) Miles McInnes Insp. of Poor

Agnes Ordering 15th September 1861

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, William Marshall being a (1) Graduate of the faculty of Physicians & Glasgow and College of St Andrews and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Grangers Close Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Elizabeth Kirkpatrick a pauper and the said Elizabeth 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) Talks incoherently seems morose or stupid and unable to comprehend the meaning of questions &c &c

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her friends report much the same as above

Name and Medical Designation, W Marshall M.D. &c

Place of Abode, Buccleuch Street Dumfries

DATED this 15th day of Septr One thousand eight hundred and eighty one years

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Gerald Fitz Gerald Thomas being a (1) Licentiate of Royal Colleges of Physicians & Surgeons of Edinburgh and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Grangers Close High Street. Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4). Elizabeth Kirkpatrick - a pauper and the said Elizabeth 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) Oblivion of surrounding circumstances - inability to answer questions imbecile expression of countenance

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Sister states she has no memory - can do nothing for herself - and all her care has from her unknown to her

Name and Medical Designation, Gerald Fitz Gerald Thomas

Place of Abode, 14 Castle Street Dumfries

DATED this Fifteenth day of September One thousand eight hundred and eighty one years

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Dated this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William Jardine Maxwell Hannay (1) Sheriff
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Miles McInnes Inspector of Poor Dumfries
Certificates under the hands of William Marshall
and Gerald Fitzgerald Thomas , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Kirkpatrick Grangemouth Dumfries (a pauper) and that the said Elizabeth 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 Elizabeth Kirkpatrick as a Patient into the (6) Public Asylum of Southern Counties and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Elizabeth Kirkpatrick which accompanied the said Petition.

Dated this sixteenth day of September One thousand eight hundred and eighty one years.

W. J. Maxwell

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2

1885

Elizabeth Kirkpatrick

16th September

1881

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. Shire or Stewartry.

Unto the Honourable the (1) Sheriff of ~~the~~ (1) Dumfries and Galloway *and his Substitutes*—

The Petition of Miles McDonnes, Inspector of Poor Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Agnes Hooks your Petitioner's (2) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Agnes Hooks to the Southern Counties Asylum and to sanction her admission into the said Asylum. Two words deleted Miles McDonnes

(2) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

(3) The date of the Petition must be within four clear days following the dates of the Medical Certificates.

DATED this Sixteenth (3) day of September One thousand eight hundred and Eighty One years.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

Christian Name and Surname of Patient at length,	Agnes Hooks
Sex and Age,	Female - 67 years
Married, Single, or Widowed,	Single
Condition of Life, and previous occupation (if any),	" Outdoor worker
Religious Persuasion, so far as known,	Protestant
Previous Place of Abode,	Cross Roads, Crossmichael
Place where Found and Examined,	Parochial Board office Dumfries
Length of time Insane,	about 2 weeks
Whether first Attack,	no second
Age (if known) on first Attack,	66 years
When and where previously under Examination and Treatment,	Not known
Duration of existing Attack,	about 2 weeks
Supposed Cause,	not known
Whether subject to Epilepsy,	no
Whether Suicidal,	no
Whether Dangerous to others,	yes
Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Kirkpatrick Crossmichael
Date of becoming Chargeable,	by the meantime Dumfries 16th Sept 1881
Christian Name and Surname, and Place of Abode of nearest known 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 Hooks alias Watson her son, resides in Annan
Special circumstances (if any) preventing the insertion of any of the above particulars,	no
	Mon

I certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Sixteenth day of September One thousand eight hundred and Eighty One years.

(*To be Signed by Party applying*) Miles McDonnes
Insp of Poor

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Medical Superintendent
being a (1) Graduate of the Faculty of Physicians
Glasgow and College of Surgeons
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) My own house
Buccleuch St Dumfries
Dumfries in the County
separately from any other Medical Practitioner
visited and personally examined (4) Agnes Hooks (a pauper)
and
the said Agnes Hooks is a (5) person of
unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Seems melancholy
& great suspicions as to others being plotting
against her person & in great fear of being
done with her food &c &c

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Refer from Gaol that she keeps about
night which they report as barging with

Name and Medical Designation, W. McCulloch M.D.

Place of Abode, Buccleuch St Dumfries

DATED this 16th day of Sept One thousand eight
hundred and eighty one years

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Gerald FitzGerald Thomson
being a (1) licentiate of Royal College of Physicians
& Surgeons of Edinburgh
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Parochial room
Office Dumfries
Dumfries in the County
separately from any other Medical Practitioner
visited and personally examined (4) Agnes Hooks (a pauper)
and
the said Agnes Hooks is a (5) person of
unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) General restless
- seems very melancholy & depressed. Says
she is being prosecuted constantly - and is under
that everybody wishes to prevent her religious

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Son states that she get violent even
& frequently get out & do to the
her supposed persecutors

Name and Medical Designation, Gerald FitzGerald Thomson

Place of Abode, 14 Castle Street Dumfries

DATED this 16th day of September One thousand eight
hundred and Eighty one years

CERTIFICATE OF EMERGENCY.

(This Certificate authorises the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, Gerald Fitzgerald Thomas being (1) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (2) Parochial Board Office Dumfries in the County of Dumfries, seen and personally examined Agnes Hooks; and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Gerald FitzGerald Thomas

Dated this 16th day of September One thousand eight hundred and eighty one years.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William Jardine Maxwell, Honorary Sheriff-Substitute of the (3) County of Dumfries having had produced to me, with a Petition at the instance of (4) Miles Mc Innes Inspector of Poor, Dumfries. Certificates under the hands of William Marshall and Gerald Fitzgerald Thomas, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (5) Agnes Hooks, Cross Roads, Crossmichael (a pauper) and that the said Agnes Hooks is a (6) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORISE you to receive the said Agnes Hooks as a Patient into the (7) Public Asylum of Southernbounties and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Agnes Hooks which accompanied the said Petition.

Dated this sixteenth day of September One thousand eight hundred and eighty one years.

W. J. Maxwell.

To the Superintendent of the (7) Public Asylum of Southernbounties. Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

Agnes Hooks
16th September
1881

N.B.—This FORM shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry. (3) Galloway & Dumfries

Unto the Honourable the (1) ~~Sheriff~~ ~~Substitute~~ ~~County~~ of Dumfries and his Substitutes—

The Petition of 28 Spencer Street, Carlisle Caleb Hodgson

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that your Petitioner's (2) Brother (Joshua Hodgson)

(2) State degree of Relationship, or other capacity which Petitioner stands 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 ~~[illegible]~~ admission into the said Asylum of the said Joshua Hodgson to the Institution Kirkbride Carlisle Caleb Hodgson.

(3) The date of the Petition must be within four-teen clear days following the dates of the Medical Certificates.

DATED this 29th (3) day of September One thousand eight hundred and Eighty one.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Joshua Hodgson
2. Sex and Age,	Male — aged 38 years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous occupation (if any),	Accountant - previous occupation Same.
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Kirkbride nr. Carlisle
7. Place where Found and Examined,	see Certificate
8. Length of time Insane,	Twice an inmate of the Institution previously
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,	Can hardly judge Suppose about 10 days
13. Supposed Cause,	heavy dissipation and a great consumer of Chloral
14. Whether subject to Epilepsy,	Previous to present attack
15. Whether Suicidal,	Very strange in his behaviour and
16. Whether Dangerous to others,	Violent Sometimes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Caleb Hodgson 28 Spencer Street (private residence) Carlisle Brother No other member of family ever known to be insane
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 29th day of September One thousand eight hundred and Eighty one.

(To be Signed by Party applying) Caleb Hodgson

Copies to Mr Sheriff 10th September

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualifications entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Gerald Fitzgerald Thomas
being a (1) Licentiate of Royal College of Physicians of Edinburgh
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) number Fourth
Bath Street Dumfries in the County of
Dumfries separately from any other Medical Practitioner
visited and personally examined (4) Joshua Hodgson
and that
the said Joshua Hodgson is a (5) 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) General depression — & feeling himself of unsound mind at times & wishes voluntarily to enter the Crichton Asylum having been there previously as a patient

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Charles Gray personal attendant on the
Says that he has been in charge of him at
Mentally deficient at these periods during the last two years and that he suffers from
periods, & is at present suffering from the same

Name and Medical Designation, Gerald Fitzgerald Thomas

Place of Abode, 14 Castle Street Dumfries

DATED this Twenty Ninth day of September One thousand eight
hundred and Eighty One years

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualifications entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Thomas Ferguson
being a (1) Graduate of Edinburgh University
and being in actual practice as a (2) general practitioner
hereby certify, on soul and conscience, that I have this day, at (3) 14 Castle St
Dumfries.
Dumfries in the County of
separately from any other Medical Practitioner
visited and personally examined (4) Joshua Hodgson
and that
the said Joshua Hodgson is a (5) person of
unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He says that he
feels depressed at times & not fit to do anything
& fix his mind on anything — That he has had
treatment for mental weakness before & feels that he
requires it again

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
By Charles Gray
That he is very depressed at times & that he
speaks — that he wanders & walks all over
trying to get away from other people — that he
Name and Medical Designation, } he began to make his will & then
burnt it by making big cuts in it
& tore it to shreds — Thomas Ferguson

Place of Abode, 22 Castle St Dumfries

DATED this Twenty ninth day of September One thousand eight
hundred and eighty one.

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, Gerald Fitz Gerald Thomas
being (1) a Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (2) Dumfries
in the County of Dumfries, seen and personally examined
Joshua Hodgson, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Gerald Fitz Gerald Thomas

Dated this twenty-ninth day of September One thousand eight hundred and eighty one years.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, George Whitelaw, (1) Honorary Sheriff-Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Caleb Hodgson,
28 Howard Street, Carlisle
Certificates under the hands of Gerald Fitzgerald Thomas
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) Joshua Hodgson
Kirkbride, near Carlisle, Petitioners Brother,
and that the said
Joshua Hodgson is a (5) Lunatic, and a person of
unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORISE you to receive the said Joshua Hodgson as a Patient into the (6) Public Asylum of Victoria 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 Joshua Hodgson
which accompanied the said Petition.

Dated this First day of October One thousand eight hundred and eighty one.

Geo. Whitelaw

To the Superintendent of the (7) Public
Asylum of
Victoria Royal Institution
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1/18

Joshua Hodgson

29 Sept

1881

[FORM A[1]]

20 & 21 *Vict., Cap.* 71, *Sect.* 37.

NOTICE OF ADMISSION.

I HEREBY GIVE NOTICE, That (2)
was received into this House as a (3)
Patient on the (4) day of
and I hereby transmit a Copy of the Order and Medical Certificates and Statement on which was received.

Subjoined is a Report with respect to the mental and bodily condition of the above-named Patient.

Superintendent.

DATED at this (5) day of
One thousand eight hundred and seventy

To the Secretary of the
General Board of Lunacy.

REPORT.

I HAVE this day (6) seen and personally examined
the Patient named in the above Notice,
and hereby report and certify, with respect to mental state, that (7)

and with respect to bodily health and condition, that (8)

(1)

DATED this day of One thousand eight hundred and

(1) Name and Designation.
(2) Private or Pauper.
(3) Some day within fourteen days after the date of the Order of the Sheriff; or within twenty-one days, if the Order be granted by the Sheriff of Orkney and Shetland.
(4) Some day not less than two clear days after the admission of the Patient, and before the expiration of fourteen clear days after admission.
(5) Insert Particulars.
(6) Insert Particulars.
(7) Add Designation.

~~Copies.~~

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff ~~of the (2) County~~ of Dumfries, Galloway, and his Substitutes,—

The Petition of ~~George Bell~~ Alexander Cameron Inspector of Poor Dryfesdale humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Ellen Bell your Petitioner's (3) ~~wife, Ellen Bell~~ Pauper, is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Ellen Bell to the Southern Counties Asylum Dumfries and to sanction the admission into the said Asylum. Eight words deleted. Alexr Cameron ~~George Bell~~

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 29th (4) day of Septr One thousand eight hundred and eighty one.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Ellen Bell
2. Sex and Age,	Female. 31 years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Post runner's wife
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Park Place, Lockerbie
7. Place where Found and Examined,	Park Place, Lockerbie
8. Length of time Insane,	Has been off wind a month
9. Whether first Attack,	Third attack
10. Age (if known) on first Attack,	29
11. When and where previously under Examination and Treatment,	At home
12. Duration of existing Attack,	a month
13. Supposed Cause,	Lactation
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,	Dryfesdale with recourse against [illegible]
18. Date of becoming Chargeable,	29th Septr 1881
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	George Bell Post runner. Park Place, Lockerbie. Husband
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None.

I certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 29th day of Septr One thousand eight hundred and eighty one.

(*To be signed by the Party applying*) ~~George Bell~~ Alexr Cameron

(Copies.)

MEDICAL CERTIFICATE, No. I

I, the undersigned, John J. R. Dalrymple
being a (1) Licentiate of the Roy. Coll. of Surgeons & Roy. Coll. Physicians in Edin.
and being in actual practice as a (2) Regist. Medical Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Park Place Lockerbie - in the parish of Dryfesdale in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Mrs Ellen Bell - Park Place, Lockerbie, (a Pauper) and that the said Mrs Ellen Bell is an (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) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert 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) Constant restlessness Delusions. that she is Rob Roy. wearing a Glengarry Cap. Raging constantly Attempts to get out of the house.

(6) *State the facts.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) From her husband - that he is her great Enemy Dislike to her clothes - February she rushed out of the house & ran for the Police was stopped close to a pond. - Has asked to be drowned & burned & has again said he'll send Bell to hell

(7) *State the information, and from whom derived.*

Name and Medical Designation, John J. R. Dalrymple Regist. Physician & Surgeon

Place of Abode, The Green

DATED this 29th day of Septr One thousand eight hundred and Eighty one.

MEDICAL CERTIFICATE, No. II.

I, the undersigned, James Macladdan
being a (1) Bachelor of Medicine & Master in Surgery of the University of Glasgow
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Park Place Lockerbie, Parish, Dryfesdale in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Mrs Ellen Bell, Park Place Lockerbie, pauper and that the said Ellen Bell is a (5) Person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an Idiot, or a person of unsound mind.

1. Facts indicating Insanity observed by myself: (6) Restless excited & incoherent.

(6) *State the facts*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) George Bell her husband states that she has been greatly excited for some days, has left home & takes little or no food. Delusion that she has no friends.

(7) *State the information, and from whom derived.*

Name and Medical Designation, James Macladdan M.B. C.M.

Place of Abode, 7 Bank, Lockerbie

DATED this 29th day of Sept. One thousand eight hundred and eighty one.

(~~Copies.~~)

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, James Maclachlan being (1) Bachelor of Medicine & Master in Surgery, Glasgow hereby certify, on soul and conscience, that I have this day, at (2) Lochrubie in the County of Dumfries, seen and personally examined Ellen Bell, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

James Maclachlan M.B.C.M.

DATED this 29th day of Sept. One thousand eight hundred and eighty one

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I George Whitelaw (1) Honorary Sheriff of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Alexander Cameron Inspector of Poor, Dryfesdale Certificates under the hands of John T. R. Watkinson, and James Maclachlan, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Mrs Ellen Bell, Park Place Lochrubie (a Pauper) and that the said Mrs Ellen Bell, 18 3/4 (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 Mrs Ellen Bell as a Patient into the (6) Public Asylum of Southern Counties and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mrs Ellen Bell, which accompanied the said Petition.

DATED this Twenty ninth day of September, One thousand eight hundred and eighty one

Geo. Whitelaw

To the Superintendent of the (7) Public *Asylum of* Southern Counties Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., 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) Comdor~~ of Dumfries & Galloway, *and his Substitutes*,—

The Petition of James Cunningham Senr, Falside Paisley,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Cunningham Junr

(2) State degree of relationship or other parity in which Petitioner stands to Lunatic.

your Petitioner's (2) Son is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said James Cunningham Junr to the Crichton Royal Institution and to sanction his admission into the said Asylum. Three words delfd.

James Cunningham

(3) The date of the Order must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 30th (3) day of September One thousand eight hundred and eighty one years.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	James Cunningham Junr
2. Sex and Age,	Male 25 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Warehouseman
5. Religious Persuasion, so far as known,	Presbyterian
6. Previous Place of Abode,	Falside Paisley
7. Place where Found and Examined,	Dunnyside Paisley
8. Length of time Insane,	Six Months
9. Whether First Attack,	First
10. Age (if known) on First Attack,	25 years
11. When and where previously under Examination and Treatment,	Six Months in business
12. Duration of Existing Attack,	Disappointment
13. Supposed Cause,	No
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	James Cunningham Falside Dunnyside Paisley his Father — His Mother after the change of life fell into a State of Dementia
20. Special circumstances (if any) preventing the 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 eight hundred and Eighty one

(*To be signed by Party applying*) James Cunningham

P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Daniel Richmond Doctor
being a (1) Graduate of the University of Glasgow
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Sunnyside Paisley in the County of Renfrew separately from any other Medical Practitioner visited and personally examined (4) James Cunningham Junr Sunnyside Paisley and the said James Cunningham Junr is a (5) Person of unsound Mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
1st Much unmeaning laughter alternately with tacitum silence. 2nd Nervous rolling of the eyes alternately with furtive unmeaning looks.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
1st Hearing imaginary sounds. 2nd His Mother was in a state of Dementia for three years before her death. His Father James [illegible] His Uncle Alexander [illegible] Francis Haldane [illegible] Sometime one of the [illegible] of Paisley

Name and Medical Designation, Daniel Richmond

Place of Abode, Paisley

DATED this 30th day of September One thousand eight hundred and eighty One years

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Thomas Ferguson
being a (1) Graduate of Edinburgh University
and being in actual practice as a (2) General practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Crichton Royal Institution Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) James Cunningham Junr and the said James Cunningham Junr is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
He says that the people living next door practise upon him causing noises in his head — Also that they extract all from his system by electricity — Also that the [illegible] affects the mice in his bedroom.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
By attendants — That he was noisy & excited when admitted

Name and Medical Designation, Thomas Ferguson M.D.

Place of Abode 22 Castle St Dumfries

DATED this thirteenth day of September One thousand eight hundred and eighty one.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Daniel Richmond Doctor of Medicine being (1) a Graduate of the University of Glasgow hereby certify, on soul and conscience, that I have this day, at (2) Dalrymple in the County of Renfrew, seen and personally examined James Cunningham Junr, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Daniel Richmond M.D.

DATED this 30th day of September One thousand eight hundred and Eighty one years

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, George Whitelaw Honorary (1) Sheriff Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) James Cunningham Senior, Saltside, Paisley. Certificates under the hands of Daniel Richmond and Thomas Ferguson, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) James Cunningham, Junior, Saltside, Paisley, Renfrewshire, and that the said James Cunningham, junior, is a (5) person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said James Cunningham junior, as a Patient into the (6) Public Asylum of Southern Counties, and I authorize you Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said James Cunningham, Junior, which accompanied the said Petition.

DATED this first day of October One thousand eight hundred and eighty one years.

Geo Whitelaw

To the Superintendent of the (7) Public Asylum of Crichton Royal Institution. Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1716

James Cunningham

30th September

1881

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff ~~of the (2) Shire~~ of Dumfries & Galloway *and his Substitutes,—*

The Petition of James Brown, Inspector of Poor, Sanquhar humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Henry Wright 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 Wright to the Southern Counties Asylum, Dumfries and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

James Brown

(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 September —One thousand eight hundred and eighty one —

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Henry Wright
2. Sex and Age,	Mr. 71
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Hawker
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Upper Nithsdale Combination Poorhouse
7. Place where Found and Examined,	do
8. Length of time Insane,	6 weeks
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	71
11. When and where previously under Examination and Treatment,	—
12. Duration of Existing Attack,	6 weeks
13. Supposed Cause,	He is a Dipsomaniac
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	He has used threatening language.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Sanquhar.
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	No living relations known Not known
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	—

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 30 day of September One thousand eight hundred and eighty one.

(*To be signed by Party applying*) James Brown

P P

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Thomas Davidson being a (1) Bachelor of Medicine & Master Surgery and being in actual practice as a (2) physician & surgeon hereby certify, on soul and conscience, that I have this day, at (3) Upper Nith Combination Poor House in the Coun Dumfries separately from any other Medical Practitio visited and personally examined (4) Henry Wright (pau and the said Henry Wright is a (5) person of unsound mind and a proper Person to be deta under Care and Treatment, and that I have formed this opinion upon the follow grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

Delusions; bursting into floods of tears & exhibiting poisons taken from his mouth

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Said to receive sweet & bitter poisons 3 to 6 in one night into his mouth which poisons are sai the tongue, this never being the case; Attempted to strike & otherwise in one of the inmates.

Name and Medical Designation, Thomas Davidson

Place of Abode, Thornhill Dumfries

DATED this 28th day of September One thousand ei hundred and eighty one

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Thomas Boyle Grierson being a (1) Licenate of the Royal College of Surgeons of Edinburgh and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) the Upper Nithsdale Combination Poor House in the County Dumfries, separately from any other Medical Practitioner visited and personally examined (4) Henry Wright and the said Henry Wright is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

He told me that repeated attempts had been made to poison him, which is a delusion. His feelings did not seem to be much under his control

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

John Lorimer an inmate in the said Poorhouse told me that Henry Wright had attempted to [illegible] him with a stick when asleep. This was corroborated by another of the inmates. Dr Davidson and Mr Noak Governor of the Poorhouse have told me that he has frequently [illegible] of attempts being made to poison him.

Name and Medical Designation, B Grierson Surgeon

Place of Abode Thornhill

DATED this twenty eight day of September One thousand eight hundred and eighty one.

No. I.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Georg Whitelaw — (1) Honorary Sheriff Substitute of the (2) County of Dumfries — having had produced to me, with a Petition at the instance of (3) James Brown, Inspector of Poor Langholm — Certificates under the hands of Thomas Davidson — and Thomas Boyle Grierson, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Wright Upper Nithsdale Combination Poorhouse and that the said Henry Wright — is a (5) person of (deficient) unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Henry Wright — 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 Henry Wright — which accompanied the said Petition.

DATED this Twentieth day of September One thousand eight hundred and eighty one.

Geo Whitelaw

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2
488
Henry Wright
30th Sept
1881

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of Dumfries and Galloway ——— *and his Substitutes,—*

The Petition of John Johnston, Inspector of Poor for Penninghame humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary Jones ——— your Petitioner's (2) pauper ——— is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Mary Jones ——— to the Southern Counties Asylum, Dumfries, and to sanction her admission into the said Asylum.

(2) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

J Johnston, Inspr of Poor Penninghame

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this twenty ninth (4) day of September One thousand eight hundred and Eighty one years.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Mary Jones
2. Sex and Age,	female. 26 Years.
3. Married, Single, or Widowed,	single
4. Condition of Life, and previous Occupation (if any),	seamstress.
5. Religious Persuasion, so far as known,	protestant
6. Previous Place of Abode,	princes St. Newton Stewart
7. Place where Found and Examined,	at the Penninghame Parochial Hospital
8. Length of time Insane,	three days
9. Whether First Attack,	no. third attack
10. Age (if known) on First Attack,	22 years
11. When and where previously under Examination and Treatment,	Southern Counties Asylum
12. Duration of Existing Attack,	Subject to hallucinations almost
13. Supposed Cause,	from the date of her discharge on 19th May
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	no
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Parish of Penninghame
18. Date of becoming Chargeable,	29th September 1881.
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Mother Mrs. Isabella Cowan princes st Newton Stewart none.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this twenty ninth day of September One thousand eight hundred and Eighty one years

(To be signed by Party applying)

J Johnston
Inspector of Poor
Penninghame

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, James Clark being a (1) Member of the Faculty of Physicians and Surgeons, Glasgow and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) The Hospital Newton Stewart in the County of Wigtown separately from any other Medical Practitioner visited and personally examined (4) Mary Jones, Pauper Newton Stewart and that the said Mary Jones is a (5) Person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

At times, she is very much confused in her co... Her mind is occupied by various absurd de... She says there are people about her, whispering, ... that she is going to be cast into a pit of hot ... they say before her — She refused meat to take ... 2. Other facts (if any) indicating Insanity communicated to me by others: (7)

(7) *State the information, and from whom derived.*

Her mother states that she is sometimes very mu... excited, that she sings and cries aloud, uses ... language. That when she undresses, she hides ... clothes & inclines to sit naked, &c.

Name and Medical Designation, James Clark, Surg...

Place of Abode, Newton Stewart

DATED this twenty ninth day of September One thousand eight hundred and Eighty one years

20

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, James G. Dickson being a (1) Doctor of Medicine - University of Glas... and being in actual practice as a (2) Doctor of Medicine hereby certify, on soul and conscience, that I have this day, at (3) The Hospital Newton Stewart in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) Mary Jones. Pauper. Newton Stewart and that the said Mary Jones is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

Marked change in appearance manners and conduct. Incoh... and obscene in language. By quick transitions grave to ... laughing, singing, or silent and seemingly despondent. ... fractious delusions with regard to herself and her surround...

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Her Mother and the Hospital Nurse state that she is ... sleepless, and refuses or takes little food, and that ... often very excited and noisy singing laughing singing ... raving at the full pitch of her voice.

Name and Medical Designation, James G. Dickson. M...

Place of Abode Wrayfield, Newton Stewart

DATED this twenty ninth day of September One thousand eight hundred and eighty one years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William Mackie Esquire (1) Sheriff Substitute
of the (2) County of Wigtown
having had produced to me, with a Petition at the instance of (3) John Johnston Inspector of Poor for the Parish of Kirkmaiden
Certificates under the hands of James Clark Surgeon Newton Stewart
and James J. 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)
Mary Jones, Pauper and that the said
Mary Jones, is a (5) person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Mary ~~John~~ Jones as a Patient into the (6) Public Asylum of the Southern Counties, Dumfries and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mary Jones which accompanied the said Petition.

DATED this thirtieth day of September One thousand eight hundred and eighty one

Wm Mackie

To the Superintendent of the (7) Public
Asylum of the Southern Counties
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2
489
Mary Jones
29th Sept
1881

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff ~~of the Stewartry of the~~ (2) of Dumfries & Galloway — *and his Substitutes,*—

The Petition of George Wallace Stewart, Solicitor at Law.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Jane Elizabeth Stewart your Petitioner's (3) Sister — is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Jane Elizabeth Stewart — 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.

four words deleted.

George W Stewart

(4) The date of the Petition must be within seven clear days following the dates of the Medical Certificates.

DATED this 11th (4) day of October One thousand eight hundred and Eighty one —

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1 Christian Name and Surname of Patient at length,	Jane Elizabeth Stewart.
2 Sex and Age,	57 —
3 Married, Single, or Widowed,	single —
4 Condition of Life, and previous Occupation (if any),	none —
5 Religious Persuasion, so far as known,	Church of England —
6 Previous Place of Abode,	Newcastle on Tyne —
7 Place where Found and Examined,	Found & Examined at Dumfries.
8 Length of time Insane,	about a month.
9 Whether First Attack,	Second —
10 Age (if known) on First Attack,	56
11 When and where previously under Examination and Treatment,	Crichton Royal Institution — Sept 1880 to March 1881
12 Duration of Existing Attack,	about a month.
13 Supposed Cause,	unknown.
14 Whether subject to Epilepsy,	no —
15 Whether Suicidal,	no.
16 Whether Dangerous to others,	no —
17 Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	— — —
18 Date of becoming Chargeable,	
19 Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	George Wallace Stewart. Brother. Insanity in the family quite unknown —
20 Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 11th day of October One thousand eight hundred and Eighty one —

(*To be signed by Party applying*) Geo. W Stewart —

P. P.

MEDICAL CERTIFICATE, No. I.

I, the undersigned, Alexander Thomson being a (1) Doctor of Medicine of the University of Edinburgh and Surgeon - and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 27 Leven Street Dumfries - in the County of Dumfries - separately from any other Medical Practitioner visited and personally examined (4) Jane Elizabeth Fennick Spinster Domestic Servant at Dumfries the said Jane Elizabeth Fennick is a (5) Person of Unsound mind - and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Her general Insane appearance and manner of speech, whereby she is evidently unable to do so.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Informed by Mrs Fennick - her sister in Law that She thinks Every Thing in the house will take fire - & the dogs are going mad - and often refuses to take food or to speak -

Name and Medical Designation, Alex Thomson M.D.

Place of Abode, 27 Leven Street - Dumfries

DATED this Eleventh day of October One thousand hundred and Eighty one years -

MEDICAL CERTIFICATE, No. II.

I, the undersigned, Alexander Dan Macdonald being a (1) Doctor of Medicine of Edinburgh University and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) 18 Castle Street Dumfries, in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Jane Elizabeth Fennick Spinster Domestic Servant at Dumfries the said Jane Elizabeth Fennick is a (5) person of unsound mind 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) A visit at which Insane Cook was not answering Questions, in part all Speech seem unintelligible to her

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Have been informed that she has been in the Asylum previously and Repeatedly

Name and Medical Designation, A D Macdonald M.D.

Place of Abode 18 Castle St Dumfries

DATED this Eleventh day of October One thousand eight hundred and Eighty one

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned Alexander Thomson being (1) a doctor of medicine hereby certify, on soul and conscience, that I have this day, at (2) Castle St in the County of Dumfries seen and personally examined Jane Elizabeth Fenwick, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Alex. Thomson M.D. &c.

DATED this 11th day of October One thousand eight hundred and eighty one years.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Stoppe, (1) Sheriff Substitute, of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) George Wallace Fenwick, Newcastle-on-Tyne, Certificates under the hands of Alexander Thomson, and Alexander Gall Macdonald, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Jane Elizabeth Fenwick Osborne Road Newcastle on Tyne and that the said Jane Elizabeth Fenwick, is a (5) person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORISE you to receive the said Jane Elizabeth Fenwick, as a Patient into the (6) Public Asylum of Crichton Institution and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Jane Elizabeth Fenwick, which accompanied the said Petition.

DATED this twelfth day of October One thousand eight hundred and eighty one years.

David Boyle Stoppe

To the Superintendent of the (7) Public Asylum of Crichton Royal Institution, Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2

1720 √

Jane Elizabeth
Fenwick
11th Oct. 1881

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward, Sheriff or Stewartry.

Unto the Honourable the (1) Sheriff ~~of the (2) Shire~~ of Dumfries & Galloway & *and his Substitutes,*— & at Dumfries

The Petition of Ebenezer Colquhoun, 184 Dumbarton Road, Glasgow,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that W. Ludovic Colquhoun

(2) State degree of relationship or other circumstance in which Petitioner stands to Lunatic.

your Petitioner's (2) Nephew is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Ludovic Colquhoun to the Crichton Royal Institution Dumfries and to sanction his admission into the said Asylum.

Ebenezer Colquhoun

(3) No date of the Statement be within seven clear days before the dates of the Medical Certificates.

DATED this thirteenth (3) day of October One thousand eight hundred and eighty one, at 184 Dumbarton Road, Glasgow.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Ludovic Colquhoun
2. Sex and Age,	Male 29
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Some years ago he was in a Writer's Office in Edinburgh
5. Religious Persuasion, so far as known,	Roman Catholic (so far as known)
6. Previous Place of Abode,	St. Juliens Institute Bruges
7. Place where Found and Examined,	Dumfries
8. Length of time Insane,	Cannot say
9. Whether First Attack,	No
10. Age (if known) on First Attack,	Cannot say — Born, I believe on 9th July 1842.
11. When and where previously under Examination and Treatment,	In Laughton Hall, Edinburgh.
12. Duration of Existing Attack,	Cannot say
13. Supposed Cause,	-do-
14. Whether subject to Epilepsy,	Believe not
15. Whether Suicidal,	See medical Certificates
16. Whether Dangerous to others,	
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Ebenezer Colquhoun, residing at 184 Dumbarton Road, Glasgow, His Uncle, & one of his nearest relatives. His late Father was occasionally subject to Insanity.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	All particulars given above, so far as known by me

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this thirteenth day of October One thousand eight hundred and eighty one

(*To be signed by Party applying*) Ebenezer Colquhoun

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Alexander Dall Mac
being a (1) Doctor in Medicine of Edinb
University
and being in actual practice as a (2) Private practitio
hereby certify, on soul and conscience, that I have this day, at (3) Crud
Royal Institution
Dumfries in the C
separately from any other Medical Prac
visited and personally examined (4) Ludovic Colqu
26 Brougham Place Edinburgh
the said Ludovic Colquhoun is a (5) lunat
unsound mind and a proper Person to be
under Care and Treatment, and that I have formed this opinion upon the f
grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He himself
is of rather an excitable appearance
the Dr that he feels tendencies for drunk
lodgings and at that time feels destructive
against other persons and is anxious to be
them himself, may be checked

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
has been to an Asylum at Bru
for five years for the same lea

Name and Medical Designation, A Dall Mac Dona

Place of Abode, 18 Castle St Dumfr

DATED this twelfth day of October One thousa
hundred and eighty one

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Thomas Ferguson
being a (2) Graduate of Edinburgh University
and being in actual practice as a (2) Surgical Bachelor
hereby certify, on soul and conscience, that I have this day, at (3) Crichton R
Institution
Dumfries separately from any other Medical Practi
visited and personally examined (4) Ludovic Colquhoun
26 Brougham Place Edinburgh
the said Ludovic Colquhoun is a (5) person
unsound Mind and a proper person to be de
under Care and Treatment, and that I have formed this opinion upon the foll
grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
He has a depressed appearance -
Says that he gets depressed at times & th
to do harm to his attendant as he has them
to control me himself.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
By Attendant - That he has been in an
Institution for Mental treatment before
that - at times he does himself there

Name and Medical Designation, Thomas Ferguson M.A.

Place of Abode 22 Castle St Dumfries

DATED this twelfth day of October One thousand
hundred and eighty one.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope, (1) Sheriff Substitute
of the (2) County of Dumfries,
having had produced to me, with a Petition at the instance of (3) Ebenezer Colquhoun, 184 Dumbarton Road, Glasgow,
Certificates under the hands of Alexander Ball Macdonald
and Thomas Ferguson, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Ludovic Colquhoun St Juliens Institute, Bruges, (Notre Dame) and that the said Ludovic Colquhoun, is a (5) person of unsound mind,

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Ludovic Colquhoun as a Patient into the (6) Public Asylum of Crichton Institution and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Ludovic Colquhoun, which accompanied the said Petition.

DATED this seventeenth day of October, One thousand eight hundred and eighty one years.

David Boyle Hope

To the Superintendent of the (7) Public Asylum of Crichton Royal Institution Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2

1721

Ludovie Colquhoun

13th Oct. 1881

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Sheriff or Stewartry.

Unto the Honourable the (1) Sheriff of ~~the~~ (2) Dumfries and Galloway — *and his Substitutes,—*

The Petition of Thomas Kennedy, Inspector of Poor, Stoneykirk humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Robert Gibson, Caldons Park 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 Robert Gibson to the Southern Counties Asylum, Dumfries and to sanction his admission into the the said Asylum.

(3) Here state the degree of relationship or other connection which Petitioner holds to Lunatic.

Thomas Kennedy

DATED this Twelfth (4) day of October One thousand eight hundred and Eighty one.

(4) This date of the Petition must be within fourteen clear days from 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 Gibson
2. Sex and Age,	male 54 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Gardener
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	In and near Edinburgh
7. Place where Found and Examined,	Caldons Park
8. Length of time Insane,	unknown
9. Whether first Attack,	second
10. Age (if known) on first Attack,	about 26 or 27 years
11. When and where previously under Examination and Treatment,	Ayrshire District Asylum
12. Duration of existing Attack,	unknown.
13. Supposed Cause,	unknown - If not sunstroke
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	has threatened to strike
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Stoneykirk. (Settlement not determined)
18. Date of becoming Chargeable,	1st October 1881
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Agnes Gibson, Sister, Caldons Park No member of Family known to have been insane.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Twelfth day of October One thousand eight hundred and Eighty one

(*To be signed by Party applying*) Thomas Kennedy

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Charles Morland Ross being a (1) Doctor of Medicine and a Licentiate of the Roy[illegible] College of Surgeons Edinburgh and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Caldon[illegible] Park, Stoney Kirk in the [illegible] Wigtown separately from any other Medical Pra[illegible] visited and personally examined (4) Robert Gibson, a pauper [illegible] the said Robert Gibson is a (5) person of unsound mind and a proper person to be [illegible] under Care and Treatment, and that I have formed this opinion upon the [illegible] grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) From his incon[illegible] conversation, melancholy look, and his extreme [illegible] desire to show that his previous confinement in [illegible] was voluntary, and not owing to any mental [illegible]

2. Other facts (if any) indicating Insanity communicated to me by others: (7) John Crawford and Agnes Gibson both state that Robert Gibson cannot sleep alone, or leave the house [illegible] that he is generally in a state of extreme fear and [illegible] occasions imagined he saw the devil.

Name and Medical Designation, C. M. Ross M.D.

Place of Abode, Lake Cottage

DATED this 8th day of Oct. One thousa[illegible] hundred and 81.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Hugh Cochrane being a (1) Licentiate of the Royal College of Physicians [illegible] & a Licentiate of the Faculty of Physicians & Surgeons [illegible] and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Caldon[illegible] Park, Stoneykirk in the Co[illegible] Wigtown separately from any other Medical Practi[illegible] visited and personally examined (4) Robert Gibson, pauper [illegible] the said Robert Gibson is a (5) person of unsound mind and a proper person to be de[illegible] under Care and Treatment, and that I have formed this opinion upon the foll[illegible] grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) In his Conver[illegible] contradicts in one sentence what he has [illegible] in the previous. Has an idea to deny that [illegible] is anything mentally wrong with him. Has [illegible] very melancholy appearance.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Mr Crawford, farmer, Caldons Park states that [illegible] Robert Gibson takes him out to the stables to see [illegible] devil. At times he carries a pitchfork with him [illegible] attack the devil. Always in a state of great [illegible] cannot sleep by himself. Has threatened to strike [illegible] light cannot walk by himself.

Name and Medical Designation, Hugh Cochrane [illegible]

Place of Abode, Strauraer

DATED this eleventh day of October One thousand [illegible] hundred and eighty one

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Peter MacLean Esquire (1) Sheriff Substitute
of the (2) County of Wigtown
having had produced to me, with a Petition at the instance of (3) Thomas Kennedy Inspector of the poor of the Parish of Stoney Kirk
Certificates under the hands of Charles Morland Ross, Doctor of Medicine ~~and~~ Stoney Kirk, and Hugh Cochrane Surgeon Glasgow being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Robert Gibson, Caldons Park Stoney Kirk a pauper and that the said Robert Gibson is a (5) person of unsound mind

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Robert Gibson as a Patient into the (6) Public Asylum of Southern Counties Dumfries and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Robert Gibson which accompanied the said Petition.

DATED this twelfth day of October One thousand eight hundred and eighty one.

P. MacLean

To the Superintendent of the (7) Public
Asylum of Southern Counties Dumfries

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2
490
Robert Gibson
12th Oct. 1881

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff ——— *of the* (2) Dumfries and Galloway *and his Substitutes*—

The Petition of Miles McInnes, Inspector of Poor, Dumfries, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Gillespie, ——— 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 Gillespie, ——— to the Southern Counties Asylum and to sanction his admission into the said Asylum.

(3) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

Miles McInnes

DATED this Twenty second (4) day of October, One thousand eight hundred and Eighty One Years.

(4) The date of the Petition must be within four-teen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	John Gillespie
2. Sex and Age,	Male 66 years
3. Married, Single, or Widowed,	" Widowed
4. Condition of Life, and previous occupation (if any),	" Shoemaker
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Dumfries Poorhouse
7. Place where Found and Examined,	
8. Length of time Insane,	about a week
9. Whether first Attack,	yes
10. Age (if known) on first Attack,	—
11. When and where previously under Examination and Treatment,	nowhere
12. Duration of existing Attack,	about a week
13. Supposed Cause,	not known
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	no
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dumfries Meantime
18. Date of becoming Chargeable,	14th Sept. 1881
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	William Gillespie, Brother resides at Collin
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

I certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 22nd day of October One thousand eight hundred and Eighty-One Years

(*To be Signed by Party applying*) Miles McInnes

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, William Marshall being a (1) Graduate of the Faculty of Physicians Surgeons Glasgow and College of Physicians Edinburgh and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Poorhouse Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) John Gillespie Co pauper Dumfries and that the said John Gillespie is a (5) Person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Says Queen Victoria is dead and God Capable of Comprehending the Mysteries belongs to Continental the truthfulness of Christ

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Keeper attendant states that he is abusive to fellow patients and will not keep himself clean

Name and Medical Designation, William Marshall M.D.

Place of Abode, Dumfries

DATED this 23 day of October One thousand eight hundred and eighty one years

---

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, John Smith being a (1) Graduate in Medicine of Edinburgh and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) the Poor House Dumfries Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) John Gillespie. Shoemaker a pauper and that the said John Gillespie is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Appearance of weak intellect. ideas confused. memory much impaired. contradictory in his statements

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Mr Robertson & one of the inmates informed me that he is very filthy & insane in his habits. & that his faeces in his hands & throwing it about the room

Name and Medical Designation, John Smith M.D

Place of Abode, 14 Castle St Dumfries

DATED this 20th day of October One thousand eight hundred and 81 years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Dated this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Stoke ——— (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Miles M'Jones, Inspector of Poor Dumfries Certificates under the hands of William Marshall and Wm 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) Wm Gillespie, Dumfries Poor House, (a Pauper) — and that the said Wm Gillespie, — is a (5) person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Wm Gillespie ——— 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 Wm Gillespie ——— which accompanied the said Petition.

Dated this twenty second day of October One thousand eight hundred and eighty one years.

David Boyle Stoke

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2
491
John Gillespie
22nd October 1881

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(*) Sheriff or Steward. Shire or Stewartry.

Unto the Honourable the (*) Sheriff — of the (*) Dumfries & Galloway. *and his Substitute.*—

The Petition of William Wilson Inspector of Poor Holywood.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Robert Adamson —

(*) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (*) Pauper — is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Robert Adamson — to the Southern Counties Asylum — and to sanction his admission into the said Asylum.

William Wilson Insp.

(*) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 25th — (*) day of October — One thousand eight hundred and 81 years.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1 Christian Name and Surname of Patient at length,	Robert Adamson
2 Sex and Age,	Male 60 years
3 Married, Single, or Widowed,	Married
4 Condition of Life, and previous Occupation (if any),	Partially destitute. Mason
5 Religious Persuasion, so far as known,	Protestant
6 Previous Place of Abode,	Scarbrae, Holywood Dumfries.
7 Place where Found and Examined,	Ten days
8 Length of time Insane,	25 Years
9 Whether First Attack,	S. C. Asylum Dumfries
10 Age (if known) on First Attack,	14 Weeks
11 When and where previously under Examination and Treatment,	Not Known
12 Duration of Existing Attack,	No No
13 Supposed Cause,	Yes
14 Whether subject to Epilepsy,	~~Home~~ Holywood
15 Whether Suicidal,	~~Wm Wilson~~ 25th Oct 1881.
16 Whether Dangerous to others,	
17 Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18 Date of becoming Chargeable,	
19 Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	John Adamson, Carsphairn. Brother
20 Special circumstances (if any) preventing the insertion of any of the above particulars,	None

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 25th — day of October One thousand eight hundred and eighty one

(*To be signed by Party applying*) William Wilson Insp.

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Gerald FitzGerald Thomas being a (1) licentiate of Royal Colleges of Physicians Surgeons Edinburgh and being in actual practice as a (2) Physician Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Scarbrae Hollywood Dumfries in the County separately from any other Medical Practitioner visited and personally examined (4) Robert Adamson (a Pauper) Mason Scarbrae Hollywood and the said Robert Adamson 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) General demeanour: talks continually — at random — has erroneous ideas regarding religion — is very violent if otherwise

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Wife states he has been continually talking in the same strain day & night since Friday last (Oct 27th). That he has been same seven years ago

Name and Medical Designation, Gerald FitzG Thomas LRCS & LRCS Ed

Place of Abode, 14 Castle Street Dumfries

DATED this twenty fourth day of October One thousand eight hundred and sixty one years

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Matthew Marshall being a (1) graduate of the Faculty of Physicians & Surgeons Glasgow and College of St Andrews and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Asylum Dumfries Dumfries in the County separately from any other Medical Practitioner visited and personally examined (4) Robert Adamson (a pauper) and the said Robert Adamson is a (5) Lunatic and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) talks incoherently and incessantly seems as if labouring under Religious mania is perfectly restless and excited

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) the attendant states much the same as above

Name and Medical Designation, Matthew Marshall MD &c

Place of Abode Dumfries

DATED this 28th day of Oct One thousand eight hundred and sixty one years

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Gerald Fitzgerald Thomas being (1) a Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (2) Scarbrae in the County of Dumfries, seen and personally examined Robert Adamson (a pauper), and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Gerald Fitzgerald Thomas

DATED this Twenty fourth day of October One thousand eight hundred and Eighty one years.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) William Wilson Inspector of Poor, Holywood Certificates under the hands of Gerald Fitzgerald Thomas, and William Marshall, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Robert Adamson, Mason, Scarbrae, Holywood, (a pauper), and that the said Robert Adamson, is he (5) insane person, and a Lunatic and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Robert Adamson, as a Patient into the (6) Public Asylum of Southern Counties and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Robert Adamson, which accompanied the said Petition.

DATED this twenty fifth day of October One thousand eight hundred and eighty one years.

David Boyle Hope

To the Superintendent of the (7) Public *Asylum of* Southern Counties, Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2
492
Robert Adamson
25th October 81

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., 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) Sheriff dom~~ *of* Dumfries & Galloway *and his Substitutes,—*

The Petition of John Lawson Inspector of the Poor of Annan, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Agnes Bell your Petitioner's (3) ~~Charge~~ Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Agnes Bell 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.

one word deleted John Lawson

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 25th (4) day of October One thousand eight hundred and eighty one

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

Christian Name and Surname of Patient at length,	Agnes Bell
Sex and Age,	Female 28 yrs
Married, Single, or Widowed,	Single
Condition of Life, and previous Occupation (if any),	Domestic Servant
Religious Persuasion, so far as known,	Protestant
Previous Place of Abode,	Greencroft House Annan
Place where Found and Examined,	Todds close Annan
Length of time Insane,	5 months
Whether First Attack,	First attack
Age (if known) on First Attack,	27½ years
When and where previously under Examination and Treatment,	—
Duration of Existing Attack,	—
Supposed Cause,	Drinking to excess
Whether subject to Epilepsy,	Yes —
Whether Suicidal,	No
Whether Dangerous to others,	Yes —
Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Annan Parish
Date of becoming Chargeable,	
Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	John Bell Todds close Annan Father No
Special circumstances (if any) preventing the insertion of any of the above particulars,	None —

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 25th day of October One thousand eight hundred and eighty one —

(*To be signed by Party applying*) John Lawson

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Daniel MacKenzie
being a (1) Bachelor of Medicine & Master in Surgery 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) Todds Close Annan. in the County of Dumfries. separately from any other Medical Practitioner visited and personally examined (4) Agnes Bell,

the said Agnes Bell is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) She is sullen & morose — gives incoherent answers to questions. She has lately been very intemperate in her habits.

2. Other facts (if any) indicating Insanity communicated to me by others: (7) She is violent to her parents & attendants & gives great annoyances to them even when under the influence of liquor.

Name and Medical Designation, Daniel MacKenzie

Place of Abode, Annan, Dumfries.

DATED this 22nd day of October One thousand eight hundred and eighty one years.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, David Charles Cox
being a (1) Licentiate of the Royal College of Physicians in Edinburgh
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Todds Close Annan Dumfries separately from any other Medical Practitioner visited and personally examined (4) Agnes Bell

the said Agnes Bell is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6)
(a) Tried vacant stare & is very sullen
(b) Hesitancy in answering Questions
(c) Has a great craving for intoxicating liquor & gets violent when refused

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
(a) Threatens her parents with violence indeed has struck at them
(b) Makes a great noise & screaming
(c) Can with difficulty be kept in the house

Name and Medical Designation, D. Chas Cox LRCP

Place of Abode Annan

DATED this 22nd day of October One thousand eight hundred and eighty one years

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Daniel MacKenzie, being a Physician Surgeon, hereby certify, on soul and conscience, that I have this day, at (*) Todds Close Annan in the County of Dumfries, seen and personally examined Agnes Bell, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Daniel MacKenzie

DATED this 22nd day of October One thousand eight hundred and eighty one years.

(*) State medical qualification. (*) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope, (*) Sheriff Substitute of the (*) County of Dumfries, having had produced to me, with a Petition at the instance of (*) John Lawson, Inspector of Poor, Annan, Certificates under the hands of Daniel Mackenzie, and David Charles Cox being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (Agnes Bell. Todds Close, Annan. (a pauper) and that the said Agnes Bell is a (*) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Agnes Bell as a Patient into the (*) Public Asylum of Southern Counties and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Agnes Bell, which accompanied the said Petition.

DATED this twenty fifth day of October, One thousand eight hundred and eighty one years.

David Boyle Hope

To the Superintendent of the (*) Public Asylum of Southern Counties, Dumfries.

(*) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(*) State whether a County or Stewartry.
(*) Insert Name and Designation.
(*) Describe him, and if a Pauper, state so.
(*) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(*) Public, District, Parochial, or Private.
(*) Public, District, Parochial, or Private.

Agnes Bell
25th Oct
1881

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) County *of* Lanark *and his Substitutes,*—

The Petition of Alexander Ritchie 45 Cecil St Hillhead humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Janet Laidlaw Ritchie 29 Steven St Glasgow your Petitioner's (3) Sister is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Janet Laidlaw Ritchie to the Southern Counties Asylum Dumfries and to sanction her admission into the the said Asylum.

(3) State degree of Relationship or other Charity in which Petitioner stands to Lunatic.

Alexander Ritchie

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 7 (4) day of November One thousand ~~81~~ eight hundred and eighty one

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

Christian Name and Surname of Patient at length,	Janet Laidlaw Ritchie
Sex and Age,	Female 34 years.
Married, Single, or Widowed,	Single
Condition of Life, and previous Occupation (if any),	Middle class. At one time Clerk
Religious Persuasion, so far as known,	Protestant.
Previous Place of Abode,	Kirkconnell Dumfriesshire
Place where Found and Examined,	29 Steven Street Glasgow
Length of time Insane,	Nine years.
Whether first Attack,	First attack
1 Age (if known) on first Attack,	Twenty five years.
1 When and where previously under Examination and Treatment,	Examined by Drs Dickson & Laurie Glasgow Wester Mains Private Asylum Kirkintilloch afterwards at Musselburgh Asylum
1 Duration of existing Attack,	Has not been quite sane during the above period
1 Supposed Cause,	Unknown
1 Whether subject to Epilepsy,	No
1 Whether Suicidal,	At one time
1 Whether Dangerous to others,	No
1 Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
1 Date of becoming Chargeable,	
1 Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Brother Alex Ritchie 45 Cecil St Hillhead Glasgow No insanity in Family
2 Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 7 day of November One thousand eight hundred and eighty one

(*To be signed by Party applying*) Alexander Ritchie

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Finlayson being a (1) Doctor of Medicine of the University of Glasgow and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) 29 Steven Street Glasgow in the County of Lanark separately from any other Medical Practitioner visited and personally examined (4) Janet Laidlaw Ritchie, of no occupation, residing at 29 Steven St Glasgow and the said Janet Laidlaw Ritchie is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
She is quite incoherent in her account of herself, for example as to how she lost her situation through the people of Glasgow, & she moves about from one seat to another in making her disconnected remarks.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Her sister, Helen Ritchie, with whom she is residing, states she frequently gets up from bed during night & wanders the house, & in this & similar ways is unmanageable in the Her cousin Miss Jane Dalziel, who has been staying in the house confirms the above statement

Name and Medical Designation, James Finlayson

Place of Abode, 351 Bath Street Glasgow

DATED this 3rd day of November One thousand eight hundred and Eighty one years.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Samuel Gemmell being a (1) Doctor of Medicine of Glasgow University and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) 29 Steven St Glasgow in the County of Lanark separately from any other Medical Practitioner visited and personally examined (4) Janet Laidlaw Ritchie, of no occupation residing at 29 Steven Street, Glasgow and the said Janet Laidlaw 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)
Incoherent in matter, manner, & conversation with [illegible]

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Her Sister Helen Ritchie says that she is subject to sudden outbursts of violence & has been known to hit the person with whom she is living with. Has been known to walk about the house during [illegible] sitting down.

Name and Medical Designation, Samuel Gemmell M.D.

Place of Abode, 74 Bath Street, Glasgow

DATED this Ninth day of November One thousand eight hundred and Eighty one years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Dated this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I Alexander Erskine Murray advocate (1) Sheriff Substitute of the (2) County of Lanark having had produced to me with a Petition at the instance of Alexander Ritchie 45 Coal Sheet Hillhead Certificates under the hands of James Finlayson and Lawson Semmens, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined Janet Laidlaw Ritchie 29 Stevan Sheet Glasgow and that the said Janet Laidlaw Ritchie is a person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Janet Laidlaw Ritchie as a Patient into the Southern Counties Asylum at Dumfries and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Janet Laidlaw Ritchie which accompanied the said Petition.

Dated this seventh day of November One thousand eight hundred and eighty one

A Erskine Murray

To the Superintendent of the (3) Southern Counties Asylum at Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2
494
Janet Laidlaw Ritchie
10th November
1881

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. Shire or Stewartry.

Unto the Honourable the (1) Sheriff of ~~the (1)~~ Shire of Dumfries & Galloway *and his Substitutes,*

The Petition of James Gibson, Inspector of Poor, Berwick, Kirkcudbrightshire humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Jane Mc Naught

(2) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (2) ~~Superintendent~~ Lunatic is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Jane Mc Naught to the Southern Counties Asylum and to sanction her admission into the said Asylum.

James Gibson

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this eleventh (3) day of November One thousand eight hundred and eighty one years.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

Christian Name and Surname of Patient at length,	Jane Mc Naught
Sex and Age,	Female. 29 years
Married, Single, or Widowed,	Single
Condition of Life, and previous Occupation (if any),	Farm Servant. formerly farm Servant
Religious Persuasion, so far as known,	Protestant
Previous Place of Abode,	Farm of Culloch in the Parish of Urr
Place where Found and Examined,	Rascarrel, Berrick
Length of time Insane,	About 8 days
Whether First Attack,	No
Age (if known) on First Attack,	15 years
When and where previously under Examination and Treatment,	1867. at Kirkcudbright, but not under confinement
Duration of Existing Attack,	About 8 days
Supposed Cause,	Attending a dancing party
Whether subject to Epilepsy,	No
Whether Suicidal,	Yes
Whether Dangerous to others,	Yes
Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Berrick parish
Date of becoming Chargeable,	10th Nov 1881
Christian Name and Surname, and Place of Abode of nearest known 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 Mc Naught. Rascarrel, Auchencairn, Castle-Douglas is the Patients Father John Mc Naught the Patients Brother, formerly Insane, but now recovered.
Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this eleventh day of November One thousand eight hundred and eighty one years

(To be signed by Party applying) James Gibson. 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, John Paterson Lorrie MB
being a (1) Graduate of the University of Glasgow
and being in actual practice as a (2) General practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Rascarrel
parish of Rerrick in the County
Kirkcudbright separately from any other Medical Practitioner
visited and personally examined (4) Jane McNaught - Pauper
at Rascarrel, parish
the said Jane 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)
Restless talk incoherently — does not know the day of the week — says she has wings she would fly to some other place — Pointed out a spot in the hill and said I would find magic rope there the one like or the other — says she wont live if she had till some other day

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Her father and Mother tell me that she is restless, walks about all hours night & day — Always dressing herself — threatened to throw herself out of a skylight last night

Name and Medical Designation, John Paterson Lorrie MB

Place of Abode, Dalbeattie

DATED this Ninth day of November One thousand eight hundred and eighty One —

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Walter Lorraine
being a (1) Graduate of Edinburgh University
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Rascarrel
parish of Rerrick in the County
Kirkcudbright separately from any other Medical Practitioner
visited and personally examined (4) Jane McNaught Pauper
and
the said Jane 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)
Very talkative & restless — She looks wild and agitated & gave no prevention her rather violent & angry

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Her parents say that within the last few days her manner has changed from being quiet & obliging violent & sometimes suspicious — She sleeps none has constantly been talking to herself & others

Name and Medical Designation, Walter Lorraine MB

Place of Abode Castle Douglas

DATED this Tenth day of November One thousand eight hundred and eighty one

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Walter Lorraine being (1) Graduate of Edinburgh University hereby certify, on soul and conscience, that I have this day, at (2) Rascarrel in the County of Kirkcudbright, seen and personally examined Jane McNaught Pauper, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Walter Lorraine M.D. Edin

DATED this Tenth day of November One thousand eight hundred and eighty one

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, George Whitelaw (1) Honorary Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) James Gibson Inspector of Poor Kerrick Kirkcudbrightshire, Certificates under the hands of John Paterson Lewis and Walter Lorraine, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Jane McNaught, Farm Servant, Rascarrel, Kerrick (or Pauper) and that the said Jane McNaught, is a (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 McNaught, as a Patient into the (6) Public Asylum of Southern Counties and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Jane McNaught, which accompanied the said Petition.

DATED this Eleventh day of November One thousand eight hundred and eighty one.

C.M.K.

Geo. Whitelaw

To the Superintendent of the (7) Public *Asylum of* Southern Counties, Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2
2
495
Jane McNaught
16th Nov 1881

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff ~~of the (2)~~ of Dumfries & Galloway and his Substitutes,—

The Petition of the Revd James Hutton Free church Closeburn humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Robert Cleghorn Hutton —

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 Robert Cleghorn Hutton — to the Crichton Royal Institution — Dumfries and to sanction the admission into the said Asylum.

James Hutton

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 9th (4) day of November — One thousand eight hundred and eighty one.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1 Christian Name and Surname of Patient at length,	Robert Cleghorn Hutton
2 Sex and Age,	about 18 or 19.
3 Married, Single, or Widowed,	single
4 Condition of Life, and previous Occupation (if any),	son of a Clergyman
5 Religious Persuasion, so far as known,	Free Church of Scotland
6 Previous Place of Abode,	Closeburn
7 Place where Found and Examined,	Thornhill
8 Length of time Insane,	At present part of a day
9 Whether First Attack,	no
10 Age (if known) on First Attack,	about 16 or 17
11 When and where previously under Examination and Treatment,	was in Morningside Asylum
12 Duration of Existing Attack,	not more than a day
13 Supposed Cause,	—
14 Whether subject to Epilepsy,	No
15 Whether Suicidal,	No
16 Whether Dangerous to others,	Is dangerous to others when excited
17 Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
18 Date of becoming Chargeable,	—
19 Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	His father is The Revd James Hutton Free Church Closeburn No relations have ever known to be insane
20 Special circumstances (if any) preventing the insertion of any of the above particulars,	—

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 9th day of November One thousand eight hundred and eighty one

(*To be signed by Party applying*) James Hutton

P. T.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Thomas Boyle Grierson being a (1) Licentiate of the Royal College of Surgeons of Edin and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Thornhi in the Co Dumfries, separately from any other Medical Practi visited and personally examined (4) Robert Cleghorn Hutton and the said Robert Cleghorn Hutton is a (5) person unsound mine. and a proper Person to be de under Care and Treatment, and that I have formed this opinion upon the foll grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) violent fury, without understanding the of things around him

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Friends state that such fits of fury hav upon him at various times.

Name and Medical Designation, T B Grierson

Place of Abode, Thornhill

DATED this 9th day of November One thousand hundred and eighty one.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Hugh Cunningham being a (1) Licentiate of the Royal College of Physicians in Edin and of the Faculty of Physicians and Surgeons of and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Crichton R Institution, in the Coun Dumfries, separately from any other Medical Practiti visited and personally examined (4) Robert Cleghorn Hutton and the said Robert Cleghorn Hutton is a (5) person unsound mind and a proper person to be deta under Care and Treatment, and that I have formed this opinion upon the follo grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He is an epile and suffers occasionally from destructive im

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) His sister informed me that he attempted to inju father on the night of the 9th instant, also that he w under treatment in Morningside Asylum some time

Name and Medical Designation, Hugh Cunningham F.R.C.P.Ed.

Place of Abode 25 Castle Street, Dumfries

DATED this Eleventh day of November One thousand e hundred and eighty one years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Thomas Boyle Grierson being (1) Licentiate of the Royal College of Surgeons hereby certify, on soul and conscience, that I have this day, at (2) Thornhill in the County of Dumfries, seen and personally examined Robert Cleghorn Hutton, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

T B Grierson

DATED this 9th day of November One thousand eight hundred and eighty one

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, George Whitelaw — (1) Honorary Sheriff-Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) The Rev. James Hutton Free Church Manse Closeburn Certificates under the hands of Thomas Boyle Grierson — and Hugh Cunningham — being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Robert Cleghorn Hutton, Free Church Manse Closeburn and that the said Robert Cleghorn Hutton, is a (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 Cleghorn Hutton, as a Patient into the (6) Public — Asylum of Crichton Institution and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Robert Cleghorn Hutton, — which accompanied the said Petition.

DATED this Twelfth day of November, One thousand eight hundred and eighty one.

Geo White Law

To the Superintendent of the (7) Public
Asylum of Crichton Royal Institution
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2

1722

Robert Leighouse Hutton

11th Nov 1881

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of* ~~the (1)~~ Dumfries ~~of~~ and Galloway *and his Substitutes,—*

The Petition of James Foulds, Inspector of Poor of the Parish of Kirkhean in Sam Stewartry humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Thomas Watson labourer your Petitioner's (2) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Thomas Watson to the Southern Counties Asylum Dumfries and to sanction his admission into the said Asylum.

(2) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

Jas Foulds, Insp of Poor

(4) The date of the petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Eleventh (4) day of November One thousand eight hundred and Eighty one

---

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Thomas Watson
2. Sex and Age,	Male about 35
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,	Carsethorn Village Kirkhean
7. Place where Found and Examined,	Kirkhean Bright
8. Length of time Insane,	Some Considerable time
9. Whether First Attack,	Not Known
10. Age (if known) on First Attack,	Not Known
11. When and where previously under Examination and Treatment,	In Asylum about six years ago
12. Duration of Existing Attack,	Not Known
13. Supposed Cause,	Not Known
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Not Known
16. Whether Dangerous to others,	Supposed to be
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Kirkhean
18. Date of becoming Chargeable,	Now
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Not Known
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Eleventh day of November One thousand eight hundred and Eighty one

(*To be signed by Party applying*) Jas Foulds, Insp of Poor

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Wm S. S. Reid being a (1) Bachelor of Medicine & Master of Surgery of the University of Edinburgh and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) the Prison Kirkcudbright in the County of Kirkcudbright separately from any other Medical Practitioner visited and personally examined (4) Thos. Watson - Pauper Carsethorn - Kirkbean and the said Thos. Watson is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

Delusions taking the form of imaginary messages received by him inciting him to various forms of violence & mischief.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

That he suffers from delusions of various kinds as above stated communicated by the Governor of the Prison Kirkcudbright

Name and Medical Designation, Wm S. Reid Mb. [illegible]

Place of Abode, Oakley - Kirkcudbright

DATED this eleventh day of November One thousand eight hundred and eighty one.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, James Moffat being a (1) Graduate in Medicine & Surgery of the Glasgow University and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) the Prison of Kirkcudbright in the County of Kirkcudbright separately from any other Medical Practitioner visited and personally examined (4) Thomas Watson (Pauper) Carsethorn, Kirkbean and the said Thomas Watson is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Delusions about getting revelations from certain parties to do certain insane acts &c.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, James Moffat M.B.

Place of Abode Kirkcudbright

DATED this 11 day of Nov. One thousand eight hundred and eighty one

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Alexander Nicolson (1) Sheriff Substitute of the (2) Stewartry of Kirkcudbright having had produced to me, with a Petition at the instance of (3) James Foulds Inspector of Poor for the Parish of Kirkbean Certificates under the hands of Wm. J. Reid M.B and James Moffat 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) Thomas Watson Labourer a Pauper and that the said Thomas Watson is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Thomas Watson as a Patient into the (6) Southern Counties Asylum of Dumfries and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Thomas Watson which accompanied the said Petition.

DATED this Eleventh day of November One thousand eight hundred and Eighteen

Alex. Nicolson

To the Superintendent of the (7)
Asylum of Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2/496 ×

Thomas Watson

11th Novr 1881.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Sheriffdom or Stewartry.

Unto the Honourable the (1) Sheriff —— of (2) Dumfries & and Galloway —— and his Substitutes,

The Petition of Robert Kirkpatrick, Coal agent, Sanquhar,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary Kirkpatrick, ——

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (3) Sister ——

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Mary Kirkpatrick —— to the Southern Counties Asylum —— and to sanction Her admission into the said Asylum.

R K. Fourteenth Robt Kirkpatrick

(4) The date of the Petition must be within fifteen clear days following the dates of the Medical Certificate.

DATED this ~~fourth~~ —— (4) day of November —— One thousand eight hundred and Eighty one

---

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Mary Kirkpatrick
2. Sex and Age,	About 60.
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Housekeeper
5. Religious Persuasion, so far as known,	Free Church of Scotland
6. Previous Place of Abode,	Closeburn
7. Place where Found and Examined,	Thornhill
8. Length of time Insane,	More or less for four years
9. Whether First Attack,	No
10. Age (if known) on First Attack,	——
11. When and where previously under Examination and Treatment,	——
12. Duration of Existing Attack,	More specially for the last two months.
13. Supposed Cause,	——
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	——
18. Date of becoming Chargeable,	——
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Her brother is Robert Kirkpatrick Coal agent Sanquhar Office. Her father was insane and Her brother James is at present a patient in the Southern Counties Asylum.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	——

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

R K. Fourteenth

DATED this ~~fourth~~ —— day of November —— One thousand eight hundred and Eighty one

(*To be signed by Party applying*) Robert Kirkpatrick

P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Thomas Boyle Grierson
being a (1) Licentiate of The Royal College of Surgeons of Edinburgh
and being in actual practice as a (2) Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Thornhill in the Co[illegible] Dumfries separately from any other Medical Prac[illegible] visited and personally examined (4) Mary Kirkpatrick
the said Mary Kirkpatrick is a (5) Person of un[illegible] mind and a proper Person to be d[illegible] under Care and Treatment, and that I have formed this opinion upon the fo[illegible] grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
She believes that she hears voices and carries on a conversation [illegible] she has delusions respecting her friends and her money. She [illegible] loudly especially at night and when she is alone and disturb[illegible] residing near her who complain very much of her. I may also state that at other times she is quite sensible and shows no [illegible] of insanity it is mainly owing to the disturbance she gives to those around her [illegible] proposed to remove her to an Asylum.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: ([illegible])
Her brother and those residing near her all speak of [illegible] greatly disturbed by her. and children gather around her [illegible] and cause disturbance the children gather about her on acc[illegible] her loud speaking and excite her.

Name and Medical Designation, W Grierson

Place of Abode, Thornhill

DATED this 11th day of November One thousand [illegible] hundred and eighty one.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Thomas Ferguson
being a (1) graduate of Edinburgh University
and being in actual practice as a (2) general practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Southern Counties Asylum in the Cou[illegible] Dumfries separately from any other Medical Practi[illegible] visited and personally examined (4) Mary Kirkpatrick
the said Mary Kirkpatrick is a (5) person [illegible] unsound mind and a proper person to be de[illegible] under Care and Treatment, and that I have formed this opinion upon the follo[illegible] grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) —
At time of examination she was excited & very talkative ~~about~~ & noisy — says her friends have been unkind to her. She says that her father & brother have been under treatment for insanity

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: ([illegible])
By the Asylum attendants —
That she was noisy & troublesome [illegible] admission to the house.

Name and Medical Designation, Thomas Ferguson [illegible]

Place of Abode 22 Castle St. Dumfries

DATED this thirteenth day of November One thousand [illegible] hundred and eighty one.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Thomas Boyle Grierson being (1) Licentiate of the Royal College of Surgeons of Edinburgh hereby certify, on soul and conscience, that I have this day, at (2) Thornhill in the County of Dumfries, seen and personally examined Mary Kirkpatrick, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

T B Grierson

DATED this 11th day of November One thousand eight hundred and eighty one

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, ~~David Boyle Hyslop~~ (1) Sheriff-Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) Robert Kirkpatrick, Coal Agent, Sanquhar, Certificates under the hands of Thomas Boyle Grierson and Thomas Ferguson, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Mary Kirkpatrick, [illegible] Petitioner's sister, and that the said Mary Kirkpatrick, is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Mary Kirkpatrick as a Patient into the (6) Public Asylum of Southern Counties, and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mary Kirkpatrick, which accompanied the said Petition. Three words deleted.

Witness

DATED this Fourteenth day of November, One thousand eight hundred and eighty one.

Geo Mitelaw

To the Superintendent of the (7) Public *Asylum of* Southern Counties Dumfries

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2
494

Mary Kirkpatrick
15th Nov 1881

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (1) Or Stewartry.

Unto the Honourable the (1) The Sheriff ~~of the~~ of Dumfries and Galloway *and his Substitutes,*—

The Petition of James Thomson Mossside, Dunscore

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that David Thomson

(2) State degree of Relationship or other ground in which Petitioner stands to Lunatic.

your Petitioner's (2) Brother is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said David Thomson to the Crighton Institution and to sanction his admission into the the said Asylum.

James Thomson

(3) The date of the certificate must be within seven clear days preceding the dates of the Medical Certificates.

Dated this 12th (3) day of November One thousand eight hundred and 81.

STATEMENT.

If any 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 Thomson
2.	Sex and Age,	Male 24 Years
3.	Married, Single, or Widowed,	Single
4.	Condition of Life, and previous Occupation (if any),	Farmer
5.	Religious Persuasion, so far as known,	Established Church
6.	Previous Place of Abode,	Moss Side Dunscore
7.	Place where Found and Examined,	Dunscore & Dumfries
8.	Length of time Insane,	Three Weeks
9.	Whether first Attack,	Yes
10.	Age (if known) on first Attack,	24
11.	When and where previously under Examination and Treatment,	Never & no where
12.	Duration of existing Attack,	Three Weeks
13.	Supposed Cause,	unknown
14.	Whether subject to Epilepsy,	no
15.	Whether Suicidal,	Threatings
16.	Whether Dangerous to others,	Yes
17.	Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18.	Date of becoming Chargeable,	
19.	Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	James Thomson Moss side Dunscore
20.	Special circumstances (if any) preventing the insertion of any of the above particulars,	None None

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 12th day of November One thousand eight hundred and 81

(*To be signed by Party applying*) James Thomson

P. 9.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or an insane person, or an idiot, or a person of unsound mind.*

I, the undersigned, James M. McCulloch, M. D: &c. ——
being a (1) Graduate of the University of Edinburgh ——
and being in actual practice as a (2) Physician ——
hereby certify, on soul and conscience, that I have this day, at (3) 16 Castle
Dumfries —— in the C
Dumfries —— separately from any other Medical Pra
visited and personally examined (4) David Thomson, Farmer
Dunscore
the said David Thomson —— is a (5) person
unsound mind —— and a proper person to be
under Care and Treatment, and that I have formed this opinion upon the f
grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He tells me
people are going to murder him & injure him & cut
the privates; that he cannot sleep &c

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
He the above & that he runs away from home; that he ran off
Auchinleck, in Ayrshire & the Inspector there telegraphed to his
informing them of his whereabouts & insane state &c.

Name and Medical Designation, James M. McCulloch, M. D. &c

Place of Abode, 16 Castle Street, Dumfries

DATED this twelfth day of November One thousa
hundred and eighty one.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, *or an insane person, or an idiot, or a person of unsound mind.*

I, the undersigned, James Callender ——
being a (1) Bachelor of Medicine and Master
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Mossid
Duncow
Dumfries —— in the Cou
—— separately from any other Medical Practi
visited and personally examined (4) David Thomson
and
the said David Thomson 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) Fancies that
friends have conspired & castrate him

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Threatened violence with a knife to
he fancied in pursuit of him. Told me by
of Poor at Cumnock

Name and Medical Designation, James Callender M.

Place of Abode, Duncow, Dumfries

DATED this twelfth day of November One thousand
hundred and eighty one.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, James Callender
being (1) Bachelor of Medicine
hereby certify, on soul and conscience, that I have this day, at (2) Mossside, Dumfries.
in the County of Dumfries, seen and personally examined
David Thomson, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

James Callender M. B., C. M.

DATED this twelfth day of November One thousand eight hundred and eighty one.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, George Whitelaw (3) Steward Substitute of the (4) County of Dumfries having had produced to me, with a Petition at the instance of (5) James Thomson, Mossside, Dunscore
Certificates under the hands of James M. M'Culloch and James Callender, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (6) David Thomson, Farmer, Mossside, Dunscore (Pauper) and that the said David Thomson is a (7) person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said David Thomson as a Patient into the (8) Public Asylum of Crichton Institution and I authorize the Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said David Thomson, which accompanied the said Petition.

DATED this twelfth day of November, One thousand eight hundred and eighty one years.

Geo. Whitelaw

To the Superintendent of the (8) Public
Asylum of Crichton Royal Institution,
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

David Thomson
12th Nov 1881

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. Shire or Stewartry.

Unto the Honourable the (1) *of* *of the* (1) *and his Substitutes,—*

The Petition of John Drummond Farmer Cameronkin Craigie.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Ann Drummond or Wallace 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 Ann Drummond or Wallace to the Crichton Royal Institution Dumfries and to sanction her admission into the the said Asylum.

(2) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

John Drummond

DATED this 14 (3) day of November One thousand eight hundred and eighty one

(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,	Ann Drummond or Wallace
2 Sex and Age,	Female aged 28 years 9th April 1881
3 Married, Single, or Widowed,	Married
4 Condition of Life, and previous Occupation (if any),	Farmers Wife since Novr 1875 Previously Dairymaid to her Father.
5 Religious Persuasion, so far as known,	Member of the Church of Scotland
6 Previous Place of Abode,	Skelton Pasture Penrith Cumberland since 1875
7 Place where Found and Examined,	Cameronkin Craigie Ayrshire
8 Length of time Insane,	Slight some months past intence since 6th Novr 1881
9 Whether first Attack,	Yes
10 Age (if known) on first Attack,	28 years
11 When and where previously under Examination and Treatment,	
12 Duration of existing Attack,	
13 Supposed Cause,	Overnursing
14 Whether subject to Epilepsy,	No
15 Whether Suicidal,	Yes
16 Whether Dangerous to others,	Yes if interfered with
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 Drummond Cameronkin Craigie Father No member known to be or to have been Insane
20 Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 14th day of November One thousand eight hundred and 81

(*To be signed by Party applying*) John Drummond

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Don.ᵃ Mycleod, M.D being a (1) Graduate of the University of Glasgow and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Carisbrook Cottage Carnoustie in the County separately from any other Medical Practitioner visited and personally examined (4) Ann Drummond or Wallace and the said Ann Drummond or Wallace is a (5) Lunatic and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She has a shy look & Suspicious about her eyes is very restless in her demeanour she will scarcely speak on any subject

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) She imagines she sees visions & sees & is very excited when spoken to. She threatens to commit violence almost every one. From her Father.

Name and Medical Designation, Don.ᵃ Macleod M.D.

Place of Abode, Kilmarnock

DATED this 14 day of Nov.ʳ One thousand eight hundred and Eighty one.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, John Borland M.B. being a (1) Graduate of the University of Glasgow and being in actual practice as a (2) Physician hereby certify on soul and conscience, that I have this day, at (3) Dalrymple Villa Kilmarnock in the County separately from any other Medical Practitioner visited and personally examined (4) Ann Drummond or Wallace and the said Ann Drummond or Wallace is a (5) Lunatic and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Talks much in very rustic, & very facetious manner speaks with difficulty to me

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Imagined the Catholics drink blown up the fire - She is at times violent & dangerous to herself & others From her Father

Name and Medical Designation, John Borland M.B.

Place of Abode, Kilmarnock

DATED this 14 day of November One thousand eight hundred and eighty one.

No. I.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Thomas Anderson (1) Sheriff-Substitute
of the (2) County of Ayr
having had produced to me, with a Petition at the instance of (3) John Drummond farmer Cumnock Craigie
Certificates under the hands of Donald Mackenzie
and John Borland , being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined Ann Drummond or Wallace and that the said
Ann Drummond or Wallace is a (5) Lunatic

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Ann Drummond or Wallace as a Patient into the (6) Royal Asylum of Crichton Institution Dumfries, and I authorize the Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Ann Drummond or Wallace which accompanied the said Petition.

DATED this fourteenth day of November One thousand eight hundred and eighty one

Thomas Anderson

To the Superintendent of the (7) Public
Royal *Asylum of* Crichton Institution Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1724 29/6/81

Mrs Ann Drummond
or Wallace
15th Novr 1881

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) County *of* Ayr *and his Substitutes,—*

The Petition of James Young, residing in Catrine humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Young your Petitioner's (3) Son, residing at Cowan Place Catrine, Parish of Sorn is at present in a state of Mental Derangement, and 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 Young to the Crichton Royal Institution Dumfries and to sanction his admission into the said Asylum.

(3) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

James Young

(4) The date of the petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 15th (4) day of November One thousand eight hundred and eighty one years

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	James Young
2. Sex and Age,	Male, about 40 years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Retired Gas Manager
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Cowan Place Catrine
7. Place where Found and Examined,	Cowan Place Catrine
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,	Not previously under treatment
12. Duration of Existing Attack,	a few days
13. Supposed Cause,	Drinking
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	Sometimes
17. ~~Parish or Union to which the Lunatic (if a Pauper) is Chargeable,~~	Private Patient
18. ~~Date of becoming Chargeable,~~	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	James Young, Father, Lunmilk Catrine, Parish of Sorn, Wm Young Brother, Catrine, Parish of Sorn.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	Annie Young, Half Sister, was for a short time under treatment, about 2 years ago,

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 15th day of November One thousand eight hundred and eighty one years.

(*To be signed by Party applying*) James Young

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, David Sloan M.D.
being a (1) Graduate of Glasgow University
and being in actual practice as a (2) Physician and Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Cowan [illegible]
Catrine in the Cou[illegible]
Ayr separately from any other Medical Practiti[illegible]
visited and personally examined (4) James Young, Cowan [illegible]
Catrine and [illegible]
the said James Young is a (5) person of
unsound mind and a proper Person to be det[illegible]
under Care and Treatment, and that I have formed this opinion upon the follo[illegible]
grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He is very resl[illegible] very talkative - his ideas are absurd and wa[illegible] his faculties are confused - he is excited in [illegible] answers questions in a hesitating way, and his [illegible] is altogether different from what it formerly wa[illegible]

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

From his wife } He is sleepless - unfit for his usual occupa[illegible] amusements - has causeless fits of anger - dis[illegible] her, and accuses her of a great many absurd [illegible] On two occasions he rushed out of the house with o[illegible]

Name and Medical Designation, } David Sloan M.D. C.M.

Place of Abode, Catrine By Mauch[illegible]

DATED this 14th day of November One thousand ei[illegible] hundred and eighty one years

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Andrew Black Morrison
being a (1) Bachelor in Medicine & Master of Surg[illegible]
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) Cowan [illegible]
Catrine in the County
Ayr separately from any other Medical Practitio[illegible]
visited and personally examined (4) James Young and th[illegible]
the said James Young is a (5) person [illegible]
unsound mind and a proper person to be detai[illegible]
under Care and Treatment, and that I have formed this opinion upon the followi[illegible]
grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
Restlessness; incoherent speech; inability [illegible] carry on ordinary conversation; suspicions of visitors:

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Left the house during night in nightshi[illegible] only. Want believe the correct date of mont[illegible]

Name and Medical Designation, } And. Black Morrison [illegible]

Place of Abode Cumnock

DATED this 15th day of Novr One thousand eigh[illegible] hundred and 81. eighty one years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Robert Goudie (1) Sheriff Substitute
of the (2) County of Ayr
having had produced to me, with a Petition at the instance of (3) James Young
residing in Catrine
Certificates under the hands of David Sloan M.D.
and Andrew Black Morrison M.B.C.M., being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) James Young Cowan Place Catrine and that the said James Young is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said James Young as a Patient into the (6) Crichton Royal ~~Asylum of~~ Institution Dumfries and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said James Young which accompanied the said Petition.

DATED this fifteenth day of November One thousand eight hundred and eighty one

Robert Goudie

To the Superintendent of the (7) Crichton Royal Institution
~~Asylum of~~ Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1725 29/11/81

James Young

16th Novr 1881

N. B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward, Shire or Stewartry.

Unto the Honourable the (1) Sheriff ~~of the (1)~~ of Dumfries & Galloway and his Substitutes—

The Petition of John C. Boyes The Chaplain's Cottage Racecastle Whithorn

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary Cecilia Boyes

(2) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (2) daughter is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Mary Cecilia Boyes to the Crichton Royal Institution Dumfries and to sanction her admission into the the said Asylum.

John C. Boyes.

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this 17th (3) day of November One thousand eight hundred and eighty one.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1 Christian Name and Surname of Patient at length,	Mary Cecilia Boyes.
2 Sex and Age,	Female: 23 years.
3 Married, Single, or Widowed,	Single
4 Condition of Life, and previous Occupation (if any),	No occupation.
5 Religious Persuasion, so far as known,	Church of England
6 Previous Place of Abode,	Racecastle Cottage: Whithorn.
7 Place where Found and Examined,	Whithorn & Dumfries.
8 Length of time Insane,	More or less since April.
9 Whether first Attack,	Second.
10 Age (if known) on first Attack,	22 years.
11 When and where previously under Examination and Treatment,	never.
12 Duration of existing Attack,	Since April, intermittent.
13 Supposed Cause,	unknown.
14 Whether subject to Epilepsy,	no.
15 Whether Suicidal,	no.
16 Whether Dangerous to others,	no.
17 Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18 Date of becoming Chargeable,	
19 Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	John C. Boyes The Chaplain's Cottage Racecastle Whithorn N.B.
20 Special circumstances (if any) preventing the insertion of any of the above particulars,	No.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 17th day of November One thousand eight hundred and eighty one

(*To be signed by Party applying*) John C. Boyes.

P. p

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, John Charles Douglas.
being a (1) Graduate Univ. Edinb. and Licentiate of the Royal College of Surgeons of Edinburgh
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) St. Ninians Whithorn. Parish of Whithorn in the County of Wigtown
separately from any other Medical Practitioner visited and personally examined (4) Mary Cecilia Boyce, Rose Cottage. Parish of Penninghame and the said Mary Cecilia Boyce is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Will not speak unless spoken to. thinks her food is poisoned. hears voices about her at night - the people acting plays.

2. Other facts (if any) indicating Insanity communicated to me by others: (7) The Revd John C. Boyce, her father states she sleeps none - thinks people are plotting against her & that she is in Wakefield

Name and Medical Designation, John C. Douglas M.D. L.R.C.P.

Place of Abode, St Ninians, Whithorn

DATED this Sixteenth day of November One thousand eight hundred and eighty one years.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Alexander Duff Mackenzie
being a (1) Graduate of Edinburgh Univ.
and being in actual practice as a (2) physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Crichton Royal Institution Dumfries
in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Mary Cecilia Boyce Haremelm County Hamilton and the said Mary Cecilia Boyce is a (5) Insane Unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) is of a nervous excitable appearance. Says she is one Mary and hears voices speaking to her. Is incoherent

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, A D Macdonald M.D.

Place of Abode, Crichton Royal Dumfries

DATED this 17th day of November One thousand eight hundred and eighty one

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, John Charles Douglas, being (1) a Graduate of the University of Glasgow, &c. hereby certify, on soul and conscience, that I have this day, at (2) Whithorn in the County of Wigtown, seen and personally examined Mary Cecilia Boyce, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

John C. Douglas.

DATED this Eighteenth day of November One thousand eight hundred and eighty one years.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope, — (1) Sheriff Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) John C. Boyce, The Chaplain's Cottage, Ravenstone Whithorn, Certificates under the hands of John Charles Douglas and Alexander Hall MacDonald, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Mary Cecilia Boyce, Ravenstone Cottage, Whithorn (Parish of Sanquhar) and that the said Mary Cecilia Boyce is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Mary Cecilia Boyce — as a Patient into the (6) Public Asylum of Crichton Royal Institution, and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mary Cecilia Boyce, — which accompanied the said Petition.

DATED this Seventeenth day of November, One thousand eight hundred and eighty one.

David Boyle Hope

To the Superintendent of the (7) Public Asylum of Crichton Royal Institution, Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1426 29/11/81

Mary Cecilia Boyce

16th Nov 1881

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff — of ~~Perth~~ Dumfries and Galloway — *and his Substitutes*—

The Petition of Miles Mc Innes, Inspector of Poor, Dumfries, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Thomas Johnston, your Petitioner's (3) Pauper, is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorise the transmission of the said Thomas Johnston to the Southern Counties Asylum and to sanction his admission into the said Asylum.

(3) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

Miles Mc Innes

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Eighteenth (4) day of November One thousand eight hundred and Eighty One 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 Johnston
2. Sex and Age,	Male - 41 years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous occupation (if any),	" Blacksmith
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Lunatic Department, General Prison, Perth.
7. Place where Found and Examined,	H. M. Prison at Dumfries
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,	Lunatic Department, General Prison, Perth,
12. Duration of existing Attack,	not known
13. Supposed Cause,	not known
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	not so
16. Whether Dangerous to others,	no
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dumfries in the Precentum
18. Date of becoming Chargeable,	18th Nov. 1881
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	not known
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	want of information

I certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Eighteenth day of November One thousand eight hundred and Eighty one years

(To be Signed by Party applying) Miles Mc Innes
Inspector of Poor

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, or otherwise, as the case may be.
(3) *Insert the street and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper state so.*
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, William Scott
being a (1) Physician
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) The Prison
Dumfries in the County
Dumfries separately from any other Medical Practitioner
visited and personally examined (4) Thomas Johnston
and the said Thomas Johnston is a (5) Lunatic
and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Has delusions
of persecution of commandment, Paralysis

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) The
Governor of the Prison says he has been
removed from the Lunatic department of the General
Prison of Perth —

Name and Medical Designation, Wm Scott MD LRCS

Place of Abode, Dumfries

DATED this 18th day of November One thousand eight
hundred and eighty one.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, or otherwise, as the case may be.
(3) *Insert the street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper state so.*
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, William Marshall
being a (1) Graduate of the Faculty of Physicians and Surgeons
Glasgow and College of St Andrews
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) The Prison
Dumfries in the County of
Dumfries separately from any other Medical Practitioner
visited and personally examined (4) Thomas Johnston (a pauper)
and the
said Thomas Johnston is a (5) Lunatic
and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Seems quite sensible
Does not comprehend the reason why I am there
to him the delusions as to being Jesus Christ

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
The Governor states much the same as above

Name and Medical Designation, Wm Marshall MD LRCS

Place of Abode, Breedenck Street Dumfries

DATED this 15th day of November One thousand eight
hundred and eighty one years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope, (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Miles McInnes
Inspector of Poor Dumfries
Certificates under the hands of William Scott
and William Marshall, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Thomas Johnstone, Mr. M. Prison Dumfries (a Pauper) and that the said Thomas Johnstone is a (5) Lunatic,

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Thomas Johnstone, as a Patient into the (6) Public Asylum of Southern Counties and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Thomas Johnstone, which accompanied the said Petition.

DATED this Eighteenth day of November One thousand eight hundred and eighty one.

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of
Southern Counties,
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2/498 ✓

Thomas Johnston

18th Nov 1881

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff ~~of the (2) County~~ of Dumfries & Galloway *and his Substitutes,*—

The Petition of Samuel Kelly, Grocer, Castle Douglas humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Elizabeth Kelly, — — your Petitioner's (3) Sister is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Elizabeth Kelly to the Crichton Royal Institution and to sanction her admission into the said Asylum.

(3) State degree of relationship or other property in which Petitioner stands to Lunatic.

Samuel Kelly

DATED this twenty first (4) day of November One thousand eight hundred and eighty one.

(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 Kelly
2.	Sex and Age,	Female - 50.
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,	Ivy Cottage Auldgirth
7.	Place where Found and Examined,	Dumfries
8.	Length of time Insane,	— 5 or 6 days
9.	Whether First Attack,	Second attack
10.	Age (if known) on First Attack,	About 35
11.	When and where previously under Examination and Treatment,	Crichton Royal Institution Dumfries
12.	Duration of Existing Attack,	Five or 6 days
13.	Supposed Cause,	—
14.	Whether subject to Epilepsy,	No
15.	Whether Suicidal,	No
16.	Whether Dangerous to others,	Somewhat unruly —
17.	Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
18.	Date of becoming Chargeable,	—
19.	Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Samuel Kelly - Castle Douglas - brother — — No —
20.	Special circumstances (if any) preventing the insertion of any of the above particulars,	—

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this twenty first day of November One thousand eight hundred and eighty one

(*To be signed by Party applying*) Samuel Kelly P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Thomas Ferguson being a (1) Graduate of Edinburgh University and being in actual practice as a (2) General practitioner hereby certify, on soul and conscience, that I have this day, at (3) Dundryfield and Ayrth in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Elizabeth Kelly and the said Elizabeth Kelly is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
She is very noisy constantly calling out. Very restless - rolling about in her chair. She says the cat has been talking to her telling her about one of her neighbours. She sees things which are not present in the room.

(7) *State the information, and from whom derived.*

By her sister Helen Kelly

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
That she has been under treatment before. That she has been very unruly & obstreperous - & that they have had difficulty in keeping her in the house - That she talks incoherently about religious matters -

Name and Medical Designation, Thomas Ferguson Jr MB

Place of Abode, 22 Castle St Dumfries

DATED this 19th day of November One thousand eight hundred and eighty one

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Thomas Davidson being a (1) Graduate of Glasgow University and being in actual practice as a (2) General practitioner hereby certify, on soul and conscience, that I have this day, at (3) Dundryfield and Ayrth in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Elizabeth Kelly and the said Elizabeth Kelly is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
She is extremely noisy, shouting incoherently - Very restless, rolling & jumping in her chair. Is troubled seeing objects & hears talking

(7) *State the information, and from whom derived.*

By her sister Helen Kelly & John Watters her brother in law

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
That she has been under treatment before. Is most unruly & violent, & tries to get out at night. Talks incoherently on religious matters

Name and Medical Designation, Thomas Davidson MB

Place of Abode Thornhill, Dumfries

DATED this 19th day of November One thousand eight hundred and eighty one.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Thomas Ferguson
being (1) Graduate of Edinburgh University
hereby certify, on soul and conscience, that I have this day, at (2) Dundeff-Auldgirth
in the County of Dumfries, seen and personally examined
Elizabeth Kelly, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Thomas Ferguson M.B.C.M.

DATED this 19th day of November One thousand eight hundred and eighty one.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff-Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Samuel Kelly,
Grocer Castle Douglas
Certificates under the hands of Thomas Ferguson
and Thomas Davidson, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Elizabeth Kelly Dundeff Auldgirth Pottinain and that the said
Elizabeth Kelly, is a (5) person of unsound mind,
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Elizabeth Kelly 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 Kelly, which accompanied the said Petition.

DATED this Twenty first day of November One thousand eight hundred and eighty one.

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of Crichton Royal Institution,
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1724 29/11/81

Elizabeth Kelly

19th Nov 1881

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Sheriff or Steward. Sheriff or Stewartry.

Unto the Honourable the (1) Sheriff of ~~the~~ (2) Dumfries ~~of~~ and Galloway — *and his Substitutes,*—

The Petition of James Kally, Inspector of Poor of the Parish of Inch humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that (Alex.) Mc Intyre, residing at Corner ~~your Petitioner's~~ (3) House, Lochans, Parish of Inch (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 (Alex.) Mc Intyre — to the Southern Counties Asylum at Dumfries and to sanction his admission into the said Asylum. two marginal additions before signing —

James Kally

Alexander

(2) State degree of relationship or other quality in which Petitioner stands to Lunatic.

Alexander

(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 eight hundred and eighty one.

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,	Alexander ~~Peter~~ Mc Intyre
Sex and Age,	male - 42
Married, Single, or Widowed,	Married
Condition of Life, and previous Occupation (if any),	Labourer.
Religious Persuasion, so far as known,	Protestant
Previous Place of Abode,	Corner House - Lochans, Parish of Inch
Place where Found and Examined,	— do — do — do —
Length of time Insane,	Supposed to be for a good number of years
Whether First Attack,	No
Age (if known) on First Attack,	Not shown
When and where previously under Examination and Treatment,	Never before under treatment —
Duration of Existing Attack,	Not shown
Supposed Cause,	— do —
Whether subject to Epilepsy,	No
Whether Suicidal,	yes
Whether Dangerous to others,	yes
Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Inch
Date of becoming Chargeable,	nineteenth November 1881
Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Wife Mrs Mc Intyre Corner House. Inch Steward
Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this twenty first day of November One thousand eight hundred and eighty one —

James Kally

(*To be signed by Party applying*)

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, William McNeil
being a (1) Doctor of Medicine of the University of Edinburgh
a Member of the Royal College of Surgeons Edinburgh
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Corner House
in the parish of Luch in the County
Wigtown separately from any other Medical Practitioner
visited and personally examined (4) Alexander McIntyre Labourer
residing there (a pauper) and
the said Alexr McIntyre is a (5) person of
unsound mind and a proper Person to be detained
under Care and Treatment, 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 sits in a
apathetic mood constantly muttering to himself. In
sentence referring to "Kirkmaiden farmers" in the next
of some person "striking him on the back with a stone
of his being "naked" rambling on in an incoherent

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Mr Ritchie, Lochans Mills says he wanders about the roads
muttering to himself in broken unconnected sentences. That he
more violent of late attacking & striking his wife & children, without
Mrs McDowell a neighbour corroborates above, says she often hears him
abusing his wife & children. Has all kinds of suspicions about his wife
Children (unfounded) that he constantly talks & mutters to himself in an incoherent manner to to

Name and Medical Designation, William McNeil M.D. L.R.C.S.Ed.

Place of Abode, Strauraer.

DATED this nineteenth day of November One thousand eight hundred and eighty one

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Hugh Cochrane
being a (1) Licentiate of the Royal College of Physicians Ed
& a Licentiate of the Faculty of Physicians & Surgeons Gl
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Corner House
Lochans in the Parish of Luch in the County
Wigtown separately from any other Medical Practitioner
visited and personally examined (4) Alexander McIntyre, Labourer
Corner House, Lochans, a pauper and the
the said Alexander McIntyre is a (5) person
of unsound mind and a proper person to be detained
under Care and Treatment, 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 visiting him
found him in bed. I asked why he was in bed
he replied that he had been hit with a stool
he had turned in until he would get better.
told me the children were not his and that
going to leave the house and go to another
off to get clear of them and have peace. In his
contradict himself

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
William Boan, who resides in the next house says that
McIntyre often gets into an excited state and puts his
wife and children out of the house. He complains to
that people rob him and then put instruments
ears. His wife says that he is outrageous at times
thrashes the children without cause. She says he will
go to bed at night unless there is a light burning. Says that men are coming into the house at night to rob him.

Name and Medical Designation, Hugh Cochrane S.R.C.P.Ed. L.A.P.S.Gla

Place of Abode Strauraer

DATED this twentieth day of November One thousand eight hundred and eighty-one

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of
, seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Peter MacLean Esquire (1) Sheriff Substitute
of the (2) County of Wigtown
having had produced to me with a Petition at the instance of (3) James Dalby
Inspector of Poor of the Parish of Lyth
Certificates under the hands of William M'Neil Doctor of Medicine
and Hugh Cochran Surgeon both in Thurso, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 M'Intyre residing at Upper Latheron and that the said
Alexander M'Intyre is a (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 M'Intyre as a Patient into the (6) public Asylum of Southern Counties Dumfries and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Alexander M'Intyre which accompanied the said Petition.

DATED this twenty first day of November One thousand eight hundred and eighty one years

P. MacLean
Sh. Sub.

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

Alexander R. Boyce

22nd Nov 1881

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of* ~~the (2)~~ Dumfries & Galloway *and his Substitutes,*—

The Petition of David Wallace - Inspector of Poor of Kirkcolm

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Susan McKie or McMeekan, residing at Stewarton, Kirkcolm

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (3) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Susan McKie or McMeekan — to the Southern Counties Asylum and to sanction her admission into the said Asylum.

David Wallace

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this twenty fifth (4) day of November One thousand ~~eight~~ eight hundred and Eighty one

---

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Susan McKie (or) McMeekan.
2. Sex and Age,	Female. 21 years.
3. Married, Single, or Widowed,	Married.
4. Condition of Life, and previous Occupation (if any),	Field-worker.
5. Religious Persuasion, so far as known,	Established Church of Scotland.
6. Previous Place of Abode,	Stewarton, Kirkcolm.
7. Place where Found and Examined,	Do. Do. & Dumfries
8. Length of time Insane,	about a month. attack intermittent.
9. Whether First Attack,	Yes.
10. Age (if known) on First Attack,	as above.
11. When and where previously under Examination and Treatment,	—
12. Duration of Existing Attack,	as above.
13. Supposed Cause,	First confinement & suppurating Breast
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	Dangerous to self at present.
16. Whether Dangerous to others,	Yes.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Kirkcolm.
18. Date of becoming Chargeable,	Nov 21.
19. Christian Name and Surname, and Place of Abode of nearest known 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 McMeekan, husband Not so far as known to me
20. Special circumstances (if any) preventing the 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 ~~[illegible]~~ day of November One thousand eight hundred and Eighty one.

(*To be signed by Party applying*) David Wallace

P. p.

Alexander Ch. Stewart
22nd Nov 1881

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Thomas Ferguson being a (1) Graduate of Edinburgh University and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Southern Counties Institution in the County Dumfries separately from any other Medical Practitioner visited and personally examined (4) Susan McKie or McMeek of Kirkcolm and that the said Susan McKie or McMeekan is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, 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 noisy & restless - skipping about the room & dancing unless restrained by the attendants - Talks constantly & incoherently —

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

By the attendants - That she has been noisy & troublesome since admission

Name and Medical Designation, Thomas Ferguson M.B.

Place of Abode, 22 Castle St Dumfries

DATED this twenty fourth day of November One thousand eight hundred and eighty one —

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Alexander Dale MacDonald being a (2) Graduate of Edinburgh University and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Southern Counties Asylum in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Susan McKie or McMeek Kirkcolm Wytonstone and that the said Susan McKie or McMeek is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) is very violent answers questions in a very rambling manner ~~without~~ the answers having no connexion with the question

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

has been very violent to the attendants & striking them &c

Name and Medical Designation, A D MacDonald

Place of Abode, 18 Castle Street

DATED this twenty fourth day of November One thousand eight hundred and eighty one

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, David Easton being (1) Doctor of medicine & Licentiate of the Royal College of Surgeons Edinburgh hereby certify, on soul and conscience, that I have this day, at (2) Stewarton Parish of Kirkcolm in the County of Wigtown, seen and personally examined Susan McKie or McMeekan, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

David Easton, M.D.

DATED this 21st day of November One thousand eight hundred and eighty one

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff-Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) David Wallace Inspector of Poor, Kirkcolm, Wigtownshire, Certificates under the hands of Thomas Ferguson, and Alexander Dall Macdonald, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Susan McKie or McMeekan Stewarton, Kirkcolm, and that the said Susan McKie or McMeekan is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Susan McKie or McMeekan as a Patient into the (6) Public Asylum of Southern Counties and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Susan McKie or McMeekan, which accompanied the said Petition.

DATED this Twenty fifth day of November, One thousand eight hundred and eighty one.

David Boyle Hope

To the Superintendent of the (7) Public *Asylum of* Southern Counties Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

Susan M Kie
or
Mc Meehan

22nd Novr 1881

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward, (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of (2) Dumfries and Galloway and his Substitutes for Wigtownshire

The Petition of James Rusk Inspector of Poor of parish of Glenluce

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Agnes McKie residing in Glenluce 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 McKie to the Southern Counties Asylum Dumfries and to sanction her admission into the the said Asylum.

James Rusk Insp of Poor

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this twenty first (4) day of November One thousand eight hundred and eighty one

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Agnes McKie 54
2. Sex and Age,	Female, 54
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Servant
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	resided for years in Glenluce
7. Place where Found and Examined,	Cotton house Glenluce
8. Length of time Insane,	somewhat peculiar & melancholic for some 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,	has been 2 months has shewn a tendency to breach out at intervals
13. Supposed Cause,	change of life, and improper food
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	no a
16. Whether Dangerous to others,	does not threaten
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	old case
18. Date of becoming Chargeable,	Aug 4/68
19. Christian Name and Surname, and Place of Abode of nearest known 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 McKenzie Illegitimate Son St Louis America
20. Special circumstances (if any) preventing the 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 November One thousand eight hundred and eighty one

James Rusk

(To be signed by Party applying)

Insp of Poors

Dr Allerdyce Lunacy Nov 1881

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 McKenzie
being a (1) Licentiate of the Royal Colleges Edinr
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Parish of Old Luce Glenluce
in the County of Wigtown
separately from any other Medical Practitioner, visited and personally examined (4) Agnes McKie, Pauper residing in the Village of Glenluce and that the said Agnes McKie is a (5) Person of Unsound Mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Swears profanely and raves when alone of some imaginary old man. Told me that he thumped through her head down her throat the night of Lodge and Yesterday, would not allow her to put on her Clothes a fire or Nothing. Dark the rest with the other Glenluce folks. See the above B - r for 2

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Told by Mrs Anders living next door that she was at times worse was becoming daily the her habits that in her pursuit of the same old Imagn she has sprung the wd set fire to the House to do Mischief to herself and others during the night.

Name and Medical Designation, William McKenzie LRCP

Place of Abode, Glenluce

Dated this 21 day of November One thousand eight hundred and Eighty One years.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

I, the undersigned, William McKie
being a (1) Doctor of Medicine of the University of Edinburgh and a licentiate of the Royal College of Surgeons Edinburgh
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Glenluce in the County of Wigtown
separately from any other Medical Practitioner, visited and personally examined (4) Agnes McKie a pauper residing in the Village of Glenluce and that the said Agnes McKie is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She has a wild restless look. goes about her house in an excited manner and speaks loudly to or of an old man who comes into her head & puts her brain. paints pictures on her lips &c and plays all kinds of pranks on her &c &c

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Mrs Anders her neighbour says she has often seen "her Address an old man in the most excited manner, shake her fist at him look sadly upwards call him all sorts of obscene names. So and does goes and so on does she apostrophize. Kept she keeps her self and family as wholly night. Mat her habits are known to both Mrs Anne Anders daughter of Mrs Anders Corroborate her Mothers statements

Name and Medical Designation, William McKie M.D. Edr

Place of Abode, Stranraer

Dated this 22nd day of November One thousand eight hundred and eighty one years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Peter MacLean Esquire (1) Sheriff Substitute of the (2) County of Wigtown having had produced to me, with a Petition at the instance of (3) James Nish Inspector of the Poor of the Parish of Old Luce Certificates under the hands of William M'Cormack Surgeon Glenluce and William M'Neil M.D. Stranraer, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Agnes M'Kie residing in Glenluce a pauper and that the said Agnes M'Kie is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Agnes M'Kie as a Patient into the (6) Public Asylum of Southern Counties Dumfries and I authorize the Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Agnes M'Kie which accompanied the said Petition.

DATED this twenty second day of November One thousand eight hundred and eighty one years

P. MacLean

To the Superintendent of the (7) Public Asylum of Southern Counties Dumfries

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2
501 V
Agnes McKie
24th Novr 1881

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. Shire or Stewartry.

Unto the Honourable the (1) Sheriff of ~~the~~ (2) ——
of Dumfries & Galloway *and his Substitutes,—*

The Petition of Thomas Howie Gadgers Road Hurlford

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Robert Howie your Petitioner's (3) Father is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Robert Howie to the Crichton Institution and to sanction his admission into the said Asylum.

Thomas Howie

(3) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 1st (4) day of December One thousand eight hundred and 81

STATEMENT.

If any 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 Howie
2. Sex and Age,	Male 73
3. Married, Single, or Widowed,	Widower
4. Condition of Life, and previous Occupation (if any),	Retired
5. Religious Persuasion, so far as known,	Presbyterian
6. Previous Place of Abode,	Hurlford
7. Place where Found and Examined,	Dumfries
8. Length of time Insane,	4 months
9. Whether First Attack,	second attack
10. Age (if known) on First Attack,	
11. When and where previously under Examination and Treatment,	Crichton Institution
12. Duration of Existing Attack,	ten days
13. Supposed Cause,	unknown
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	no
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	——
18. Date of becoming Chargeable,	——
19. Christian Name and Surname, and Place of Abode of nearest known 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 Howie Gadgers Road Hurlford
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	No none

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 1st day of December One thousand eight hundred and 81

(*To be signed by Party applying*) Thomas Howie

P. p.

MEDICAL CERTIFICATE, No. I.

I, the undersigned, Thomas Ferguson
being a (1) graduate of Edinburgh University
and being in actual practice as a (2) General practitioner
hereby certify, on soul and conscience, that I have this day, at (3) 27 Cast
Dumfries in the Co
Dumfries separately from any other Medical Pract
visited and personally examined (4) Robert Howie
the said Robert Howie 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
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) —
He seems depressed & disinclined to talk
He is restless constantly moving in his chair
up & down the room. Says that things all
going wrong - also that he has been under treatm
an institution before & improved there.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
By his Son Thomas Howie — That patient has been odd in
general behaviour - Also confirms
statement that patient has been
mental disorder before.

Name and Medical Designation, Thomas Ferguson
Place of Abode, 22 Castle St Dumfr
DATED this first day of December One thousan
hundred and eighty one.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the street, and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper state so.*
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) *State the facts.*
(7) *State the information, and from whom derived.*

MEDICAL CERTIFICATE, No. II.

I, the undersigned, Alexander Dall Mac
being a (1) Graduate of Edinburgh Un
and being in actual practice as a (2) Physician & Surg
hereby certify, on soul and conscience, that I have this day, at (3) 27 Cas
Dumfries in the Co
Dumfries separately from any other Medical Pract
visited and personally examined (4) Robert Howie
Husband Asylum
the said Robert Howie is a (5) insa
unsound mind and a proper person to be de
under Care and Treatment, and that I have formed this opinion upon the fol
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Is restl
[illegible] and is [illegible]
person that he would be better
by being in the asylum. Has
been treasonably [illegible] always

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
His son confirms. Gives ab
statement as to his excita
ve

Name and Medical Designation, A. D. Macdon
Place of Abode 18 Castle St Dum
DATED this 1st day of December One thousa
hundred and eighty one

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, *or otherwise, as the case may be.*
(3) *Insert the street and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper state so.*
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) *State the facts.*
(7) *State the information, and from whom derived.*

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order of the Sheriff.)

I, the undersigned Thomas Ferguson being (1) Graduate of Edinburgh hereby certify, on soul and conscience, that I have this day, at (2) 27 Castle St Dumfries in the County of Dumfries, seen and personally examined Robert Howie, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Thomas Ferguson MB & Ch.

DATED this first day of December One thousand eight hundred and eighty one.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) Thomas Howie Badgers Road. Hunford. Certificates under the hands of Thomas Ferguson and Alexander Dall Macdonald, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Robert Howie, Badgers Road. Hunford. St Bees (father) and that the said Robert Howie is a (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 Howie as a Patient into the (6) Public Asylum of Crichton Institution, and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Robert Howie, which accompanied the said Petition.

DATED this second day of December One thousand eight hundred and eighty one years.

David Boyle Hope

To the Superintendent of the (7) Public *Asylum of* Crichton Royal Institution. Dumfries.

---

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1728 7/12/81

Robert Howie

1st Decr 1881

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Shire of Dumfries *and his Substitutes*—

The Petition of James Wilkie Moir, Inspector of Poor, Keir humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Sarah Kennedy 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 Kennedy to the Southern Counties Asylum and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

James Wilkie Moir, Inspector of Poor, Keir

(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 December One thousand eight hundred and eighty one years.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Sarah Kennedy
2. Sex and Age,	Female – 35 years.
3. Married, Single, or Widowed,	Single.
4. Condition of Life, and previous Occupation (if any),	Pauper (formerly Domestic Servant)
5. Religious Persuasion, so far as known,	Protestant.
6. Previous Place of Abode,	Hillhead Cottages – Parish of Keir.
7. Place where Found and Examined,	Hillhead Cottages – Parish of Keir.
8. Length of time Insane,	Two months.
9. Whether First Attack,	Yes.
10. Age (if known) on First Attack,	35 years.
11. When and where previously under Examination and Treatment,	Never under Examination or Treatment.
12. Duration of Existing Attack,	2 Months
13. Supposed Cause,	Disease of Brain.
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	No.
16. Whether Dangerous to others,	Yes.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Parish of Keir
18. Date of becoming Chargeable,	8th December 1881.
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Mrs. Janet Corson her mother, resides at Hillhead Cottages Parish of Keir. No member of her family known to be or to have been insane.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this tenth day of December One thousand eight hundred and eightyone

(*To be signed by Party applying*) James Wilkie Moir
Inspector of Poor. p.
Parish of Keir

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Scott Wilson being a (1) Bachelor of Medicine & Master of Surgery of Glasgow University and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Hill Head Cottages in Parish of Kier in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Sarah Kennedy Pauper and that the said Sarah Kennedy is a (5) person of Insane Mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

Peculiar insane vacant look. On being questioned her answers were incoherent and not in accordance with facts. Her memory being in most cases altogether in fault. She also believes herself to be suffering from complaints that do not exist.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

As stated by her mother, she is at times very violent, and cries for a whole day. Continually talking to herself in a manner. She has threatened several times to kill her mother.

Name and Medical Designation, James Scott Wilson M.D.

Place of Abode, Thornhill Dumfries Shire

DATED this 8th (eighth) day of December One thousand eight hundred and eighty one.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Thomas Logan being a (1) Doctor of Medicine and Licentiate of the Faculty of Physicians and Surgeons of Glasgow and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Hillhead Cottages, Kier in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Sarah Kennedy, Pauper and that the said Sarah Kennedy is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) During the past few years have professionally attended her for attacks of great emotional excitement in which she gave way to continuous weeping and also suffered in intellect

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Has latterly become dangerous to her relatives, and has actually done violence to her mother — so her mother informs me

Name and Medical Designation, Thomas Logan M.D.

Place of Abode Penpont, Dumfriesshire

DATED this ninth day of December One thousand eight hundred and eighty-one years

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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 Scott Wilson being (1) M.B. C.M. hereby certify, on soul and conscience, that I have this day, at (2) Her Head Weir in the County of Dumfries, seen and personally examined Sarah Kennedy, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

James Scott Wilson M.B.C.M.

DATED this 8 (eighth) day of December One thousand eight hundred and eighty one.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (3) Sheriff Substitute of the (4) County of Dumfries, having had produced to me, with a Petition at the instance of (5) James Wilkie Moir, Inspector of Poor Weir Certificates under the hands of James Scott Wilson and Thomas Logan, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (6) Sarah Kennedy, Millhead cottages, Weir (a Pauper) and that the said Sarah Kennedy, is a (7) person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Sarah Kennedy as a Patient into the (8) Public Asylum of Southern counties and I authorize her Transmission to the said Asylum accordingly; and I transmit to you herewith the said Medical Certificates, and a Statement regarding the said Sarah Kennedy, which accompanied the said Petition.

DATED this Tenth day of December, One thousand eight hundred and eighty one.

David Boyle Hope

To the Superintendent of the (9) Public *Asylum of* Southern Counties Dumfries.

(3) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(4) State whether a County or Stewartry.
(5) Insert Name and Designation.
(6) Describe him, and if a Pauper, state so.
(7) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(8) Public, District, Parochial, or Private.
(9) Public, District, Parochial, or Private.

2
302

24/12/81

Sarah Kennedy
10th Dec 1881

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap. 54, Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (1) ~~Sheriffdom~~ of Dumfries & Galloway *and his Substitutes,—*

The Petition of John Muir. Merchant. Annan

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Margaret Steel Muir

(2) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (2) wife

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Margaret Steel Muir to the Southern Counties Asylum and to sanction her admission into the said Asylum.

John Muir

(4) The date of the petition must be with-fourteen clear days lowing the dates of Medical Certifi-es.

DATED this 13th day of (4) December One thousand eight hundred and 87

STATEMENT.

If any 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. Steel. Muir
2. Sex and Age,	Female. 38 years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	wife.
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Post Stat Annan
7. Place where Found and Examined,	Runcroft Wynd Annan
8. Length of time Insane,	8 eight days
9. Whether First Attack,	first attack
10. Age (if known) on First Attack,	38 years
11. When and where previously under Examination and Treatment,	none
12. Duration of Existing Attack,	8 days
13. Supposed Cause,	unknown
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	no
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	no
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	John Muir. Runcroft Wynd Annan
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	No. none

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 13th day of December One thousand eight hundred and 87 years

(*To be signed by Party applying*) John Muir

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, David Charles Cox being a (1) Licentiate of the Royal College of Physicians in Edinburgh and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Greenend, Hynd. Annan Dumfries in the County separately from any other Medical Practitioner visited and personally examined (4) Margaret Steel Muir and the said Margaret Steel Muir is a (5) Person of unsound Mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She is highly excited crying, talking & reading aloud incessantly, fancies has committed some great Crime, that her son & that some Calamity is to befal her on a day of month in which the fatal figure "3" appears

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her Husband states that she talks continually about her Soul, sin & some Crime for which she is to be executed like Zebrog, that nothing prayer will save her

Name and Medical Designation, D. Chas. Cox. L.R.C.P.

Place of Abode, Port St. Annan

DATED this thirteenth day of December One thousand eight hundred and eighty one years

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Daniel Mackenzie being a (1) Bachelor of Medicine & Master in Surgery of Edinburgh University and being in actual practice as a (2) Medical Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Greenend Hynd. Annan Dumfries in the County separately from any other Medical Practitioner visited and personally examined (4) Margaret Steel Muir. and the said Margaret Steel Muir. is a (5) Person of unsound Mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Crying about indifferent matters. Delusions about herself Her conduct. Sleeplessness

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Inability to look after ordinary domestic work. Delusion about persons & crimes & other matters without foundation.

Name and Medical Designation, D. Mackenzie, M.B.

Place of Abode Church Place Annan

DATED this thirteenth day of December One thousand eight hundred and eighty one years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, David Charles Cox being (1) a Licentiate of the Royal College of Physicians in Edinr. hereby certify, on soul and conscience, that I have this day, at (2) Annan in the County of Dumfries, seen and personally examined Margaret Steel Muir, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

D. Chas. Cox. L.R.C.P.E.

DATED this thirteenth day of December One thousand eight hundred and eighty one years

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) John Muir, Merchant, Annan, Certificates under the hands of David Charles Cox and Daniel Mackenzie, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Margaret Steel Muir, Greencroft Wynd, Annan, Petitioner's wife and that the said Margaret Steel 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 Margaret Steel Muir as a Patient into the (6) Public Asylum of Southern Counties and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Margaret Steel Muir, which accompanied the said Petition.

DATED this thirteenth day of December One thousand eight hundred and eighty one years.

David Boyle Hope

To the Superintendent of the (7) Public,
Asylum of Southern Counties,
Dumfries.

---

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2/503 24/12/81

Margaret Steel
or Muir
13th Dec 1881

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(*) Sheriff or Steward. (*) Shire or Stewartry.

Unto the Honourable the (*) Sheriff. ~~of the (*) Sheriffdom~~ of Dumfries & Galloway *and his Substitutes,*—

The Petition of John Lawson Inspector of the Poor, Annan,

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Elizabeth Monies Scott

(*) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (*) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorise the transmission of the said Elizabeth Monies Scott to the Southern Counties Asylum and to sanction her admission into the said Asylum.

John Lawson

(*) The date of the petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 13th (*) day of December, One thousand eight hundred and eighty one years.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1.	Christian Name and Surname of Patient at length,	Elizabeth Monies Scott
2.	Sex and Age,	Female 39 years
3.	Married, Single, or Widowed,	Married
4.	Condition of Life, and previous Occupation (if any),	Stone Ruper formerly Miller's Wife
5.	Religious Persuasion, so far as known,	Protestant
6.	Previous Place of Abode,	Welldale Annan
7.	Place where Found and Examined,	Bulls St Annan
8.	Length of time Insane,	Six days
9.	Whether First Attack,	No.
10.	Age (if known) on First Attack,	28 years
11.	When and where previously under Examination and Treatment,	Several times in So. C. Asylums
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,	Annan Parish
18.	Date of becoming Chargeable,	4th July 1870
19.	Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	George Scott Fisherman Bulls St Annan not Known
20.	Special circumstances (if any) preventing the insertion of any of the above particulars,	None

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 13th day of December One thousand eight hundred and eighty one years

(*To be signed by Party applying*) John Lawson Insp. of Poor Annan

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Thomas Williamson being a (1) Licentiate of the Royal College of Surgeons of Edinr and being in actual practice as a (2) General Medical Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Butts Street Annan in the County Dumfries separately from any other Medical Practitioner visited and personally examined (4) Elizabeth Morris or Scott and the said Elizabeth Morris or Scott is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Excited and unsettled appearance, outrageous screaming and singing

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) her husband says she never sleeps and every 10 or 15 minutes she breaks out fits of violent screaming or singing and dances about with any weapon as stick or pl[illegible] She can lay hands on

Name and Medical Designation, Thos Williamson

Place of Abode, Church Place Annan

DATED this twelfth day of December One thousand eight hundred and hundred an eighty one

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Daniel Mackenzie being a (1) Bachelor of Medicine & Master in Surgery of Edinburgh University and being in actual practice as a (2) Medical Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Butts Street Annan in the County Dumfries separately from any other Medical Practitioner visited and personally examined (4) Elizabeth Morris or Scott and the said Elizabeth Morris or Scott is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She is quite indifferent about ordinary matters, domestic & otherwise. She cant think or talk rationally

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her husband confirms these facts. She has been confined for January [illegible]

Name and Medical Designation, D. Mackenzie M.D.

Place of Abode Annan

DATED this 13th day of December One thousand eight hundred and eighty one.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, David Mackenzie being (1) a general medical practitioner (M.B. & C.M.) hereby certify, on soul and conscience, that I have this day, at (2) Market Arcade in the County of Dumfries, seen and personally examined Elizabeth Morris or Scott, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

David Mackenzie M.B. & C.M.

DATED this 13th day of December - One thousand eight hundred and eighty one years.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Stope, (1) Sheriff-Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) John Lawson, Inspector of Poor, Dumfries Certificates under the hands of Thomas Williamson and David Mackenzie, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Elizabeth Morris or Scott, Butts Street, Annan (a Pauper) and that the said Elizabeth Morris or Scott 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 Elizabeth Morris or Scott as a Patient into the (6) Public Asylum of Southern Counties and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Elizabeth Morris or Scott, which accompanied the said Petition.

DATED this Thirteenth day of December One thousand eight hundred and eighty one years.

David Boyle Stope

To the Superintendent of the (7) Public *Asylum of* Southern counties, Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

Elizabeth Morris
or Scott
13½ Dec 1881

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* ~~(2) Countess~~ Dumfries and Galloway *and his Substitutes*—

The Petition of Miles McInnes, Inspector of Poor, Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Hugh Corrigan your Petitioner's (3) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorise the transmission of the said Hugh Corrigan to the Southern Counties Asylum and to sanction his admission into the said Asylum. Three words deleted

(3) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

Miles McInnes

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Twentieth (4) day of December One thousand eight hundred and Eighty One years.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Hugh Corrigan
2. Sex and Age,	Male — 52 years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous occupation (if any),	" Labourer
5. Religious Persuasion, so far as known,	Roman Catholic
6. Previous Place of Abode,	Friars' Vennel
7. Place where Found and Examined,	H. M. Prison, Dumfries
8. Length of time Insane,	a few days
9. Whether first Attack,	yes — so far as known
10. Age (if known) on first Attack,	52 years
11. When and where previously under Examination and Treatment,	not when
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 Parish
18. Date of becoming Chargeable,	20th Dec. 1881
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Mary Whallen, wife, residing at Friars' Vennel, Dumfries none
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	none

I certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Twentieth day of December One thousand eight hundred and Eighty One years.

(*To be Signed by Party applying*) Miles McInnes
Inspector of Poor

Elizabeth Morris
or Scott
13th Dec 1881

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, William Scott being a (1) Physician and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) The Prison Dr Buccleugh St in the County of separately from any other Medical Practitioner visited and personally examined (4) Hugh Corrigan a Pauper and that the said Hugh Corrigan is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, 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 warders Governor of the Prison say that he is incapable of knowing anything in relation to himself a Family. Noisy sleepless & Vacant

(7) *State the information, and from whom derived.* 2. Other facts (if any) indicating Insanity communicated to me by others: (7) Has delusions - expression of Countenance Imbecile

Name and Medical Designation, Wm Scott M

Place of Abode, Dumfries

DATED this 20th day of December One thousand eight hundred and 87

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, William Marshall being a (1) graduate of the faculty of Physicians & Surgeons Glasgow and College of St Andrews and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Jail Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Hugh Corrigan Ea Pauper and that the said Hugh Corrigan is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.* 1. Facts indicating Insanity observed by myself: (6) Talks incoherently seems quite obtuse and not calculated to comprehend the meaning of questions &c

(7) *State the information, and from whom derived.* 2. Other Facts (if any) indicating Insanity communicated to me by others: (7) The Governor states that he makes fearful noises in his cell and disturbs all around

Name and Medical Designation, W Marshall M.D. &c

Place of Abode, Dumfries

DATED this 20th day of Dec One thousand eight hundred and eighty one years

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and .

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope — (1) Sheriff Substitute — of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) Miles McInnes, Inspector of Poor, Dumfries, Certificates under the hands of William Scott, and William Marshall, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Hughborrigan, Labourer, Dumfries Prison a pauper — and that the said Hughborrigan is a (5) person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORISE you to receive the said Hughborrigan as a Patient into the (6) Public Asylum of Southernbounties — and I authorise you — Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Hughborrigan, which accompanied the said Petition.

DATED this Twentieth day of December, One thousand eight hundred and eighty one years.

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of Southernbounties,
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2
505
Hugh Corrigan
20th Dec
1881

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of ~~of the~~ (2) Dumfries and Galloway and his Substitutes,—

The Petition of Peter Galloway Inspector of Poor humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Alexander Ritchie young 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 Ritchie Young 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.

Peter Galloway

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 21st (4) day of December One thousand eight hundred and eighty one

---

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Alexander Ritchie Young
2. Sex and Age,	Male Twenty two 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,	Fort William
7. Place where Found and Examined,	Fort William
8. Length of time Insane,	ten days
9. Whether First Attack,	No
10. Age (if known) on First Attack,	Twenty one years
11. When and where previously under Examination and Treatment,	at home
12. Duration of Existing Attack,	six days
13. Supposed Cause,	Epilepsy
14. Whether subject to Epilepsy,	yes
15. Whether Suicidal,	Doubtful
16. Whether Dangerous to others,	yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Mochrum
18. Date of becoming Chargeable,	Twenty first day of December 1881
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Mrs Mary Garvine Young Fort William Inverness Mother not known
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 21st day of December One thousand eight hundred and eighty one

(*To be signed by Party applying*) Peter Galloway Inspector of Poor Parish of Mochrum P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Robert Bird Selby being a (1) Doctor of Medecine – Edinburgh – and Licentiate of the Royal College of Surgeons Edinburgh and being in actual practice as a (2) General practitioner hereby certify, on soul and conscience, that I have this day, at (3) Portwilliam in the County of Wigtown separately from any other Medical Practitioner visited and personally examined (4) Alexander Ritchie Young and the said Alexander Ritchie Young is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

Goes into paroxysms of violence – trying to injure [illegible] about him – smashing the window – lifting [illegible] from the fire to throw at people.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Wanted to get out of the house to drown himself in the sea – Thinks his grandfather picture is everywhere & is continuously to smash it – by his Mother –

Name and Medical Designation, Robert B. Selby M.D. & [illegible]

Place of Abode, Portwilliam

DATED this 21st day of December One thousand eight hundred and eighty one

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, William Anderson being a (1) Bachelor of Medicine & Master in Surgery of Glasgow University and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Port William in the County of Wigtown separately from any other Medical Practitioner visited and personally examined (4) Alexander Ritchie Young and the said Alexander Ritchie Young is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

When I saw him he was in a better condition than he had been [illegible] from report. He spoke pretty sensibly but yet looked wild. He made [illegible] in a mixed company which although true should not have been said. [illegible] cuts on his hand got by smashing the window.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Mr John Bunlop who was with him during the last night says he was [illegible] violent, lifted a chair & threatened those around him, but one of the attendants pulled informants hair severely & smashed window.

Name and Medical Designation, William Anderson [illegible]

Place of Abode Whithorn, Wigtownshire N.B.

DATED this Twenty-first day of December One thousand eight hundred and eighty one years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Robert Bird Selby being (1) Director of Medicine & Practice of the Royal College of Surgeons Edinburgh hereby certify, on soul and conscience, that I have this day, at (2) Portpatrick in the County of Wigtown, seen and personally examined Alexander Ritchie Young, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Robert B. Selby M.D. & L.R.C.S.Ed

DATED this 20st day of December One thousand eight hundred and eighty one

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William Macbride Esquire Sheriff Substitute of the (3) County of Wigtown having had produced to me, with a Petition at the instance of (4) Peter Galloway Inspector of Poor of the Parish of Mochrum Certificates under the hands of Robert B. Selby M.D. Portpatrick and William Anderson M.B. 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 (5) Alexander Ritchie Young / Pauper Alexander Ritchie Young and that the said 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 Alexander Ritchie Young as a Patient into the (7) Public Asylum of ~~Asylum of~~ the Southern Counties Dumfries and I authorize his — Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Alexander Ritchie Young — which accompanied the said Petition.

DATED this twenty first day of December — One thousand eight hundred and eighty one

Wm Macbride

To the Superintendent of the (7) Public Asylum of the Southern Counties Dumfries

(3) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(4) State whether a County or Stewartry.
(5) Insert Name and Designation.
(6) Describe him, and if a Pauper, state so.
(7) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(7) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1763

Alexr Ritchie Young

3rd July 1882

0000

Alex Ritchie Young

21st Dec 1881

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. Shire or Stewartry.

Unto the Honourable the (1) Sheriff ~~of the~~ (2)
of Dumfries Galloway *and his Substitutes,—*

The Petition of William Henry Ambrose 9 Grove Terrace West Kensington London
humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that David MacBrayne Ambrose 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 David MacBrayne Ambrose to the Crichton Royal Institution and to sanction his admission into the said Asylum.

W. H. Ambrose

(2) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

(4) The date of the petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 24th (4) day of December One thousand eight hundred and eighty one

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	David MacBrayne Ambrose
2. Sex and Age,	male 26 years old
3. Married, Single, or Widowed,	single
4. Condition of Life, and previous Occupation (if any),	clerk
5. Religious Persuasion, so far as known,	Presbyterian
6. Previous Place of Abode,	Sanchiehall Kirkintilloch
7. Place where ~~Examined~~ Examined,	Glasgow
8. Length of time Insane,	unknown
9. Whether First Attack,	P
10. Age (if known) on First Attack,	P
11. When and where previously under Examination and Treatment,	never. nowhere
12. Duration of Existing Attack,	Sunstroke supposed to be
13. Supposed Cause,	no
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	William Henry Ambrose brother residing 9 Grove Terrace London West Kensington
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 23 day of Dec One thousand eight hundred and Eighty one

(*To be signed by Party applying*) Robt MacBrayne

P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Thomas Beatson being a (1) Doctor of medicine of Edinburgh Univ[illegible] and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 2 Royal C[illegible] Glasgow W in the Coun[illegible] Lanarkshire separately from any other Medical Practitio[illegible] visited and personally examined (4) Mr David Mac Brayne Ambrose, clerk, and the said Mr David Mac Brayne Ambrose is a (5) person of unsound mind and a proper Person to be deta[illegible] under Care and Treatment, and that I have formed this opinion upon the follow[illegible] grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
Inability to carry on a connected conversa[illegible]
Loss of memory.
Incapable to apply himself to any of the [illegible]
occupations of every day life.
Great levity & peculiarity of manner.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Have been informed by person with [illegible] he has recently stayed that he has [illegible] along showed great childishness of [illegible] and in his actions

Name and Medical Designation, George. Thomas Beat[illegible]

Place of Abode, 2 Royal Crescent Glasgow [illegible]

DATED this 23rd day of December One thousand ei[illegible] hundred and eighty one.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Alexander Dall MacDon[illegible] being a (1) Doctor of medicine of Edinburgh Univ[illegible] and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Crichton Institution Dumfries in the County Dumfries separately from any other Medical Practitio[illegible] visited and personally examined (4) David MacBrayne Am[illegible] Clerk lately of the Kin[illegible] Clerk and th[illegible] the said David MacBrayne Ambrose is a (5) Person of unsound mind and a proper person to be detain[illegible] under Care and Treatment, and that I have formed this opinion upon the followi[illegible] grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) has an unha[illegible] look and cannot enter into a [illegible] conversation. reiterates the same answ[illegible] to any question does not know whe[illegible] hearers are alive or not.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) [illegible] been informed he has had [illegible] and since then been very [illegible]

Name and Medical Designation, A D MacDonald[illegible]

Place of Abode 1 Castle St Dum[illegible]

DATED this twenty fourth day of December One thousand eig[illegible] hundred and eighty one

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, George Thomas Beatson being (1) a Doctor of Medicine of Edinburgh University hereby certify, on soul and conscience, that I have this day, at (2) 2 Royal Crescent Glasgow W R in the County of Lanarkshire, seen and personally examined Mr David MacBrayne Ambrose, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

George Thomas Beatson. M.D. (Ed. Univ.).

DATED this 23rd day of December One thousand eight hundred and Eighty one.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) William Henry Ambrose of Grove Terrace West Kensington London, Certificates under the hands of George Thomas Beatson and Alexander Dall MacDonald, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) David MacBrayne Ambrose, Sanchihall, Kirkintilloch (Peter Brother) and that the said is a (5) David MacBrayne Ambrose, person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said David MacBrayne Ambrose as a Patient into the (6) Public Asylum of Crichton Institution and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said David MacBrayne Ambrose, which accompanied the said Petition.

DATED this Twenty ~~sixth~~ day of December, One thousand eight hundred and eighty one.

David Boyle Hope

To the Superintendent of the (7) Public *Asylum of* Crichton Royal Institution

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1729

David McBrayer

Ambrose

23rd Dec 1881

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Sheriff or Steward. Shire or Stewartry.

Unto the Honourable the (1) Sheriff of Dumfries & Galloway *and his Substitutes,*—

The Petition of John George Millican He Grove Alston Cumberland humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Louisa Jane Millican 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 Louisa Jane Millican to the Carlton Royal Institution and to sanction her admission into the said Asylum.

John George Millican

(1) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

Dated this 22 (3) day of December One thousand eight hundred and Eighty one.

(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,	Louisa Jane Millican
2. Sex and Age,	Female aged 38.
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	No occupation
5. Religious Persuasion, so far as known,	Wesleyan Methodist
6. Previous Place of Abode,	The Grove, Alston
7. Place where Found and Examined,	Eleven days
8. Length of time Insane,	Second attack
9. Whether First Attack,	Thirty one
10. Age (if known) on First Attack,	Dinsdale Park Darlington
11. When and where previously under Examination and Treatment,	Eleven days
12. Duration of Existing Attack,	Want of rest & insufficient Exercise & food
13. Supposed Cause,	attention to Children & Household duties.
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,	Her nearest relative is a Sister whose name is Isabella Elizabeth Stagg who is also insane in an asylum.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this twenty third day of December One thousand eight hundred and Eighty one.

(*To be signed by Party applying*) John George Millican

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Alexander Dall MacDonald being a (1) graduate of Edinburgh Univ and being in actual practice as a (2) general practitioner hereby certify, on soul and conscience, that I have this day, at (3) 18 Castle Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Louisa Jane Milligan Alston Cumberland and that the said Louisa 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 says that she is engaged to the Prince Imperial of France and is going to marry him and that she has been divorced from her husband

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Mr Tatters tells me that she has been excitable for a few weeks and has talked very irrationally on the journey here.

Name and Medical Designation, } A D MacDonald

Place of Abode, 18 Castle St Dumfries

DATED this 23d day of December One thousand eight hundred and eighty one.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Alexander Thomson being a (1) Doctor of Medicine of the University of Glasgow and Surgeon and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 18 Castle Street, Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Louisa Jane Milligan Alston Cumberland and that the said Louisa 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) Has many delusions — thinks her husband is dead, and that before his death she was divorced from him & is under the protection of the Prince Imperial of France.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Mr Tatters — Alston Cumberland, who brought her here, says her husband is living that she parted from him today and was never divorced

Name and Medical Designation, } Alex Thomson M.D.

Place of Abode Castle St Dumfries

DATED this Twenty third day of December One thousand eight hundred and eighty one years.

No. I.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Alexander Dow MacDonald being (1) Graduate of Edinburgh Universite hereby certify, on soul and conscience, that I have this day, at (2) 18 Castle St Dumfries in the County of Dumfries, seen and personally examined Louisa Jane Millican, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

A D MacDonald MD

DATED this 23rd day of December One thousand eight hundred and eighty one.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Stoke, (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Rev George Millican The Grove, Alston, Cumberland Certificates under the hands of Alexander Dodd Macdonald and Alexander Thomson, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Louisa Jane Millican, the Grove, Alston, Cumberland and that the said Louisa Jane Millican is a (5) person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Louisa Jane Millican as a Patient into the (6) Public — Asylum of ~~Crichton Institution~~ and authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Louisa Jane Millican, — which accompanied the said Petition.

DATED this twenty sixth day of December, One thousand eight hundred and eighty one.

David Boyle Stoke

To the Superintendent of the (7) Public *Asylum of* Crichton Royal Institution Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1730

Louisa Jane
Millican

25th Dec 1881

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward, Bailie or Stewartry.

Unto the Honourable the (1) Shriff of the (1) Dumfries & Galloway *and his Substitutes,—*

The Petition of John Maxwell, Inspector of Poor Troqueer humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Elizabeth Connor. 2 Seedrow Mavt. your Petitioner's (2) Pauper. is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Elizabeth Connor to the Southern Counties asylum and to sanction her admission into the the said Asylum.

(2) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

John Maxwell.

DATED this 21st day of (3) December One thousand eight hundred and eighty one Years.

(3) 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,	Elizabeth Connor.
2. Sex and Age,	Female
3. Married, Single, or Widowed,	single
4. Condition of Life, and previous Occupation (if any),	Domestic servant. previous occupation same
5. Religious Persuasion, so far as known,	Roman Catholic
6. Previous Place of Abode,	5 Buccleuch Street. Dumfries
7. Place where Found and Examined,	2 Seedrow, Maxwelltown
8. Length of time Insane,	Two weeks.
9. Whether first Attack,	First
10. Age (if known) on first Attack,	19 years
11. When and where previously under Examination and Treatment,	
12. Duration of existing Attack,	Two weeks
13. Supposed Cause,	None. if any not known
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	attempted to drown herself
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Parish of Troqueer
18. Date of becoming Chargeable,	21st December. 1881.
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	William Connor. 2 Seedrow Row. Mother, a Patient in the asylum. Chargeable to the Parish of Troqueer.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 21st day of December One thousand eight hundred and eighty one Years

(*To be signed by Party applying*) John Maxwell

Inspector of Poor. Parish of Troqueer.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, John Cunningham
being a (1) Licentiate of the Royal College of Physicians and Surgeons Edinburgh & LRCP
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) 2 Seed
Maxwelltown
Kirkcudbright in the County
separately from any other Medical Practitioner
visited and personally examined (4) Elizabeth Connor, 2 Seed
Maxwelltown, Pauper.
and
the said Elizabeth Connor is a (5) person
of unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Her facial expression indicates mental disorder. She is by the fire & takes no interest in anything going about her.

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her mother has been an inmate of the Southern Counties Asylum for some years. Her aunt says that she tried to drown herself

Name and Medical Designation, John Cunningham

Place of Abode, 35 Buccleuch St Dumfries

DATED this 21 day of December One thousand eight hundred and eighty one

---

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, James Hunter Dryden
being a (1) Licentiate of the Royal College of Physicians and Surgeons Edinburgh,
and being in actual practice as a (2) physician and surgeon
hereby certify, on soul and conscience, that I have this day, at (3) 2 Seedrow
Maxwelltown
Kirkcudbright in the County
separately from any other Medical Practitioner
visited and personally examined (4) Elizabeth Connor 2 Seedrow
Maxwelltown, a pauper
and
the said Elizabeth Connor is a (5) person
of unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)
Stupid vacant expression of countenance, takes no interest in her surroundings, answers questions unsatisfactory & contradictory

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Her aunt and her late employer state that she attempted suicide, & had threatened to do so at times, Her mother is at present in an asylum

Name and Medical Designation, James Hunter Dryden
LRCP. LRCS. Ed.

Place of Abode, 45 Buccleuch St. Dumfries

DATED this 20th day of December One thousand eight hundred and eighty one years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) John Maxwell Inspector of Poor ~~Dumfries~~ Troqueer.
Certificates under the hands of John Cunningham
and James Hunter Dryden, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Elizabeth Connor, 2 Seed Row, Maxwelltown (a pauper) and that the said Elizabeth Connor is a (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 Connor as a Patient into the (6) Public Asylum of Southern Counties and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Elizabeth Connor which accompanied the said Petition. One word deleted.

DATED this twenty ~~fourth~~ 5th & day of December One thousand eight hundred and eighty one years.

David Boyle Hope

To the Superintendent of the (7) Public
Asylum of Southern Counties.
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2
507
Elizabeth Bonnor
24th Dec 97

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 Vict. Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the Dumfries & Galloway and his Substitutes.

The Petition of Christopher P. Richardson Inspector of Poor of Kelton humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Thomas Craig your Petitioner's (3) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Thomas Craig to the Dumfries Southern Counties Asylum and to sanction his admission into the said Asylum.

(3) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

C. Richardson

(4) The date of the petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this twenty fourth (4) day of December One thousand eight hundred and eighty one

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

Christian Name and Surname of Patient at length,	Thomas Craig
Sex and Age,	male: 45
Married, Single, or Widowed,	
Condition of Life, and previous Occupation (if any),	Labourer
Religious Persuasion, so far as known,	Protestant
Previous Place of Abode,	Castle Douglas & Crossmichael
Place where Found and Examined,	Castle Douglas
Length of time Insane,	Two months
Whether First Attack,	yes
Age (if known) on First Attack,	4
When and where previously under Examination and Treatment,	not under treatment
Duration of Existing Attack,	about two months
Supposed Cause,	Ad
Whether subject to Epilepsy,	No
Whether Suicidal,	"
Whether Dangerous to others,	No
Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Kelton
Date of becoming Chargeable,	24 Dec. 1881
Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Mrs Mary T. Craig Cotton Steel Castle Douglas
Special circumstances (if any) preventing the 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 December One thousand eight hundred and eighty one

(To be signed by Party applying) C. Richardson

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Walter Lorraine
being a (1) Graduate of Edinburgh University

and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) 36 Cotton St Castle Douglas Kirkcudbright in the County
separately from any other Medical Practitioner
visited and personally examined (4) Thomas Craig, Pauper
and th
the said Thomas Craig 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) He labours un several delusions with which he is almost impressed – He looks vacant & preoccupied insanely

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His wife says he is restless & conducts quite differently from what was his former habit Talks on religious subjects & even on ordinary top a fanciful & imaginary manner

Name and Medical Designation, Walter Lorraine

Place of Abode, Castle Douglas

DATED this Twenty third day of December One thousand eig hundred and eighty one years

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, John Nivison
being a (1) Graduate of Edinburgh University

and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) 36 Cotton St Castle Douglas in the County
Kirkcudbright separately from any other Medical Practitioner
visited and personally examined (4) Thomas Craig Pauper residing at 36 Cotton St. Castle Douglas and th
the said Thomas Craig 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) He talks at times in a rambling incoherent manner. has occasionally a wild vacant St and fancies that people are set against him talking about him and intending to do him h

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) His wife & brothers say that he is restless at n getting up and walking about the house – refuse conduct himself in a rational manner ad is much concerned about religious matter

Name and Medical Designation, John Nivison M.B. & C.

Place of Abode Castle Douglas

DATED this Twenty third day of December One thousand eigh hundred and eighty one

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Robert Macarthur Sidney (1) Sheriff Substitute
of the (2) Stewartry of Kirkcudbright
having had produced to me, with a Petition at the instance of (3) Christopher Craigie Richardson
Certificates under the hands of Walter Lorraine
and John Wilson , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Thomas Craig Pauper and that the said Thomas Craig is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Thomas Craig as a Patient into the (6) Southern Counties Asylum of Dumfries and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Thomas Craig which accompanied the said Petition.

DATED this twenty fourth day of December One thousand eight hundred and eighty one.

Robt Gordon SS

To the Superintendent of the (7) Southern Counties Asylum of Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

Thomas Craig
24th Dec 81

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) Stewartry of Dumfries & Galloway and his Substitutes,

The Petition of Gordon Robertson Tanner humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that your Petitioner's (3) Brother is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said William Robertson to the Southern Counties Asylum and to sanction his admission into the the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

Gordon Robertson

Dated this 25th (4) day of December One thousand eight hundred and eighty one years.

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	William Robertson
2. Sex and Age,	Male 38 years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Tanner
5. Religious Persuasion, so far as known,	~~Christian~~ Presbyterian
6. Previous Place of Abode,	Castle Douglas
7. Place where Found and Examined,	Castle Douglas
8. Length of time Insane,	Month
9. Whether first Attack,	Second
10. Age (if known) on first Attack,	Thirty years or 34 Years
11. When and where previously under Examination and Treatment,	Castle Douglas & Dumfries Asylum
12. Duration of existing Attack,	Unknown
13. Supposed Cause,	Unknown
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Yes
16. Whether Dangerous to others,	
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Gordon Robertson "Brother" "Castle Douglas" no.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this twenty fifth day of December One thousand eight hundred and Eighty one

(*To be signed by Party applying*) Gordon Robertson

P. 1

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or an* insane person, *or an* idiot, *or a* person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Richard B. Lorraine
being a (1) Graduate of Edinburgh University
and being in actual practice as a (2) Medical Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Police office Castle-Douglas in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) William Robertson and that the said William Robertson is a (5) person of unsound mind and a proper person to be detained 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 complains of his wife being unfaithful to him suspects her of the company she keeps. - says the men (his [illegible]) are afraid of him. - and thinks all his friends are [illegible] against him.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
His brother says. he threatened his life and the [illegible] of one of the workmen. - he also threatened [illegible] wife saying. 'he would do for her' - The police found him last night alternately praying and cursing.

Name and Medical Designation, R.B. Lorraine M.B.C.

Place of Abode, Castle-Douglas

DATED this 25th day of December One thousand eight hundred and eighty one.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, *or an* insane person, *or an* idiot, *or a* person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Walter Lorraine
being a (1) Graduate of Edin University
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) the Police office Castle Douglas in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) William Robertson and that the said William Robertson is a (5) person of unsound mind and a proper person to be detained 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 jealous of his wife who is a most respectable person & accuses her with men to whom she hardly ever speaks, [illegible] confined in the asylum a few years ago for 6 or [illegible] & since then he has been more or less insane

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
His wife & brother say that he threatens his dangerous to others - He sometimes takes a [illegible] of drink & the smallest quantity makes him quite [illegible]

Name and Medical Designation, Walter Lorraine M.D. [illegible]

Place of Abode, Castle Douglas

DATED this 25th day of December One thousand eight hundred and eighty ~~eight~~ one

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, Walter Lorraine M.B. Edin.
being (1) Graduate of Edin. University
hereby certify, on soul and conscience, that I have this day, at (2) the Police Office
in the County of Kirkcudbright, seen and personally examined
William Robertson, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Walter Lorraine M.B. Edin.

DATED this 25th day of December One thousand eight hundred and eighty ~~one~~.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Stoppe, (1) Sheriff Substitute
of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) Gordon Robertson,
Lamer, Castle-Douglas
Certificates under the hands of Richard B. Lorraine —
and Walter Lorraine, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) William Robertson Lamer Castle Douglas Retired Grazier and that the said William Robertson, is a (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 Robertson, as a Patient into the (6) Public Asylum of Southern Counties and I authorize this Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said William Robertson, which accompanied the said Petition.

DATED this Twenty sixth of December, One thousand eight hundred and eighty one.

David Boyle Stoppe

To the Superintendent of the (7) Public,
Asylum of Southern Counties,
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2

~~#~~ 509

William Robertson

25th Dec 1881

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff ~~of the (2) Shire~~ of Dumfries and Galloway *and his Substitutes*—

The Petition of Mary Dinwiddie, Sunnybrae, Kirkmahoe humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary Edgar 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 Mary Edgar to the Southern Counties Asylum and to sanction her admission into the said Asylum. Three words deleted

(3) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

Mary Dinwiddie

(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 December One thousand eight hundred and eighty one

---

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Mary Edgar
2. Sex and Age,	Female 77
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous occupation (if any),	Cook
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	
7. Place where Found and Examined,	Sunny brae Kirkmahoe
8. Length of time Insane,	Two years
9. Whether first Attack,	77 yrs
10. Age (if known) on first Attack,	
11. When and where previously under Examination and Treatment,	At Home
12. Duration of existing Attack,	One Week
13. Supposed Cause,	Not none
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Agnes Edgar Sunny brae Kirkmahoe Sister No other Member of family known
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	to be have been insane

I certify that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 28th day of December One thousand eight hundred and eighty one

(*To be Signed by Party applying*) Mary Dinwiddie

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, John Cunningham being a (1) Licentiate of the Royal Colleges of Physicians and Surgeons in Edinburgh & Ma and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Sunnybrae, Kirkmahoe, in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Mary Edgar, formerly a general Servant, Sunnybrae Kirkmahoe and that the said Mary Edgar is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Her facial expression indicates mental disorder. Has the idea that she is a young woman in want of a situation & must go to Glasgow to a place. She talks incoherently.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Has attempted & often threatened to take her sister's life. She is very sleepless & wanders about at night. This information was obtained from her Sister & Niece

Name and Medical Designation, John Cunningham M.D. R.C.P.

Place of Abode, 35 Buccleuch St. Dumfries

DATED this 28th day of December One thousand eight hundred and eighty one

---

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Hugh Cunningham being a (1) Licentiate of the Royal College of Physicians in Edinburgh and of the Faculty of Physicians and Surgeons in Glasgow and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Sunny Brae, Kirkmahoe in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Mary Edgar, formerly a general servant and that the said Mary 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 excited, and believes that her relations wish to kill her

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her sister informs me that she endeavoured to choke her last night, and that she is very excitable.

Name and Medical Designation, Hugh Cunningham L.R.C.P. Edin.

Place of Abode, 28 Castle Street, Dumfries

DATED this 28th day of December One thousand eight hundred and eighty one years

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, George Whitelaw, Honorary ~~David Boyle Hope~~ (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Mary Binwiddie, Sunnybrae, Kirkmahol
Certificates under the hands of John Cunningham
and Hugh Cunningham, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Mary Edgar Cook, Sunnybrae, Kirkmahol, (Petnrs. Aunt.) — and that the said Mary 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 Mary Edgar as a Patient into the (6) Public Asylum of Southern Counties and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mary Edgar which accompanied the said Petition. Three words deleted.

DATED this twenty eighth day of December One thousand eight hundred and eighty one years.

Geo. Whitelaw

To the Superintendent of the (7) Public
Asylum of Southern Counties.
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2
510
Mary Edgar
28th Dec 1881

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward, Shire or Stewartry.

Unto the Honourable the (1) Sheriff ~~of the (1) County~~ of Dumfries & Galloway and his Substitutes,—

The Petition of John Murphy Inspector of Poor of Ruthwell

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Sarah Whyte

(2) State degree of relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (2) Pauper

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Sarah Whyte to the Southern Counties' Asylum and to sanction her admission into the the said Asylum. Three words deleted

John Murphy

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 31st (3) day of December One thousand eight hundred and Eighty One

---

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

Christian Name and Surname of Patient at length,	Sarah Whyte
Sex and Age,	Female: 45
Married, Single, or Widowed,	married.
Condition of Life, and previous Occupation (if any),	Wife of William Whyte - Domestic Servant
Religious Persuasion, so far as known,	Protestant
Previous Place of Abode,	Chapelknowe Ruthwell
Place where Found and Examined,	Do Do
Length of time Insane,	For several weeks
Whether first Attack,	No
Age (if known) on first Attack,	Unknown
When and where previously under Examination and Treatment,	April 1878 - In Southern Counties' Asylum
Duration of existing Attack,	For several weeks
Supposed Cause,	Tendency to Insanity
Whether subject to Epilepsy,	No
Whether Suicidal,	No
Whether Dangerous to others,	Uncertain
Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Ruthwell
Date of becoming Chargeable,	25th Nov 1881
Christian Name and Surname, and Place of Abode of nearest known 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 Whyte Husband Chapelknowe Ruthwell
Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Thirty first day of December One thousand eight hundred and eighty one

(*To be signed by Party applying*) John Murphy

P. T.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, William Carruthers being a (1) Lic: Roy: Coll: Phys: Edinr: & Lic: Fac: Phys: & Surg: Glasgow — and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Chapelknow in the Parish of Half Morton in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Sarah White, Pauper, Half-Morton — and the said Sarah White is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Manner, excited and restless — Speech incoherent at times — The amount of dirt about the house shows that patient (though active and ablebodied) neglects her [illegible]

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her neighbour Mrs Elliot says she has lately been often disturbed at nights at all hours by patient shouting and singing; and that patient spends her [illegible] wandering about or lying in bed —

Name and Medical Designation, William Carruthers L.R.C.P.E. &c.

Place of Abode, Kirkpatrick Fleming

DATED this 9th day of December One thousand [illegible] hundred and eighty one —

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, James Rae Anderson being a (1) Doctor of Medicine & Licentiate of the Faculty of Physicians & Surgeons Glasgow and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Chapelknow, Halfmorton, in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Sarah White, Pauper, Chapelknow, Halfmorton and the said Sarah White is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) She is very much excited, is swearing and talking all sorts of nonsense & lewd language. She has evidently lost all control over herself. The house is also very much disordered.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Mrs Little, her next door neighbour — says Mrs White very noisy and swears and uses very obscene language which is quite unusual for her. And altogether behaves as she was quite out of herself —

Name and Medical Designation, Jas Rae Anderson M.

Place of Abode, Eskbank Canonbrook

DATED this 29th day of December One thousand [illegible] hundred and eighty one —

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, James Rae Anderson being (1) Doctor of Medicine & Licentiate of the Faculty of Physicians & Surgeons hereby certify, on soul and conscience, that I have this day, at (2) Chapelknowe in the County of Dumfries, seen and personally examined Sarah White, Pauper, Chapelknowe, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Jas. R. Anderson.

DATED this 29th day of December One thousand eight hundred and eighty one

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Hope (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) John Murphy Inspector of Poor, Half Morton Certificates under the hands of William Carruthers and James Rae Anderson, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Sarah White Chapelknowe Half Morton (a pauper), and that the said Sarah White is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Sarah White as a Patient into the (6) Public Asylum of Southern Counties and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Sarah White which accompanied the said Petition.

DATED this thirty first day of December One thousand eight hundred and eighty one years.

David Boyle Hope

To the Superintendent of the (7) Public Asylum of Southern Counties Dumfries

---

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

Sarah Whyte
31st Dec 1881

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) Dumfries & Galloway — *and his Substitutes*—

The Petition of William Hyslop Welldale Villa Maxwelltown

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Alexander Milligan — 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 Alexander Milligan — to the Southern Counties Asylum and to sanction his admission into the said Asylum.

(3) State degree of Relationship, or other capacity in which Petitioner stands to Lunatic.

William Hyslop

(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 December One thousand eight hundred and eighty one years

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Alexander Milligan
2. Sex and Age,	Male 44 years
3. Married, Single, or Widowed,	single
4. Condition of Life, and previous occupation (if any),	Soldier, Pensioner
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Chatham
7. Place where Found and Examined,	Welldale Villa Maxwelltown
8. Length of time Insane,	about one month
9. Whether first Attack,	First
10. Age (if known) on first Attack,	—
11. When and where previously under Examination and Treatment,	—
12. Duration of existing Attack,	about one month
13. Supposed Cause,	not known
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	yes attempted to cut his throat
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
18. Date of becoming Chargeable,	—
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Janet Carson or Hyslop Welldale Villa Maxwelltown Half Sister. Home for a considerable time
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

I certify that, to the best of my knowledge, the above particulars are correctly stated.

DATED this thirty first day of December One thousand eight hundred and eighty one years.

(*To be Signed by Party applying*) William Hyslop

Sarah Wharf
31st Dec 1881

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Hugh Cunningham being a (1) Licentiate of the Royal College of Physicians in Edin. and of the Faculty of Physicians and Surgeons in Glasgo and being in actual practice as a (2) Physician and Surgeon. hereby certify, on soul and conscience, that I have this day, at (3) Welldale Villa, Irqueer in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) Alexander Milligan, Pensioner, Welldale Villa and that the said Alexander 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) He is melancholic and last night had a suicidal impulse.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His nephew informs me that he cut his throat last night.

Name and Medical Designation, Hugh Cunningham L.R.C.P.

Place of Abode, 25 Castle Street, Dumfries

DATED this thirty first day of December One thousand eight hundred and eighty one years

---

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, John Cunningham being a (1) Licentiate of the Royal College of Physicians & Surgeons Edin and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Welldale Villa Irqueer Kirkcudbright in the County of separately from any other Medical Practitioner, visited and personally examined (4) Alexander Milligan, Pensioner Welldale Villa Irqueer and that the said Alexander 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) His facial expression indicates mental disorder, He is insane in his disposition

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) He attempted to cut his throat last night

Name and Medical Designation, John Cunningham M.D.

Place of Abode, Dumfries

DATED this 31st day of December One thousand eight hundred and eighty one

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Boyle Stope, (3) Sheriff-Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) William Stylop,
Welldale Villa, Maxwelltown,
Certificates under the hands of Hugh Cunningham
and John Cunningham, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Alexander Milligan, Welldale Villa, Maxwelltown, (Pott's mole) and that the said Alexander 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 Alexander Milligan, as a Patient into the (6) Public Asylum of Southern Counties, and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Alexander Milligan, which accompanied the said Petition.

DATED this Thirty first day of December, One thousand eight hundred and eighty one years.

David Boyle Stope

To the Superintendent of the (7) Public
Asylum of Southern Counties,
Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

2
512

Alexander Milligan
31st Decr 1881