Sheriff's Warrants

Publication/Creation

1864-1865

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

[FORM A]

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

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

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

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

The Petition of Robert M'Kenzie Inspector of Poor, Kirkbean

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Copland, a farm servant at Kirkbean Mains is at present in a state of Mental Derangement and 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 Copland to the Southern Counties Asylum and to sanction his admission into the said Asylum.

(SIGNATURE) Robert M'Kenzie Inspector

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

DATED this 21st (3) day of January one thousand eight hundred and Sixty four

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STATEMENT.

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

1. Christian Name and Surname of Patient at length,	James Copland
2. Sex and Age,	Male. 49 years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Farm Servant
5. Religious Persuasion, so far as known,	Established Church of Scotland
6. Previous Place of Abode,	Irongray
7. Place where Found and Examined,	Kirkbean
8. Length of time Insane,	Two months
9. Whether First Attack,	First Attack
10. Age (if known) on First Attack,	
11. When and where previously under Examination and Treatment,	No previous Examination or treatment
12. Duration of Existing Attack,	Two Months
13. Supposed Cause,	Depression of Spirits
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,	If becoming a pauper. Kirkbean
18. Date of becoming Chargeable,	
19. Christian Name 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 Copland, Dumfries his son His Father died insane
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	Is not a pauper, but may be chargeable at the same rate as a pauper

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

(SIGNATURE)* *Name,* Robert M'Kenzie Inspector of Poor

DATED this 21st day of January one thousand eight hundred and Sixty four

* To be Signed by the Party applying.

P. p.

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

I, the undersigned, John Dickson MD being a (1) graduate of the University of Edinburgh and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Southern Counties Asylum. Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) James Coupland. Farm Servant Kirkbean. and that the said James Coupland is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, 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 extremely depressed & says that he has a foreboding of some approaching evil. & that under this feeling of depression he attempted to destroy himself by poison

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) The Inspector of Poor informs me that he attempted suicide in the way mentioned.

(SIGNED) *Name and Medical Designation,* John Dickson MD

Place of Abode, Buccleuch Street Dumfries

DATED this twenty first day of January One thousand eight hundred and sixty four

MEDICAL CERTIFICATE, No. II.

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

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

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

(4) *Insert Designation and Residence, 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 Menzies MD 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) Kirkbean village in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) James Copland residing at Kirkbean - Farm Servant and that the said James Copland is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts*

1. Facts indicating Insanity observed by myself: (6) Depression of mind - and a state of low melancholy unusual to him

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Informed by his wife & others that he attempted to commit suicide. Says that delusions, and maniacal thoughts come into his mind at times, over which he has no control.

(SIGNED) *Name and Medical Designation,* James Menzies MD

Place of Abode Mainsriddle

DATED this 19th day of January one thousand eight hundred and sixty four

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 James Coupland - Farm Servant Kirkbean is a (1) person of unsound mind hereby further certify that the Case of the said James Coupland is one of Emergency, and I recommend the immediate removal of the said James Coupland to an Asylum accordingly.

Name, John Dickson MD

Place of Abode, 20 Buccleuch Street

Dated this twenty first day of January One thousand eight hundred and sixty four.

(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, John Pitcairn Trotter Esquire (1) Advocate Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Robert McKime Inspector of Poor Kirkbean Certificates under the hands of John Dickson MD and James Menzies MD, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Copland farm Servant Kirkbean and that the said James Copland is a (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 Copland 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 Copland which accompanied the said Petition.

R.S.

(SIGNATURE) John P. Trotter

DATED this twenty third day of January one thousand eight hundred and sixty four years

To the Superintendent of the (6) Public Asylum of Southern Counties Dumfries

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

6. 1/24

James Copland
19. January
1864

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

[Form A]

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

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

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

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

The Petition of Robert McKenna Inspector of Poor of Kirkbean Parish humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Coupland your Petitioner's (3) ~~Guardian~~ Ward Inspector for the Parish is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said James Coupland to the 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.

Robert McKenna Inspector of Poor

(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 January One thousand eight hundred and sixty four

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STATEMENT.

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

1. Christian Name and Surname of Patient at length,	James Copland
2. Sex and Age,	Male – 49 years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Farm Servant
5. Religious Persuasion, so far as known,	Church of Scotland (Established)
6. Previous Place of Abode,	Irongray
7. Place where Found and Examined,	Kirkbean
8. Length of time Insane,	Two months
9. Whether first attack,	First attack
10. Age (if known) on first Attack,	
11. When and where previously under Examination and Treatment,	No previous examination or treatment
12. Duration of existing Attack,	Two months
13. Supposed Cause,	Depression of mind
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,	If becoming a pauper, Kirkbean
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known 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 Copland Dumfries, son. ~~of the patient~~ His father died insane.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	Is not a pauper – but may enter and be charged at the same rate as a pauper.

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

Dated this 19th day of January One thousand eight hundred and sixty four

(*To be signed by Party applying*) Robert McKenna 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, Alexander Maxwell M.R.C.S.Edin
being a (1) General Practitioner
and being in actual practice as a (2) Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Kirkcudbright in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) James Copeland Kirkbean
and that
the said James Copeland is a (5) person of unsound mind
and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

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

From knowledge and attended Suicide

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

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

Name and Medical Designation, Alexander Maxwell Surgeon

Place of Abode, Kirkbean Village

DATED this 19th day of January One thousand eight hundred and Sixty four

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MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

I, the undersigned, James Menzies M.D.
being a (1) Surgeon, and Doctor of Medicine
and being in actual practice as a (2) Physician and Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Kirkbean
in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) James Copeland - Kirkbean
and that
the said James Copeland 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) He is in a state of low melancholy, says he is a lost sinner.. is evidently conscious that he is subject to fits of maniacal excitement

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

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

Attempted to commit suicide last night by swallowing poison.. think his weight Sons declare and hate him. with other dele

Name and Medical Designation, James Menzies M.D.

Place of Abode, Mainsriddle

DATED this 19th day of January One thousand eight hundred and Sixty four

CERTIFICATE OF EMERGENCY.

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

I, the undersigned, James Thomson
being (1) a Doctor of Medicine
hereby certify, on soul and conscience, that I have this day, at (2) Kirkcudbright
in the County of Kirkcudbright, seen and personally examined James Copland, and that the said person is of unsound mind, and 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 Thomson M.D.

DATED this 19th day of January One thousand eight hundred and sixty four

(1) 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.

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James Copland

19th January 1864

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

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1. Christian Name and Su
length,
2. Sex and Age,
3. Married, Single, or Wid
4. Condition of Life, and
(if any),
5. Religious Persuasion, as
6. Previous Place of Abode
7. Place where Found and
8. Length of time Insane,
9. Whether First Attack,
10. Age (if known) on First
11. When and where previo
tion and Treatment,
12. Duration of Existing At
13. Supposed Cause,
14. Whether subject to Epil
15. Whether Suicidal,
16. Whether Dangerous to
17. Parish or Union to whic
Pauper) is Chargeabl
18. Date of becoming Charg
19. Christian Name and Su
Abode of nearest kn
Patient, and degree
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Family known to be
sane,
20. Special circumstances (
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I certify, that, to the

Dated this 28

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

[FORM A]

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

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

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

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

The Petition of Hugh B. Currie Inspector of Poor, Lochmaben and Postmaster humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Agnes Grierson Domestic Servant is at present in a state of Mental Derangement and 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 Grierson to the Crichton Asylum and to sanction her admission into the said Asylum.

(SIGNATURE) Hugh B. Currie

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

DATED this 28th (*) day of January one thousand eight hundred and Sixty four

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Agnes Grierson
2. Sex and Age,	Female, Thirty four
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,	Moss side Lochmaben
7. Place where Found and Examined,	Moss-side Lochmaben
8. Length of time Insane,	Eight days
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	Twenty four.
11. When and where previously under Examination and Treatment,	Crichton Asylum, Dumfries.
12. Duration of Existing Attack,	Eight days
13. Supposed Cause,	None Known of
14. Whether subject to Epilepsy,	none
15. Whether Suicidal,	No
16. Whether Dangerous to others,	Yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Lochmaben
18. Date of becoming Chargeable,	29th January 1864
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Thomas Grierson Moss-side Lochmaben, Father None known to have been insane
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

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

(SIGNATURE)* *Name,* Hugh B. Currie, Insp. Poors

DATED this 28th day of January one thousand eight hundred and Sixty-four

* To be Signed by the Party applying.

P. p.

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

I, the undersigned, Thomas Alexander Fraser Sco[illegible] being a (1) member of the Royal College of Sur[illegible] of England and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Moss side Lochmaben in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Agnes Grierson servant presently a Pauper and that the said Agnes Grierson 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) Rambling and incoherent way of talking, laughing when there is no reason, then suddenly becoming very quiet, working about the fire in an unnecessary way.

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) her mother and Father told me she attempted to strike and pull them, she left her place and went to another farm house to live at

(SIGNED) *Name and Medical Designation,* Thos. A. F. Scott, M.R.C.P. & L.M. Par. Med. Officer

Place of Abode, High Street Lochmaben

DATED this 28th day of January One thousand eight hundred and Sixty four

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MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

I, the undersigned, Samuel Grierson being a (1) Member of the Royal College of Surgeons of England and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) the Southern Counties Asylum Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Agnes Grierson Domestic Servant & pauper and that the said Agnes Grierson is a (5) person of unsound mind — and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She labours under various delusions of a religious character has an imperfect memory and speaks as if language was among the things forgotten — [illegible] Says she has a feeling of heaviness about the [illegible] which confuses and distresses her —

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her brother mentioned that she with[illegible] reason left her employer and went to a neighbo[illegible] and would force her services upon him

(SIGNED) *Name and Medical Designation,* S. Grierson M.R.C.S.

Place of Abode Southern Counties Asylum Dumfries

DATED this 29th day of January one thousand eight hundred and Sixty four

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 Agnes Grierson is a (1) Lunatic hereby further certify that the Case of the said Agnes Grierson is one of Emergency, and I recommend the immediate removal of the said Agnes Grierson to an Asylum accordingly.

Name, Thos. G. F. Scott, M.B., C.M., Edin. & Lic. Med. Officer

Place of Abode, 6 High Street Rochsaben

DATED this 28th day of January One thousand eight hundred and Sixty four.

(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, John Pitcairn Fotheringame (2) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Hugh B Currie Inspector of Poor of Lochmaben Certificates under the hands of Thomas Fraser Alexander Scott and Samuel 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) Agnes Grierson domestic Servant, Mid Grange Lochmaben, a Pauper and that the said Agnes Grierson is a (5) Lunatic and a person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Agnes Grierson 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 Agnes Grierson which accompanied the said Petition.

(SIGNATURE) John P Fotheringame

DATED this First day of February one thousand eight hundred and Sixty four

To the Superintendent of the (6) Public *Asylum of* Crichton Institution 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.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, or Private.

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Agnes Grierson

29th Jan 1864

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

(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.

If any

1. Christian Name and Surnam
length,
2. Sex and Age,
3. Married, Single, or Widowe
4. Condition of Life, and pre
(if any),
5. Religious Persuasion, so far
6. Previous Place of Abode,
7. Place where Found and Ex
8. Length of time Insane,
9. Whether first attack,
10. Age (if known) on first Att
11. When and where previously
tion and Treatment,
12. Duration of existing Attack
13. Supposed Cause,
14. Whether subject to Epilepsy
15. Whether Suicidal,
16. Whether Dangerous to othe
17. Parish or Union to which
Pauper) is Chargeable,
18. Date of becoming Chargeab
19. Christian Name and Surnam
Abode of nearest known
Patient, and degree of
known), and whether an
Family known to be or
sane,
20. Special circumstances (if an
insertion of any of the ab

I certify, that, to the bes

Dated this Sixteen
Sixty four

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

[Form A]

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

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

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

Unto the Honourable the (1) Sheriff *of the* (2) Sheriff dom of Wigton and Kirkcudbright and his Substitutes for Wigtownshire.

The Petition of William Mackie, Inspector of Poor of the Parish of Wigtown humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary M Candlish or M Taggart a pauper ~~your Petitioner~~'s (3) Chargeable to the Parish of 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 Mary M Candlish or M Taggart 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.

Wm Mackie Insp. of Pr

(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 February One thousand eight hundred and sixty four 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 M Candlish or M Taggart
2. Sex and Age,	Female aged 59 years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Husband a Blacksmith
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Wigtown
7. Place where Found and Examined,	Wigtown
8. Length of time Insane,	About four weeks
9. Whether first attack,	no.
10. Age (if known) on first Attack,	39 years or thereby
11. When and where previously under Examination and Treatment,	Dumfries Asylum
12. Duration of existing Attack,	See No. 8
13. Supposed Cause,	Hereditary – exciting Cause 'Drink'
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	Yes
16. Whether Dangerous to others,	Yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Wigtown Parish
18. Date of becoming Chargeable,	15th February 1864
19. Christian Name and Surname, and Place of Abode of nearest known 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 M Candlish her husband, Blacksmith residing in Wigtown. Patients great grandmother was insane
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	—

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

Dated this Sixteenth day of February One thousand eight hundred and sixty four years

(*To be signed by Party applying*) Wm Mackie, Insp. of Poor of the Parish of Wigtown

P. p.

Yes
Agnes Grierson
29th Jany 1864

MEDICAL CERTIFICATE, No. I.

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

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

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

(4) *Insert Designation and Residence, 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 Snowdon being a (1) Graduate of the University of Edinburgh and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Low Pennell Wigtown in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) Mary McTaggart or McCandlish Wife of Robt McCandlish Bracht Smith in Wigtown and that the said Mary McTaggart or McCandlish is a (5) Person of unsound Mind and a proper person to be detained under Care and Treatment, 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 wild and excited appearance — says that there are spirits in the adjoining room waiting to tear her and her husband to pieces and that she wishes to take away her life

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her husband states that she has repeatedly asked him to allow her to take her own life and that she every now and then gets up and walks wildly through the room, and that she was formerly an inmate of the Dumfries Asylum

Name and Medical Designation, Samuel Snowdon M.D.

Place of Abode, Wigtown Scotland

DATED this Seventeenth day of February One thousand eight hundred and sixty four 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, Robt D Rose being a (1) Licentiate of the Royal College of Surgeons of Edinburgh and being in actual practice as a (2) Medical Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Low Pennell of Wigtown in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) Mary McTaggart or McCandlish and that the said Mary McTaggart or McCandlish is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) — Has an excited appearance — erratic in conversation. Labours under hallucinations. ~~Supp~~.

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her husband informed me that she has repeatedly asked for a knife to commit suicide — also that speaks often of drowning herself

Name and Medical Designation, Robt D. Rose L.R.C.S. &c

Place of Abode, Wigtown

DATED this 17th day of February One thousand eight hundred and sixty four years

CERTIFICATE OF EMERGENCY.

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

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

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

DAYED this day of One thousand eight hundred and

(1) 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 Murray Esquire Sheriff Substitute (1)
of the (2) County of Wigtown
having had produced to me, with a Petition at the instance of (3) William Mackie Inspector of Poor of the Parish of Wigtown
Certificates under the hands of Samuel Snowdon M. D.
and Robert Duncan Rose 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 McTaggart or McCandlish, pauper and that the said Mary McCandlish or McTaggart is a (5) person of unsound mind

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Mary McTaggart or McCandlish 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 McTaggart or McCandlish which accompanied the said Petition.

DAYED this seventeenth day of February One thousand eight hundred and sixty four years

Thos Murray

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

3

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

Mary McTaggart or
M Candlish
18th February 1864

9 May 1862

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length,
2. Sex and Age,
3. Married, Single, or Widowe
4. Condition of Life, and pre
(if any),
5. Religious Persuasion, so far
6. Previous Place of Abode,
7. Place where Found and Ex
8. Length of time Insane,
9. Whether first attack,
10. Age (if known) on first Att
11. When and where previously
tion and Treatment,
12. Duration of existing Attack
13. Supposed Cause,
14. Whether subject to Epilepsy
15. Whether Suicidal,
16. Whether Dangerous to othe
17. Parish or Union to which
Pauper) is Chargeable,
18. Date of becoming Chargeab
19. Christian Name and Surna
Abode of nearest know
Patient, and degree of
known), and whether an
Family known to be ar
sane,
20. Special circumstances (if an
insertion of any of the ab

I certify, that, to the bes

Dated this 30
SIX

Mary McTaggart or McCandlish
10th February 1864

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

[Form A]

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

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

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

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

The Petition of John Jardine Ryecastle Applegarthe humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Jane McGowan your Petitioner's (3) Cousin is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Jane McGowan 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.

John Jardine

(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 January One thousand eight hundred and ~~sixty four~~ sixty-four (64)

STATEMENT.

If any 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 McGowan
2. Sex and Age,	Female 55
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Farmer's Daughter
5. Religious Persuasion, so far as known,	Established Church of Scot
6. Previous Place of Abode,	Lockerbie
7. Place where Found and Examined,	Do
8. Length of time Insane,	~~A fortnight~~ three years
9. Whether first attack,	No
10. Age (if known) on first Attack,	about 52
11. When and where previously under Examination and Treatment,	Crichton R. Institution
12. Duration of existing Attack,	A fortnight
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,	—
18. Date of becoming Chargeable,	—
19. Christian Name and Surname, and Place of Abode of nearest known 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 McGowan The Hill Monmouth
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

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

Dated this 30th day of January One thousand eight hundred and ~~sixty four~~ sixty-four (64)

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

P. p.

MEDICAL CERTIFICATE, No. I.

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

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

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

(4) *Insert Designation and Residence, 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 Wright Milligan
being a (1) Physician & Surgeon 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) Lochenlie
in the County of Dumfries
separately from any other Medical Practitioner,
visited and personally examined (4) Janette McGowan Spinster
and that
the said Janette Gowan is a (5) person of
unsound mind and a proper person to be detained
under Care and Treatment, 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 childish and incoherent. And she threatens to murder those about her

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
She has been three months in an Asylum previously and has generally been very unsettled

Name and Medical Designation, W. W. Milligan L.R.C.P.& S. Ed

Place of Abode, Lochenlie

DATED this twenty ninth day of January One thousand eight hundred and sixty four

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MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

I, the undersigned, James Gilchrist M.D.
being a (1) Graduate of the University of Edinburgh
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Crichton Royal Institution Dumfries in the County of Dumfries
separately from any other Medical Practitioner,
visited and personally examined (4) Jane McGowan Spinster of Lochenlie
and that
the said Jane McGowan is a (5) Person of
Unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) The patient is excited and talks incoherent and acts absurdly

(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 Gilchrist M.D.

Place of Abode, Crichton House Dumfries

DATED this 30th day of January One thousand eight hundred and Sixty four

CERTIFICATE OF EMERGENCY.

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

I, the undersigned, W. Wright Milligan being (1) A Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (2) Lochrbie in the County of Dumfries, seen and personally examined Jane McGowan Spinster, and that the said person is of unsound mind, and 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. Wright Milligan

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

(1) 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 Stewart Trotter Esquire (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) John Jardine Rye Castle Applegarth Certificates under the hands of W. Wright Milligan and James Gilchrist, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 McGowan, Spinster, Lochrbie — and that the said Jane McGowan — is a (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 McGowan as a Patient into the (6) Public Asylum of Crichton Institution Dumfries and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Jane McGowan — which accompanied the said Petition.

DATED this ~~Third~~ Second day of February One thousand eight hundred and Sixty four — one word delete —

John C. Trotter

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

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

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

[FORM A]

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

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

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

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

The Petition of George Adamson Mason, Collin humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Jessie Adamson residing in Collin your ...tioners 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 Jessie Adamson to the Southern Counties Asylum and to sanction her admission into the said Asylum.

(SIGNATURE) George Adamson

(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 January one thousand eight hundred and sixty four

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Jessie Adamson
2. Sex and Age,	Female, 26 years
3. Married, Single, or Widowed,	— single
4. Condition of Life, and previous Occupation (if any),	Farm Servant
5. Religious Persuasion, so far as known,	A member of the U. P. Church
6. Previous Place of Abode,	— Milkbank - Parish of St. Mungo
7. Place where Found and Examined,	— Collin. Torthorwald
8. Length of time Insane,	— occasional Symptoms since Oct. last
9. Whether First Attack,	—
10. Age (if known) on First Attack,	— 26
11. When and where previously under Examination and Treatment,	—
12. Duration of Existing Attack,	one week
13. Supposed Cause,	—
14. Whether subject to Epilepsy,	
15. Whether Suicidal,	desirous of decapitation
16. Whether Dangerous to others,	
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Parish of Torthorwald, in Mean time
18. Date of becoming Chargeable,	30th January 1864
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	George Adamson Mason Collin
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	Brother & Petitioner

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

(SIGNATURE)* *Name,* George Adamson

DATED this 31st day of Jan 7 one thousand eight hundred and 64

* To be Signed by the Party applying.

P. p.

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

I, the undersigned, Alexander Thomson
being a (1) Doctor of Medicine of the University of Edin
and Licentiate of the Fac: of Physicians & Surgeons. Ed
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Number forty
Queensberry Street - Dumfries in the County of
Dumfries - separately from any other Medical Practitioner,
visited and personally examined (4) Jessie Adamson
from Collin near Dumfries and that
the said Jessie Adamson is a (5) person
of unsound mind and a proper Person to be detained
under Care and Treatment, 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 her face
has changed, become like a beast -; and that people
meets make faces at her - Thinks often that her face
like a dog's face -; and is afraid that fire is coming
coming from the lower part of her body - between her legs

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Is restless during the night - gets out of bed & cuts headrails
Tries to eat - puts on a fire and wanted to sit down on
it - wanted to go up the chimney - wanted to lie down
in the ashpit -

(SIGNED) *Name and Medical Designation,* Alex Thomson M.D.

Place of Abode, 14 Castle St Dumfries

DATED this 3rd day of February One thousand eight
hundred and sixty four -

MEDICAL CERTIFICATE, No. II.

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

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

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

(4) *Insert Designation and Residence, 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 Murray
being a (1) Graduate of the University of Edinburgh
and being in actual practice as a (2) Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Collin
Dumfries in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) Jessie Adamson
and that
the said Jessie Adamson is a (5) person of
unsound mind and a proper person to be detained
under Care and Treatment, 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 the
are things passing on her person and
and calls it different shapes
for [illegible] images
[illegible]

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

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

(SIGNED) *Name and Medical Designation,* P Murray M.D.

Place of Abode Dumfries Buccleuch St

DATED this 3rd day of February one thousand eight
hundred and sixty four

CERTIFICATE OF EMERGENCY.

(This certificate authorizes the detention of a Patient in an Asylum for a period of twenty-four hours without the Order of the Sheriff, and shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a second Medical Certificate and the Order of the Sheriff.)

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

Name, _____

Place of Abode, _____

DATED this day of One thousand eight hundred and

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

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

I, John Pitcairn Trotter Esqr (1) Advocate Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) George Adamson residing in Collin Torthorwald Certificates under the hands of Alexander Thomson M.D. and Patrick Murray M.D., being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Jessie Adamson, residing in Collin and that the said Jessie Adamson is a (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 Adamson 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 Jessie Adamson which accompanied the said Petition.

(SIGNATURE) John P. Trotter

DATED this First day of February one thousand eight hundred and sixty four

To the Superintendent of the (6) public *Asylum of* Southern Counties Dumfries

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

1/26

Jessie Adamson
1st February
1864

N.B.—This
Superintend
the Sheriff

PETITIO

Unto the

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

of

Newtown Langholm

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Medical Ce

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

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

DATED

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1. Christian Name and Surnam
length,
2. Sex and Age,
3. Married, Single, or Widowe
4. Condition of Life, and pre
(if any),
5. Religious Persuasion, so far
6. Previous Place of Abode,
7. Place where Found and Ex
8. Length of time Insane,
9. Whether first attack,
10. Age (if known) on first Att
11. When and where previously
tion and Treatment,
12. Duration of existing Attack
13. Supposed Cause,
14. Whether subject to Epilepsy
15. Whether Suicidal,
16. Whether Dangerous to othe
17. Parish or Union to which
Pauper) is Chargeable,
18. Date of becoming Chargeab
19. Christian Name and Surnam
Abode of nearest known
Patient, and degree of
known), and whether any
Family known to be or
sane,
20. Special circumstances (if an
insertion of any of the ab

I certify, that, to the bes

DATED this Lent
sixty four

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

[Form A]

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

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

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

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

The Petition of William Anderson Newtown Langholm humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Anderson 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 Anderson to the Carlton Royal Infirmary and to sanction his admission into the said Asylum.

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

William Anderson

(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 February One thousand eight hundred and eighty four

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	John Anderson
2. Sex and Age,	Male 40
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Spirit Merchant
5. Religious Persuasion, so far as known,	Presbt. Church
6. Previous Place of Abode,	Langholm
7. Place where Found and Examined,	Dumfries
8. Length of time Insane,	A few 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,	Not known
13. Supposed Cause,	Not
14. Whether subject to Epilepsy,	Not
15. Whether Suicidal,	Not supposed to be 20
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 Anderson Father Newtown Langholm
20. Special circumstances (if any) preventing the 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 February One thousand eight hundred and eighty four

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

P. p.

Robert Adamson
1st Asst Surgeon
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 Dickson MD 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) Kings Arms Inn Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) John Anderson formerly Spirit Merchant London and that the said John 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.:—

(7) *State the facts.*

1. Facts indicating Insanity observed by myself: (7)
He is incoherent in his conversation. Has delusion that he is pursued by people who wish to rob him. Has hallucination of hearing. Fancies that his food is poisoned. & that he is undergoing what he calls a slow butcher

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

2. Other facts (if any) indicating Insanity communicated to me by others: (8)
his brother states that he frequently threatens violence to his brother & sister whom he regards as the poisoners & butchers, but has never struck any one.

Name and Medical Designation, John Dickson MD

Place of Abode, 20 Buccleuch Street Dumfries

DATED this 10th day of February One thousand eight hundred and sixty four.

MEDICAL CERTIFICATE, No. II.

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

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

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

(4) *Insert Designation and Residence, 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 Maxwell, Surgeon. 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,~~ on (3) on the 5th inst. at Langholm Lees in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) John Anderson lately Horse and Skin merchant London the said John Anderson and that 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.:—

(7) *State the facts.*

1. Facts indicating Insanity observed by myself: (7) He is jealous and irritable, believing that the London Police are in pursuit of him, that his relatives pick his pockets every night, that his food is poisoned; that bad characters reside in his house & penetrate into his apartment & on one occasion while asleep; that he is hunger-
and has to forage for his food; is very abusive, violent and irritable; threatening to injure the inmates in his lodgings house, and once actually struck his mother. His principal delusion is about his bankruptcy and money m

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (8)

Name and Medical Designation, William Maxwell, Surgeon

Place of Abode, Langholm

DATED this 11th day of February One thousand eight hundred and sixty four.

CERTIFICATE OF EMERGENCY.

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

I, the undersigned, John Dickson
being (1) a Graduate of the University of Edinburgh
hereby certify, on soul and conscience, that I have this day, at (2) King's Arms Inn Dumfries
in the County of Dumfries, seen and personally examined
John Anderson - Wine Merchant, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

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

John Dickson MD

DATED this 10th day of February One thousand eight hundred and sixty four.

(1) 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 Pitcairn Trotter Esquire Advocate Sheriff Substitute
of the (3) County of Dumfries
having had produced to me, with a Petition at the instance of (3) William Anderson
Newtown, Langholm
Certificates under the hands of John Dickson
and William Maxwell, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Anderson, Langholm and that the said
John Anderson is a (5) Lunatic

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

DATED this Twelfth day of February One thousand eight hundred and Sixty four.

John P. Trotter

RS

Paid

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

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

949
John Anderson
10/2/64

N.B.—This F
Superintend
the Sheriff

PETITIO

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Sheriff or Steward.
Shire or Stewartry.

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

If any of

1. Christian Name and Surname
length,
2. Sex and Age,
3. Married, Single, or Widowed
4. Condition of Life, and prev
(if any),
5. Religious Persuasion, so far a
6. Previous Place of Abode,
7. Place where Found and Exa
8. Length of time Insane,
9. Whether first attack,
10. Age (if known) on first Atta
11. When and where previously
tion and Treatment,
12. Duration of existing Attack,
13. Supposed Cause,
14. Whether subject to Epilepsy
15. Whether Suicidal,
16. Whether Dangerous to other
17. Parish or Union to which t
Pauper) is Chargeable,
18. Date of becoming Chargeabl
19. Christian Name and Surnam
Abode of nearest known
Patient, and degree of
known), and whether any
Family known to be or
sane,
20. Special circumstances (if any
insertion of any of the ab

I certify, that, to the bes

Dated this 16

Sixty fo

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

[FORM A]

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

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

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

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

The Petition of Mrs Margaret Hay 30 Regent Terrace Edinburgh humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Hay 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 Hay 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.

Margaret Hay

(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 February One thousand eight hundred and sixty four

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	John Hay
2. Sex and Age,	Male 29
3. Married, Single, or Widowed,	
4. Condition of Life, and previous Occupation (if any),	Employed in the Ordnance Survey and as a Med. Stu.
5. Religious Persuasion, so far as known,	Est. Church
6. Previous Place of Abode,	London & Edinburgh
7. Place where Found and Examined,	Dumfries
8. Length of time Insane,	Two or Three years
9. Whether first attack,	Has been in the Institution
10. Age (if known) on first Attack,	23
11. When and where previously under Examination and Treatment,	Crichton R. Institution Dumfries
12. Duration of existing Attack,	Two or Three months
13. Supposed Cause,	Constitutional tendency & drink
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,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Mrs Margaret Hay 30 Regent Terrace Edinburgh
20. Special circumstances (if any) preventing the 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 February One thousand eight hundred and sixty four

(*To be signed by Party applying*) Margaret Hay

P. P.

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

I, the undersigned, John Dickson, MD being a (1) graduate of the University of Edinburgh and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Crichton Royal Institution Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) John Hay, McD and that the said John Hay is a (5) unsound 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)
Lack of self control - especially as regards stimulants - Not present partially under the influence of delirium - & hallucinations

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
His mother informs me that he has been excited for some weeks, and requiring constant supervision

Name and Medical Designation, John Dickson MD

Place of Abode, 20 Buccleuch Street

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

MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

I, the undersigned, James Gilchrist being a (1) Graduate of the University of Edinburgh and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Crichton Royal Institution Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Mr John Hay McD lately resident in London and that the said Mr John Hay is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, 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 excitable and restless, wishes but is unable to control himself as to the use of stimulants, is morose and sluggish

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Has been in the Asylum before

Name and Medical Designation, James Gilchrist MD

Place of Abode, Crichton House Dumfries

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

CERTIFICATE OF EMERGENCY.

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

I, the undersigned John Dickson M.D. being (1) a Graduate of the University of Edinburgh hereby certify, on soul and conscience, that I have this day, at (2) Crichton Institution in the County of Dumfries, seen and personally examined John Hay M.D., and that the said person is of unsound mind, and 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 Dickson M.D.

DATED this 16th day of February One thousand eight hundred and sixty four.

(1) 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 Pearson Trotter Esquire Advocate Sheriff Substitute of the (3) County of Dumfries having had produced to me, with a Petition at the instance of (4) Mrs Margaret Hay 30 Regent Terrace Edinburgh Certificates under the hands of John Dickson M.D. Dumfries and James Gilchrist M.D. Crichton Institution, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (5) John Hay M.D. Lately resident in London and that the said John Hay is a (6) 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 Hay as a Patient into the (7) Public Asylum of Crichton Institution Dumfries and I authorize this Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said John Hay which accompanied the said Petition.

DATED this Sixteenth day of February One thousand eight hundred and Sixty four years

J. Pearson Trotter

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

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

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

[Form A]

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

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

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

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

The Petition of Eliz. J. Martin Sciennes Hill Edinburgh

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that The Rev. Hugh Martin 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 Rev. Hugh Martin 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.

Eliz. J. Martin

(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 Sixty four

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Hugh Martin
2. Sex and Age,	Male aged 44
3. Married, Single, or Widowed,	married
4. Condition of Life, and previous Occupation (if any),	Clergyman
5. Religious Persuasion, so far as known,	Free Church
6. Previous Place of Abode,	Sciennes Hill - Edinburgh
7. Place where Found and Examined,	Barnwood House - Gloucester
8. Length of time Insane,	
9. Whether first attack,	not first attack
10. Age (if known) on first Attack,	First known attack — 1848 - aged 28
11. When and where previously under Examination and Treatment,	at his own house in Edinburgh - also at Ben Rhydding - also previously at Stonehouse
12. Duration of existing Attack,	2½ years
13. Supposed Cause,	Excessive mental exertion
14. Whether subject to Epilepsy,	Not so
15. Whether Suicidal,	Has expressed himself on some occasions as tempted to commit Suicide
16. Whether Dangerous to others,	Not 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,	Eliza J. Martin wife of Rev H. Martin Sciennes Hill Edinburgh Alexander Martin his Father - Blind asylum Aberdeen - None of his friends are insane so far as Mrs & Mrs Martin
20. Special circumstances (if any) preventing the 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 Sixty four (*To be signed by Party applying*) Eliz. J. Martin

P. P.

MEDICAL CERTIFICATE, No. I.

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

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

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

(4) *Insert Designation and Residence, 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 Buchanan Wa[illegible] being a (1) Member of the Royal College of Physicians of Lond[illegible] and a Doctor in Medicine of the University of London and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Barnwood Ho[illegible] Hospital for the Insane in the County of Glocester separately from any other Medical Practitioner, visited and personally examined (4) The Rev Hugh Martin and that the said Revd Hugh Martin is a (5) Person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Great taciturnity and unwillingness to answer when addressed. Most morbid and gloomy views of things, general & particular. Declar[illegible] circumstances, as facts which in reality have had existence.

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

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

Name and Medical Designation, Thomas Buchanan Wa[illegible] M.D. M.R.C.

Place of Abode, Eastgate House, Glocester

DATED this Ninth day of February One thousand eight hundred and sixty-four

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MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

I, the undersigned, Alfred Joshua Wood being a M.D. of the University of St Andrews and a Fellow of the Royal Coll: of Surgeons in London and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Barnwood House in the Parish of Barnwood in the County of Glocester separately from any other Medical Practitioner, visited and personally examined (4) Rev Hugh Martin and that the said Rev Hugh Martin is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He is disposing and takes a most melancholy view of himself and his prospe[illegible] restless, unwilling to converse or to associate generally for example refuses to dine at one table and seldom enters upon any exc[illegible] or an usement and if he does so it is with the greatest apparen[illegible]

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

2. ~~Other Facts (if any) indicating Insanity communicated to me by others:~~ (7) reluctance. He says that people come about the grounds loo[illegible] after him and that his letters do not reach their destination although they have been always replied to his ideas are wrong and his memory of recent events very imperfect

Name and Medical Designation, Alfred J Wood M[illegible]

Place of Abode, Barnwood House Glou[illegible]

DATED this tenth day of February One thousand eight hundred and sixty four

CERTIFICATE OF EMERGENCY.

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

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

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

DATED this day of One thousand eight hundred and

(1) 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 Hannay~~ ~~John Pearson Trotter Hunter~~ (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Eliz J. Martin Scirnes Hill Villa near Edinburgh Certificates under the hands of Thomas Buchanan Washbourn M.D. and Alfred Joshua Wood 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) The Reverend Hugh Martin, Barnwood House Glocester and that the said Reverend Hugh Martin is a (5) Person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Reverend Hugh Martin as a Patient into the (6) Public Asylum of Crichton Institution Dumfries and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Reverend Hugh Martin which accompanied the said Petition.

DATED this eighteenth day of February One thousand eight hundred and Sixty four years

Alex Hannay

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

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

Rev.d Hugh Martin
957
20/2/64

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

[FORM A]

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

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

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

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

The Petition of Joseph Crichton Inspector of Poor of Hannonbie, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Stubbs Engineman, and Pauper on the roll of Canonbie Parish is at present in a state of Mental Derangement and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said John Stubbs to the Southern Counties Asylum and to sanction his admission into the said Asylum.

(SIGNATURE) Jo Crichton

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

DATED this Twenty second (3) day of Feby one thousand eight hundred and Sixty four

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STATEMENT.

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

1. Christian Name and Surname of Patient at length,	John Stubbs
2. Sex and Age,	Male - 28 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Engineman
5. Religious Persuasion, so far as known,	Established Church
6. Previous Place of Abode,	Lowanburn
7. Place where Found and Examined,	~~Dumfries~~ Southern Counties Asylum
8. Length of time Insane,	from 21st January 1864
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	26.
11. When and where previously under Examination and Treatment,	Southern Counties Asylum Dumfries,
12. Duration of Existing Attack,	One month
13. Supposed Cause,	Accidental from work
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,	Canonbie
18. Date of becoming Chargeable,	21st January last
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Margaret Stubbs Lowanburn his Mother. 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.

(SIGNATURE)* *Name,* Jo Crichton

DATED this Twenty second day of February one thousand eight hundred and Sixty four

* To be Signed by the Party applying.

P. P.

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

I, the undersigned, John Dickson M.D. being a (1) Graduate of the University of Edinburgh and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Southern Counties Asylum. Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) John Stobbs Engineman and pauper on the roll of the parish of Cannonbie and that the said John Stobbs is a (5) insane person and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He is depressed & melancholy, and states that he is subject paroxysms of excitement during which he has frequently threatened violence & loses all control over himself

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His previous attendant states that he has once attempted to commit ~~suicide~~ & is suspicious of people coming to do him anyway

(SIGNED) *Name and Medical Designation,* John Dickson M.D.

Place of Abode, 23 Buccleuch Street

DATED this 22nd day of February One thousand eight hundred and sixty four.

MEDICAL CERTIFICATE, No. II.

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

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

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

(4) *Insert Designation and Residence, 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 Macaulay Surgeon being a (1) Member of the Faculty of Physicians & Surgeons and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Brownsbrae Cannonbie in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) John Stubbs Engineer and pauper on the roll of the parish of Cannonbie and that the said John Stubbs is a (5) insane person and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He has great paroxysms of excitement during which he loses all control of himself

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Threatened to ~~[illegible]~~ injure his mother & other members of his family. Information derived from his neighbours. W. McMeil, & John [illegible]

(SIGNED) *Name and Medical Designation,* Alexander Macaulay, Surgeon

Place of Abode Edinburgh

DATED this 22nd day of February one thousand eight hundred and sixty four

CERTIFICATE OF EMERGENCY.

(This certificate authorizes the detention of a Patient in an Asylum for a period of twenty-four hours without the Order of the Sheriff, and shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a second Medical Certificate and the Order of the Sheriff.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that John Stubbs, engineman is a (1) lunatic or insane person hereby further certify that the Case of the said John Stubbs is one of Emergency, and I recommend the immediate removal of the said John Stubbs to an Asylum accordingly.

Name John Dickson M.D.

Place of Abode, Brydekirk Street

DATED this 22nd day of February One thousand eight hundred and sixty four

(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, Alexander Hannay Esquire (1) ~~Sheriff~~ Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Joseph Crichton Inspector of Poor Canonbie Certificates under the hands of John Dickson M.D. and Aeneas MacAulay 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) John Stubbs An Engineman, Canonbie (a pauper) and that the said John Stubbs is an (5) Insane Person —

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.

R.S. 2/6 pd

(SIGNATURE) A. Hannay

DATED this twenty fourth day of February one thousand eight hundred and sixty four

To the Superintendent of the (6) Public Asylum of Southern Counties Dumfries

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

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

[FORM A]

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

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

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

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

The Petition of

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

is at present in a state of Mental Derangement and 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.

(SIGNATURE)

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

DATED this (*) 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,	John Stubbs
2. Sex and Age,	Male 28 years of age
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Engine man
5. Religious Persuasion, so far as known,	Established Church
6. Previous Place of Abode,	Rowenburn at home
7. Place where Found and Examined,	from 21 Jany 64
8. Length of time Insane,	No
9. Whether First Attack,	26
10. Age (if known) on First Attack,	Asylum
11. When and where previously under Examination and Treatment,	one month
12. Duration of Existing Attack,	Occasioned from work
13. Supposed Cause,	No
14. Whether subject to Epilepsy,	yes
15. Whether Suicidal,	yes Lanarkshire
16. Whether Dangerous to others,	21 January last
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Margaret Stubbs Rowenburn Mother unknown
18. Date of becoming Chargeable,	No
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

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

(SIGNATURE)* *Name,* J. Crichton Insp. of Poor

DATED this Thirtieth day of July one thousand eight hundred and Sixty four

* To be Signed by the Party applying.

P. p.

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

I, the undersigned, Armas Macaulay being a (1) Member 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) Rowanburn Cameron, in the County of Dumfries, separately from any other Medical Practitioner, visited and personally examined (4) John Stubbs and that the said John Stubbs is a (5) Person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Frequent paroxysms of excitement during which he has no control over himself.

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) An attempt to strangle his mother — Communicated by William McNeil his Neighbour as well as by his mother.

(SIGNED) *Name and Medical Designation,* Armas Macaulay Surgeon

Place of Abode, Eskbank

DATED this 19th day of February One thousand eight hundred and Sixty Four.

MEDICAL CERTIFICATE, No. II.

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

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

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

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

(6) *State the facts.*

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

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

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

(SIGNED) *Name and Medical Designation,*

Place of Abode

DATED this day of one thousand eight hundred and

CERTIFICATE OF EMERGENCY.

(This certificate authorizes the detention of a Patient in an Asylum for a period of twenty-four hours without the Order of the Sheriff, and shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a second Medical Certificate and the Order of the Sheriff.)

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

Name, A K Macaulay

Place of Abode, Eskbank

DATED this 19th day of February One thousand eight hundred and Sixty-four —

(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, (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.

(SIGNATURE)

DATED this day of one thousand eight hundred and

To the Superintendent of the (6)
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, 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]

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

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

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

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

The Petition of Thomas Edgar Smallholm

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

(SIGNATURE) Thomas Edgar

(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 February one thousand eight hundred and Sixty four

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Margaret Hope
2. Sex and Age,	Female, 28.
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Helping her Aunt about the house
5. Religious Persuasion, so far as known,	Reformed Presbyterian
6. Previous Place of Abode,	Smallholme Lochmaben Parish
7. Place where Found and Examined,	Smallholme Do
8. Length of time Insane,	2 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,	Nowhere except at home
12. Duration of Existing Attack,	2 weeks
13. Supposed Cause,	Stoppage of menstruation
14. Whether subject to Epilepsy,	None
15. Whether Suicidal,	No
16. Whether Dangerous to others,	Occasionally
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 his Family known to be or to have been Insane,	Susan Graham or Edgar Smallholm Lochmaben Aunt No relations known to have been insane
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

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

(SIGNATURE)* *Name,* Thomas Edgar

DATED this 22nd day of February one thousand eight hundred and Sixty four

* To be Signed by the Party applying.

P. p.

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

I, the undersigned, Thomas Alexander Fraser M.
being a (1) Member of the Royal College of
Glows of England and Edinburgh of Physi
and being in actual practice as a (2) Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Smallhol
Lochmaben in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Margaret Hope, Pauper, of
Smallhouse, Lochmaben and that
the said Margaret Hope is a (5) an
insane person and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She is sullen
and will not speak except when
roused up, is given to collect all a
of things into heaps

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
She pulls at things and strikes,
takes the fire out of the gra
and puts it into the bed.

(SIGNED) *Name and Medical Designation,* Tho. A. Fraser M.R.C.S.Engd. & L.S.A.

Place of Abode, High Street Lochma

DATED this 22nd day of February One thousand eight
hundred and Sixty four

MEDICAL CERTIFICATE, No. II.

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

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

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

(4) *Insert Designation and Residence, 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 Smeaton
being a (1) Member of the College of Surgeons
of England
and being in actual practice as a (2) Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) the Southern
Counties Asylum, Dumfries, in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Margaret Hope the female
named in this petition as wholly without and that since
the said Margaret Hope is a (5) person of sound
unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She labours under
deep depression; has a retrospective and [illegible]
depression; answers ~~many questions~~ [illegible] a. y
and seems altogether void of the power of reas

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Her meals and remark that
without cause she strikes any one all, and
she is becoming unmanageable

(SIGNED) *Name and Medical Designation,* J. Smeaton M.R.

Place of Abode Southern Counties Asylum Dr

DATED this twenty third day of February, one thousand eight
hundred and Eighty four

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 Margaret Hope is ~~a~~ (1) an insane person hereby further certify that the Case of the said Margaret Hope is one of Emergency, and I recommend the immediate removal of the said Margaret Hope to an Asylum accordingly.

Name, Thos. A. F. Scott M.R.C.S. Eng. et L.M.

Place of Abode, High Street Lochmaben

DATED this 22nd day of February One thousand eight hundred and Sixty four.

(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, John Gutcaine Jr. Esq. (1) Advocate Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Thomas Edgar Smallholm, Lochmaben Certificates under the hands of Thomas Alexander Fraser Scott M.D. and Samuel Grierson 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) Margaret Hope, Smallholm, Lochmaben and that the said Margaret Hope is a (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 Hope 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 Hope which accompanied the said Petition.

× and a person of unsound mind. Notice

(SIGNATURE) John P. Notter

DATED this twenty third day of February one thousand eight hundred and sixty four

To the Superintendent of the (6) public *Asylum of* Southern Counties

Dumfries

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

Margaret Hope
23rd February 1884

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

[FORM A]

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

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

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

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

The Petition of John Dinwoodie, Inspector of Poor for the Parish of Dumfries—humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Sutherland Weaver residing in Dumfries is at present in a state of Mental Derangement and 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 Sutherland to the Southern Counties Asylum and to sanction his admission into the said Asylum.

(SIGNATURE) John Dinwoodie Inspector

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

DATED this Twenty fourth (3) day of February one thousand eight hundred and Sixty four

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	John Sutherland
2. Sex and Age,	51 years (male)
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Factory Worker
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Glasgow
7. Place where Found and Examined,	do
8. Length of time Insane,	About two months
9. Whether First Attack,	yes —
10. Age (if known) on First Attack,	See above
11. When and where previously under Examination and Treatment,	Glasgow
12. Duration of Existing Attack,	About two 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,	24 Nov. 1863
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his 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.

(SIGNATURE)* *Name,* John Dinwoodie Inspector

DATED this Twenty fourth day of February one thousand eight hundred and Sixty four

* To be Signed by the Party applying.

P. p.

Mary Ann Hyde 28 Sept. 1864

MEDICAL CERTIFICATE, No. I.

I, the undersigned, William Marshall

(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 of the Faculty of Physicians and Surgeons Glasgow and College of Edinburgh

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

and being in actual practice as a (2)

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

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

visited and personally examined (4) John Sutherland, Pauper and that

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

the said John Sutherland is a (5) Lunatic and a proper Person to be detained

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

under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) States, sometimes that he has been three years from Dumfries other times that he has been more than three years he comes here from the Northward Roads

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Information received from Mr Wm Marshall Asst Inspector all of which is merely matter of information from others & much the same as the information from others & much the same as Wm Marshall did

(SIGNED) *Name and Medical Designation,* Wm Marshall Asst

Place of Abode, Buccleuch St Dumfries

DATED this 25 day of Feby One thousand eight hundred and Sixty four

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MEDICAL CERTIFICATE, No. II.

I, the undersigned, Samuel Gierson

(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) Member of the Royal College of Surgeons England

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

and being in actual practice as a (2) 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,

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

visited and personally examined (4) Wm Sutherland a pauper and pauper chargeable to the parish of Dumfries and that

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

the said Wm Sutherland is a (5) person of unsound mind and a proper person to be detained

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

under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He is a "General Paralytic"; has innumerable delusions about Persons, property, places & times — for example he thinks that this Asylum and the Land surrounding for miles in every direction he obtained from the great grandfather of the present Duke of Sutherland, that [illegible] name Duke Sutherland he was made a Rifle Marshall on condition he went and instructed the army of General Keeper He has horns & hand & pretty wives almost every where, and has had all since Noah time.

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

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

(SIGNED) *Name and Medical Designation,* Samuel Gierson M.D.C.S.E

Place of Abode Southern Counties Asylum Dumfries

DATED this twenty fourth day of February one thousand eight hundred and sixty four.

CERTIFICATE OF EMERGENCY.

(This certificate authorizes the detention of a Patient in an Asylum for a period of twenty-four hours without the Order of the Sheriff, and shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a second Medical Certificate and the Order of the Sheriff.)

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

Name, Marshall

Place of Abode, Bracknock St Dumfries

DATED this 23 day of Feby One thousand eight hundred and Sixty 4 Years

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

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

I, Alexander Hannay Esqr (1) Advocate Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) John Dinwoodie Inspector of Poor of the Parish of Dumfries Certificates under the hands of William Marshall M.D. and Samuel Grierson 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) John Sutherland Weaver Dumfries (a pauper) and that the said John Sutherland is a (5) Lunatic and a person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said John Sutherland 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 Sutherland which accompanied the said Petition.

(SIGNATURE) Alex Hannay.

DATED this twenty fourth day of February one thousand eight hundred and sixty four

To the Superintendent of the (6) Public *Asylum of* Southern Counties

Dumfries

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

1750

Ann Sutherland

23rd February 1860

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

[FORM A]

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

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

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

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

of *and his Substitutes,—*

The Petition of

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

is at present in a state of Mental Derangement and 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 Sutherland to the Southern Counties Asylum and to sanction his admission into the said Asylum.

(SIGNATURE) John Dinwoodie, Inspector

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

DATED this (3) 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 his Family known to be or to have been Insane,
20. Special circumstances (if any) preventing the insertion of any of the above particulars,

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

(SIGNATURE)* *Name,* John Dinwoodie, Inspector

DATED this day of one thousand eight hundred and

* To be Signed by the Party applying.

P. p.

John Sutherland
23 February 1859

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

I, the undersigned, William Adam Liddell 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) Govan poor House Eglinton Street Glasgow in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) John Sutherland Govan poor House Glasgow a pauper and that the said John Sutherland is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, 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 dull and depressed and has a vacant expression of countenance has numerous delusions and is incoherent in his conversation

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Mr Duchars Inspr. Govan poor House states that he is childish & foolish in his actions

(SIGNED) *Name and Medical Designation,* W Liddell Surgeon

Place of Abode, 224 Eglinton Street Glasgow

DATED this twenty third day of February One thousand eight hundred and Seventy four years

MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

I, the undersigned, James Dunlop M.D being a (1) member 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) Govan poor House Eglinton Street Glasgow in the County of Lanark separately from any other Medical Practitioner, visited and personally examined (4) John Sutherland Govan poor House Glasgow Asylum and that the said John Sutherland is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, 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. Such as that he is very wealthy, has lands and estates & five hotels. Memory defective is sometimes dull and will not answer questions

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

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

(SIGNED) *Name and Medical Designation,* James Dunlop M.D

Place of Abode 14 Carlton Place

DATED this twenty seven day of February one thousand eight hundred and eighty four years

CERTIFICATE OF EMERGENCY.

(This certificate authorizes the detention of a Patient in an Asylum for a period of twenty-four hours without the Order of the Sheriff, and shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a second Medical Certificate and the Order of the Sheriff.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that
is a (*) 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

(*) 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, (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.

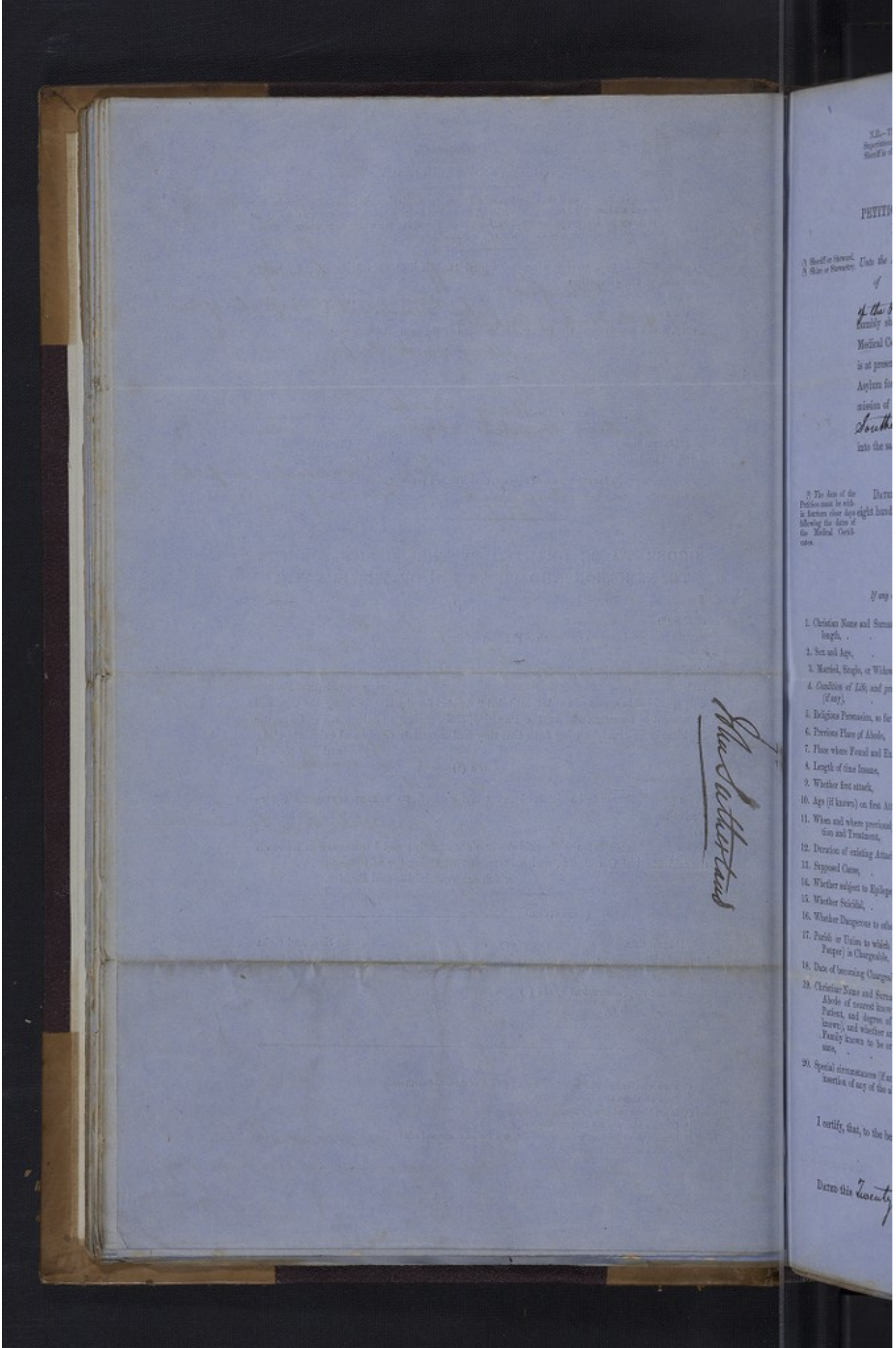
(SIGNATURE)_____

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, or Private.



Ella Sutherland

N.B.—T
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PETITIO

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

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

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1. Christian Name and Surna
length, .
2. Sex and Age, .
3. Married, Single, or Widow
4. Condition of Life, and pr
(if any), .
5. Religious Persuasion, so far
6. Previous Place of Abode,
7. Place where Found and Ex
8. Length of time Insane,
9. Whether first attack,
10. Age (if known) on first At
11. When and where previous
tion and Treatment,
12. Duration of existing Attac
13. Supposed Cause, .
14. Whether subject to Epilepe
15. Whether Suicidal, .
16. Whether Dangerous to othe
17. Parish or Union to which
Pauper) is Chargeable,
18. Date of becoming Chargeab
19. Christian Name and Surna
Abode of nearest know
Patient, and degree of
known), and whether a
Family known to be or
sane, .
20. Special circumstances (if an
insertion of any of the a

I certify, that, to the be

DATED this Twenty

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

[FORM A.]

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

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

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

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

The Petition of John Dinwoodie, Inspector of Poor of the Parish of Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary Smith, Pauper, inmate of the Hospital is at present in a state of Mental Derangement, and 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 Smith to the Southern Counties Asylum and to sanction her admission into the said Asylum.

(SIGNED) John Dinwoodie, Inspector

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

DATED this Twenty seventh (3) day of February One thousand eight hundred and Sixty four.

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Mary Smith
2. Sex and Age,	female – age 56 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Single inmate of Town's Hospital
5. Religious Persuasion, so far as known,	Protestant –
6. Previous Place of Abode,	Town's Hospital Dumfries
7. Place where Found and Examined,	do — do — do —
8. Length of time Insane,	About a week —
9. Whether first attack,	Second
10. Age (if known) on first Attack,	About 50 years
11. When and where previously under Examination and Treatment,	Dumfries & Southern Counties Asylum
12. Duration of existing Attack,	About a week
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,	27 Feb 1864
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Not Known —
20. Special circumstances (if any) 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 Dinwoodie, Inspector

DATED this Twenty seventh day of February One thousand eight hundred and Sixty four

P. p.

* 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.*

(6) *State the facts.*

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

I, the undersigned, William Marshall being a (1) Graduate of the Faculty of Physicians and 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) Hospital Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Mary Smith a Pauper and that the said Mary Smith 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 and declares that she was 60 & 70 years old in the cholera of 1832 &c

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Wanders through her room at night lamenting about different things and has been talking about cutting her throat

(SIGNED) *Name and Medical Designation,* Wm Marshall M.D.

Place of Abode, Buccleuch St Dumfries

DATED this 8th day of March One thousand eight hundred and Sixty four 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 Scott being a (1) ~~Physician~~ Graduate of the University Edinburgh and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) the Hospital Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Mary Smith a Pauper and that the said Mary Smith is a (5) Lunatic and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) she is very sleepy and incoherent, memory gone — Was an inmate of an Asylum some years ago —

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Mr Lauan & Mrs Brotherton inmates of the house state that she cries & moans (to out) the night and moves her into the room —

(SIGNED) *Name and Medical Designation,* Wm Scott M.D.

Place of Abode, Dumfries

DATED this 8th day of March One thousand eight hundred and Sixty four —

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, John Ritchie Scott Esquire (2) Advocate Sheriff Substitute
of the (3) County of Dumfries
having had produced to me, with a Petition at the instance of (4) John Dinwoodie
Inspector of Poors of the parish of Dumfries
Certificates under the hands of William Marshall M.D.
and William Scott M.D. , being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (5)
Mary Smith an Inmate of Dumfries Hospital and that the said
Mary Smith is a (6) Lunatic
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Mary Smith as a Patient into the (7) Public Asylum of Southern Counties and I authorize Her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mary Smith which accompanied the said Petition.

(SIGNED) John R. Scott

R.S.

DATED this Ninth day of March One thousand eight hundred and sixty four

To the Superintendent of the (8)
Asylum of
Dumfries

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

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

[FORM A]

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

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

(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 Kenmure Maitland, Sheriff clerk Edinburgh

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

K. Maitland

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

DATED this ~~Second~~ Fifth (4) day of March One thousand eight hundred and sixty four

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STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Richard Francis Macvitie
2. Sex and Age,	Male – 57 years
3. Married, Single, or Widowed,	Widower
4. Condition of Life, and previous Occupation (if any),	formerly Capt. 49, 1st Regt. Bengal N. I. now on the Invalid Establishment –
5. Religious Persuasion, so far as known,	Protestant - Presbyterian -
6. Previous Place of Abode,	Bengal –
7. Place where Found and Examined,	
8. Length of time Insane,	about 1½ years
9. Whether first attack,	
10. Age (if known) on first Attack,	
11. When and where previously under Examination and Treatment,	In Bhowanpor Asylum Calcutta from May 1860. till last Summer, when removed to this Country.
12. Duration of existing Attack,	& since his arrival placed at Pembroke House
13. Supposed Cause,	Hackney - Asylum for Indian Officers & Soldiers -
14. Whether subject to Epilepsy,	understood to be Intemperance -
15. Whether Suicidal,	Believed 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,	a daughter & two sons in this country to whom the Petitioner acts as guardian - the eldest boy has been insane for seven or eight months, & is an asylum in County of Edinburgh – two sons by a former marriage in India – a brother has been Insane for nearly thirty years, & now in asylum at Hackney
20. Special circumstances (if any) preventing the 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~~ Fifth day of March One thousand eight hundred and sixty four

(*To be signed by Party applying*) K. Maitland

P. p.

MEDICAL CERTIFICATE, No. I.

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

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

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

(4) *Insert Designation and Residence, 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 Beath Christie being a (1) Member of the Royal College of Physicians of London & 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) Pembroke House, Hackney in the County of Middlesex separately from any other Medical Practitioner, visited and personally examined (4) Richard McVittie late a Captain in the Bengal Invalid Establishment of Pembroke House and that the said Richard McVittie is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, 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 that he has visions of an extravagant character e.g. that a Fleet & admiral occasionally are seen in the Garden & that the eye of God rested on the eye now during the time

(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, Tho. B. Christie MD

Place of Abode, Pembroke House, Hackney

DATED this fifth day of March One thousand eight hundred and sixty four

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MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

I, the undersigned, James Smart being a (1) Fellow of the Royal College of Surgeons of England and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Pembroke House Hackney in the County of Middlesex separately from any other Medical Practitioner, visited and personally examined (4) Richard McVittie late a Captain in the Bengal Invalid Establishment of Pembroke House and that the said Richard McVittie is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, 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 in his conversation, and subject to various delusions imagining that he served in the Navy, when a Child in Petticoats, and was afterwards brought to this

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Asylum, which was at that time (1812) the residence of the Admiral, and believes so at the present time

Name and Medical Designation, James Smart: F.R.C.

Place of Abode, 9 Newmarket Terrace Cambridge Heath N.

DATED this fifth day of March One thousand eight hundred and sixty four

CERTIFICATE OF EMERGENCY.

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

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

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

DATED this day of One thousand eight hundred and

(1) 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 Lilcairn Trotter (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Kenmure Maitland
Sheriff Clerk Edinburgh
Certificates under the hands of Thomas Scott Christie M. D.
and James Smart 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) Richard McVittie, formerly, Captain 49th Regt Bengal N. I. and that the said Richard McVittie is a (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 McVittie as a Patient into the (6) Public Asylum of Crichton Institution Dumfries and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Richard McVittie which accompanied the said Petition.

DATED this Eighth day of March One thousand eight hundred and Seventy four

J. Lilc. Trotter

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

J. Laidlaw

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

254
Richard Francis McKee
12/3/64

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

[Form A]

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

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

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

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

The Petition of William Lithgow Shop Pr[illegible]

Inthorwald

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Janet Allan, a pauper

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

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

William Lithgow

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

Dated this 15th day of (4) March One thousand eight hundred and 64

STATEMENT.

If any 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 Allan
2. Sex and Age,	Female age unknown apparently 40
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	pauper
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Racks, Inthorwald
7. Place where Found and Examined,	do. do.
8. Length of time Insane,	— 10 days
9. Whether first attack,	— second
10. Age (if known) on first Attack,	— not known
11. When and where previously under Examination and Treatment,	1st 10 days
12. Duration of existing Attack,	10 days
13. Supposed Cause,	[illegible]
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,	Inthorwald
18. Date of becoming Chargeable,	9 years
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Has always been considered rather weak. Has been deserted by her husband and with the exception of her son a boy of twelve or thirteen nothing is known of the woman's connections or 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 15th day of March One thousand eight hundred and 64

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

P. p.

MEDICAL CERTIFICATE, No. I.

I, the undersigned, Alexander Sutherland
being a (1) Graduate of the University of Edinburgh
and being in actual practice as a (2) Physician and Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) No 43 Princes
street, Dumfries in the County of
Dumfries, separately from any other Medical Practitioner,
visited and personally examined (4) Janet Allan, a Pauper
from Tyne to Lythonald and that
the said Janet Allan is a (5) person of
unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Great excitement
refuses to answer any question; does
not know her own son

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
William Kennedy states that she refuses
food believing that it contains poison and
that she wanders about night and day

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

Place of Abode, Dumfries

Dated this 4th day of December One thousand eight
hundred and fifty four

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

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

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

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

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

(6) *State the facts.*

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

MEDICAL CERTIFICATE, No. II.

I, the undersigned, Patrick 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) No 43 Princes St
Dumfries in the County of
Dumfries, separately from any other Medical Practitioner,
visited and personally examined (4) Janet Allan, Pauper
and that
the said Janet Allan, is a (5) person of
unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Sits muttering to herself, cannot answer any questions addressed to her—non-communicative—thinks that someone has put her into the pit—suspects that she has lost the key

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
In a constant state of excitement
has been shouting, &c. in charge
of

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

Place of Abode, Burgh Court Dumfries

Dated this 4th day of March One thousand eight
hundred and 54

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

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

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

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

(5) *Lunatic, or 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 Borthwick being (1) a Physician hereby certify, on soul and conscience, that I have this day, at (2) No 43 Irish Street, Dumfries in the County of Dumfries, seen and personally examined Janet Allan, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

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

Alex. Borthwick

DATED this 14th day of March One thousand eight hundred and sixty four

(1) 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~~) Andrew Barrie Esquire (1) Advocate Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) William Lithgow Inspector of Poor Forthwald Certificates under the hands of Alexander Borthwick M.D. and Patrick Murray M.D., being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Janet Allan Lacks Forthwald a pauper and that the said Janet Allan is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Janet Allan as a Patient into the (6) public Asylum of Southern Counties and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Janet Allan which accompanied the said Petition. One word delete.

DATED this Sixteenth day of March One thousand eight hundred and sixty four

A Barrie

RS

2/6 pd

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

Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or 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 Allan
14th March 1884

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

[Form A.]

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

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

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

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

Parish of Carlaverock } The Petition of Alexander McWilliam, Inspector of Poor humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mina Neilson, ~~Sometimes servant 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 Mina Neilson to the Southern Counties ~~Asylum~~ and to sanction her admission into the said Asylum.

(Signed) Alexander McWilliam

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

Dated this fourteenth (3) day of March One thousand eight hundred and sixty four

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Mina Neilson
2. Sex and Age,	Female, 26 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Domestic Servant
5. Religious Persuasion, so far as known,	Established Church of Scotland
6. Previous Place of Abode,	Liverpool
7. Place where Found and Examined,	Fathers house, Glencaple Carlaverock
8. Length of time Insane,	At intervals for eight years
9. Whether first attack,	No
10. Age (if known) on first Attack,	Eighteen
11. When and where previously under Examination and Treatment,	Not under treatment before
12. Duration of existing Attack,	4 Months
13. Supposed Cause,	
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Apparently not
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Parish of Carlaverock
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Peter Neilson, Glencaple, Carlaverock (Father) ~~No member of either father or mothers family known to have suffered from insanity~~
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	

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

(Signed)* Name, Alexander McWilliam Inspector of Poor for Parish of Carlaverock

Dated this fourteenth day of March One thousand eight hundred and sixty four

* To be signed by the Party applying.

P. p.

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

I, the undersigned, William Scott being a (1) Graduate of the University of Edin and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Glencaple Qu in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Mina Neilson a pauper of the Parish of Carlaverock and that the said Mina Neilson 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) Depression of spirits absence of mind, has delusions as to the departure of her spi from her body &c

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her Mother confirms the above observations

(SIGNED) *Name and Medical Designation,* William Scott MD

Place of Abode, Dumfries

DATED this 12th day of March One thousand eight hundred and sixty four

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MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

I, the undersigned, John Dickson MD 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) Glencaple Qu Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Mina Neilson a pauper in the Parish of Carlaverock and that the said Mina Neilson 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). Depression of spirits. Believes that her spirit has left her body - Expresses a desire to die - Mental preoccupation so great that she would not take food unless pressed upon her.

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Mother confirms the above, & think it probable that she would do herself injury.

(SIGNED) *Name and Medical Designation,* John Dickson MD

Place of Abode, Buccleuch Street Dumfries

DATED this 12th day of March One thousand eight hundred and sixty four.

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, John Pitcairn Trotter Esquire (2) Sheriff Substitute
of the (3) County of Dumfries
having had produced to me, with a Petition at the instance of (4) Alexander McWilliam Inspector of Poor of the Parish of Caerlaverock
Certificates, under the hands of William Scott M.D. Dumfries
and John Dickson M.D. there, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (5) Mina Nelson a Pauper belonging to Caerlaverock and that the said Mina Nelson is a (6) Lunatic

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Mina Nelson as a Patient into the (7) 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 Mina Nelson which accompanied the said Petition.

(SIGNED) John P Trotter

DATED this Fourteenth day of March One thousand eight hundred and Sixty four

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

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, 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.

Mina Neilson
15th March 1864

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

[FORM A.]

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

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

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

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

The Petition of John Dinwoodie Inspector of Poor for the Parish of Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Helen Murdoch or Carrie a pauper residing in Dumfries is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Helen Murdoch or Carrie to the Southern Counties Asylum and to sanction her admission into the said Asylum.

(SIGNED) John Dinwoodie, Inspector

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

DATED this Fifteenth (‡) day of March One thousand eight hundred and Sixtyfour

STATEMENT.

If any 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 Murdoch or Carrie
2. Sex and Age,	Female 48 years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Housewife
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Dumfries
7. Place where Found and Examined,	do
8. Length of time Insane,	Not Known
9. Whether first attack,	No
10. Age (if known) on first Attack,	about 45 years
11. When and where previously under Examination and Treatment,	Dumfries & S. Counties Asylum
12. Duration of existing Attack,	Not Known
13. Supposed Cause,	Not Known
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	She is in a state of Violent Excitement
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dumfries
18. Date of becoming Chargeable,	15 March 1864
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	None
20. Special circumstances (if any) 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 Dinwoodie Inspector

DATED this Fifteenth day of March One thousand eight hundred and Sixtyfour

* To be signed by the Party applying.

P. p.

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

I, the undersigned, William 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 of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Ellen Murdoch or Currie a [illegible] and that the said Ellen Murdoch or Currie 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 acts and speaks in a most violent manner Declares that Sir Wm Brown has ran off with all her Siller and that she is about bearing [illegible]

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

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

(SIGNED) *Name and Medical Designation,* W Marshall M.D

Place of Abode, Dumfries

DATED this 15th day of March One thousand eight hundred and Sixty four 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 Dickson M.D being a (1) graduate of the University of Edinburgh and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Police Office Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Ellen Murdoch or Currie, a pauper and that the said Ellen Murdoch or Currie 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) Is incoherent, restless and violent - talking incessantly, and giving utterance to various delusions.

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Has been thrice in the Asylum previously.

(SIGNED) *Name and Medical Designation,* John Dickson M.D

Place of Abode, Buccleuch Street Dumfries

DATED this 15th day of March One thousand eight hundred and Sixty four.

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, John Pitcairn Rotter Esquire (1) Advocate Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) John Dinwoodie Inspector of Poor of the Parish of Dumfries Certificates under the hands of Gilbert Marshall M.D. and John Dickson 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) Helen Maxwell or Corrie Dumfries Lapauper and that the said Helen Murdoch or Corrie is a (5) Lunatic and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Helen Murdoch or Corrie as a Patient into the (6) Public Asylum of Southern Counties — and I authorize Her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Helen Murdoch or Corrie which accompanied the said Petition.

(SIGNED) John P Rotter

DATED this fifteenth day of March One thousand eight hundred and sixty four 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.

1/34

Helen Murdoch or Corrie

15th March 1864

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

[Form A]

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

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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,*— Cottage Dalbeattie

The Petition of Thomas Maxwell Wodburn

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that George Nisbet your Petitioner's (3) Step-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 George Nisbet to the Crichton Institution and to sanction his admission into the said Asylum.

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

Thomas Maxwell

(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 March One thousand eight hundred and Sixty four years.

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	George Nisbet
2. Sex and Age,	Male, Thirty six years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Merchant and Druggist
5. Religious Persuasion, so far as known,	United Presbyterian
6. Previous Place of Abode,	Dalbeattie
7. Place where Found and Examined,	Dalbeattie
8. Length of time Insane,	twenty four hours
9. Whether first attack,	first attack
10. Age (if known) on first Attack,	Thirty six
11. When and where previously under Examination and Treatment,	no where
12. Duration of existing Attack,	twenty four hours
13. Supposed Cause,	alcohol
14. Whether subject to Epilepsy,	yes
15. Whether Suicidal,	no
16. Whether Dangerous to others,	yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known 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 Maxwell Mother Dalbeattie, no member of the family known to have been insane
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

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

Dated this Sixteenth day of March One thousand eight hundred and sixty four

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

P. p.

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

(6) *State the facts.*

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

I, the undersigned, John Patterson Lewis MD
being a (1) Graduate of the University of Glasgow
and being in actual practice as a (2) General Practitioner & Physician
hereby certify, on soul and conscience, that I have this day, at (3) Dalbeattie
in the County of Kirkcudbright separately from any other Medical Practitioner,
visited and personally examined (4) George Nisbet Merchant & Druggist, High street, Dalbeattie and that
the said George Nisbet is a (5) person of unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Believes that he is not in his own house; Thinks he is in prison; sometimes that he is in court and addresses an imaginary judge; Believes there are rats & other vermin in his bed; States that he has shot Her Majesty — Has had to be manacled Fourteen hours; Is violent by times offers to

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Offered violence to his attendants — Has not slept for more than three nights — Had to be kept in bed by force during last night; Three men could hardly contain him communicated by his attendants

Name and Medical Designation, J. Patterson Lewis MD

Place of Abode, Dalbeattie

Dated this 16th day of March One thousand eight hundred and Sixty four

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MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

(6) *State the facts.*

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

I, the undersigned, James Gilchrist MD
being a (1) Graduate of the University of Edinburgh and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Crichton House Dumfries in the County of Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) George Nisbet Merchant & Druggist of Dalbeattie and that
the said George Nisbet is a (5) person of unsound mind and a proper person to be detained
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 talks incoherently — labours under delusions

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Has had two epileptoid attacks followed by excitement and delirium communicated by Thomas Maxwell Stepfather

Name and Medical Designation, J. Gilchrist MD

Place of Abode, Crichton House Dumfries

Dated this 18th day of March One thousand eight hundred and Sixty four

CERTIFICATE OF EMERGENCY.

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

I, the undersigned, John Paterson Lewis M.D. being (1) Graduate of the University of Glasgow hereby certify, on soul and conscience, that I have this day, at (2) Dalbeattie in the County of Kirkcudbright, seen and personally examined George Nisbet, and that the said person is of unsound mind, and 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 Paterson Lewis M.D.

Dated this 16th day of March One thousand eight hundred and sixty four.

(1) 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 Hannay Esquire (3) Sheriff Substitute of the (4) County of Dumfries, having had produced to me, with a Petition at the instance of (5) Thomas Braidwood Woodburn Cottage Dalbeattie. Certificates under the hands of John Paterson Lewis, Jr. D. and James Gilchrist Jr. D., being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (6) George Nisbet Merchant Dalbeattie and that the said George Nisbet is a (7) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said George Nisbet as a Patient into the (8) 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 George Nisbet which accompanied the said Petition.

Dated this Nineteenth day of March One thousand eight hundred and sixty four.

Alex Hannay

To the Superintendent of the (9) Asylum of public 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.

955
George Nisbet
17/3/64

N.B.—Th
Superint
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PETIT

Unto the
of

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

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Asylum fo
mission of

into the s

(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.

Date
eight hund

If any

1. Christian Name and Surnam
length,
2. Sex and Age,
3. Married, Single, or Widow
4. Condition of Life, and pre
(if any),
5. Religious Persuasion, so far
6. Previous Place of Abode,
7. Place where Found and Ex
8. Length of time Insane,
9. Whether first attack,
10. Age (if known) on first Att
11. When and where previously
tion and Treatment,
12. Duration of existing Attack
13. Supposed Cause,
14. Whether subject to Epilepsy
15. Whether Suicidal,
16. Whether Dangerous to other
17. Parish or Union to which t
Pauper) is Chargeable,
18. Date of becoming Chargeabl
19. Christian Name and Surnam
Abode of nearest known
Patient, and degree of
known), and whether any
Family known to be or
case,
20. Special circumstances (if any
insertion of any of the ab

I certify, that, to the best

Dated this

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

[FORM A]

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

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

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

Unto the Honourable the (1) *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,	Mrs Mary Stevenson
2. Sex and Age,	Female — 48 years.
3. Married, Single, or Widowed,	married.
4. Condition of Life, and previous Occupation (if any),	Wife of a Minister.
5. Religious Persuasion, so far as known,	A Member of the Free Church
6. Previous Place of Abode,	Newton Lb. Manse, Ayr.
7. Place where Found and Examined,	Newton on Ayr.
8. Length of time Insane,	
9. Whether first attack,	— First Attack.
10. Age (if known) on first Attack,	— nearly 48 years.
11. When and where previously under Examination and Treatment,	— Nowhere.
12. Duration of existing Attack,	four Months and a half.
13. Supposed Cause,	— Nervousness, increased by great anxiety.
14. Whether subject to Epilepsy,	— No.
15. Whether Suicidal,	Has now Suicidal tendencies at first.
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,	Rev James Stevenson, her husband. Her only brother 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 day of One thousand eight hundred and

(*To be signed by Party applying*)

P. p.

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

I, the undersigned, Mrs Craig
being a (1) Licentiate of the Faculty of Physicians & Surgeons Glasgow
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Newton Fee Manse in the County of Ayr separately from any other Medical Practitioner, visited and personally examined (4) Mrs Stevenson and that the said Mrs Stevenson is a (5) Lit and a proper person to be detained under Care and Treatment, 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 false perceptions & draws mor[illegible] conclusions. Has great fears of coming [illegible] for which there are no grounds

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Early in the history of this attack there we[illegible] suicidal tendencies & contemplations of dangerous leaps to escape from imaginary pursuers

Name and Medical Designation, Mrs Craig L.F.P.S.

Place of Abode, Ayr

DATED this Sixteenth day of March One thousand eight hundred and Sixty four

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MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

I, the undersigned, C. F. Hoan
being a (1) Member of the Royal 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) Ayr in the County of Ayr separately from any other Medical Practitioner, visited and personally examined (4) Mrs Stevenson and that the said Mrs Stevenson ~~is a (5)~~ is ~~and~~ a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Severe mental depression, fear of some impending calamity but conscious that this is unfounded

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
at first a suicidal tendency & the interval of disbelief in the truth of the impending calamity are rare communicated by her husband

Name and Medical Designation, C. F. Hoan M.D.

Place of Abode, Ayr

DATED this 16th day of March One thousand eight hundred and sixty four

CERTIFICATE OF EMERGENCY.

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

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

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

DATED this day of One thousand eight hundred and

(1) 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.

956

Mrs Thompson
Volunteer Patient
18/9/64

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

[Form A]

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

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

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

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

The Petition of George Duff Sawyer Creebridge Mainingaff humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Charles Eerskine 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 Charles Eerskine 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.

George Duff

(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 sixty four

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Charles Eerskine
2. Sex and Age,	Male Oct 32
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Draper
5. Religious Persuasion, so far as known,	Church of Scotland
6. Previous Place of Abode,	Creebridge & Dumfries
7. Place where Found and Examined,	Do
8. Length of time Insane,	Two years
9. Whether first attack,	First attack
10. Age (if known) on first Attack,	30 years
11. When and where previously under Examination and Treatment,	Crichton Royal Institution.
12. Duration of existing Attack,	2 years
13. Supposed Cause,	Unknown
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	Yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known 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 Thompson or Eerskine his mother Creebridge Newton Stewart No member of the family insane
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

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

Dated this fifth day of March One thousand eight hundred and sixty four

(*To be signed by Party applying*) George Duff

P. p.

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

I, the undersigned, Hugh Grainger Stewart 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) Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Charles Erskine Draper on Crutown Newton Stewart and that the said Charles Erskine 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)

Is sullen & determined - says he had committed no assault & had done no injury to any one - two months ago was discharged from the Crichton Institution an uncured patient

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

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

Informed of James Taylor Constable Crubridge that Charles Erskine committed an assault on a girl aged 13 with intent to commit rape to day

Name and Medical Designation, H G Stewart M D.

Place of Abode, Crichton Institution Dumfries

DATED this fourth day of March One thousand eight hundred and sixty four —

MEDICAL CERTIFICATE, No. II.

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

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

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

(4) *Insert Designation and Residence, 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 Borthwick being a (1) Graduate of the University of Edinburgh and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) the Crichton Institution, Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Charles Erskine, Draper from Crutown Newton Stewart and that the said Charles Erskine is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Is very taciturn and sullen and has a peculiar expression indicative of insanity

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

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

Dr Gilchrist informs me that he has been in the Asylum before that he committed an unprovoked assault, and has various delusions

Name and Medical Designation, Alex Borthwick M.D.

Place of Abode, Dumfries

DATED this 6th day of March One thousand eight hundred and sixty four

CERTIFICATE OF EMERGENCY.

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

I, the undersigned Hugh Grainger Stewart being (1) Graduate of the University 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 Charles Erskine, and that the said Charles Erskine person is of unsound mind, and a proper Patient to be placed in an Asylum.

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

H. G. Stewart M.D.

DATED this fourth day of March One thousand eight hundred and sixty four

(1) 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 Litcairn Trotter Esquire (1) Advocate Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) George Duff Surveyor, Creebridge, Minigaff Certificates under the hands of Hugh Grainger Stewart M.D. and Alexander Borthwick 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) Charles Erskine Draper Creetown Newton Stewart and that the said Charles Erskine is a (5) Lunatic and a person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Charles Erskine as a Patient into the (6) public Asylum of Crichton Royal Institution and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Charles Erskine which accompanied the said Petition.

DATED this Seventh day of March One thousand eight hundred and sixty four years.

John P. Miller

To the Superintendent of the (7) public Asylum of Crichton Institution

Dumfries

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

953

Charles Erskine

4/3/64

Transferred to S.G.A.

22/3/64

639

1/35

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

[Form A]

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

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

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

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

The Petition of John McLellan, Inspector of Poor of the parish of Annan humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Widow Irvine Jardine or Lomas a poor person (2) resident in Annan, & chargeable to said parish of Annan is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Irvine Jardine or Lomas — 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.

John McLellan Inspector of Poor parish of Annan

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

Dated this Twenty sixth (4) day of March — One thousand eight hundred and sixty four

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STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Irvine Jardine, or Lomas
2. Sex and Age,	Female aged 48.
3. Married, Single, or Widowed,	Widow
4. Condition of Life, and previous Occupation (if any),	Wife of a Mariner
5. Religious Persuasion, so far as known,	Protestant, and of the Established Church of Scotland
6. Previous Place of Abode,	Emma Murray Street in Annan
7. Place where Found and Examined,	Has been ailing sometime
8. Length of time Insane,	Continuation of first attack
9. Whether first attack,	48 Years
10. Age (if known) on first Attack,	
11. When and where previously under Examination and Treatment,	
12. Duration of existing Attack,	She has been apparently deranged for sometime and getting worse
13. Supposed Cause,	not subject to Epilepsy
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Has been within a few days rather excited and threatening danger to others
16. Whether Dangerous to others,	Annan Parish
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	She has been receiving relief about 2 years
18. Date of becoming Chargeable,	James Lomas Shoemaker, Murray Street, Annan, Son of the Lunatic
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	It is said that Lunatics Sister had an attack of insanity but was not confined 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 sixth day of March — One thousand eight hundred and sixty four

(*To be signed by Party applying*) John McLellan Inspector of Poor parish of Annan

P. p.

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

I, the undersigned, A.B. Bogie, Member of the Royal College being a (1) 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) Murray Street Annan in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Mrs Irvine Jardine or Lumsos Widow of the Late Joseph Lumsos, (A Pauper) and that the said Mrs Irvine Jardine or Lumsos is a (5) person of Unsound Mind and a proper person to be detained under Care and Treatment, 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 irritability of temper. Her conversation is incoherent. She believes her Relatives Who Kings of Queen & that she is constantly visited them, & whole relatives is her recurrent train of morbid thought

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) From Mr Son. Has of late frequently threatened violence with lethal weapons, Who family and neighbours

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

Place of Abode, Friends Park, Annan

DATED this twenty fifth day of March One thousand eight hundred and sixty four.

MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

I, the undersigned, Willm Ewart being a (1) Licentiate of the Royal College of Surgeons in Edinburgh and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Murray Street Annan in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Mrs Jardine or Lumsos Widow of Joseph Lumsos Mariner (A pauper) and that the said Mrs Jardine or Lumsos is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, 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, incoherent talk, and delusions about her Occupations.

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Been informed by several neighbours that she has of late frequently threatened violence to them, & were as home & her family

Name and Medical Designation, Willm Ewart Surgeon

Place of Abode, Edward Street, Annan

DATED this twenty fifth day of March One thousand eight hundred and sixty four.

CERTIFICATE OF EMERGENCY.

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

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

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

DATED this day of One thousand eight hundred and

(1) 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 Hannay Esquire (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) John McLellan Inspector of Lor of the parish of Annan Certificates under the hands of Nancy Black Bogie M.D. and William Ewart 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) Irvine Jardine or Lomas Murray St Annan (a pauper) and that the said Irvine Jardine or Lomas is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Irvine Jardine or Lomas 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 Irvine Jardine or Lomas which accompanied the said Petition.

DATED this twenty sixth day of March One thousand eight hundred and sixty four

Alex Hannay

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

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

1/36

Widow Irwin Jardine
on Lomas
26/3/64

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

[FORM A]

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) Sheriff dom of Wigtown & Kirkcudbright and his Substitutes.—for the County of Wigtown,

The Petition of William Mackie, Inspector of Poor of the parish of Wigtown, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that William Kennedy, pauper, residing in 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 William Kennedy to the Southern Counties Asylum, Dumfries and to sanction his admission into the said Asylum.

(SIGNATURE) Wm Mackie Insp.r of Poor

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

DATED this Twenty-second (3) day of March one thousand eight hundred and sixty four 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 Kennedy
2. Sex and Age,	Male – Age 19 years
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,	Presbyterian
6. Previous Place of Abode,	Wigtown
7. Place where Found and Examined,	Wigtown
8. Length of time Insane,	About four months – He has been subject to epileptic
9. Whether First Attack,	fits since about two years of age and his mind appears
10. Age (if known) on First Attack,	to have always been weak, tho' he has gradually
11. When and where previously under Examination and Treatment,	been getting worse. Wigtown
12. Duration of Existing Attack,	See No. 8
13. Supposed Cause,	Epilepsy
14. Whether subject to Epilepsy,	Yes – very much so lately
15. Whether Suicidal,	No
16. Whether Dangerous to others,	Yes – At present in prison on a charge of assaulting his mother.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Wigtown
18. Date of becoming Chargeable,	2 Dec.r 1863
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Grace McCampbell or Kennedy residing in Wigtown his mother. No member of his family known who has been insane –
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None – Patient was confined in Perth Prison for theft and left out 1st Dec.r last – when Med. Officer of Prison intimated to me that he was addicted to Masturbation

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

(SIGNATURE)* *Name,* Wm Mackie Insp.r of P.rs

DATED this Twenty second day of March one thousand eight hundred and sixty four years.

* To be Signed by the Party applying.

P. p.

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

I, the undersigned, Robt D Boyle (1) Licentiate of the Royal College of Surgeons Edinburgh and being in actual practice as a (2) Medical Practitioner hereby certify, on soul and conscience, that I have this day, at (3) The Prison of Wigtown in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) William Kennedy Pauper Prisoner in the Prison of Wigtown and that the said William Kennedy is a (5) Lunatic and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) His General appearance is altogether of a nature indicative of one who labours under delusion. His conversation is incoherent

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His mother informed me that his conversation is incoherent and bizarre in the extreme & that too especially in the presence of females, and that when she objected to such & his mother has also observed his person in the presence of females & pour out streams of incoherent

(Signed) Name and Medical Designation, Robt D Boyle L.R.C.S.E.

Place of Abode, Wigtown

Dated this 28th day of March One thousand eight hundred and forty four

MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

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

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He is subject to epileptic fits after which he lies for some hours in a comatose state. His general appearance & demeanour & his answers when in one of these

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) His Mother informs that he is betimes violent & that he imagines his person is possessed by Devils & will expose it. On some occasions

(Signed) Name and Medical Designation, Samuel Brodie

Place of Abode Wigtown

Dated this 28th day of March one thousand eight hundred and forty four

CERTIFICATE OF EMERGENCY.

(This certificate authorizes the detention of a Patient in an Asylum for a period of twenty-four hours without the Order of the Sheriff, and shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a second Medical Certificate and the Order of the Sheriff.)

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

Name,

Place of Abode,

DATED this day of One thousand eight hundred and

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

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

I, Thomas Murray 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 of the Parish of Wigtown Certificates under the hands of Robert L. Rose Surgeon and Samuel Snowdon M.D., being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) William Kennedy Pauper and that the said William Kennedy is a (5) Lunatic

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

(SIGNATURE) Thos Murray

DATED this 27th day of March one thousand eight hundred and Sixty four

To the Superintendent of the (6) Southern Counties
Asylum of Dumfries.

3

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

1/37

William Kennedy

28/3/64

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

[FORM A]

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

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

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

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

The Petition of John Hannah

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Agnes Mc Minn, now under your Petitioner's (3) charge, as Inspector of Poor, is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Agnes Mc Minn to the Southern Counties Asylum and to sanction her admission into the said Asylum.

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

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

DATED this 12 (4) day of April One thousand eight hundred and sixty four

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Agnes Mc Minn
2. Sex and Age,	Female —
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Protestant
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Millhouse near Kirkcudbright
7. Place where Found and Examined,	— ditto
8. Length of time Insane,	—
9. Whether first attack,	Not first attack: has been in Asylum before
10. Age (if known) on first Attack,	
11. When and where previously under Examination and Treatment,	Came out of Asylum cured — in August 1863
12. Duration of existing Attack,	A week
13. Supposed Cause,	Low Bilious fever
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,	Kirkcudbright
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known 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 Minn, Millhouse, near to Kirkcudbright —
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

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

DATED this 12 day of April One thousand eight hundred and sixty four

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

P. p.

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

I, the undersigned, William Cumming being a (1) Doctor of Medicine and Master of Sur[illegible] and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Millhouse in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) Agnes McMinn and that the said Agnes McMinn 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 at all times, labours under the idea that her sister and niece are trying to murder her, by means of poison and direct violence, can't keep quiet for a minute, and is always running about. ~~Fancies~~ Says that her sister and niece are mad and that it is time they were in the same [illegible] that they were in formerly

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) from Sister. That this morning she fancied her sister and niece [illegible] going to murder her, when she seized a stick and threat[illegible] to kill them if they did not allow her to get away. Will stay in the house unless there is some stranger to watch [illegible] in case they should poison or kill her

Name and Medical Designation, William Cumming MD

Place of Abode, Kirkcudbright

DATED this 12th day of April One thousand eight hundred and 64

MEDICAL CERTIFICATE, No. II.

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

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

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

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

(6) *State the facts.*

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

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

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

Name and Medical Designation, _____

Place of Abode, _____

DATED this day of One thousand eight hundred and

CERTIFICATE OF EMERGENCY.

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

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

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

DATED this day of One thousand eight hundred and .

(1) 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]

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

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

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

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

The Petition of Wm Hannah Inspector of Poor for Kirkcudbright humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Agnes McMinn, Housekeeper, now 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 Agnes McMinn to the Southern Counties Asylum and to sanction her admission into the said Asylum.

(SIGNATURE) John Hannah

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

DATED this 12th (3) day of April one thousand eight hundred and 64.

STATEMENT.

If any 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 McMinn
2. Sex and Age,	Female - about 40 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Housekeeper
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Millhouse Kirkcudbright
7. Place where Found and Examined,	do —
8. Length of time Insane,	—
9. Whether First Attack,	not first attack
10. Age (if known) on First Attack,	about 40 -
11. When and where previously under Examination and Treatment,	Came out of asylum cured in August 63
12. Duration of Existing Attack,	1 week
13. Supposed Cause,	Low bilious fever
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,	Kirkcudbright
18. Date of becoming Chargeable,	—
19. Christian Name 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 McMinn Millhouse near Kirkcudbright, her 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.

(SIGNATURE)* *Name,* John Hannah

DATED this 12th day of April one thousand eight hundred and 64

* To be Signed by the Party applying.

P. p.

MEDICAL CERTIFICATE, No. I.

I, the undersigned, John Dickson M.D
being a (1) graduate of the University of Edinburgh
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Southern Counties Asylum Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Agnes McMinn a pauper of Kirkcudbright Parish and that the said Agnes McMinn is a (5) Lunatic and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

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

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

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

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

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

1. Facts indicating Insanity observed by myself: (6) Incoherent. delusions that her sister & niece, are poisoning her. - great restlessness & incessant talking

(6) *State the facts.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) This is the fifth time that she has been in the Southern Counties Asylum

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

(SIGNED) *Name and Medical Designation,* John Dickson M.D

Place of Abode, Burgelunch Street Dumfries

DATED this 12th day of April One thousand eight hundred and Sixty four

MEDICAL CERTIFICATE, No. II.

I, the undersigned, William Cumming
being a (1) Graduate of the University of Glasgow
and being in actual practice as a (2) Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Millhouse in the County of Kirkcudbright separately from any other, Medical Practitioner, visited and personally examined (4) Agnes McMinn a Pauper of Kirkcudbright Parish and that the said Agnes McMinn is a (5) Lunatic and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

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

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

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

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

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

1. Facts indicating Insanity observed by myself: (6) Talks incoherently, and has the idea that her sister and niece are trying poison her. Threatened to murder them both if they did not allow her to escape from the house. is always raving, and can't keep quiet a minute

(6) *State the facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) The niece: Say that they are in terror of their lives, as she threatened to kill them with a stick would not sleep in the same house with them as she said they would poison them or murder them during sleep.

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

(SIGNED) *Name and Medical Designation,* William Cumming M.D

Place of Abode Kirkcudbright

DATED this 12th day of April one thousand eight hundred and 64

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 Agnes McGinn is a (1) Lunatic hereby further certify that the Case of the said Agnes McGinn is one of Emergency, and I recommend the immediate removal of the said Agnes McGinn to an Asylum accordingly.

Name, John Dickson M.D.

Place of Abode, Buccleuch Street Dumfries

Dated this 12th day of April One thousand eight hundred and sixty four.

(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, (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.

(SIGNATURE)_____

Dated this day of one thousand eight hundred and

To the Superintendent of the (6)
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, 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]

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 Wigton ~~and~~ (2) and Kirkcudbright of Kirkcudbright *and his Substitutes*,—for the Stewartry

The Petition of John Hannah

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Agnes McMinn is at present in a state of Mental Derangement and 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 McMinn to the Southern Counties Asylum and to sanction her admission into the said Asylum.

(Signature) John Hannah

(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 April — one thousand eight hundred and sixty four

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Agnes McMinn
2. Sex and Age,	Female age about Sixty
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Housekeeper
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Millhouse near Kirkcudbt
7. Place where Found and Examined,	Millhouse
8. Length of time Insane,	no
9. Whether First Attack,	no
10. Age (if known) on First Attack,	
11. When and where previously under Examination and Treatment,	came out of Asylum cured in August last 1863
12. Duration of Existing Attack,	about two weeks
13. Supposed Cause,	Bilious fever
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	no
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Kirkcudbright
18. Date of becoming Chargeable,	Amp. Eighteen Hundred & 61
19. Christian Name 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,	Jannet McMinn Millhouse near Kirkcudbright
20. Special circumstances (if any) 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 Hannah

Dated this 18th day of April one thousand eight hundred and 64

* To be Signed by the Party applying.

P. p.

MEDICAL CERTIFICATE, No. I.

I, the undersigned, John Dickson M.D.
being a (1) Graduate of the University of Edinburgh
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Southern County
Asylum Dumfries in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Agnes McQuinn formerly
Housekeeper now a Pauper and that
the said Agnes McQuinn is a (5) Lunatic
and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Incoherence
delusions of various kinds, especially as reg.
poisoning. Is restless, talkative, suspicious &

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Has been for several times in the Southern
Counties Asylum, Alford

(SIGNED) Name and Medical Designation, John Dickson M.D.

Place of Abode, Breadalbane Street Dumfries

DATED this 16th day of April One thousand eight
hundred and sixty four

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

MEDICAL CERTIFICATE, No. II.

I, the undersigned, Samuel Pierson
being a (1) Member of the Royal College of Surgeons
and being in actual practice as a (2) Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) the Southern
County Asylum, Dumfries in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Agnes McQuinn
a pauper on the poor roll of Kirkcudbright and that
the said Agnes McQuinn is a (5) Person of
unsound Mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) She is restless
and excited, talkative and incoherent;
herself the victim of a conspiracy of her fe
which has for its object her destruction.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
The Inspector and attendants repo
her as troublesome. She is dang

(SIGNED) Name and Medical Designation, Samuel Pierson M

Place of Abode Kirkcudbright County Asylum

DATED this 16th day of April one thousand eight
hundred and sixty four

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) Physician or Surgeon, or otherwise, as the case may be.
(3) *Insert the street and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper state so.*
(5) Lunatic, or 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 Agnes McGinn a pauper is a (1) Lunatic hereby further certify that the Case of the said Agnes McGinn is one of Emergency, and I recommend the immediate removal of the said Agnes McGinn to an Asylum accordingly.

Name John Dickson MD

Place of Abode Buccleuch Street Dumfries

DATED this 16th day of April One thousand eight hundred and sixty four.

(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 Hyacinth Donbar Esquire, Steward Substitute of the (2) Stewartry of Kirkcudbright, having had produced to me, with a Petition at the instance of (3) John Hannah Inspector of Poor, of the parish of Kirkcudbright Certificates under the hands of Samuel Gueson and John Dickson, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) agnes Mc. Minn a pauper and that the said Agnes Mc. Minn is a (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 McMinn as a Patient into the (6) Southern Counties Asylum of Dumfries and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Agnes McMinn which accompanied the said Petition.

(SIGNATURE) W H Donbar S. Substitute

DATED this eighteenth day of April one thousand eight hundred and Sixty four

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

---

(2) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, 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.

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Agnes M Minns

12 April: 1864

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

[Form A.]

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

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

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

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

Penninghame. The Petition of John McCallum Inspector of Poor humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary McWilliam is at present in a state of Mental Derangement, and 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 McWilliam to the Southern Counties asylum Dumfries and to sanction her admission into the said Asylum.

(Signed) John McCallum Inspector

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

Dated this fourteenth (3) day of April One thousand eight hundred and sixty four

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Mary McWilliam
2. Sex and Age,	Female, aged seventeen
3. Married, Single, or Widowed,	Single.
4. Condition of Life, and previous Occupation (if any),	Brought up by a farmer but has been the most of her time at School
5. Religious Persuasion, so far as known,	Protestant, Presbyterian
6. Previous Place of Abode,	Kirkalla
7. Place where Found and Examined,	Knowe village, Penninghame Parish
8. Length of time Insane,	Two days
9. Whether first attack,	Yes
10. Age (if known) on first Attack,	
11. When and where previously under Examination and Treatment,	
12. Duration of existing Attack,	Two days
13. Supposed Cause,	Not known
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	Yes very
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	At present to Penninghame
18. Date of becoming Chargeable,	About ~~three months ago~~ 11 weeks ago
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Marion McWilliam or Gordon, Kirkalla farm, Aunt, Not 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.

(Signed)* *Name,* John McCallum Insp. of Poor of Penninghame

Dated this ~~fourteenth~~ fifteenth day of April One thousand eight hundred and sixty four

* To be signed by the Party applying.

P. p.

Agnes McMinn
12 April 1864

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

(6) *State the facts.*

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

I, the undersigned, Fergus McKenna 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) Knowe Village in the County of parish of Penninghame Wigtown separately from any other Medical Practitioner, visited and personally examined (4) Mary McWilliam Knowe Village parish of Penninghame — a pauper — and that the said Mary McWilliam is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

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

She declares that the person in charge of her has been three days & three nights in bed & She is in a very furious & outrageous state of mind

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

She also declares, that her own Spittle is water of life, & those who taste of it shall never die — These two facts I found myself

(SIGNED) *Name and Medical Designation,* Fergus McKenna Surgeon

Place of Abode, Newton Stewart

DATED this 14th day of April One thousand eight hundred and 64

MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

(6) *State the facts.*

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

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

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

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

(SIGNED) *Name and Medical Designation,*

Place of Abode,

DATED this day of One thousand eight hundred and

CERTIFICATE OF EMERGENCY.

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

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

Name, Fergus McKenna

Place of Abode, Newtonstewart

DATED this 14th day of April One thousand eight hundred and 64

(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 Sheriff Substitute of the (2) County of Wigtown having had produced to me, with a Petition at the instance of (3) John McCallum Inspector of the Poor of the Parish of Penninghame Certificates under the hands of Fergus McKenna Graduate of the Faculty of Physicians and Surgeons of Glasgow being a Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 McWilliam a Pauper and that the said Mary McWilliam is a (5) person of unsound mind and a proper Person (6) to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Mary McWilliam as a Patient into the Southern Counties Asylum at Dumfries and I authorize immediate Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mary McWilliam which accompanied the said Petition. three words & one letter deleted -

(SIGNED)

DATED this fifteenth day of April One thousand eight hundred and sixty four

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

M. Rhind

---

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

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Mary McWilliam

16. April 864

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

[Form A]

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

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 Hugh B. Currie Inspector of Poor humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Elizabeth Anderson a pauper your Petitioner's (3) Ward, in virtue of his Inspectorship is at present in a state of Mental Derangement, and 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 Anderson to the L. C. Asylum Dumfries and to sanction her admission into the said Asylum.

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

Hugh B. Currie

(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 April One thousand eight hundred and Sixty four

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Elizabeth Anderson or Graham
2. Sex and Age,	Female 60 years
3. Married, Single, or Widowed,	married
4. Condition of Life, and previous Occupation (if any),	Taken care of her own house
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Ellonby Shelton Parish.
7. Place where Found and Examined,	Lochmaben
8. Length of time Insane,	nine months
9. Whether first attack,	First
10. Age (if known) on first Attack,	60 years
11. When and where previously under Examination and Treatment,	nowhere
12. Duration of existing Attack,	9 months
13. Supposed Cause,	none
14. Whether subject to Epilepsy,	Epileptic
15. Whether Suicidal,	Yes
16. Whether Dangerous to others,	Yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Lochmaben
18. Date of becoming Chargeable,	Sixteenth April
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Robert Anderson Ellonby Shelton Parish, Cumberland brother. None of her friends known of 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 Seventeenth day of April — One thousand eight hundred and Sixty four

(To be signed by Party applying) Hugh B. Currie Insp. of Poor

P. P.

MEDICAL CERTIFICATE, No. I.

I, the undersigned, Thomas Alexander Fraser Lee being a (1) Member of the Royal College of Physicians of England and Licentiate of Midwifery and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) the Poor House Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Elizabeth Anderson or Graham, a pauper and that the said Elizabeth Anderson or Graham is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Great excitement for medicine, being very unruly at times, cursing and shouting, fits of crying, and striking her husband or friends.

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Endeavouring to commit suicide, shrieking, tearing people and trying to break furniture &c.

Name and Medical Designation, Thos. A. F. Lee M.B. C.M. Edin. & Glas.

Place of Abode, High Street Dumfries

DATED this Seventeenth day of April One thousand eight hundred and Eighty four

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

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

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

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

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

(6) *State the facts.*

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

MEDICAL CERTIFICATE, No. II.

I, the undersigned, Samuel Gibson being a (1) Member 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 Poor House Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Elizabeth Anderson or Graham the wife of Robert Anderson or Graham the said Elizabeth Anderson or Graham is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) She is excitable and irritable and has delusions. She refuses food, asserting that she has the power of living without it, or stating that she has other nourishment. She is violent and has threatened to kill herself. She is also epileptic and at times furious. Sgd Samuel Gibson M.R.C.S.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) from her intimate knowledge of the particulars above would prove hurtful. "She is also Epileptic and at times furious." Sgd Samuel Gibson M.R.C.S.

Name and Medical Designation, Samuel Gibson M.R.C.S.

Place of Abode, Northern Counties Asylum,

DATED this Nineteenth day of April One thousand eight hundred and Eighty four

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

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

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

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

(5) Lunatic, or 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, Thos. Alexr. Fraser Scott being (1) A member of the Royal College of Surgeons of Edin. hereby certify, on soul and conscience, that I have this day, at (2) Lochmaben in the County of Dumfries, seen and personally examined Elizabeth ~~Margaret~~ Anderson or Graham, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

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

Thos. A. F. Scott M.R.C.S.E. & L.R.C.P.

DATED this Eighteenth day of April One thousand eight hundred and Sixty four.

(1) 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) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Hugh B. Carie Inspector of Poor, Lochmaben, Certificates under the hands of Thomas Alexander Fraser Scott, Lochmaben, and Samuel Spiersen M.D. Dumfries, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Elizabeth Anderson or Graham (a pauper) and that the said Elizabeth Anderson or Graham is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Elizabeth Anderson or Graham as a Patient into the Public (6) ~~Public District~~ 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 Anderson or Graham which accompanied the said Petition.

DATED this day of April — One thousand eight hundred and Sixty four

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

Dumfries.

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

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Elizabeth Grabame
or Rudenson
18th April 1869

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

Lochman

Pauper,

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

1. Christian Name and Sur
length,
2. Sex and Age,
3. Married, Single, or Wid
4. Condition of Life, and
(if any),
5. Religious Persuasion, as
6. Previous Place of Abode,
7. Place where Found and
8. Length of time Insane,
9. Whether First Attack,
10. Age (if known) on First
11. When and where previou
tion and Treatment,
12. Duration of Existing At
13. Supposed Cause,
14. Whether subject to Epil
15. Whether Suicidal,
16. Whether Dangerous to o
17. Parish or Union to which
Pauper) is Chargeable
18. Date of becoming Charg
19. Christian Name and Sur
Abode of nearest kn
Patient, and degree
known), and whether
Family known to be
sane,
20. Special circumstances (if
insertion of any of the

I certify, that, to the

Dated this Eight

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

[FORM A]

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

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

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

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

The Petition of Hugh B. Currie Inspector of Poor Lochmaben humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Elizabeth Graham or Anderson 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 Elizabeth Graham or Anderson to the Southern Counties Asylum Dumfries and to sanction her admission into the said Asylum.

(SIGNATURE) Hugh B. Currie, Inspector,

(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 April one thousand eight hundred and Sixty four,

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Elizabeth Graham or Anderson
2. Sex and Age,	Female 60 years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Taking care of her own house
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Ellonby Skelton Parish
7. Place where Found and Examined,	Lochmaben
8. Length of time Insane,	Nine Months
9. Whether First Attack,	First Attack
10. Age (if known) on First Attack,	60 years
11. When and where previously under Examination and Treatment,	Nowhere
12. Duration of Existing Attack,	9 Months
13. Supposed Cause,	None
14. Whether subject to Epilepsy,	Epileptic
15. Whether Suicidal,	Yes
16. Whether Dangerous to others,	Yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Lochmaben
18. Date of becoming Chargeable,	Sixteenth April
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Robert Anderson Ellonby Skelton Parish Cumberland Husband. None of her friends known of 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.

(SIGNATURE)* *Name,* Hugh B. Currie, Inspector

DATED this Eighteenth day of April one thousand eight hundred and Sixty four,

* To be Signed by the Party applying.

P. P.

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

I, the undersigned, Thomas Alexander Fraser Sco being a (1) member of the Royal College of Su of England and licentiate of Midwifery and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) the Poorhouse of Lochmaben in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Elizabeth Anderson or Gra and that the said Elizabeth Anderson or Graham is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) great anxiety for medicine, being very morose at times then suddenly starting into fits of gr or joy, striking people & trying to break furniture &c

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Endeavouring to commit suici striking people and trying to break furniture

(Signed) *Name and Medical Designation,* Thos. A. F. Scott M. R. C. S. Engd. L. M.

Place of Abode, High Street Lochmaben

Dated this Seventeenth day of April One thousand eight hundred and Sixty four

---

MEDICAL CERTIFICATE, No. II.

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

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

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

(4) *Insert Designation and Residence, 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 Gierson being a (1) member of the Royal College of Surgeons of England and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) the Southern Counties Asylum, Dumfries. in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Elizabeth Graham or Anderson, a wife of Robert Anderson residing at Ellonby and that the said Elizabeth Graham or Anderson is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She is suspicious and irritable and has delusion — She rep food asserting that she has the power of liv without; or, stating that voices within her intimate that the particular kind offered would prove hurtful.

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) "She is an Epileptic and at tim furious" by Dr Scott

(Signed) *Name and Medical Designation,* S Gierson M.R.C.

Place of Abode Southern Counties Asylum Dum

Dated this Nineteenth day of April one thousand eight hundred and Sixty-four

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 Elizabeth Anderson or Graham is a (1) person of unsound mind, do hereby further certify that the Case of the said Elizabeth Anderson or Graham is one of Emergency, and I recommend the immediate removal of the said Elizabeth Anderson or Graham to an Asylum accordingly.

Name, Thos. A. F. Scott. Surg. R. N. & Surg. to H. M.

Place of Abode, High Street Lochmaben

DATED this Eighteenth day of April One thousand eight hundred and Sixty four.

(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, Wm Stevenson Heffernan (2) Advocate Sheriff Substitute of the (3) County of Dumfries having had produced to me, with a Petition at the instance of (4) Hugh D. Currie Inspector of Poor Lochmaben & Parish Certificates under the hands of Thomas Alexander Fraser Esq. M.D. and Samuel Pierson 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 (5) Elizabeth Graham or Anderson Lochmaben a pauper and that the said Elizabeth Graham or 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 Elizabeth Graham or Anderson 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 Graham or Anderson which accompanied the said Petition.

(SIGNATURE) I Sheriff Substitute

DATED this twenty first day of April one thousand eight hundred and Sixty four

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.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, or Private.

4-0

Elizabeth Graham
or Anderson

8th April 1804

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

[Form A]

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

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

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

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

The Petition of Robert J. Satchell Dawson 32 Mount Dublin humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Sarah Elizabeth Satchell 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 Sarah Elizabeth Satchell 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.

Robert Satchell

(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 May One thousand eight hundred and sixty four

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Sarah Elizabeth Satchell
2. Sex and Age,	Female 30
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Merchants daughter
5. Religious Persuasion, so far as known,	Church of Scotland
6. Previous Place of Abode,	Dublin
7. Place where Found and Examined,	~~Dum~~ London
8. Length of time Insane,	About seven years
9. Whether first attack,	About 23
10. Age (if known) on first Attack,	
11. When and where previously under Examination and Treatment,	About seven years
12. Duration of existing Attack,	Disappointed affection
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,	R. J. Satchell Esq 32 Dublin Mount Father of Patient
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

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

Dated this fourth day of May One thousand eight hundred and sixty four

(*To be signed by Party applying*) Robert Satchell

P. 5.

Elizabeth Satchell
or Dawson
Pet Sheriff Dfy

MEDICAL CERTIFICATE.—Sched. (A) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

(*) *Set forth the qualification entitling the person certifying to practise as a physician, surgeon, or apothecary, ex. gra.:*—Fellow of the Royal College of Physicians in London, Licentiate of the Apothecaries' Company, or *as the case may be.*

(†) Physician, surgeon, or apothecary, *as the case may be.*

(‡) *Here insert the street and number of the house (if any), or other like particulars.*

(§) *Insert residence and profession, or occupation (if any) of the patient.*

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

(/) *Here state the facts.*

(‖) *Here state the information, and from whom.*

I, the undersigned, William Emmanuel Page being a (*) Member of the Royal College of Physicians of London

and being in actual practice as a (†) Physician

hereby certify, that I, on the second day of May

at (‡) 11. Queen Street, Weymouth.

in the County of Middlesex separately from any other Medical Practiti

personally examined Miss Sarah Elizabeth Gatehell 7 Dawson Street Dublin and

the said Miss Sarah Elizabeth Gatehell is

a person of unsound mind and a proper Person to be taken charge of and det

under Care and Treatment, and that I have formed this opinion upon the following grounds; vi

1. Facts indicating Insanity observed by myself (/) She refused to speak to me for many minutes, when she attempted to tell me, [illegible] took her hand, and spoke of the [illegible] of her mother, & [illegible] She then became [illegible] & [illegible] [illegible] from which [illegible] [illegible] [illegible]

CERTIFICATE OF EMERGENCY.

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

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

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

DATED this day of One thousand eight hundred and

(1) 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 Pitcairn Trotter Esquire (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Robert G Gatchell Dawson Street Dublin
Certificates under the hands of William Emmanuel Page M.D.
and Lewis Powell M.D. , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Sarah Elizabeth Gatchell, Dawson Street Dublin and that the said Sarah Elizabeth Gatchell is a (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 Elizabeth Gatchell as a Patient into the (6) Public Asylum of Crichton Institution Dumfries and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Sarah Elizabeth Gatchell which accompanied the said Petition.

DATED this Fourth day of May One thousand eight hundred and Sixty four

RS

John P. Trotter

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

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

958

Sarah Elizabeth Satchell

4/5/64

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

[Form A]

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

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

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

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

The Petition of Rev C. J. Childe, of Holywood as Spouse

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Charles James Childe 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 James Childe to the Crichton Royal Institution and to sanction his admission into the said Asylum.

C. J. Childe

(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 Tenth (4) day of May One thousand eight hundred and Sixty four

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STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Charles James Childe
2. Sex and Age,	Male. Twenty nine years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Gentleman Student
5. Religious Persuasion, so far as known,	Church of England
6. Previous Place of Abode,	Holywood, Cumberland
7. Place where Found and Examined,	Holywood Dumfries
8. Length of time Insane,	~~a few days~~ Two years
9. Whether first attack,	No
10. Age (if known) on first Attack,	Twenty a year
11. When and where previously under Examination and Treatment,	Mr Tomkins Asylum, Witham, Essex.
12. Duration of existing Attack,	Some days
13. Supposed Cause,	Epilepsy
14. Whether subject to Epilepsy,	Yes
15. Whether Suicidal,	Not known to be
16. Whether Dangerous to others,	Not known. Probably so.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Charles Frederick Childe, (Father) Holywood Rectory, Dumfries, Dumfriesshire None.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	Distance prevents the accurate filling up of Rubrics 7 & 12.

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

Dated this Tenth day of May One thousand eight hundred and Sixty four

(*To be signed by Party applying*) C. J. Childe

P. p.

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

I, the undersigned, Stephen Walker being a (1) Graduate of the University of Glasgow & a Licentiate of the Faculty of Physicians & Surgeons and being in actual practice as a (2) Physician Calder St hereby certify, on soul and conscience, that I have this day, at (3) Sillotho in the County of Cumberland separately from any other Medical Practitioner, visited and personally examined (4) Charles Childe and that the said Charles Childe } — is a (5) Lunatic Sillotho, Student, and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

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

Constant Incoherent Mattering.

Violently attempting to leave his dwelling at midnight by the doors or windows.

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

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

Was told by his friends that has a subject to similar attacks.

Name and Medical Designation, } Stephen Walker M. D.

Place of Abode, Sillotho

DATED this 7th day of May One thousand eight hundred and Sixty Four.

MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

I, the undersigned, James Gilchrist M.D. being a (1) Graduate of the University of Edinburgh and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Crichton Royal Institution Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Charles James Childe a student lately resident at Sillotho and that the said Charles James Childe is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, 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 sometimes rather talks incoherently. Does not comprehend what is said to him

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

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

Has had an epileptic fit, and refused his food

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

Place of Abode, Crichton House Dumfries

DATED this Eleventh day of May One thousand eight hundred and sixty four.

CERTIFICATE OF EMERGENCY.

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

I, the undersigned, Stephen Walker being (1) a Graduate of the University of Glasgow & a Licentiate of the Faculty of Physicians & Surgeons of Glasgow hereby certify, on soul and conscience, that I have this day, at (2) Sillotth in the County of Cumberland, seen and personally examined Charles Childe, and that the said Charles Childe person is of unsound mind, and a proper Patient to be placed in an Asylum.

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

Stephen Walker M. D.

DATED this Seventh day of May One thousand eight hundred and Sixty four

(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, John Pitcairn Trotter (1) Sheriff Substitute of the (1) County of Dumfries having had produced to me, with a Petition at the instance of (3) Charles Frederick Childe Holbrook Rectory Ipswich Suffolk Certificates under the hands of Stephen Walker and James Gilchrist, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 James Childe Student Sillotth and that the said Charles James Childe is a (5) Lunatic and a person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Charles James Childe as a Patient into the (6) public Asylum of Crichton Institution and I authorize this Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Charles James Childe which accompanied the said Petition.

DATED this twelfth day of May One thousand eight hundred and sixty four

John P. Trotter

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

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

959
Charles James Childe
7/5/64

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length,
2. Sex and Age,
3. Married, Single, or Widow
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(if any),
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6. Previous Place of Abode,
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8. Length of time Insane,
9. Whether first attack,
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tion and Treatment,
12. Duration of existing Attack,
13. Supposed Cause,
14. Whether subject to Epilepsy
15. Whether Suicidal,
16. Whether Dangerous to other
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Pauper) is Chargeable,
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19. Christian Name and Surnam
Abode of nearest known
Patient, and degree of
known), and whether any
Family known to be or
sane,
20. Special circumstances (if any
insertion of any of the ab

I certify, that, to the best

Dated this— fifth
four years

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

[FORM A]

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

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

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

Unto the Honourable the (1)—Sheriff—of the (2) Wigton and Kirkcudbright *and his Substitutes.*—

The Petition of Mrs Mary Webster or Macnaah humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Alexander Macnaah—

(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 Alexander Macnaah— to the Southern Counties Asylum, Dumfries and to sanction his admission into the said Asylum.

M Macnaah

(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 sixty four years

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STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Alexander Macnaah.
2. Sex and Age,	Male ; 52 years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Formerly Warehouseman
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Wards of Wells, prior London
7. Place where Found and Examined,	Midpark in the Parish of Kirkmichael
8. Length of time Insane,	About four years
9. Whether first attack,	No: per No 20
10. Age (if known) on first Attack,	About 48 years
11. When and where previously under Examination and Treatment,	Crichton Royal Institution, Dumfries per No 20.
12. Duration of existing Attack,	
13. Supposed Cause,	Commercial pressure
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 Mary Webster or Macnaah, Midpark Uncle Douglas : Wife : No
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	The Patient has never been wholly recovered.

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

DATED this—fifth—day of—May— One thousand eight hundred and sixty four years

(*To be signed by Party applying*) M Macnaah

P. 5.

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

I, the undersigned, Patrick Anderson 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) Midpark in the Parish of Carmichael in the County of Lanarkshire separately from any other Medical Practitioner, visited and personally examined (4) Alexander McMath formerly Warehouseman London now residing at Midpark Carmichael and that the said Alexander McMath is a (5) Lunatic and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Insane delusions concerning Pecuniary Losses, attributing them to without cause - to his own bad habits and improper conduct -

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His wife mentions that the delusion above mentioned is continually repeated, and that he is sometimes violent and unruly, breaking the doors and destroying furniture.

Name and Medical Designation, Patk. Anderson L.R.C.S.E.

Place of Abode, Castle Douglas

DATED this Fifth day of May One thousand eight hundred and Sixty four -

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MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

I, the undersigned, James Laidlaw being a (1) Licentiate of the Royal College of Surgeons, Edr and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Midpark Parish of Carmichael in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) Alexander McMath, residing at Midpark, Carmichael and that the said Alexander 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) Delusions of a marked kind, regarding parties now dead, & a neverending recurrence to them, in ordinary c versation.

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Mrs McMath, his wife, informs me that (of late) in addition to his ordinary delusions, he has [illegible] violent, making doors re

Name and Medical Designation, James Laidlaw L.R.C.S.E.

Place of Abode, Castle Douglas

DATED this 5th day of May, One thousand eight hundred and 64

CERTIFICATE OF EMERGENCY.

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

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

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

DATED this day of One thousand eight hundred and

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

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

I, William Hyacinth Dunbar Esq. Steward Substitute of the (1) Stewartry of Kirkcudbright having had produced to me, with a Petition at the instance of (2) Mary Webster or Macllath Certificates under the hands of Patrick Anderson and James Laidlaw, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and 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) Alexander Macllath and that the said Alexander Macllath 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 Alexander Macllath 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 Alexander Macllath which accompanied the said Petition.

DATED this Sixth day of May One thousand eight hundred and Sixty four years.

To the Superintendent of the (5) Southern Counties Asylum of Dumfries.

W. H. Dunbar

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

1/41

Alexander McMath

Petition

7 March of 1864

Mrs Mary Webster or Macomath

5th May 1864

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

[Form A]

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

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

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

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

The Petition of John Benn of Tirril House Westmorland humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Richard Benn 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 Richard Benn to the Crichton Royal Institution Dumfries and to sanction his admission into the said Asylum.

John Benn

(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 May One thousand eight hundred and sixty four

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Richard Benn
2. Sex and Age,	Male 42 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Gentleman
5. Religious Persuasion, so far as known,	Church of England
6. Previous Place of Abode,	St Johns Lodge Thornhill
7. Place where Found and Examined,	Dumfries
8. Length of time Insane,	3 Months
9. Whether first attack,	Second attack
10. Age (if known) on first Attack,	32 years
11. When and where previously under Examination and Treatment,	at Dunston Lodge Yorkshire
12. Duration of existing Attack,	3 months
13. Supposed Cause,	Intemperance
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,	John Benn Tirril House Westmorland Brother 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 11th day of May One thousand eight hundred and sixty four

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

Tirril House P.O.

Penrith

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

I, the undersigned, John Dickson M.D. being a (1) Graduate of the University of Edinburgh and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Crichton Institution Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Richard Benn, gentleman of St John's Isle of Man and that the said Richard Benn 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 in a s[illegible] of dementia. is taciturn, & answers questions on by nods & signs.

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Has attempted to commit suicide, & is regarded by his attendant and others as dangerous to h[illegible]

Name and Medical Designation, John Dickson M.D.

Place of Abode, Buccleuch Street Dumfries

DATED this eleventh day of May One thousand eight hundred and sixty four.

MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

I, the undersigned, James Gilchrist M.D. being a (1) Graduate of the University of Edinburgh and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Crichton Royal Institution Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Richard Benn gentleman lately resident at St. John's and that the said Isle of Man Richard Benn is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, 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 much depressed & taciturn mental powers generally much impair[illegible]

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Is said to have attempted suicide & to have got occasionally excited

Name and Medical Designation, James Gilchrist, Dumfries

Place of Abode, Crichton Royal

DATED this 11th day of May One thousand eight hundred and sixty four

CERTIFICATE OF EMERGENCY.

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

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

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

DATED this day of One thousand eight hundred and

(1) 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 Pitcairn Trotter, Esquire (1) Advocate Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) John Benn of Tirril House Westmoreland Certificates under the hands of John Dickson M.D. and James Gilchrist 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) Richard Benn, St John's Isle of Man and that the said Richard Benn is a (5) Lunatic and a person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Richard Benn as a Patient into the (6) public Asylum of Crichton Institution Dumfries and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Richard Benn which accompanied the said Petition.

DATED this Eleventh day of May One thousand eight hundred and sixty four

John P. Trotter

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

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

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Richard Bowen
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2. Sex and Age,
3. Married, Single, or Widow
4. Condition of Life, and
(if any),
5. Religious Persuasion, or
6. Previous Place of Abode,
7. Place where Found and E
8. Length of time Insane,
9. Whether First Attack,
10. Age (if known) on First A
11. When and where previous
tion and Treatment,
12. Duration of Existing Atta
13. Supposed Cause,
14. Whether subject to Epilep
15. Whether Suicidal,
16. Whether Dangerous to oth
17. Parish or Union to which
Pauper) is Chargeable,
18. Date of becoming Charge
19. Christian Name and Surn
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Family known to be or
sane,
20. Special circumstances (if a
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Dated this 11

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

[FORM A]

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

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

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

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

The Petition of David Douglas Inspector of Poor for the parish of Irongray humbly sheweth—that it appears from the subjoined Statement and accompanying Medical Certificates, that Margaret Patterson or Brownrigg 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 Margaret Patterson or Brownrigg to the Southern Counties Asylum and to sanction her admission into the said Asylum.

(SIGNATURE) David Douglas Inspector of Poor

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

DATED this 10 (3) day of May one thousand eight hundred and 64.

STATEMENT.

If any 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 Patterson or Brownrigg
2. Sex and Age,	Female. 45 years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Before marriage a Housekeeper
5. Religious Persuasion, so far as known,	Member of the Free Church of Scotland
6. Previous Place of Abode,	Roebank Irongray
7. Place where Found and Examined,	Roebank Irongray
8. Length of time Insane,	
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	45
11. When and where previously under Examination and Treatment,	× Never and nowhere
12. Duration of Existing Attack,	About 2 months
13. Supposed Cause,	
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	No.
16. Whether Dangerous to others,	No.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Irongray
18. Date of becoming Chargeable,	2nd March 1864
19. Christian Name 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 Brownrigg. Roebank Irongray. Husband of the patient No insanity in the family before.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

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

(SIGNATURE)* *Name,* David Douglas Inspector of Poor Irongray

DATED this 11 day of May one thousand eight hundred and 64

* To be Signed by the Party applying.

P. p.

MEDICAL CERTIFICATE, No. I.

I, the undersigned, William Grant 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) Buccleuch St. Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Mrs Margaret Browning a Prisoner, and that the said Mrs Margt Browning 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 mistakes the Deity that she is visited by evil spirits and that Satan is in her [illegible]

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her Husband states that for [illegible] she has undergone many and the truth [illegible] of her [illegible] she was sure they were going to poison her [illegible]

(SIGNED) Name and Medical Designation, William Grant Marshall M.D.

Place of Abode, Buccleuch Street Dumfries

DATED this 11th day of May One thousand eight hundred and sixty four 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 Kerr
being a (1) M.D. & L.R.C.S. Edin.
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Buccleuch St. Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Mrs Margaret Browning and that the said Mrs Margt Browning is a (5) Lunatic and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) She incessantly declares that Satan is in her body. that she has been thus visited with evil spirits for a long period. —

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her husband states her to be getting worse as regards to her delusions & general health.

(SIGNED) Name and Medical Designation, William Kerr M.D.

Place of Abode Buccleuch St Dumfries

DATED this 11th day of May one thousand eight hundred and sixty four 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 of twenty-four hours without the Order of the Sheriff, and shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a second Medical Certificate and the Order of the Sheriff.)

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

Name, _____

Place of Abode, _____

DATED this day of One thousand eight hundred and

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

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

I, John Pitcairn Trotter (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) David Douglas Inspector of Poor of Irongray Certificates under the hands of William Marshall and William S. Kerr, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Mrs Margaret Paterson or Brownrigg a pauper and that the said Margaret Paterson or Brownrigg is a (5) Lunatic and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Margaret Paterson or Brownrigg 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 Paterson or Brownrigg which accompanied the said Petition.

(SIGNATURE) John P. Trotter

DATED this Eleventh day of May one thousand eight hundred and sixty four years

To the Superintendent of the (6) Public
Asylum of Southern Counties
Dumfries

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

Margaret Patterson
Annerley
11 May 1864

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1. Sheriff or Steward. 2. Clerk or Secretary. Unto the

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3. Married, Single, or Wido
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6. Previous Place of Abode,
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Dated this Eighte

Margaret Patterson
or Brown Rigs
11 May 1864

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

[FORM A.]

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

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

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

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

The Petition of John Dinwoodie Inspector of Poor for the Parish of Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Robson. residing at Southern Counties Asylum is at present in a state of Mental Derangement, and 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 Robson to the Southern Counties Asylum and to sanction his admission into the said Asylum. Asylum

(SIGNED) John Dinwoodie

(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 May One thousand eight hundred and Sixty four

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	John Robson
2. Sex and Age,	Male. age 51 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Pauper. Farmer
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Cummertrees
7. Place where Found and Examined,	Southern Counties Asylum
8. Length of time Insane,	About 13 or 14 years
9. Whether first attack,	yes
10. Age (if known) on first Attack,	About 37 or 38 years
11. When and where previously under Examination and Treatment,	Southern Counties Asylum
12. Duration of existing Attack,	See No. 8
13. Supposed Cause,	Not Known
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dumfries. meantime
18. Date of becoming Chargeable,	18th May 1864
19. Christian Name 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 Robson. father Dead 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.

(SIGNED)* *Name,* John Dinwoodie, Inspector

DATED this Eighteenth day of May One thousand eight hundred and Sixty four

* To be signed by the Party applying.

P. p.

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

(6) *State the facts.*

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

I, the undersigned, William Marshall being a (1) ~~Physician~~ Graduate of the Faculty of Physicians and Surgeons Glasgow and College of St Andrews and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Southern Counties Asylum in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) John Robson, a pauper, and that the said John Robson 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) Appears quite [illegible] and either through unwillingness or want of [illegible] will not answer any question put to him

2. Other facts (if any) indicating Insanity communicated to me by others: (7) The attendant states that he has to be fed and dressed and undressed like [illegible]

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

Place of Abode, Dumfries

DATED this 18th day of May One thousand eight hundred and Sixty four 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, Samuel Gierson being a (1) Member of the Royal College of Surgeons of London and being in actual practice as a (2) 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) John Robson, now and lately in the Southern Counties Asylum, a pauper and that the said John Robson is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) He appears to [illegible] nothing of what takes place around him, indifferent alike to decency or the calls of nature or appetite — He is an unbecil[illegible]

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

(SIGNED) *Name and Medical Designation,* S. Gierson M.R.C.

Place of Abode, Southern Counties Asylum Du[illegible]

DATED this 18th day of May One thousand eight hundred and Sixty-four

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 John Robson is a (1) Lunatic hereby further certify that the Case of the said John Robson is One of Emergency, and I recommend the immediate removal of the said John Robson to an Asylum accordingly.

Name, Wm Marshall, M.D. &c

Place of Abode, Dumfries

DATED this 16 day of May One thousand eight hundred and Sixty four years.

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

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

I, John Alexr Trotter Esqr (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) John Dinwoodie, Inspector of Poor of the Parish of Dumfries Certificates under the hands of William Marshall M.D. Dumfries and Samuel Gibson 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) John Robson in Southern Counties Asylum a pauper and that the said John Robson is a (5) Lunatic and a person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said John Robson 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 Robson which accompanied the said Petition.

(SIGNED) John A. Trotter

DATED this Twelfth day of May One thousand eight hundred and Sixty four

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

RS

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

1/43

John Robson

17. May 1864

Dumfries
14 May 1864

Unto the Honourable the
Sheriff of Dumfriesshire and
his Substitutes

The Petition of Thomas Corrie
Procurator Fiscal of Court
for the Public interest

Humbly Sheweth,

That by the Act 25 & 26
Victoria Cap. 54 entituled "An Act to
make further provision respecting Lunacy
in Scotland," Section 15 the Sheriff is
empowered to grant Warrant for Committing
to a place of safe custody any Lunatic who
may have been Apprehended Charged
with Assault or other Offences inferring
danger to the Lieges, or who shall be found
in a State threatening danger to the Lieges,
or in a State Offensive to public decency -

That John Robson a Lunatic pauper,
lately an inmate of the Southern Counties
Asylum near Dumfries has this day been
found at large, and been Apprehended
by a Police Officer within the parish of
Dumfries, in this County; And the said
John

John Robson is Lunatic, and being so is in a state offensive or threatening to be offensive to public decency, Conform to Certificate under the hands of

herewith

produced

May it therefore please your Lordships to Consider this Petition, to grant Warrant for Committing the said John Robson to a place of safe Custody in the meantime as prescribed by said Act, to direct notice to be given by the Petitioner to the Inspector of Poor of the parish of Dumfries, within which the Lunatic was found and appre: hended of his apprehension and Committal; and farther to appoint a diet on which Enquiry Can be made into the Condition of the said John Robson, all in terms

of

of said Act, or to do otherwise as to your Lordship may seem just.

According to Justice &c

(signed) Jno Corrie

Dumfries 14 May 1864. Having considered the foregoing Petition and seen the Medical Certificate therein referred to Grants Warrant for Committing the said John Robson to the Southern Counties Asylum near Dumfries as a place of safe Custody in the meantime; Appoints Notice to be given by Advertisement once at least in each of the Dumfries Herald and Couries Newspapers of said Commitment, and that it is intended to enquire into the Condition of the said John Robson as a Lunatic, within the Court House here, upon Friday the Twenty seventh day of May current

current at one aclock afternoon; and farther directs notice of the present petition and of the Lunatics' Committal to be given to the Inspector of Poor of the parish of Dumfries, being the parish in which the said John Robson was found and apprehended, all in terms of the Act founded on

(signed) John P. Trotter

Dumfries 17 May 1864

I have this day, in the County Police Office here, at the request of the Prior Fiscal examined John Robson, at present in the Custody of the Police as being a Lunatic, and I certify on soul and conscience that the said John Robson is a Lunatic, and in a State offensive or threatening to be offensive to public Decency

(signed) William Scott M.D. &c

A true Copy - Certified by
Thos. Corrie
P.F.

Dumfries 25 May 1864.

1/43

John [illegible]

17 [illegible]

1/43.

John Robson

17 May 1864

Copy

Petition

of

The Poor Persons of

Dumpriesshire for enquiry

as to state of John

Robson

14 May 1864

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

[Form A]

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

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

Unto the Honourable the (1) Sheriff of Dumfries of the (2) County of Hamilton & Edinburgh and his Substitutes,

The Petition of Benjamin Bell Esq Surgeon

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

Benj: Bell

(1) Sheriff or Steward.
(2) Shire or Stewartry.
(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

Dated this 20th (4) day of May One thousand eight hundred and sixty four

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

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Grace Hamilton Bell
2. Sex and Age,	Female 46
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Lady
5. Religious Persuasion, so far as known,	Established Church of Scotland
6. Previous Place of Abode,	4 Greenhill Park, Edinburgh, for more than two
7. Place where Found and Examined,	months with Dr. W. A. F. Browne, 5 James Place. Leith
8. Length of time Insane,	at least four months
9. Whether first attack,	No
10. Age (if known) on first Attack,	about 26
11. When and where previously under Examination and Treatment,	Royal Crichton Institution
12. Duration of existing Attack,	vide (8)
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,	
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

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

Dated this 20th day of May One thousand eight hundred and Sixty four

(*To be signed by Party applying*) Benj: Bell

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, James Beglie being a (1) Fellow of the Royal College of Physicians of Edinburgh and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) 5 James Place, South Leith, in the County Mid-Lothian separately from any other Medical Practitioner visited and personally examined (4) Miss Grace H. Bell of Greenhill Park, Edinburgh and the said Miss Grace H. Bell 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)

Insane delusions as to the intention of her friends, and those who have been kind to her — Suspicions of [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 Beglie [illegible]

Place of Abode, 14 Charlotte Square

DATED this 19th day of May One thousand eight hundred and Sixty four.

MEDICAL CERTIFICATE, No. II.

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

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

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

(4) *Insert Designation and Residence, 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 Omond being a (1) Fellow of the Royal College of Surgeons of Edinburgh and being in actual practice as a (2) general practitioner hereby certify, on soul and conscience, that I have this day, at (3) No. 5 James Place, South Leith in the County Mid-Lothian separately from any other Medical Practitioner visited and personally examined (4) Miss Grace Hamilton Bell and the said Miss G. H. 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)

Speaks regarding food and drink, as if there were poisons —
Speaks regarding injuries received from those who are friends.

(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, Robert Omond M.[illegible]

Place of Abode, 43 Charlotte Square

DATED this 19th day of May One thousand eight hundred and Sixty four —

CERTIFICATE OF EMERGENCY.

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

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

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

Dated this day of One thousand eight hundred and

(1) 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 Hannay (3) Sheriff Substitute
of the (4) County of Dumfries
having had produced to me, with a Petition at the instance of (5) Benjamin Bell
Esqr Surgeon Ramsay's Land Edinburgh
Certificates under the hands of James Begbie M.D. —
and Robt Omond —, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (6)
Grace Hamilton Bell 5 James Place Leith and that the said
Grace Hamilton Bell is a (7) person of sane and
unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Grace Hamilton Bell as a Patient into the (8) 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 Grace Hamil-
ton Bell which accompanied the said Petition.

Dated this twenty first day of May One thousand eight hundred and sixty four years

Alex Hannay

R.S.

To the Superintendent of the (9) Public
Asylum of Crichton Asylum Institution
Dumfries

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

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

[FORM A]

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

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

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

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

The Petition of James Scott, Annandale Cottage, Moffat humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Adam Scott, joiner, my brother is at present in a state of Mental Derangement and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Adam Scott to the Southern Counties Asylum and to sanction his admission into the said Asylum.

(SIGNATURE) James Scott

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

DATED this twenty-sixth (3) day of May one thousand eight hundred and Sixty-four

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Adam Scott
2. Sex and Age,	Male— aged 24 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Journeyman Joiner
5. Religious Persuasion, so far as known,	Established Church of Scotland
6. Previous Place of Abode,	Moffat
7. Place where Found and Examined,	~~Moff~~ Dumfries & Moffat
8. Length of time Insane,	One week, but doubtful
9. Whether First Attack,	First Attack
10. Age (if known) on First Attack,	
11. When and where previously under Examination and Treatment,	Never and no where
12. Duration of Existing Attack,	About one week
13. Supposed Cause,	Religion
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Cannot say yet
16. Whether Dangerous to others,	Certainly & to himself
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Mary Scott, Church St Moffat his mother.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	No member of father's mother's or father's family have ever suffered in like manner.

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

(SIGNATURE)* *Name* James Scott

DATED this 29th day of May one thousand eight hundred and Sixty-four

* To be Signed by the Party applying.

P. p.

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

I, the undersigned, John Dickson M.D. being a (1) graduate of the University of Edinburgh and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Southern Com Asylum Dumfries, in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Adam Scott, journeyman [illegible] lately residing at Moffat and that 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) Incoherence. Continued restlessness - pervigilium; ~~[illegible]~~ violent if unrestrained.

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His been in this condition about a week. abstains from food - destroys his clothes. Communicated by the Medical officer & attendant.

(SIGNED) *Name and Medical Designation,* John Dickson M.D.

Place of Abode, Buccleuch Street Dumfries

DATED this 28th day of May One thousand eight hundred and sixty four

MEDICAL CERTIFICATE, No. II.

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

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

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

(4) *Insert Designation and Residence, 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 Grierson being a (1) Member of the Royal College of Surgeons of England and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) the Southern Com Asylum, Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Adam Scott, a journeyman [illegible] and lately residing at Moffat with his mother and that the said Adam 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) Much and continued excitement, declamation and incoherence, his expression wild, his a[illegible] violent and his speech of the loudest tho the [illegible] latter are apparently purposeless.

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) When brought to this house he was bound both at the wrists and ancles and yet his brother mentioned that this was not sufficient to prevent him from doing injury ~~both~~ either himself or others.

(SIGNED) *Name and Medical Designation,* Grierson M.B.C.

Place of Abode Southern Counties Asylum Dumfries

DATED this twentyeighth day of May one thousand eight hundred and sixty four

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 Adam Scott, journeyman joiner is a (1) Lunatic hereby further certify that the Case of the said Adam Scott is one of Emergency, and I recommend the immediate removal of the said Adam Scott to an Asylum accordingly.

Name, John Dickson M.D.

Place of Abode, Buccleuch Street Dumfries.

DATED this 28th day of May One thousand eight hundred and sixty four.

(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, Alexander Hannay (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) James Scott Annanside Cottage Moffat Certificates under the hands of John Dickson M.D. and Samuel Grierson 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) Adam Scott Journeyman Joiner Moffat and that the said Adam Scott is a (5) Lunatic and a person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said 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.

(SIGNATURE) Alex Hannay

DATED this thirtieth day of May one thousand eight hundred and sixty four

To the Superintendent of the (6) public Asylum of Southern Counties Dumfries

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

44

Adam Scott

25th May 1874

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

[Form **A**]

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

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

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

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

Moffat The Petition of James Scott Annanside Cottage humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Adam Scott my Brother is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Adam Scott to the Southern Counties Asylum and to sanction his admission into the said Asylum.

(Signature) James Scott

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

Dated this 25th (3) day of May One thousand eight hundred and Sixty Four

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Adam Scott
2. Sex and Age,	Male aged 24 Years.
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Journeyman Joiner
5. Religious Persuasion, so far as known,	Established Church of Scotland
6. Previous Place of Abode,	Moffat
7. Place where Found and Examined,	Moffat
8. Length of time Insane,	One week but doubtful
9. Whether first attack,	First time of attack
10. Age (if known) on first Attack,	
11. When and where previously under Examination and Treatment,	As where else
12. Duration of existing Attack,	Four days or so
13. Supposed Cause,	Religion
14. Whether subject to Epilepsy,	Never
15. Whether Suicidal,	cannot say yet
16. Whether Dangerous to others,	certainly & to himself
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Mary Scott Church St. Moffat Mother to the Patient
20. Special circumstances (if any) 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,* James Scott

Dated this 25th day of May One thousand eight hundred and 64

* To be signed by the Party applying.

P. p.

44
Adam Scott
25th May 1864

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, Dr Mc Kerr Surgeon R.N. Ret.
being a (1) Graduate Medical Practitioner
and being in actual practice as a (2) Surgeon & Physician
hereby certify, on soul and conscience, that I have this day, at (3) Dumfries in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) Adam Scott Pauper Lunatic
Dumfries Asylum and that
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)
Maniacal Aberration of Judgement &
Mr Mac the Judge & causing Fanciful
& Profane Conversation & Delusions

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Has been a good deal excited in his Manner
& Latterly since the Last Paroxysm Refused
Country

(SIGNED) *Name and Medical Designation,* D Mc Kerr Surgeon

Place of Abode, Dumfries Asylum

DATED this 25th day of May One thousand eight hundred and Sixty Four

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MEDICAL CERTIFICATE, No. II.

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

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

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

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

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

I, the undersigned, Samuel Gierson
being a (1) Member of the Royal College of Surgeons
of England
and being in actual practice as a (2) Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) the Southern
Counties Asylum Dumfries in the County of
Dumfries
separately from any other Medical Practitioner,
visited and personally examined (4) Adam Scott a Woman
Woman lately residing with his Mother and that
the said Adam 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) Great excitation
much declamation and incoherence
his actions are violent his speech of the
and both apparently purposeless

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
When brought to this house he was boun
at the wrists and ancles and yet his brother
that this was not sufficient to prevent him
injury either to himself or others.

(SIGNED) *Name and Medical Designation,* S Gierson M. D.

Place of Abode, Southern Counties Asylum

DATED this twenty fifth day of May One thousand eight hundred and sixty four.

No. I.

1824

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 Adam Scott formerly is a (1) Lunatic hereby further certify that the Case of the said Adam Scott is One of Emergency, and I recommend the immediate removal of the said Adam Scott to an Asylum accordingly.

Name, D. Mackenzie Lyon

Place of Abode, Bank Street Moffat

DATED this 25 day of May One thousand eight hundred and 64.

(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, (2) Sheriff Substitute of the (3) County of Dumfries having had produced to me, with a Petition at the instance of (4) James Scott Innerwick Cottage Moffat and Certificates under the hands of Daniel Kerr and Samuel 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 (5) Adam Scott Joiner residing in Moffat and that the said Adam 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 Adam Scott as a Patient into the (7) Public Asylum of Southern Counties Dumfries and I authorize this Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Adam Scott which accompanied the said Petition. Two certificates

(SIGNATURE)

DATED this twenty sixth day of May One thousand eight hundred and sixty four year

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

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Adam Scott
25th May 1864

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

[Form **A**]

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

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

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

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

The Petition of David Hutchison

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Agnes Hutchison or McCaa your Petitioner's (3) Aunt

(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 Hutchison or McCaa to the Southern Counties Asylum and to sanction her admission into the said Asylum.

David Hutchison

(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 May One thousand eight hundred and Sixty four years

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STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Agnes Hutchison or McCaa.
2. Sex and Age,	Female - probably 56 years.
3. Married, Single, or Widowed,	Widowed.
4. Condition of Life, and previous Occupation (if any),	Wife of Shepherd - House keeper
5. Religious Persuasion, so far as known,	Established Church of Scotland
6. Previous Place of Abode,	Upper Russo. Parish of Annock.
7. Place where Found and Examined,	Back St. Gatehouse.
8. Length of time Insane,	Several 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,	Several Months
13. Supposed Cause,	Death of Husband.
14. Whether subject to Epilepsy,	No -
15. Whether Suicidal,	No -
16. Whether Dangerous to others,	No - but less or more unmanageable.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Not a Pauper
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Wood head - Cumnock. Not aware of any -
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

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

Dated this 24th day of May One thousand eight hundred and Sixty four years

(*To be signed by Party applying*) David Hutchison

P. p.

MEDICAL CERTIFICATE, No. I.

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

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

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

(4) *Insert Designation and Residence, 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 Richardson being a (1) M.D. L.R.C.S.E. and being in actual practice as a (2) general practitioner hereby certify, on soul and conscience, that I have this day, at (3) Back Str Gatehouse of Fleet in the County of Kirkcudbright, separately from any other Medical Practitioner, visited and personally examined (4) Agnes Hutchison or McCa residing at Back Street Gatehouse and that the said Agnes Hutchison or McCaa is a (5) person of Unsound Mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) An unaccounti fear & dread that something is going to be done to her. Fancies all her relatives and friends are set against her; that letters and papers, in her possession for twenty years, have put them to condemn her. Fancies she smells coal tar & o

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

2. Other facts (if any) indicating Insanity communicated to me by others: (7) odours in her room & that she is to be suffocated. Her Sa says she frequently refuses to take food - that it is poisoned &c. &c. She has become quite unmanageable.

Name and Medical Designation, William Richardson M.D.

Place of Abode, Gatehouse of Fleet

DATED this 24th day of May One thousand eight hundred and Sixty four 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 Edward G. C. Dickson being a (1) M.D. L.R.C.S.E. &c and being in actual practice as a (2) general practitioner hereby certify, on soul and conscience, that I have this day, at (3) Back St Gatehouse of Fleet in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) Agnes Hutchison or McCa residing at Back St Gatehouse and that the said Agnes Hutchison or McCaa is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, 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 some is to be done to her; that people are interfering with her private matter deleting & altering part of ~~them~~ her books to Su

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

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) their own purpose, & to her disadv age. Quite unmanageable.

Name and Medical Designation, W. Edward G. C. Dickson

Place of Abode, Gatehouse of Fleet

DATED this 24th day of May One thousand eight hundred and Sixty four years

CERTIFICATE OF EMERGENCY.

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

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

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

DATED this day of One thousand eight hundred and

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

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

I, William Hyacinth Dunbar Esq (1) Steward Substitute
of the (2) Stewartry of Kirkcudbright
having had produced to me, with a Petition at the instance of (3)
Certificates under the hands of William Richardson
and William Edward G. C. Dickson, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
Agnes Hutchison McCaa , and that the said
Agnes Hutchison McCaa is a (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 Hutchison McCaa 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 Agnes Hutchison McCaa which accompanied the said Petition.

DATED this twenty fifth day of May One thousand eight hundred and Sixty four years.

W H Dunbar

To the Superintendent of the (6) Southern Counties Asylum of Dumfries.

W.H.

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

1/45

Agnes Hutchison
or McLaa
26. May 1864

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

[FORM A.]

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

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

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

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

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

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

(SIGNED) John Dinwoodie, Inspector

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

DATED this 27th (3) day of May One thousand eight hundred and Sixty four

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STATEMENT.

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

1. Christian Name and Surname of Patient at length,	Janet Carrie
2. Sex and Age,	Female 42 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,	Cherrytrees, Dumfries
7. Place where Found and Examined,	do do
8. Length of time Insane,	Since Sunday last
9. Whether first attack,	Second attack
10. Age (if known) on first Attack,	About 41 years
11. When and where previously under Examination and Treatment,	Cherrytrees & S. C. Asylum
12. Duration of existing Attack,	Since Sunday last
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,	27th May 1864.
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Not Known
20. Special circumstances (if any) 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 Dinwoodie Inspector

DATED this 27th day of May One thousand eight hundred and Sixty four

* To be signed by the Party applying.

P. S.

MEDICAL CERTIFICATE, No. I.

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

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

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

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

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

(6) *State the facts.*

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

I, the undersigned, William Marshall being a (1) Graduate of the Faculty of Surgeons and 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) Cherry trees Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Janet Corrie (a pauper) and that the said Janet Corrie is a (5) Lunatic and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Talks incoherently states that she believes her soul to in great danger and owing to this mind is kept in constant misery &c &c

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her sister states that she is in a constantly restless state of body and rambles a good deal in her conversation

(SIGNED) *Name and Medical Designation,* W Marshall M.D.

Place of Abode, Buccleuch Street Dumfries

DATED this 27th day of May One thousand eight hundred and sixty four 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, Samuel Gierson being a (1) Member of the Royal College of Surgeons of England and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) the Southern Counties Asylum Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Janet Corrie, a pauper on the poors roll of Dumfries parish and that the said Janet Corrie is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) There is considerable excitement, morbid domination of religious ideas, incoherence, and a restlessness with alternately great timidity & great self satisfaction

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her sister states that in early morning she had arisen and smashed a number of Bands of glass, & had interfered ~~with~~ so with the nurse of an invalid mother that she had not allowed the mother to partake of either food or drink during the entire day

(SIGNED) *Name and Medical Designation,* J. Gierson M.R.C.S.

Place of Abode, Southern Counties Asylum Dumfries

DATED this 28 day of May One thousand eight hundred and sixty-four

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 Janet Corrie is a (1) Lunatic hereby further certify that the Case of the said Janet Corrie is One of Emergency, and I recommend the immediate removal of the said Janet Corrie to an Asylum accordingly.

Name, Marshall M.D. &c

Place of Abode, Buchanan Street Dumfries

DATED this 27th day of May One thousand eight hundred and Sixty four Years

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

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

I, Alexander Hannay Esquire (2) Sheriff Substitute of the (3) County of Dumfries having had produced to me, with a Petition at the instance of (4) John Dinwoodie Inspector of Poor for the parish of Dumfries Certificates under the hands of William Marshall M.D. and Samuel Grierson M.D. Dumfries being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (1) Janet Corrie (a pauper) and that the said Janet Corrie is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Janet Corrie as a Patient into the (6) public Asylum of Southern Counties and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Janet Corrie which accompanied the said Petition.

A.C.

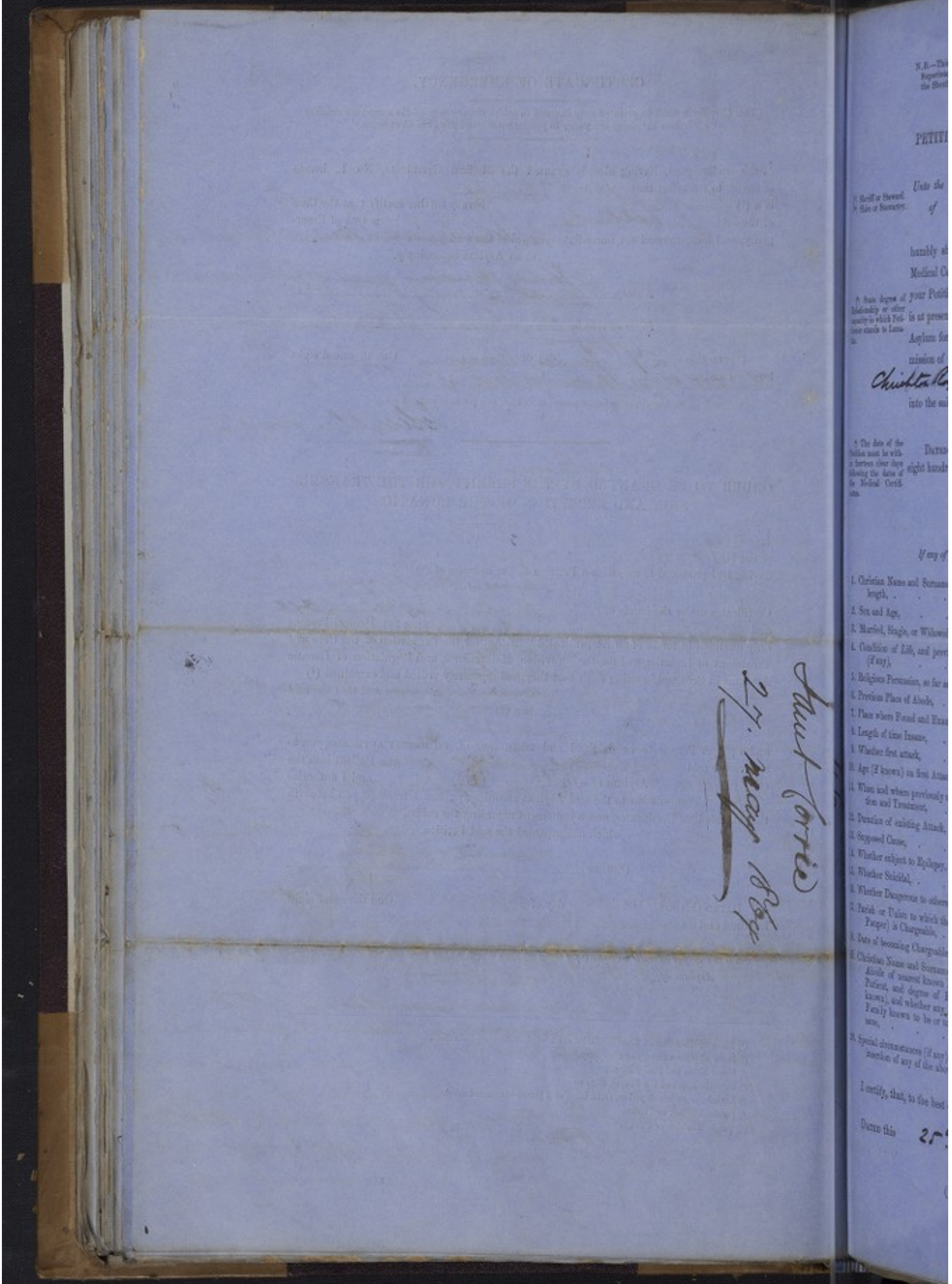
(SIGNED) Alex Hannay

DATED this Thirtieth day of May One thousand eight hundred and Sixty four

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

---

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



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

[FORM A]

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

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

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

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

The Petition of Sir Alex. Murray. Bart. of Philiphaugh humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Murray formerly of Newhouse 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 Murray 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.

John Murray

(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 May. One thousand eight hundred and sixty four.

STATEMENT.

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

1. Christian Name and Surname of Patient at length,	James Murray.
2. Sex and Age,	Male - 45 years of age.
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Retired from the Indian army in 1842.
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Resided at Newhouse near Selkirk
7. Place where Found and Examined,	for many years past.
8. Length of time Insane,	Only during short period -
9. Whether first attack,	
10. Age (if known) on first Attack,	— at the age of 22 —
11. When and where previously under Examination and Treatment,	— In a few months at Bangholm House near Edr. in 1844 (Patient. Info.).
12. Duration of existing Attack,	
13. Supposed Cause,	— Shipwreck, hardships in China &
14. Whether subject to Epilepsy,	repeated sun strokes —
15. Whether Suicidal,	
16. Whether Dangerous to others,	— No —
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	— Hardly the called dangerous —
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known 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 Murray of Philiphaugh Bart. - Brother of the Patient.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	No members nor relatives of the family known to have been insane —

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 sixty four.

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

P. p.

Alex. Torrie
Sec. Murray 1864

MEDICAL CERTIFICATE, No. I.

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

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Henry Scott Anderson being a (1) Member of the Royal College of Surgeons Edinburgh and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Beechwood Selkirk in the County separately from any other Medical Practitioner visited and personally examined (4) James Murray ~~pauper~~ at Beechwood. and the said James Murray is a (5) an and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Admitted Comp[lainer] Idiocy – occasional violent Maniacal attacks.

2. Other facts (if any) indicating Insanity communicated to me by others: (7) known as above by Visitors & Friends

Name and Medical Designation, H Scott Anderson M.D.

Place of Abode, Selkirk

DATED this 26th day of May One thousand eight hundred and sixty four.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, 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 Ballantyne being a (1) M. D of Edinburgh University and being in actual practice as a (2) Physician and surgeon hereby certify, on soul and conscience, that I have this day, at (3) Beechwood in the County Selkirk separately from any other Medical Practitioner visited and personally examined (4) James Murray and the said James Murray is became and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Demented with intercurrent maniacal attacks.—

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, Alex[r] Ballantyne M.D.

Place of Abode, Selkirk

DATED this 25th day of May One thousand eight hundred and sixty four

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, James Smith Milne (1) Sheriff Substitute
of the (2) County of Selkirk
having had produced to me, with a Petition at the instance of (3) Sir John Murray Bart. of Philiphaugh
Certificates under the hands of H. S. Anderson M.D
and Alex. Ballantyne 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) James Murray residing at Beechwood and that the said James Murray is a (5) insane person and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said James Murray as a Patient into the (6) private department Crichton Asylum of Dumfriesshire and 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 Murray which accompanied the said Petition.

DATED this 25th day of May One thousand eight hundred and sixty four

Jas. S. Milne

To the Superintendent of the (7) Royal (~~[illegible]~~ private Department) Crichton Asylum of Dumfriesshire

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

963
Emma Morton
30/6/64

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Shire *of* Dumfries *and his Substitutes,—*

...ge Colvend.

The Petition of Charles Bie, Solway View humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Isabella Bie 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 Isabella Bie 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.

Charles Bie

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this fourth (4) day of June One thousand eight hundred and sixty four

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Isabella Bie
2. Sex and Age,	Female - about 39 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Farmers daughter -
5. Religious Persuasion, so far as known,	A member of the Established Church
6. Previous Place of Abode,	Borland - Colvend.
7. Place where Found and Examined,	Solway View Cottage & the Asylum
8. Length of time Insane,	about 3 years
9. Whether first attack,	first attacks
10. Age (if known) on first Attack,	36 years
11. When and where previously under Examination and Treatment,	at the Crichton Institution, 1868
12. Duration of existing Attack,	Three years
13. Supposed Cause,	Revivalism!
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Charles Bie Solway View Cottage Colvend. Her 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 fourth day of June One thousand eight hundred and 64

(*To be signed by Party applying*) Charles Bie

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 S Kerr
being a (1) Graduate of Medicine. Glasgow.
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Southern
Counties Asylum in the County of
Dumfries. separately from any other Medical Practitioner
visited and personally examined (4) Isabella Bie lately resid
at the house of her Father, Colvend. — and that
the said Isabella Bie 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) Great excitement
Constant and incoherent talk, chiefly
about religious matters.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
She is often quarrelsome violent
most incoherent talk, about the devil. She
very restless & walks restlessly about all night.

Name and Medical Designation, William S Kerr MB

Place of Abode, Buccleuch St. Dumfries

DATED this Fourth day of June One thousand eight
hundred and sixty four.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Rickman
being a (1) Member of the Royal College of Surgeons of Engl
and being in actual practice as a (2) 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) Isabella Bie, daughter of
Bie lately farmer of Borland Colvend and that
the said Isabella Bie is a (5) person of
unsound mind and a proper person to be detained
under Care and Treatment, 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 greatly ex
excited, her delusions of plagueing with the
Devil and conspiring to her hurt — her de
are numerous and all absorbent.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
From Dr Gilchrist
She has been an inmate of the
Crichton Royal Institution lately an
removed therefrom in an unrecovered

Name and Medical Designation, J Rickman M.D.C.S.

Place of Abode, Southern Counties Asylum

DATED this fourth day of June One thousand eight
hundred and sixty four.

CERTIFICATE OF EMERGENCY. 6

(This Certificate authorizes 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 S Kerr being (1) a graduate of medicine. Glasgow hereby certify, on soul and conscience, that I have this day, at (2) Southern Counties Asylum in the County of Dumfries, seen and personally examined Isabella Bie, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

William S Kerr M.D.

DATED this Fourth day of June One thousand eight hundred and Sixty four

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, R Brander Hannay (3) Sheriff Substitute of the (4) County of Dumfries having had produced to me, with a Petition at the instance of (5) Charles Bie, Solway-view Cottage, Colvend Certificates under the hands of William S. Kerr, M.D. Dumfries, and Samuel Grierson, Surgeon Dumfries, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (6) Isabella Bie, Solway view Cottage, Colvend, and that the said Isabella Bie is a (7) 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 Bie 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 Isabella Bie which accompanied the said Petition.

DATED this Sixth day of June One thousand eight hundred and sixty four years.

R Brander Hannay

To the Superintendent of the (9) Asylum of Public Southern Counties Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

Isabella Rice
4th June 1864

(†) Sheriff or Steward.
(†) Shire or Stewartry.

(*) The date of the Petition must be within fourteen clear days following the date of the Medical Certificates.

1. Christian Name and Surname in full length, .
2. Sex and Age, .
3. Married, Single, or Widow
4. Condition of Life, and Occupation (if any), .
5. Religious Persuasion, so far as known,
6. Previous Place of Abode,
7. Place where Found and By Whom,
8. Length of time Insane,
9. Whether First Attack,
10. Age (if known) on First Attack,
11. When and where previously under Observation and Treatment,
12. Duration of Existing Attack,
13. Supposed Cause, .
14. Whether subject to Epileptic Fits,
15. Whether Suicidal, .
16. Whether Dangerous to others,
17. Parish or Union to which Pauper) is Chargeable,
18. Date of Becoming Chargeable,
19. Christian Name and Surname in full, Abode of nearest known Relative of Patient, and degree of Relationship (if known), and whether Patient is Family known to be under the care,
20. Special circumstances (if any) rendering insertion of any of the foregoing

I certify, that, to the best of my knowledge and belief, the above statements are true.

DATED this 6th day of June

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

20 & 21 *Vict., Cap.* 71, *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Shire *of* Dumfries *and his Substitutes,—*

The Petition of David Richardson farmer Haregill parish of Hoddam humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that George Richardson my brother is at present in a state of Mental Derangement and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said George Richardson to the Southern Counties Asylum and to sanction his admission into the said Asylum.

(SIGNATURE) David B. Richardson.

(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 June one thousand eight hundred and Sixty four

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	George Richardson
2. Sex and Age,	Male aged 36
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Drapers
5. Religious Persuasion, so far as known,	Church of Scotland
6. Previous Place of Abode,	Prestonfield near Annan
7. Place where Found and Examined,	do
8. Length of time Insane,	Several years
9. Whether First Attack,	no
10. Age (if known) on First Attack,	several years ago
11. When and where previously under Examination and Treatment,	at Southern Counties Asylum a year ago
12. Duration of Existing Attack,	about 3 weeks
13. Supposed Cause,	unknown
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	doubtful
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name 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 Richardson farmer Prestonfield near Annan an Elder Brother — who knows no other member of his family who was 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.

(SIGNATURE)* *Name,* David B. Richardson

DATED this Sixth day of June one thousand eight hundred and Sixty four

* To be Signed by the Party applying.

P. p.

Isabella Bice
4th June 1864

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Edinburgh and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Prestonfield in the Parish of Annan in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) George Richardson residing with his brother at Prestonfield and that the said George Richardson is a (5) Lunatic and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts*

1. Facts indicating Insanity observed by myself: (6) His excited appearance and restlessness

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His brother states he threatened to shoot [illegible] with a Pistol which he said he had secr[illegible] about his person & his sister says that [illegible] has struck her violently about the he[illegible]

(SIGNED) *Name and Medical Designation,* Thos Williamson

Place of Abode, Annan

DATED this fifth day of June One thousand eight hundred and sixty four years

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MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Samuel Gierson being a (1) Member of the Royal College of Surgeons of England and being in actual practice as a (2) Surgeon & hereby certify, on soul and conscience, that I have this day, at (3) the Southern Counties Asylum Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) George Richardson, a draper but lately residing at Prestonfield, Annan and that the said George Richardson is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts*

1. Facts indicating Insanity observed by myself: (6) There is great restlessness of manner, a wild expression of countenance, a general tremor of body with hesitancy of speech. He was formerly an inmate of the Asylum and was removed therefrom in an [illegible]

State a few months ago

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) His brothers John & David state that during the past week he has been very wild and [illegible] and had made repeated savage attacks upon his sister &c &c

(SIGNED) *Name and Medical Designation,* S. Gierson M.R.C.S.

Place of Abode Southern Counties Asylum Dumfries

DATED this Sixth day of June one thousand eight hundred and sixty-three

CERTIFICATE OF EMERGENCY.

(This certificate authorizes the detention of a Patient in an Asylum for a period of twenty-four hours without the Order of the Sheriff, and shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a second Medical Certificate and the Order of the Sheriff.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that George Richardson Prestonfield is a (1) Lunatic hereby further certify that the Case of the said George Richardson is one of Emergency, and I recommend the immediate removal of the said George Richardson to an Asylum accordingly.

Name, Thomas Williamson

Place of Abode, Annan

DATED this fyfth day of June One thousand eight hundred and Sixty four

(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, Alexander Hannay (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) David Richard: Son Farmer Haregills parish of Hoddam Certificates under the hands of Thomas Williamson and Samuel Gurson, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Geo. Richardson Prestonfield Annan and that the said Geo. Richardson is a (5) Lunatic and a person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Geo. Richardson as a Patient into the (6) Public Asylum of Southern Counties and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said George Richard: son which accompanied the said Petition.

(SIGNATURE) Alex Hannay

DATED this Sixth day of June one thousand eight hundred and Sixty four years

To the Superintendent of the (2) 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.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained,

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Shire *of* Dumfries *and his Substitutes,*—

The Petition of Mrs Elizabeth Burnside Buccleugh [illegible] Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Miss Elizabeth Donaldson, gentlewoman your Petitioner's (3) ~~Guardian~~ Ward is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Miss Elizabeth Donaldson 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 Burnside

(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 June One thousand eight hundred and sixty four

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Miss Elizabeth Donaldson
2. Sex and Age,	female 46
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Gentlewoman
5. Religious Persuasion, so far as known,	Established Church of Scotland
6. Previous Place of Abode,	Buccleuch Street Dumfries
7. Place where Found and Examined,	Buccleuch Street - Dp
8. Length of time Insane,	six weeks
9. Whether first attack,	No
10. Age (if known) on first Attack,	42
11. When and where previously under Examination and Treatment,	Morningside and Crichton Institution Dp
12. Duration of existing Attack,	six weeks
13. Supposed Cause,	death of mother
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,	Her sister - Margaret Donaldson Catchy in 36 Walker Street Edinburgh Now in England
20. Special circumstances (if any) preventing the 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 June One thousand eight hundred and sixty four.

(*To be signed by Party applying*) Elizabeth Burnside

P. p.

George Richardson
6 Jun 1864

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or an* Insane person, *or an* idiot, *or a* person of unsound mind.

I, the undersigned, John Dickson M.D. being a (1) graduate of the University of Edinburgh and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Crichton Institution Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Mrs Elizabeth Donaldson, gentlemen lately resident at Buccleuch Street Dumfries and that the said Mrs Elizabeth Donaldson 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) great restlessness sleeplessness. Is melancholy & depressed; believes at times she has lost the sense of sight and that the power of language is gradually failing her.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) This condition has been gradually increasing since her mothers death. Has been in the Crichton Institution before

Name and Medical Designation, John Dickson M.D.

Place of Abode, Buccleuch Street Dumfries

DATED this eighth day of June One thousand eight hundred and sixty four.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, *or an* Insane person, *or an* idiot, *or a* person of unsound mind.

I, the undersigned, James Gilchrist M.D. being a (1) graduate of the University of Edinburgh and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Crichton Institution Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Elizabeth Donaldson gentlewoman lately resident at Buccleuch ~~the said~~ and that the said Elizabeth Donaldson is a Lunatic and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) The patient exhibits the usual symptoms of melancholia, depression of spirits, vague fears of coming evil, restlessness, sleeplessness, confusion of thought and fear.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Is believed by her attendants to have suicidal intentions. Was in the Crichton Institution before and is anxious to return to secure her personal safety

Name and Medical Designation, J. Gilchrist M.D.

Place of Abode, Crichton House Dumfries

DATED this tenth day of June One thousand eight hundred and sixty four

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned John Dickson M.D. being (1) a Graduate of the University of Edinburgh hereby certify, on soul and conscience, that I have this day, at (2) Crichton Institution in the County of Dumfries, seen and personally examined Mrs Elizabeth Donaldson, gentlewoman, and that the said person is of unsound mind, and 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 Dickson M.D.

DATED this eighth day of June One thousand eight hundred and sixty four.

(1) 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 Pitcairn Trotter~~ (1) Sheriff Substitute of the (2) County of Dumfries, having had produced to me, with a Petition at the instance of (3) Elizabeth Burnside, Buccleuch Place Dumfries Certificates under the hands of John Dickson, M.D. and James Gilchrist, M.D., being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Elizabeth Donaldson, Buccleuch Street, Dumfries and that the said Elizabeth Donaldson — is a (5) Lunatic, and an ~~person of unsound mind~~ insane person and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Elizabeth Donaldson 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 Donaldson which accompanied the said Petition.

DATED this 2 ~~Eleventh~~ day of June — One thousand eight hundred and Sixty four

Strike words to delete — John P. Trotter

To the Superintendent of the (7) public *Asylum of* Crichton Royal Institution

paid. Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) County *of* Wigtown *and his Substitutes,—*

The Petition of William Henry Hughan

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Elizabeth MacMannus Pauper your Petitioner's (3) is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Elizabeth MacMannus 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.

W. H. Hughan

(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 Sixty Four.

Ch. Constable
Stranraer Police Station

STATEMENT.

If any 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 MacMannus.
2. Sex and Age,	a Female, Eighteen years of age.
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	a Pauper and previously occupied in domestic duties
5. Religious Persuasion, so far as known,	Roman Catholic.
6. Previous Place of Abode,	Born in Ireland, but living at Newtonstewart from infancy.
7. Place where Found and Examined,	Gorbals, Newtonstewart.
8. Length of time Insane,	Four Weeks
9. Whether first attack,	First attack
10. Age (if known) on first Attack,	Seventeen years, eight months.
11. When and where previously under Examination and Treatment,	Not before, under treatment for insanity.
12. Duration of existing Attack,	Four Weeks.
13. Supposed Cause,	Cause unknown
14. Whether subject to Epilepsy,	Not subject to Epilepsy
15. Whether Suicidal,	Not suicidal
16. Whether Dangerous to others,	To others not dangerous.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Penninghame.
18. Date of becoming Chargeable,	6 June 1864
19. Christian Name 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,	Patrick MacMannus, Gorbals, Newtonstewart, Father. No member of family insane even known to have been previous to Elizabeth MacMannus.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 7th day of June One thousand eight hundred and Sixty Four.

(*To be signed by Party applying*) W. H. Hughan
Inspector

P. S.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Fergus McKenna being a (1) Licentiate of the Faculty of Physicians & Surgeons of Glasgow and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Gorbals in the County of Newton Stewart Wigtown separately from any other Medical Practitioner, visited and personally examined (4) Elizabeth McMannis Pauper and that the said Elizabeth McMannis is a (5) Person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

She talks incoherently & has attempted to leave the house in spite of her attendants

(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 the Matron that she is getting daily worse & more unmanageable

Name and Medical Designation, Fergus McKenna Surgeon

Place of Abode, Newton Stewart

DATED this Seventh day of June One thousand eight hundred and Fifty-four

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Smith being a (1) Licentiate of the Royal College of Glasgow and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Gorbals ~~Newton Stewart~~ Wigton in the County of separately from any other Medical Practitioner, visited and personally examined (4) Elizabeth McManus Pauper and that the said Elizabeth McManus is a (5) Person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She talks incoherently, and made several attempts to escape from her attendants

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

I am told she has lately become quite furious

Name and Medical Designation, Charles Smith Surgeon

Place of Abode, Newton Stewart

DATED this Seventh day of June One thousand eight hundred and fifty four

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) 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 Eymer Advocate Sheriff-Substitute (1)
of the (2) County of Moffat
having had produced to me, with a Petition at the instance of (3) William Henry Hughan
Inspector of Poor
Certificates under the hands of Fergus McKenna Surgeon
and Charles Smith 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)
Elizabeth Mc Mannus Pauper and that the said
Elizabeth Mac Mannis is a (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 Mac Mannus 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 Mac Mannus which accompanied the said Petition.

DATED this seventh day of June One thousand eight hundred and sixty four

M. Rhind Eymer Sheriff

To the Superintendent of the (7) Southern Counties
Asylum of Dumfries

3

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

49
Elizabeth McManus
8th June 1864

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

20 & 21 *Vict., Cap.* 71, *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Unto the Honourable the (1) Sheriff of the (2) Shire of Dumfries and his Substitutes,—

(1) Sheriff or Steward.
(2) Shire or Stewartry.

The Petition of James Thomson Mount Annan humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that his daughter Mary Thomson is at present in a state of Mental Derangement and 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 Thomson to the Crichton Royal Institution and to sanction her admission into the said Asylum.

(SIGNATURE) James Thomson

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Ninth (3) day of June one thousand eight hundred and sixty four.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Mary Thomson
2. Sex and Age,	Female, age 43 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 - Church of Scotland
6. Previous Place of Abode,	Mount Annan.
7. Place where Found and Examined,	Do.
8. Length of time Insane,	Six 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,	Six days.
13. Supposed Cause,	Failure from watching.
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
18. Date of becoming Chargeable,	—
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	James Thomson, Patient's 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.

(SIGNATURE)* *Name*, James Thomson

DATED this Ninth day of June one thousand eight hundred and sixty four.

* To be Signed by the Party applying.

P. p.

MEDICAL CERTIFICATE, No. I.

I, the undersigned, Agnew Black Boyle,
being a (1) Physician - Med. of the University of Edinburgh
and being in actual practice as a (2) Physician in Annan
hereby certify, on soul and conscience, that I have this day, at (3) 9 Mount-
-Annan
Dumfries
in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) Mary Kinnear, servant.
to Miss Dixon
and that
the said Mary Kinnear 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) General derangement of Mental faculties. In very violent - sometimes furious & prone to destroy everything within her reach.

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Talks incoherently at all times - mixes up religious & ill- other matters in most bizarre language. At times violent, raging & has had down in

Jas: Kinnear - father of Mary Kinnear.
Nurse Bouchman at present Annan

(SIGNED) Name and Medical Designation, A. B. Boyle. M.D.

Place of Abode, Irvine Park. Annan

DATED this Ninth day of June One thousand eight hundred and Eighty four years.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) *Physician or Surgeon, or otherwise, as the case may be.*
(3) *Insert the street and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper state so.*
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) *State the facts.*
(7) *State the information, and from whom derived.*

MEDICAL CERTIFICATE, No. II.

I, the undersigned, James Gilchrist M.B.
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) Cleckhow
Hightae Dumfries
in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) Mary Thomson a
domestic servant from Mount Annan
and that
the said Mary Thomson is a (5) Person
of unsound Mind
and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) Is excited and incoherent

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Has been violent and requires to be assisted by her attendant.

(SIGNED) Name and Medical Designation, J. Gilchrist M.B.

Place of Abode Cleckhow Hightae

DATED this twelfth day of June one thousand eight hundred and Eighty four

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.
(2) *Physician or Surgeon, or otherwise, as the case may be.*
(3) *Insert the street and number of the house (if any), or other like particulars.*
(4) *Insert Designation and Residence, and if a Pauper state so.*
(5) Lunatic, or 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 Mary Thomson — is a (1) Lunatic (state mania) hereby further certify that the Case of the said Mary Thomson — is one of Emergency, and I recommend the immediate removal of the said to an Asylum accordingly.

Name, A. P. Boyle, M.D.

Place of Abode, Bridge Park, Annan

DATED this Sixth day of June One thousand eight hundred and sixty four years.

(1) Lunatic or an insane person, or an idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, John Pitcairn Sutter Esquire (1) Advocate Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) James Thomson Mount Annan Certificates under the hands of Agnew Black Boyle M.D. Annan and James Gilchrist M.D. Crichton Institution, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Thomson domestic servant Mount Annan and that the said Mary Thomson is a (5) Lunatic and a person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Mary Thomson as a Patient into the (6) public Asylum of Crichton Royal Institution and I authorize the Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mary Thomson which accompanied the said Petition.

(SIGNATURE) J. Pitcairn Sutter.

DATED this Sixth day of June one thousand eight hundred and sixty four years

To the Superintendent of the (6) 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, or Private.

966
v Mary Thompson
9/6/64

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) County *of* Dumfries *and his Substitutes.*

The Petition of Anne Buchanan Weston Terrace Rockferry Cheshire

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Moses Buchanan

(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 Moses Buchanan to the Institution Royal Infirmary and to sanction his admission into the said Asylum.

in lieu Buchanan

Anne Buchanan

(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 June One thousand eight hundred and sixty four

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Moses Buchanan
2. Sex and Age,	Male. – 37
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Merchant
5. Religious Persuasion, so far as known,	Presbyterian
6. Previous Place of Abode,	Weston Terrace, Rockferry, Cheshire
7. Place where Found and Examined,	Castle Douglas.
8. Length of time Insane,	Two Months.
9. Whether first attack,	First attack
10. Age (if known) on first Attack,	37
11. When and where previously under Examination and Treatment,	Never previously under treatment
12. Duration of existing Attack,	Two months
13. Supposed Cause,	Commercial Losses
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,	Anne Orr Buchanan, wife 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 Thirteenth day of June One thousand eight hundred and Sixty four

(*To be signed by Party applying*) Anne Buchanan Petitioner

P. g.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Patrick Anderson
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) St. Andrews
Castletonglas
Steuarty of Kirkcudbright in the County of separately from any other Medical Practitioner,
visited and personally examined (4) Moses Buchanan, Merchant. Westlea
Terrace. Rockferry. Cheshire and that
the said Moses Buchanan is a (5) person of unsound mind
and a proper person to be detained under Care and Treatment, 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 appearance of dejection and bellumination generally of a melancholy and gloomy character, and conversation that he frequently dwelled by self accusations of his own hopeless - the likelihood that his Stomach and other organs have ceased to perform their functions -

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
The Revd Mr Kay informs me that similar facts have been stated by him -

Name and Medical Designation, Patk. Anderson L.R.C.S.E.

Place of Abode, Castletonglas

DATED this Twelfth day of June One thousand eight hundred and Sixty four -

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MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, James McGavin MD
being a (1) Graduate of the University of Edinburgh & Physician
and being in actual practice as a (2)
hereby certify, on soul and conscience, that I have this day, at (3) Cruxton
Institution Dumfries in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Moses Buchanan Merchant
Western Terrace Rock Ferry, Cheshire and that
the said Moses Buchanan is a (5) person of unsound Mind
and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Suffers from Hypochondriacal Melancholia. Delusions that Spirits haunt & follow him as a punishment for his sins

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Is said to be getting worse - does not sleep - cannot attend to work

Name and Medical Designation, J. McGavin M.D.

Place of Abode, Cruxton House Dumfries

DATED this Ninth day of June One thousand eight hundred and sixty four

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, Patrick Anderson being (1) a Licentiate of the Royal College of Surgeons Edinburgh hereby certify, on soul and conscience, that I have this day, at (2) St. Andrews Street Castledougles in the ~~County of~~ Stewartry of Kirkcudbright, seen and personally examined Moses Buchanan Merchant Western Terrace Cheshire, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Patrick Anderson L.R.C.S. Edin

DATED this Twelfth day of June One thousand eight hundred and sixty four

(1) 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 Litcairn Trotter (1) Advocate Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Ann Buchannan Western Terrace Rockferry Cheshire Certificates under the hands of Patrick Anderson Surgeon and James Gilchrist Physician, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Moses Buchannan Merchant Western Terrace Rockferry Cheshire and that the said Moses Buchannan is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Moses Buchannan 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 Moses Buchannan which accompanied the said Petition.

DATED this ~~thirteenth~~ day of June One thousand eight hundred and sixty four. The word "thirteenth" delete.

John P. Trotter

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.

Dumfries 16th June 1864. Having considered the foregoing Petition relative Medical Certificates and relative Certificate of Emergency, In respect of the discrepancy between the date of the Medical Certificate No 2 and the date of the Certificate of Emergency, Declines Hoc Situ to grant the prayer of the Petition; Reserving to resume Consideration of the same upon Explanation being given of the cause of such discrepancy.

John P. Nott

Dumfries 17 June 1864. Having again considered this Petition with letter addressed to the Sheriff clerk by J. Gilchrist of date the 16th current; In respect the Certificate of Emergency applying to said Petition bears date the 12th of June current, whereas the Medical Certificate No 2 bears that Moses Buchanan within named was examined at the Crichton Institution on the 9th of June, and further in respect that it appears from the said dates either there is an error in the date of the Medical Certificate No 2 or that the Moses Buchanan was received into said Institution without the authority of a Certificate of Emergency, - Before further answer Remits to the Procurator Fiscal to make Enquiry into the whole Circumstances of the and to report quam primum.

John P. Nott

On Mon. 18 June 1864. Having heard the Petition by the Procurator Fiscal, Finds that there has been great irregularity in granting the Medical Certificate No 2 not of the date it bears; but in respect of the Procurator Fiscal's Explanation, Finds that the Warrant may be granted.

John P. Nott

The date of the Medical Certificate is that of the day on which the patient was visited and therefore perfectly regular: to have dated it on any other day than that on which the patient was visited would not only have been irregular but illegal.

J. Gilchrist

967
Moses Buchanan
18/6/64

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) County of Wigtown *and his Substitutes,—*

The Petition of W H Hughan

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Elizabeth Mackie or Macklerrie Pauper your Petitioner's (3) is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Elizabeth Mackie Macklerrie 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.

W H Hughan Inspector.

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this 15th (4) day of June One thousand eight hundred and Sixty Four.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Elizabeth Mackie or Macklerrie
2. Sex and Age,	A Female Thirty four years of age.
3. Married, Single, or Widowed,	Married.
4. Condition of Life, and previous Occupation (if any),	Husband a Joiner.
5. Religious Persuasion, so far as known,	Established Protestant Religion
6. Previous Place of Abode,	Spittal Bridge Penningham
7. Place where Found and Examined,	Spittal Bridge Penningham
8. Length of time Insane,	Nine weeks
9. Whether first attack,	First attack
10. Age (if known) on first Attack,	Thirty four years
11. When and where previously under Examination and Treatment,	Never under previous examination
12. Duration of existing Attack,	Nine weeks.
13. Supposed Cause,	Derangement of milk and weakness after birth of child.
14. Whether subject to Epilepsy,	Never.
15. Whether Suicidal,	She is so now, but not previous to attack.
16. Whether Dangerous to others,	Yes.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Penningham.
18. Date of becoming Chargeable,	15 June 1864.
19. Christian Name 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 Mackie, husband, Joiner at Spittal Bridge Penningham. Barbara Macklerrie, mother Munnigoff. Never any members of her family known to have been insane before.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 15th day of June One thousand eight hundred and Sixty Four.

(*To be signed by Party applying*) W H Hughan 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, Forgus McKenna being a (1) Licentiate of the Faculty of Physicians & Surgeons of Glasgow and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Spittal Bridge Parish of Cunningham in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) Elizabeth McKie and that the said Elizabeth McKie 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)

She talks foolishly, & if not confined would be dangerous to herself, & her attendants

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

She has a great desire to visit the water & imagines she can walk upon it

Name and Medical Designation, Forgus McKenna Surg.

Place of Abode, Newton Stewart.

DATED this Sixteenth day of June One thousand eight hundred and Sixty four.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g., Member of the Royal College of Physicians in Edinburgh.*

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Smith being a (1) Licentiate of the Royal College of Glasgow and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Spittal Bridge Parish of Cunningham in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) Elizabeth McKie and that the said Elizabeth McKie 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) Talks foolishly and if not under restraint, would be dangerous to herself an her attendants.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

She has a great desire to visit the water and imagines she can walk upon it. She has likewise a great desire to procure Sharp cutting Instruments

Name and Medical Designation, Charles Smith Surgeon

Place of Abode, Newton Stewart

DATED this Sixteenth day of June One thousand eight hundred and Sixty four

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) 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
(1)
of the (4) County of Wigtown
having had produced to me, with a Petition at the instance of (5) W. H. Hughan
Inspector of Poor
Certificates under the hands of Fergus McKenna Surgeon
and Charles Smith 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 (6)
Elizabeth Mackie or Mac Clerie pauper and that the said
Elizabeth Mackie or Mc Clerie is a (7) an insane person
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Elizabeth Mackie or Mac Clerie as a Patient into the (8) 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 Mackie or Mac Clerie which accompanied the said Petition.

DATED this fifteenth day of June One thousand eight hundred and Sixty four

A. Rhind

To the Superintendent of the (9) 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.

50

Elizabeth McKie
or MacCurrie
16th June 1864

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

20 & 21 *Vict., Cap.* 71, *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Unto the Honourable the (1) Sheriff of the (2) County of Dumfries and his Substitutes,—

(1) Sheriff or Steward.
(2) Shire or Stewartry.

The Petition of Robert Scott inspector of Poor, Rerrick

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that William Maxwell Labourer now a Pauper is at present in a state of Mental Derangement and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said William Maxwell to the ~~Southern Counties Asylum~~ Southern Counties Asylum and to sanction his admission into the said Asylum.

(SIGNATURE) Robt Scott Insp^r of Poor

(*) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Fifteenth (*) day of June one thousand eight hundred and Sixty four

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STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	William Maxwell
2. Sex and Age,	Male - 60
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,	auchencairn
7. Place where Found and Examined,	auchencairn
8. Length of time Insane,	since 20th May 1864
9. Whether First Attack,	yes
10. Age (if known) on First Attack,	60
11. When and where previously under Examination and Treatment,	never was before
12. Duration of Existing Attack,	four weeks
13. Supposed Cause,	Depression of spirits
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,	Rerrick
18. Date of becoming Chargeable,	15 June 1864
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Mary maxwell his sister at Kirkcudbright was insane in the years 1849. 1850
20. Special circumstances (if any) 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, Robt Scott Inspector of Poor

DATED this Fifteenth day of June one thousand eight hundred and Sixty four

* To be Signed by the Party applying.

P. T.

Sheriff Clerk Office
Shire Office
Dumfries 1864

MEDICAL CERTIFICATE, No. I.

I, the undersigned, Grigor Meine being a (1) Member of the Royal College of Surgeons E

and being in actual practice as a (2) General practitioner 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) William Maxwell Labourer Auchencairn a Pauper, and that the said William Maxwell is a (5) insane person and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) He thinks that he has been guilty of a crime for which he imagines he is to suffer ~~death~~ capital punishment & on asking him particulars what the crime was he said the crime of Sodom, Cunnilingus & Fellatio & seemed in great distress of mind

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His wife told me that he has repeatedly threatened to commit suicide & destruction and McGregor the district police officer told me that he had threatened violence to Mrs. Scott ~~Hotel~~ Keeper Auchencairn.

(SIGNED) Name and Medical Designation, Grigor Meine

Place of Abode, Auchencairn

DATED this 15th day of June One thousand eight hundred and sixty four.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information, and from whom derived.*

MEDICAL CERTIFICATE, No. II.

I, the undersigned, Patrick Anderson being a (1) Licentiate of the Royal 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) Auchencairn in the ~~County of~~ Stewartry of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) William Maxwell, Labourer, Auchencairn a Pauper and that the said William Maxwell is a (5) Lunatic and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) He believes that he has been guilty of such sin as renders his Salvation hopeless and that some great calamity involving the murder and immediate death of all his family is about to befall him and in all subjects interdicts the most gloomy views

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) His wife informs me that he has threatened to commit Suicide, and that he is constantly talking about the lost condition of his soul

(SIGNED) Name and Medical Designation, Patk. Anderson L.R.C.S.E.

Place of Abode Castle Douglas

DATED this Fifteenth day of June one thousand eight hundred and Sixty four

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or 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 undersignol, 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, John Pitcairn Fuller Esquire(2) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Robert Scott Inspector of Poor Kirriek Certificates under the hands of Gregor Skene and Patrick Anderson, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) William Maxwell, Labourer, Auchencairn, a pauper and that the said William Maxwell is a (5) insane person and a Lunatic and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said William Maxwell as a Patient into the (6) Public Asylum of Southern Counties Dumfries and I authorize this Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said William Maxwell which accompanied the said Petition.

(SIGNATURE) John P. Fuller

DATED this Sixteenth day of June one thousand eight hundred and Sixty four

To the Superintendent of the (7) Public Asylum of Southern Counties Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, or Private.

1/67

William Maxwell

16th June 1864

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) County of Dumfries *and his Substitutes,*—

The Petition of John McLellan, Insp^r of Poor, Parish of Annan humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Murray, Son of and residing with James ~~your Petitioners~~ (3) Murray, Labourer, in Annan is at present in a state of Mental Derangement, and 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 Murray 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 McLellan Insp^r of Poor parish of Annan

(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 June One thousand eight hundred and sixty four years

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STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	John Murray
2. Sex and Age,	Male aged 15
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Living in Family with Parents
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Town and Parish of Annan
7. Place where Found and Examined,	Murray Street in Annan
8. Length of time Insane,	From Infancy
9. Whether first attack,	Continuation of Mental disease
10. Age (if known) on first Attack,	
11. When and where previously under Examination and Treatment,	Has been all along living in Family with his Parents in Annan
12. Duration of existing Attack,	Some years.
13. Supposed Cause,	Diseased Brain
14. Whether subject to Epilepsy,	Subject to Epileptic Fits
15. Whether Suicidal,	Not Suicidal
16. Whether Dangerous to others,	not dangerous to others
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Chargeable to the Parish of Annan
18. Date of becoming Chargeable,	5th August 1862 as a Lunatic
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	James Murray, Stone Breaker &c. Murray Street Annan Lunatics Father. not known
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this Fourteenth day of June One thousand eight hundred and sixty four years

(*To be signed by Party applying*) John McLellan Insp^r of Poor parish of Annan

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Agnew Black Bogie, being a (1) Physician - M.D. 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) His Fathers House, Murray St Annan — in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) John Murray, Pauper, Murray St Annan — and that the said John Murray, is a (5) Insane person, almost a complete 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) A peculiar Idiotic Countenance, no expression of thought, only a vague unmeaning look. Has no power of speech, only an utterance of a few words.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Very mischievous - given to pilfering. Habits are very filthy.

from Father & Mother, & Inspector of Poor.

Name and Medical Designation, A. B. Bogie. M.D.

Place of Abode, Mids Park, Annan

DATED this fourteenth day of June One thousand eight hundred and sixty four 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, Wm Ewart being a (1) Licentiate of the Royal College of Surgeons in Edinburgh and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Murray Street Annan, Dumfries in the County of separately from any other Medical Practitioner visited and personally examined (4) John Murray Pauper Murray Street, Annan and that the said John Murray 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) General appearance, vacant expression of countenance, and unmeaning mutterings

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Habits filthy, given to thieving, and mischievous

from Father & Mother & Neighbours

Name and Medical Designation, Wm Ewart, Surgeon

Place of Abode, Edgar Street Annan

DATED this fourteenth day of June One thousand eight hundred and sixty four years

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) 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 Ogilvie Trotter Esqre (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) John McLellan Inspector of Poor of the Parish of Annan
Certificates under the hands of Agnew Black Boyle M.D. Annan
and William Ewart Surgeon 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) John Murray, Murray Street, Annan, a Pauper and that the said John Murray is a (5) Insane person and Idiot

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said John Murray 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 Murray which accompanied the said Petition.

DATED this Fifteenth day of June One thousand eight hundred and Sixty four years

28

J. Ogilvie Trotter.

To the Superintendent of the (7) Public Asylum of Southern Counties Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or 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 *and his Substitutes,—*

The Petition of Mary Creighton Penrith Cumberland

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Jane Wilcock

(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 Jane Wilcock to the Crichton Institution Dumfries and to sanction her admission into the said Asylum.

Mary Creighton.

(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 June One thousand eight hundred and sixty four.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Jane Wilcock
2. Sex and Age,	Female — 56. years of age
3. Married, Single, or Widowed,	Widow all her life
4. Condition of Life, and previous Occupation (if any),	Has been in independent Circumstances
5. Religious Persuasion, so far as known,	Roman Catholic
6. Previous Place of Abode,	Lytham in Lancashire
7. Place where Found and Examined,	—
8. Length of time Insane,	about a month
9. Whether first attack,	yes
10. Age (if known) on first Attack,	—
11. When and where previously under Examination and Treatment,	—
12. Duration of existing Attack,	about a month
13. Supposed Cause,	Litigation
14. Whether subject to Epilepsy,	yes
15. Whether Suicidal,	no
16. Whether Dangerous to others,	Has struck at the Servant
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 Creighton St Katharines Penrith Sister Sister has been in Colney Hatch 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 16th day of June One thousand eight hundred and Sixty four

(*To be signed by Party applying*) Mary Creighton.

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Jones
being a (1) Fellow of the College of Surgeons England
and being in actual practice as a (2) Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) St Katharines
Tower Lane, Penrith in the County
Cumberland separately from any other Medical Practitioner
visited and personally examined (4) Jane Wilcock
Gentlewoman residing at St Catharines and that
the said Jane Wilcock is a (5) person
of unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
That she refuses food, because she suppose that it is
mixed with something that will cause to her health. That
she has delusions of persons making [illegible] by Cats, that
is not properly treated & likely to be poisoned by her friends — Refuses to see her sons, that
is uncertain about Chancery suits & that she has claims for rents

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
That the will escape if not restrained — that she
has several times scaled the walls even to obtain
her clothes. This the Rev. Robt Smith communicated to me

Name and Medical Designation, William Jones F.R.C.S.

Place of Abode, Crown Square Penrith Cumberland

DATED this fifteenth day of June One thousand eight
hundred and sixty four

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Jenson
being a (1) Doctor of Medicine of the University of Edinburgh
& Member of the College of Surgeons of England
and being in actual practice as a (2) Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) St Katharines
Tower Lane Penrith in the County of
Cumberland separately from any other Medical Practitioner
visited and personally examined (4) Jane Wilcock, Gentlewoman
St Katharines Penrith and that
the said Jane Wilcock is a (5) person of
unsound Mind and a proper person to be detained
under Care and Treatment, 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 imagines that her food is tampered with
talks incoherently about suits at law; and
complains of her rest being disturbed by animals
in bed.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
The Rev. Robert Smith tells me that he feared to a
the Relations not whether, now she had restraining

Name and Medical Designation, Robert Jenson M.D.

Place of Abode, Richlandgate Penrith

DATED this 14th day of June One thousand eight
hundred and sixty four

N.B.—This FORM shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO 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, ...
2. Sex and Age, ...
3. Married, Single, or Widowed

and Robert Pearson, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Wilcock, Gentlewoman, Penrith and that the said Jane Wilcock is a (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 Wilcock 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 Wilcock which accompanied the said Petition.

DATED this Eighteenth day of June One thousand eight hundred and Sixty four years.

John P. Miller

P.S.

To the Superintendent of the (7) Public *Asylum of* Crichton Institution

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) County of Dumfries and his Substitutes,—

The Petition of Alexander Austin, Tailor & Newbridge, Tereglas humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Robert Austin Draper & Newbridge, Tereglas 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 Austin 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.

Alexander Austin

(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 June One thousand eight hundred and sixty four 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 Austin
2. Sex and Age,	Male 43 Years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Draper
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	London
7. Place where Found and Examined,	Newbridge Tereglas
8. Length of time Insane,	3 Weeks
9. Whether first attack,	First
10. Age (if known) on first Attack,	43. -
11. When and where previously under Examination and Treatment,	Nowhere
12. Duration of existing Attack,	About 3 weeks
13. Supposed Cause,	Partly by Alcoholic Liquor
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,	Father Robert Austin - Do & Uncle 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 20th day of June One thousand eight hundred and

(*To be signed by Party applying*) ~~Alexander Austin~~ Alexander Austin P.P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Alexander Borthwick M.D.
being a (1) Graduate of the University of Edinburgh
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) 100 High Street, Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Robert Austin, Draper New Bridge Lenegles and that the said Robert Austin is a (5) person of unsound mind and a proper person to be detained 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 confused in his talk. Manner wild & looked queer. Is wealthy though actually penniless and that he has given Heroin intermittently with the Morphia

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, Alex Borthwick M.D.

Place of Abode, Dumfries

DATED this 24th day of June One thousand eight hundred and Sixty four

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, William Scott
being a (1) Graduate of the University of Edinburgh
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) the Coffee House Nicholson Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Robert Austin and that the said Robert Austin 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) Has delusions in regard to his enormous wealth. although he is in poverty. State that he came again from Heaven & morning & became money & form a paradise & heaven

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) His brother informs me of his delusions & the same as observed by myself

Name and Medical Designation, William Scott M.D.

Place of Abode, Dumfries

DATED this 24th day of June One thousand eight hundred and Sixty four

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, Alexander Bothwick
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) 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 Hannay Esquire (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me with a Petition at the instance of (3) Alexander Austin,
Tailor in Newbridge, Kirkcowan
Certificates under the hands of Alexander Bothwick
and William Scott, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
Robert Austin, dealer in Newbridge and that the said
Robert Austin is a (5) person of unsound mind
an Insane person
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Robert Austin as a Patient into the (6) Public Asylum of Southern Counties Dumfries, and I authorize the Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Robert Austin which accompanied the said Petition.

DATED this Seventeenth day of June One thousand eight hundred and Sixty four years

A. Hannay

To the Superintendent of the (7) Public Asylum of Southern Counties
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or 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 Winter
20th June 1864

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff or Steward *of the* (2) Shire or Stewartry of Dumfries *and his Substitutes,*—

The Petition of David Dick Burgh-by-Sands or Carlisle humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Robert Aitken Dick 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 Aitken Dick 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 Dick

(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 June One thousand eight hundred and sixty four

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Robert Aitken Dick
2. Sex and Age,	Male, twenty nine
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Manager & Clerk of Works
5. Religious Persuasion, so far as known,	Presbyterian
6. Previous Place of Abode,	Burgh-by-Sands, Wr Carlisle
7. Place where Found and Examined,	Do Do
8. Length of time Insane,	a few weeks
9. Whether first attack,	Third
10. Age (if known) on first Attack,	Eighteen or Nineteen
11. When and where previously under Examination and Treatment,	Crichton Royal Institution
12. Duration of existing Attack,	about 5 weeks
13. Supposed Cause,	originally an overworked brain
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,	
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

Robert Aitken
To the June 1864

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 21st day of June One thousand eight hundred and sixty four

(*To be signed by Party applying*) David Dick

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Brown being a (1) Member of College of Surgeons of London and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Bush in the County of Cumberland separately from any other Medical Practitioner visited and personally examined (4) Robert Aitken Dick and that the said Robert Aitken Dick is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

Is restless & excited. Refuses to answer questions Says his relatives behave ill to him. Thinks his Father fit for an Asylum

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

From his Father - Threatens him - Behaves ill to his relatives, he is quite unusual with him, uses abusive language -

Name and Medical Designation, Robert Brown

Place of Abode, 4 Devonshire St. Carlisle

DATED this 21st day of June One thousand eight hundred and Sixty four

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MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.* Member of the Royal College of Physicians in Edinburgh.

(2) Physician *or* Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Hugh Grainger Stewart being a (1) graduat of the University of Edinburgh and being in actual practice as a (2) physician hereby certify, on soul and conscience, that I have this day, at (3) Crichton Institution Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Robert Aitken Dick a Clerk of Works from Bush by Sarah Cumberland and that the said Robert Aitken Dick is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He restless and excited, states that his friends have combined against him to injure him. Has before been insane and a patient in the Crichton Institution.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Has threatened his Father and from being quiet and industrious has become very violent & abusive so that his relations were afraid of their lives. Was brought Robert Gallocher to this place

Name and Medical Designation, H. Stewart M.D.

Place of Abode, Crichton Institution

DATED this 21st day of June One thousand eight hundred and Sixty four.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, Robert Brown being (1) a Member of the Coll. of Surgeons of London hereby certify, on soul and conscience, that I have this day, at (2) Burgh in the County of Cumberland, seen and personally examined Robert Aitken Dick, and that the said person is of unsound mind, and 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 Brown

DATED this 21st day of June One thousand eight hundred and Sixty four

(1) 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 Pitcairn Trotter Esquire (1) Advocate Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) David Dick Burgh by Sands, Near Carlisle Certificates under the hands of Robert Brown, 4, Devonshire Street, Carlisle and Hugh Grainger Stewart, Crichton Institution, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Aitken Dick Burgh by Sands, near Carlisle and that the said Robert Aitken Dick is a (5) person of unsound mind and a proper Person, to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Robert Aitken Dick 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 Aitken Dick which accompanied the said Petition.

DATED this twenty fourth day of June One thousand eight hundred and sixty four years.

John P. Trotter

To the Superintendent of the (7) public *Asylum of* Crichton Institution Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

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Robert Aitken Dick
21/6/64

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

20 & 21 *Vict., Cap.* 71, *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Unto the Honourable the (1) Sheriff *of the* (2) Shire of Dumfries *and his Substitutes.*—

(1) Sheriff or Steward.
(2) Shire or Stewartry.

The Petition of John Copland, Inspector of Poor of the Parish Kirkgunzeon humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that William Boyle, a labourer and pauper is at present in a state of Mental Derangement and 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.

(SIGNATURE) John Copland Inspector of poor

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this twenty first (3) day of June one thousand eight hundred and sixty four years

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STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	William Boyle
2. Sex and Age,	Male – 22 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,	Established Church
6. Previous Place of Abode,	Congleth Cottage
7. Place where Found and Examined,	Lochth in the Parish of Buittle & Dumfries
8. Length of time Insane,	Rather imbecile for several years
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	22 years
11. When and where previously under Examination and Treatment,	Not Examined or treated as such before
12. Duration of Existing Attack,	About six weeks
13. Supposed Cause,	Cannot say – (Hereditary?)
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Yes
16. Whether Dangerous to others,	Could not say
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Kirkgunzeon
18. Date of becoming Chargeable,	29th June 1864
19. Christian Name 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 Carmichael his mother residing with a niece at Blackford in the Parish of Urr – His mother suffered some thirty years ago, and is now considered a silly body; and a Cousin of her's died in the Asylum between two and three years ago insane
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(SIGNATURE)* *Name,* John Copland Inspector of Poor

DATED this 21st day of June one thousand eight hundred and sixty four

* To be Signed by the Party applying.

P. p.

MEDICAL CERTIFICATE, No. I.

I, the undersigned, Alexander Bathwick M.D
being a (1) Graduate of the University of Edinburgh
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) No 15
Buntingford Dumfries in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (5) William Boyle, Labourer and
Pauper, Corsetts, Parkgunyon and that
the said William Boyle is a (6) person of unsound
mind and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

1. Facts indicating Insanity observed by myself: (8) Has the appearance of
a low intellect and seems incapable of taking care
of himself. Cannot give a proper answer to any
questions

2. Other facts (if any) indicating Insanity communicated to me by others: (9) His wife
states that he cannot be kept at work, that he will
go about almost naked, and is very destructive,
that he was found lying on the Railway line one day

(SIGNED) Name and Medical Designation, Alex Bathwick M. D.

Place of Abode, Dumfries

DATED this 21st day of June One thousand eight
hundred and fifty four

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(8) *State the facts.*

(9) *State the information, and from whom derived.*

MEDICAL CERTIFICATE, No. II.

I, the undersigned, Samuel Skirrow
being a (1) Members of the Royal College of Surgeons
of England
and being in actual practice as a (2) Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) the Southern
Counties Asylum Dumfries in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (5) William Boyle, Labourer and
a pauper and that
the said William Boyle is a (6) person of
unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

1. Facts indicating Insanity observed by myself: (8) Has a dull stupid
Expression, a childish manner and appears
indifferent about his Dress and appointments
his answers to questions seems to point to a
want of perception power and he states that he
2. Other Facts (if any) indicating Insanity communicated to me by others: (9) Says
& May & the like. Mr Copeland the Inspector states
that he had been laying across the line of
the railway to the risk of his life and that
inspection had necessitates his discharge from his
Plan of Employment

(SIGNED) Name and Medical Designation, Samuel Skirrow M.R.C.S.

Place of Abode Southern Counties Asylum Dumfries

DATED this 21st day of June one thousand eight
hundred and Sixty-four 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.

(8) *State the facts.*

(9) *State the information, and from whom derived.*

CERTIFICATE OF EMERGENCY.

(This certificate authorizes the detention of a Patient in an Asylum for a period of twenty-four hours without the Order of the Sheriff, and shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a second Medical Certificate and the Order of the Sheriff.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that is a (1) hereby further certify that the Case of the said is one of Emergency, and I recommend the immediate removal of the said to an Asylum accordingly.

Name, _____

Place of Abode, _____

DATED this day of One thousand eight hundred and

(1) Lunatic or an insane person, or an idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, John Pitcairn Trotter Esquire (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) John Copland Inspector of Poor of the Parish of Kirkguizeon Certificates under the hands of Alexander Borthwick M.D. and Samuel Graerson 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) William Boyle, Labourer, Congeith Cottage, 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 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 Boyle which accompanied the said Petition.

(SIGNATURE) John P Trotter

DATED this Twenty first day of June one thousand eight hundred and Sixty four years

To the Superintendent of the (6) Public *Asylum of* Southern Counties Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, or Private.

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William Boyle

21st June 1864

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

20 & 21 *Vict. Cap.* 71, *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) County of Dumfries *and his Substitutes,*—

The Petition of James Osborne Inspector of Poor of the Parish of Sanquhar humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Anne Mitchell Domestic Servant Wanlockhead 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 Anne Mitchell to the Southern Counties Asylum Dumfries and to sanction her admission into the said Asylum.

(SIGNED) James Osborne

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Twenty Second (3) day of June One thousand eight hundred and Sixty Four.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Anne Mitchell
2. Sex and Age,	Female Thirty 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,	Leadhill
7. Place where Found and Examined,	Wanlockhead and Dumfries.
8. Length of time Insane,	One Month
9. Whether first attack,	Second Attack
10. Age (if known) on first Attack,	Sixteen Years
11. When and where previously under Examination and Treatment,	Wanlockhead
12. Duration of existing Attack,	One Month
13. Supposed Cause,	Not ascertained.
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	No
16. Whether Dangerous to others,	Somewhat.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Sanquhar Parish
18. Date of becoming Chargeable,	22nd June 1864
19. Christian Name 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 Mitchell Father Wanlockhead No previous Member of the 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.

(SIGNED)* Name, James Osborne

DATED this 22nd day of June One thousand eight hundred and Sixty Four

* To be signed by the Party applying.

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, William Kay Surgeon being a (1) Licentiate of the Faculty of Physicians and Surgeons of Glasgow. and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) her house at Wanlockhead in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Anne Mitchell a Pauper, Wanlockhead and that the said Anne 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.:—

1. Facts indicating Insanity observed by myself: (6) She is incoherent in conversation; talks in a rambling manner on religious subject and seems a good deal excited.

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her sister says that she has repeatedly threatened her with violence—

(SIGNED) *Name and Medical Designation,* Wm Kay Surgeon

Place of Abode, Sanquhar.

DATED this 21st day of June One thousand eight hundred and 64.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, 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 S Kerr being a (1) Graduate of medicine. Glasgow University — Licentiate of the Royal College of Surgeons Edinburgh 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) Anne Mitchell a pauper and that the said Anne Mitchell is a (5) Lunatic and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) She has a vacant, rather excited expression. Her conversation is somewhat incoherent, and constantly touches upon religious topics, which are inapplicable to the question [illegible]

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) to be Her sister says, she often becomes violently excited without any apparent cause, and has to be held. [illegible] she is invariably restless & sleepless.—

(SIGNED) *Name and Medical Designation,* William S Kerr M.D.

Place of Abode, Buccleuch St, Dumfries

DATED this 22nd day of June One thousand eight hundred and Sixty four.

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, John Pitcairn Fuller Esquire (2) Sheriff Substitute
of the (3) County of Dumfries
having had produced to me, with a Petition at the instance of (4) Agnes Osborne
Inspector of Poor of the Parish of Sanquhar
Certificates under the hands of William Kay
and William S. Kerr, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (5) Anne Mitchell, Domestic Servant, Townlockhead, a pauper and that the said Anne Mitchell is a (6) person of unsound mind and a Lunatic
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Anne Mitchell as a Patient into the (7) Public Asylum of Southern Counties Dumfries and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Anne Mitchell which accompanied the said Petition.

(SIGNED) John P. Fuller

DATED this Twenty Second day of June One thousand eight hundred and Sixty four years

To the Superintendent of the (8) Public Asylum of Southern Counties Dumfries

(2) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(3) State whether a County or Stewartry.
(4) Insert Name and Designation.
(5) Describe him, and if a Pauper, state so.
(6) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(7) Public, District, or Private.
(8) Public, District, or Private.

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Anne Mitchell
22d June 1864
P.

20 & 21 *Vict., Cap.* 71. *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff ~~of the (2) County of~~ ~~of~~ Wigtown Shire Sheriff and his Substitutes,—for Wigtownshire

The Petition of William Barclay residing in Wigtown, & Agnes Harrison residing there humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Marion Barclay residing at High 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 Marion Barclay to the Royal Crichton Institution Dumfries and to sanction her admission into the said Asylum.

(SIGNED) William Barclay
Agnes Carson

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Twenty second (3) day of June one thousand eight hundred and Sixty four

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	~~Ag~~ Marion Barclay
2. Sex and Age,	Female 46.
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Farmer Daughter but for about 22 Years resident in Wigtown with no Occupation
5. Religious Persuasion, so far as known,	Member of Free Church until the last 3 Years
6. Previous Place of Abode,	Coll and near Wigtown
7. Place where Found and Examined,	High Street Wigtown
8. Length of time Insane,	For 6 or 7 Years symptoms of Insanity
9. Whether first Attack,	See No 8.
10. Age (if known) on first Attack,	59.
11. When and where previously under Examination and Treatment,	None
12. Duration of existing Attack,	See Do No 8.
13. Supposed Cause,	Retirement from Society, reading particular description of Books and ~~and~~ general disposition to self use
14. Whether subject to Epilepsy,	None
15. Whether Suicidal,	None
16. Whether Dangerous to others,	A Tendency in that way
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	None
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	William Barclay residing in Wigtown Lawful Brother and Agnes Fullerton Carson Wigtown, Spinster lawful Maternal Niece None
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	

We ~~I~~ certify, that, to the best of ~~my~~ our knowledge, the above particulars are correctly stated.

(SIGNED)* Name, William Barclay
Agnes Carson

DATED this 22 day of June one thousand eight hundred and Sixty four

* To be Signed by the Party applying.

Lunacy Board,—Dec.—57.—1893.

Anne Mitchell
22d June 1864
P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, *as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Samuel Snowdon
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) High Street
Wigtown in the County of
Wigtown separately from any other Medical Practitioner,
visited and personally examined (4) Marion Barclay, residing at High
Street, Wigtown and that
the said (~~Name~~) Marion Barclay is (5) Insane
and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) I have found her on various occasions labouring under great aberrations of mind especially arising from the idea that she should be married to Lord Ja[illegible] & Mr Copner of Portlarroch and that they have no right to marry Mr Curson's daughters

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Mr Stitt who lives in the same dwelling states that for the last two years his acts & conversation have been so extravagant & irritable that he and his family under which head have been afraid to live in the same house. Frequently violent threats. —

(SIGNED) Name and Medical Designation, Samuel Snowdon M.D.

Place of Abode, Wigtown

DATED this 21st day of June One thousand eight hundred and sixty four

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, *as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Robt D Roxe
being a (1) Member of the Royal College of Surgeons
of Edinburgh
and being in actual practice as a (2) Medical Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) High Street
Wigtown in the County of
Wigtown separately from any other Medical Practitioner,
visited and personally examined (4) Marion Barclay — residing
at High Street of Wigtown and that
the said ~~Name~~ Marion Barclay is (5) Insane
and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) I found her so
irritable in Conversation & labouring under hallucinations of the
mind I have no hesitation in stating that she is a fit proper person
for Confinement — the report that she should be married
to one of the young sons of Mr Copner of Portlarroch & the rumour
of her intended marriage with Mr Curson's daughters
and others I have no hesitation in saying she is dangerous

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) —
Mr Stitt who stays in the same dwelling states that for
the last two years her acts & conversation have been
outrageous that he and his family & also the neighbours
are afraid to stay in the locality

(SIGNED) Name and Medical Designation, Robt D Roxe L.R.C.S.E.

Place of Abode Wigtown

DATED this 21st day of June one thousand eight hundred and sixty four 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 Sheriff Substitute
of the (2) County of Wigtown (3)
having had produced to me, with a Petition at the instance of (3) William Barclay residing in Wigtown & Agnes P. Carson residing there Certificates under the hands of Samuel Snowdon M.D. and Robert D. Roe 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) Marion Barclay residing at High Street Wigtown and that the said Marion Barclay is (5) an Insane person and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Marion Barclay as a Patient into the (6) Public Asylum of Dumfries and I authorize Her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Marion Barclay which accompanied the said Petition.

(SIGNED) M. Macduff

DATED this twenty second day of June one thousand eight hundred and sixty four

To the Superintendent of the (7) Public Asylum of Dumfries.

(2) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(3) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, or Private.
(7) Public, District or Private.

970

Marion Barclay
23/6/64

Petition
for
W Barclay & Alarcon
a
Marion Barclay
1864

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff ~~of the (2) County~~ *of* Wigtown & Kirkcudbright *and his Substitutes,*—for Wigtownshire

The Petition of William Barclay residing in Wigtown, & Agnes Fullerton Cowan residing thereon humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Agnes Barclay residing at High Street Wigtown ~~your~~ Petitioner's (3) Relation viz. Lawful Brother of said Agnes Barclay, & Maternal 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 Agnes Barclay to the Royal Crichton Institution Dumfries and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

William Barclay
Agnes Carson

(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 Sixty four

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Agnes Barclay
2. Sex and Age,	Female 49.
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Farmers Daughter—but for about 22 Years resident in Wigtown with No Occupation
5. Religious Persuasion, so far as known,	Member of Free Church until within the last 3 Years
6. Previous Place of Abode,	Colland near Wigtown
7. Place where Found and Examined,	High Street Wigtown
8. Length of time Insane,	For 6 or 7 Years symptoms of Insanity
9. Whether first attack,	See No 8
10. Age (if known) on first Attack,	About 42. or 43.
11. When and where previously under Examination and Treatment,	None
12. Duration of existing Attack,	See No 8
13. Supposed Cause,	Retirement from Society—residing particular description of Brother & a General Indication [illegible]
14. Whether subject to Epilepsy,	None
15. Whether Suicidal,	None
16. Whether Dangerous to others,	A Tendency in that way.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	None
18. Date of becoming Chargeable,	None
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	William Barclay residing in Wigtown Lawful Brother & Agnes Fullerton Cowan Wigtown Spinster Lawful Maternal Niece None
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

We ~~I~~ certify, that, to the best of ~~my~~ our knowledge, the above particulars are correctly stated.

DATED this 22nd day of June One thousand eight hundred and Sixty four

(*To be signed by Party applying*) William Barclay
Agnes 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, Samuel Snowdon
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) High Street
Wigtown in the County of
Wigtown separately from any other Medical Practitioner
visited and personally examined (4) Agnes Barclay
and the
the said Agnes Barclay is ~~not~~ Insane
and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

(7) *State the facts.*

1. Facts indicating Insanity observed by myself: (7) I have found her on
different occasions labouring under great aberration of mind
more especially arising from the idea that she should be married to Peter
Barclay Mr Agnew & Barnbarroch, and that the latter has no right to
marry one of Mr Cairnis daughters

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Mr
Still who stays in the same dwelling states, that for
the last 2 years Agnes's conversation are so outrageous
regarding that he and his family & neighbours were afraid
stay in the neighbourhood always to be insulted threats of
Name and Medical Designation, Sam. Snowdon M.D.

Place of Abode, Wigtown.

DATED this 21st day of June One thousand eight
hundred and 64

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

I, the undersigned, Rob.t B. Rose
being a (1) Member of the Royal College of Surgeons
of Edinburgh
and being in actual practice as a (2) Medical Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) High Street
Wigtown in the County of
Wigtown separately from any other Medical Practitioner
visited and personally examined (4) Agnes Barclay residing
at High Street of Wigtown and the
the said Agnes Barclay is ~~not~~ Insane per
and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

(7) *State the facts.*

1. Facts indicating Insanity observed by myself: (7) – I found her
to errate in Conversation & labouring under hallucinations
& delusions that I have no hesitation in stating
she is not a proper person for Confinement & the insists that she is
married to Peter the King & that he is now in her power
& that she is about to be taken to London

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Mr Still who stays in the same dwelling states that for
the last two years her folly & Conversation have been
so outrageous that he & his family & the neighbours are
afraid to stay in the locality
Name and Medical Designation, Rob.t B. Rose L.R.C.S.

Place of Abode, Wigtown

DATED this 21st day of June One thousand eight
hundred and sixty four years

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Dated this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Macduff Rhind Esquire advocate (1) Sheriff Substitute
of the (2) County of Wigtown
having had produced to me, with a Petition at the instance of (3) William Barclay residing in Wigtown and Agnes Fullerton Lennox residing there Certificates under the hands of Samuel Snowdon M.D.
and Robert P. Rose 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) Agnes Barclay residing at High street Wigtown and that the said Agnes Barclay is an (5) Insane person

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Agnes Barclay as a Patient into the (6) Public Asylum of Dumfries and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Agnes Barclay which accompanied the said Petition.

Dated this twenty second day of June One thousand eight hundred and sixty four years.

M. Rhind

To the Superintendent of the (7) 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.

9"/1

Agnes Barclay

23/6/64

Petition

Barclay & Barron

v

Barclay

1864.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) County of Dumfries *and his Substitutes,*—

The Petition of James Common Upper Stranrick Westerkirk humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary Common 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 Common to the Crichton Royal Institution and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

James Common

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this Twenty third day of June One thousand eight hundred and Sixty Four

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STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Mary Common
2. Sex and Age,	Female 30
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Shepherd's wife
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Stennis water (Upper)
7. Place where Found and Examined,	Upper Stennis water
8. Length of time Insane,	About Six weeks
9. Whether first attack,	Second Attack
10. Age (if known) on first Attack,	25 years
11. When and where previously under Examination and Treatment,	Crichton Institution, Two years ago
12. Duration of existing Attack,	Six weeks
13. Supposed Cause,	Unknown
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Has attempted suicide
16. Whether Dangerous to others,	Has threatned 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,	Uncle & Cousin
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this Twenty third day of June One thousand eight hundred and Sixty Four

(*To be signed by Party applying*) James Common

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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) and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Stennis Water Parish of Westa Kirk in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Mary Common, residence at Upper Stennis Water and that the said Mary Common is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Great depression and delusion with considerable incoherence occasionally much excitement, wanders about in an unsettled state and has attempted to drown herself.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) The above facts have also been communicated to me by James Common her husband and Mrs Soda her Aunt.

Name and Medical Designation, } Wm Carlyle M.D. Surgeon

Place of Abode, Langholm

DATED this 23 day of June One thousand eight hundred and sixty four

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MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, J. Gilchrist M.D. being a (1) Graduate of the University of Edinburgh and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Crichton Royal Institution Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Mrs Mary Common Shepherds wife Upper Stennis Water near Langholm the said Mrs Mary Common is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She is depressed taciturn, neglects her person and dress, and is inattentive to objects around her.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) It said by her attendants to have more than once attempted suicide and to be inattentive to the calls of nature.

Name and Medical Designation, } J. Gilchrist M.D.

Place of Abode, Crichton House Dumfries

DATED this 24 day of June One thousand eight hundred and sixty four

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, William Johnstone Carlyle being (1) Doctor of Medicine & Surgeon hereby certify, on soul and conscience, that I have this day, at (2) Upper Stennis Water in the County of Dumfries, seen and personally examined Mary Common, and that the said person is of unsound mind, and 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. J. Carlyle M.D. & Surgeon

DATED this 25 day of June One thousand eight hundred and 64

(1) 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 Pitcairn Trotter Esquire (1) Advocate, Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) James Common Upper Stennis Water Westerkirk Certificates under the hands of William Johnston Carlyle and J Gilchrist, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Common, Upper Stennis Water, Westerkirk and that the said Mary Common is a (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 Common as a Patient into the (6) Public Asylum of Crichton Institution, Dumfries and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mary Common which accompanied the said Petition.

DATED this Twenty eighth day of June One thousand eight hundred and Sixty four

John C. Trotter

To the Superintendent of the (7) Public *Asylum of* Crichton Institution Dumfries

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

973

Mrs Mary Common

27/6/64

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Shire of Dumfries *and his Substitutes,—*

c/o Liverpool The Petition of Mary Bray 49 Grey Street humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Charles Daugherty your Petitioner's (3) ward is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Charles Daugherty 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.

Mary Bray

(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 sixty four.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Charles Daugherty
2. Sex and Age,	Male 36
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Merchant
5. Religious Persuasion, so far as known,	Rom. Catholic
6. Previous Place of Abode,	Alexandria
7. Place where Found and Examined,	C. R. Institution Dumfries
8. Length of time Insane,	About two months
9. Whether first attack,	Yes
10. Age (if known) on first Attack,	36
11. When and where previously under Examination and Treatment,	Nowhere
12. Duration of existing Attack,	About two months
13. Supposed Cause,	Exposure to tropical climate
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,	Rebecca Daugherty wife Alexandria Dy[illegible]
20. Special circumstances (if any) preventing the 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 sixty four.

(*To be signed by Party applying*) Mary Bray

P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g., Member of the Royal College of Physicians in Edinburgh.*

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

I, the undersigned, John Dickson M.D. being a (1) graduate of the University of Edinburgh and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Crichton Institution Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Charles Dougherty Merchant Alexandria and that the said Charles Dougherty, Merchant, Alexandria is a (5) lunatic and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6). His mind is evidently weakened partly by the climate, & partly by stimulants. Has delusions of various kinds - e.g. that he fought a duel & seriously wounded his adversary &c.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Has offered violence more than once to his wife.

Name and Medical Designation, John Dickson M.D.

Place of Abode, Buccleugh Street - Dumfries

DATED this 30th day of June One thousand eight hundred and sixty four

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MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g., Member of the Royal College of Physicians in Edinburgh.*

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

I, the undersigned, Hugh Grainger Stewart being a (1) graduate of the University of Edinburgh and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Crichton Institution Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Charles Dougherty Merchant & Ships agent from Alexandria and that the said Charles Dougherty 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) Is unable to continue a conversation. wanders from one subject to another. Talks of having fought a duel with & killed a near relative of his own which is not in reality the case.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Informed J. Mc Bray that he had on several occasions attacked his own wife. I have also seen the decision of the H.B.M. consul at Alexandria finding that Charles Dougherty was of unsound mind.

Name and Medical Designation, H. G. Stewart M.D.

Place of Abode, Crichton Institution

DATED this 30th day of June One thousand eight hundred and sixty four

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, John Dickson M.D.
being (1) a Graduate of the University of Edinburgh
hereby certify, on soul and conscience, that I have this day, at (2) Crichton Institution
in the County of Dumfries, seen and personally examined
Charles Dougherty Merchant, Alexandria, and that the said
person is of unsound mind, and 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 Dickson M.D

Dated this 30th day of June One thousand eight
hundred and Sixty four

(1) 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 Corsan Trotter Esquire (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Mary Bray
49 Gray Street Park Liverpool
Certificates under the hands of John Dickson
and Hugh Grange 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) Charles Dougherty, Merchant, Alexandria and that the said
Charles Dougherty is a (5) Lunatic

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Charles Dougherty as a Patient into the (6) Public Asylum of Crichton Institution Dumfries and I authorize the Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Charles Dougherty which accompanied the said Petition.

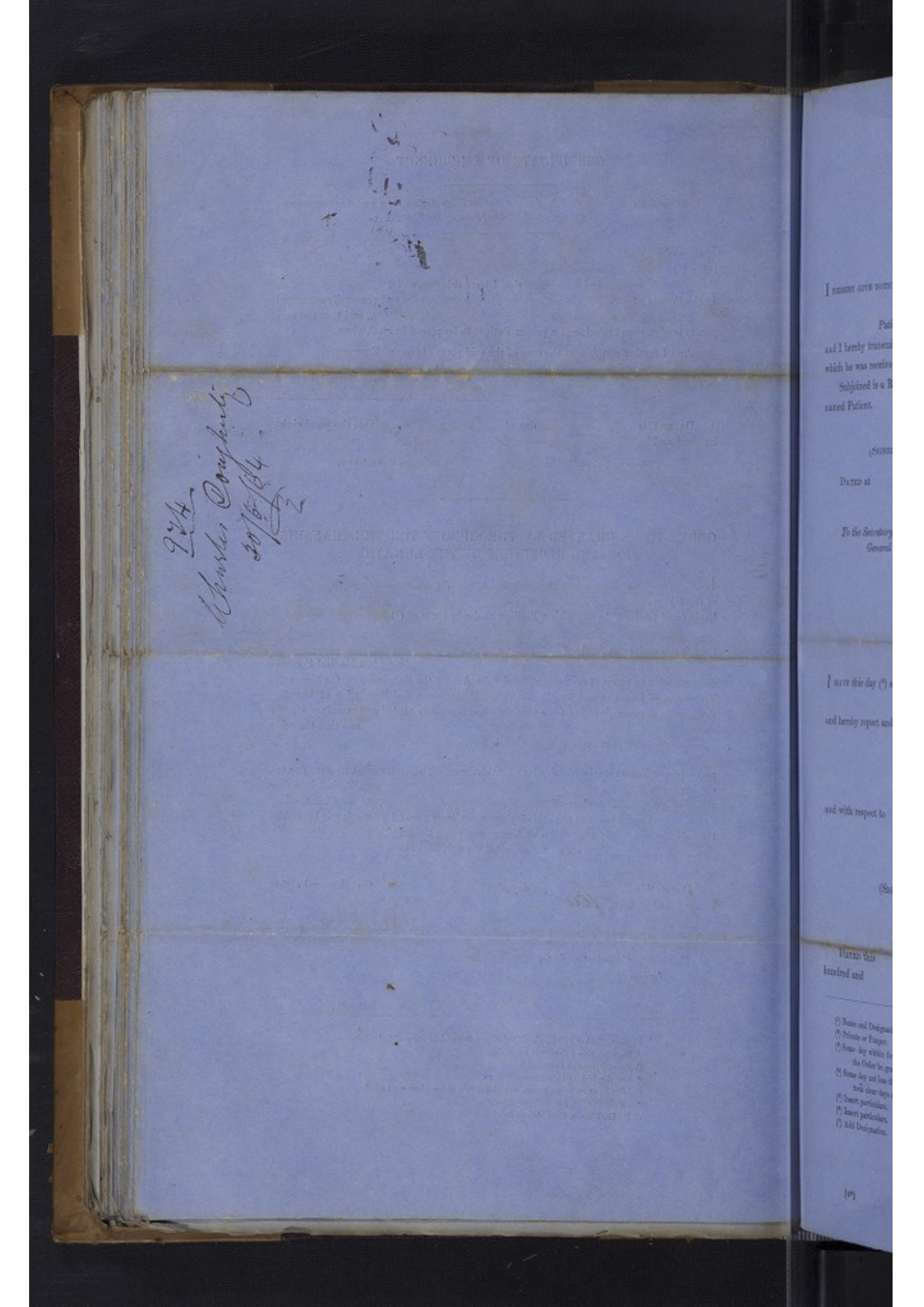
Dated this Second day of July One thousand eight
hundred and Sixty four

J. Corsan Trotter

RS

To the Superintendent of the (7) Public
Asylum of Crichton Institution
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.



20 & 21 *Vict. Cap.* 71, *Sect.* 37.

NOTICE OF ADMISSION.

I HEREBY GIVE NOTICE, That (1)

was received into this House as a (2)

Patient on the (3) day of

and I hereby transmit a Copy of the Order and Medical Certificates and Statement on which he was received.

Subjoined is a Report with respect to the mental and bodily condition of the above-named Patient.

(SIGNED) *Superintendent.*

DATED at this (4) day of

one thousand eight hundred and

To the Secretary of the
General Board of Lunacy.

REPORT.

I HAVE this day (4) seen and personally examined

the Patient named in the above Notice,

and hereby report and certify, with respect to mental state, that (5)

and with respect to bodily health and condition, that (6)

(SIGNED)

(7)

DATED this day of one thousand eight hundred and

(1) Name and Designation.
(2) Private or Pauper.
(3) Some day within fourteen days after the date of the Order of the Sheriff; or within twenty-one days, if the Order be granted by the Sheriff of Orkney and Shetland.
(4) Some day not less than two clear days after the admission of the Patient, and before the expiration of fourteen clear days after admission.
(5) Insert particulars.
(6) Insert particulars.
(7) Add Designation.

[48]

(*Copies.*)

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) County of Wigt
of and his Substitutes,—

The Petition of James Allan Inspector of Poor
humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Patrick McGarrie 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 Patrick McGarrie to the
Crichton Institution Dumfries and to sanction his admission into the said Asylum.

(SIGNED) James Allan Inspector

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Twenty fourth (3) day of June one thousand eight hundred and sixty four

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Patrick McGarrie
2. Sex and Age,	male age 20 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Country Labourer
5. Religious Persuasion, so far as known,	roman Catholic
6. Previous Place of Abode,	Laggan more
7. Place where Found and Examined,	Do
8. Length of time Insane,	his people say that he has not been right for four or five years
9. Whether first Attack,	
10. Age (if known) on first Attack,	
11. When and where previously under Examination and Treatment,	never under treatment
12. Duration of existing Attack,	there does not seem much difference of
13. Supposed Cause,	for some months he was said to have got a stroke on the
14. Whether subject to Epilepsy,	head when young
15. Whether Suicidal,	no
16. Whether Dangerous to others,	some of the family say he is but I never saw any signs of it
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Port Patrick
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,	Patrick McGarrie his father lives at Laggan more
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(SIGNED)* Name, James Allan Inspector

DATED this Twenty fourth day of June one thousand eight hundred and sixty four

* To be Signed by the Party applying.

(*Copies.*)

MEDICAL CERTIFICATE, No. I.

I, the undersigned, John Orgill
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) Laggannore Parish of Kirkpatrick in the County of Moffat separately from any other Medical Practitioner, visited and personally examined (4) Patrick McGarrie Junr a pauper and that the said Patrick McGarrie is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

1. Facts indicating Insanity observed by myself: (6) When talking he stops & all am about in a very peculiar manner, & is shutting at times. He has a meaningless vacant look, & leaves his mouth hanging about him unbuttoned, and speaks in a rather excited manner, and says there are always people meeting him

(6) *State the facts.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) the Parish Master says he has been ailing for 6 or 7 years back and is worse, he eats about the fire & seems frightened, thought, and has not spoken to him & seems to think there are strange people in the house (meaning him), and requests the Parish Master & the folks to put out all the members of the family, particularly this sister Margaret. He talks of a crown of thorns and fire over his head, and thinks he is a king. Says he is dead & gone to Hell. States that sometimes he gets up, smiles, drinks tea heavily & goes to bed. States that sometimes he gets up, smiles, drinks tea heavily & goes to bed. Says that his sister Margaret corroborates the statement. Patrick McGarrie his father corroborates the above

(7) *State the information, and from whom derived.*

(SIGNED) Name and Medical Designation, John Orgill Surgeon

Place of Abode, Moffat

DATED this 12th day of June One thousand eight hundred and sixty four

MEDICAL CERTIFICATE, No. II.

I, the undersigned Henry Fleming
being a (1) Doctor of Medicine and a Licentiate of the Royal College of Surgeons of Edinburgh
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Laggannore Moffat in the County of separately from any other Medical Practitioner, visited and personally examined (4) Patrick McGarrie Junr a pauper and that the said Patrick McGarrie is a (5) person of unsound mind 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) Has a very characteristic unmeaning look at one time sets crouching over the fire even in warm weather at another walks listlessly about, can converse intelligently,

(6) *State the facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) His mother Mrs McGarrie informs me that he has been subject to mental attack of an aggravated nature for six years. His father Patrick McGarrie corroborates above and adds that he is occasional fear that he may inflict some serious injury on himself or others, which he at times threatens.

(7) *State the information, and from whom derived.*

(SIGNED) Name and Medical Designation, Henry Fleming M.D.

Place of Abode Thornhill

DATED this Twenty Second day of June one thousand eight hundred and Sixty four

(Copies.)

CERTIFICATE OF EMERGENCY.

(This Certificate shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a Second Medical Certificate.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that
is a (2) 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

(2) 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 Esqure advocate Sheriff Substitute (1)
of the (2) County of Wigtown
having had produced to me, with a Petition at the instance of (3) James Allan Inspector of Poor
Certificates under the hands of John Orgill, Surgeon
and Ebenezer Heming 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)
Patrick McGarre Junior, pauper and that the said
Patrick McGarre 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 Patrick McGarre Junior as a Patient into the (6) Public 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 Patrick McGarre Junior which accompanied the said Petition.

(SIGNED) M. Rhind

DATED this twenty eighth day of June one thousand eight hundred and sixty four

To the Superintendent of the (7) Public Asylum of Dumfries.

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(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, or Private.
(7) Public, District, or Private.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 Rev.d James Stevenson Newton Ayr humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mrs Mary Stevenson your Petitioner's (3) Wife is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Mrs Mary Stevenson to the Crichton Royal Institution and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

James Stevenson

(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 July One thousand eight hundred and sixty four 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,	Mrs Mary Stevenson
2. Sex and Age,	Female — 48 years.
3. Married, Single, or Widowed,	Married.
4. Condition of Life, and previous Occupation (if any),	Wife of a Minister, and Daughter of a Minister.
5. Religious Persuasion, so far as known,	Free Church.
6. Previous Place of Abode,	Newton F.C. Manse, Ayr
7. Place where Found and Examined,	G.C.R. Institution Dumfries
8. Length of time Insane,	Since the last week of October 1863.
9. Whether first attack,	The first attack.
10. Age (if known) on first Attack,	47 years.
11. When and where previously under Examination and Treatment,	—
12. Duration of existing Attack,	Since October last.
13. Supposed Cause,	Not known
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	Suicidal tendencies at first.
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,	Rev. James Stevenson Newton F.C. Manse Ayr the Patient's Husband — A brother of the Patient has been for a considerable time insane.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this Sixth day of July One thousand eight hundred and sixty four years.

(*To be signed by Party applying*) James Stevenson

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or *otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, John Dickson M.D. being a (1) graduate of the University of Edinburgh and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Crichton Institution - Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Mrs Mary Stevenson, wife of Clergy from Ayr and that the said Mrs Mary Stevenson is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Depression, with alternations of hysterical excitement. States that she has recently had gloomy feelings under the influence of which she might have committed suicide. Is jealous & suspicious of her husband.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Is occasionally noisy and excited especially at night. Has delusion with regard to her husband

Name and Medical Designation, John Dickson M.D.

Place of Abode, Buccleuch Street Dumfries

DATED this sixth day of July One thousand eight hundred and sixty-four.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or *otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Grainger Stewart being a (1) graduate of the University of Edinburgh & Surgeon and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Crichton Institution Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Mary Stevenson wife of James Stevenson Free Church Minister in Ayr, from Ayr and that the said Mary Stevenson 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) Great excitement of manner. Restlessness & mental anxiety arising from certain delusions she entertains as to the fidelity of her husband. Sleepless nights during which she cries loudly in the belief that her friends are within hearing

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Informed by her husband Mr Stevenson that she has completely changed in feeling & from being confiding has become suspicious. Has before been in a similar state from which she recovered.

Name and Medical Designation, H G Stewart M.D.

Place of Abode, Crichton Institution Dumfries

DATED this sixth day of July One thousand eight hundred and sixty four.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) 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 Pitcairn Trotter Esquire (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) The Reverend James Stevenson Newton Ayr
Certificates under the hands of John Dickson
and Hugh Granger 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) Mrs Mary Stevenson wife of said Reverend James Stevenson and that the said Mrs Mary Stevenson 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 Mrs Mary Stevenson as a Patient into the (6) Public Asylum of Crichton Institution Dumfries and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mrs Mary Stevenson which accompanied the said Petition.

DATED this Seventh day of July One thousand eight hundred and Sixty four years

John P. Trotter

RS

To the Superintendent of the (7) Public
Asylum of Crichton Institution
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

20 § 21 *Vict., Cap.* 71, *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) County of Dumfries and his Substitutes,—

The Petition of John Carruthers Inspector of Poor of Kirkpatrick Fleming humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Margaret Graham or Rae is at present in a state of Mental Derangement and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Margaret Graham or Rae to the Southern Counties Asylum and to sanction Her admission into the said Asylum.

(SIGNATURE) John Carruthers.

Inspector of Poor of Parish of Kirkpatrick Fleming

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Fourth (3) day of July one thousand eight hundred and Sixty four

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STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Margaret Graham or Rae
2. Sex and Age,	Female – 40 years
3. Married, Single, or Widowed,	Widow
4. Condition of Life, and previous Occupation (if any),	Labourer's Widow
5. Religious Persuasion, so far as known,	Established Church
6. Previous Place of Abode,	Whinnyrigg Annan
7. Place where Found and Examined,	Brantlee, Kirkpatrick Fleming
8. Length of time Insane,	5 or 6 weeks at this time
9. Whether First Attack,	First
10. Age (if known) on First Attack,	33 years
11. When and where previously under Examination and Treatment,	At Whinnyrigg Annan & in the Dumfries Asylum about 7 and 5 years ago
12. Duration of Existing Attack,	5 or 6 weeks
13. Supposed Cause,	
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Not as yet
16. Whether Dangerous to others,	Has not exhibited such symptoms in this attack as yet
17. Parish ~~or Union~~ to which the Lunatic (if a Pauper) is Chargeable,	Cummertrees
18. Date of becoming Chargeable,	15 Feby 1864
19. Christian Name 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,	Has a numerous family chiefly young – A Sister Jane Graham or Armstrong at Navant near Brampton – No Member of her Family known to have been insane
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(SIGNATURE)* *Name,* John Carruthers Inspector

DATED this Fourth day of July one thousand eight hundred and Sixty four

* To be Signed by the Party applying.

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, James Carruthers
being a (1) Licentiate of the Royal College of Surgeons of Edenburgh
and being in actual practice as a (2) Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Brantesth
in the County of Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Margaret Graham or Rae
and that
the said Margaret Graham or Rae is a (5) Lunatic
and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts*

1. Facts indicating Insanity observed by myself: (6)
Her conversation is rambling and inconsistent
Without reason she dreads calamities befalling her
She says she is going to lose her senses

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Mr Bell Jair & her own daughter } She speaks like a person going wrong in mind
Wanders about the house at night says
she thinks he in bed Weeps and says
she wants to be asylum again

(SIGNED) *Name and Medical Designation,* James Carruthers L.R.C.S.E

Place of Abode, Kirkpatrick Fleming

DATED this First day of July One thousand eight hundred and Sixty four

---

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, James Rae Anderson
being a (1) M.D. & 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) Brantesth
Kirkpatrick Fleming in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Margaret Graham or Rae
Pauper — at Brantesth and that
the said Margaret Graham or Rae 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) Impaired memory
Silly childish manners — Prominent
Symptoms — are she fears she will destroy
some one of the children and for this reason
is very anxious to get to the asylum. Sleeplessness
and a tendency to wander about.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Similar to those observed by
myself.

(SIGNED) *Name and Medical Designation,* James Rae Anderson M.D. L.F.P.S.G.

Place of Abode Waterbeck

DATED this first day of July one thousand eight hundred and Sixty four

CERTIFICATE OF EMERGENCY.

(This certificate authorizes the detention of a Patient in an Asylum for a period of twenty-four hours without the Order of the Sheriff, and shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a second Medical Certificate and the Order of the Sheriff.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that
is a (1) hereby further certify that the Case
of the said is one of Emergency, and I recommend the immediate removal of the said
to an Asylum accordingly.

Name,

Place of Abode,

DATED this day of One thousand eight hundred and

(1) Lunatic or an insane person, or an idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, John Pearson Fotheringham Esquire (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) John Carruthers Inspector of Poor of Kirkpatrick Fleming
Certificates under the hands of James 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) Margaret Graham or Rae widow, Brankseth, a Pauper and that the said Margaret Graham or Rae — is a (5) Lunatic and an insane person
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Margaret Graham or Rae — as a Patient into the (6) Public Asylum of Southern Counties Dumfries and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Margaret Graham or Rae — which accompanied the said Petition.

(SIGNATURE) John P Fotheringham

DATED this Fifth day of July one thousand eight hundred and Sixty four

To the Superintendent of the (6) Public
Asylum of Southern Counties
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, or Private.

General Health feeble. No Special dise
nor, trace of hurt or Unkind treatment

Sir
Margaret Graham
or Rae
6th July 1864

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.]

20 & 21 *Vict., Cap.* 71., *Sect,* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) County *of* Dumfries — *and his Substitutes,—*

The Petition of John Clark, gardener, Carmsalloch humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that William Clark, my Son, is at present in a state of Mental Derangement, and a proper person for Confinment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said William Clark — to the Southern Counties Asylum and to sanction his admission into the said Asylum.

(SIGNED) John Clark

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Ninth (3) day of July One thousand eight hundred and Sixty four.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	William Clark
2. Sex and Age,	Male - Age 25
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Gardener
5. Religious Persuasion, so far as known,	Established Church of England
6. Previous Place of Abode,	Dumfries
7. Place where Found and Examined,	Workington - Cumberland
8. Length of time Insane,	Ten Months
9. Whether first attack,	First
10. Age (if known) on first Attack,	25
11. When and where previously under Examination and Treatment,	Nowhere
12. Duration of existing Attack,	Ten Months
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,	Kirkmahoe
18. Date of becoming Chargeable,	27th July 1864
19. Christian Name 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 Clark - Carmsalloch - Father of Patient No 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.

(SIGNED)* Name, ~~James Little~~ John Clark

DATED this Ninth day of July One thousand eight hundred and 64.

* To be signed by the Party applying.

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, *or* an Idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, James Little Dr. Little
being a (1) Surgeon. Public Service
and being in actual practice as a (2) Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Carnsalloch in the Parish of Kirkmahoe in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) William Clark, a Gardiner and that the said William Clark is a (5) a person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)
Unusual Incoherent

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
a low state of Spirits

(SIGNED) *Name and Medical Designation,* James Little Surgeon R.N.

Place of Abode, Kirkton - Dumfries

DATED this ninth day of July One thousand eight hundred and 64.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, 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 Murray McCulloch M: D: &c
being a (1) Graduate of the University of Edinburgh
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Carnsalloch Dumfries in the County of separately from any other Medical Practitioner, visited and personally examined (4) William Clark, gardiner 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.:—

1. Facts indicating Insanity observed by myself: (6) States that the Queen is murdered & the country upset, that his father's house is a Railway goods station, that he must go & give himself up at the Police Office Wandering, rambling & incoherent &c.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
That he is melancholy, low spirited & constantly wandering from one delusion to another.

(SIGNED) *Name and Medical Designation,* James M: McCulloch M: D: &c.

Place of Abode, 38 Castle Street, Dumfries,

DATED this ninth day of July One thousand eight hundred and sixty four 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 William Clark is a (1) Lunatic hereby further certify that the Case of the said William Clark is One of Emergency, and I recommend the immediate removal of the said Wm Clark to an Asylum accordingly.

Name, James Little, Surgeon Public Service

Place of Abode, Kirkton Dumfries

DATED this Ninth day of July One thousand eight hundred and Sixty four

(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, (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.

(SIGNED)_____

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, or Private.
(7) Public, District, or Private.

To
William Clarke
9th July 1864

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Shire of Dumfries *and his Substitutes,—*

The Petition of John Clark

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that William Clark, gardiner 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 Clark to the Southern Counties Asylum and to sanction his admission into the said Asylum. John Clark

(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 fourteenth (4) day of July One thousand eight hundred and Sixty four 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 Clark
2. Sex and Age,	Male - 25 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Gardiner
5. Religious Persuasion, so far as known,	Established church of England
6. Previous Place of Abode,	Dumfries, Dumfries & Galloway Asylum
7. Place where Found and Examined,	Workington, Cumberland
8. Length of time Insane,	Ten Months
9. Whether first attack,	First
10. Age (if known) on first Attack,	25 years
11. When and where previously under Examination and Treatment,	Nowhere
12. Duration of existing Attack,	Ten Months
13. Supposed Cause,	No Cause known
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Yes
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Not a pauper Not chargable to Parish
18. Date of becoming Chargeable,	Saturday 9th July
19. Christian Name and Surname, and Place of Abode of nearest known 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, Cannalloch, Father of Patient. No 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 fourteenth day of July One thousand eight hundred and sixty four

(*To be signed by Party applying*) John 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, John Dickson M.D.
being a (1) Graduate of the University of Edinburgh
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Southern Counties Asylum. Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) William Clarke, Gardener and that the said William Clarke 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) Great depression and delusions of melancholy: I that he [illegible] ruined the country - has killed numerous persons - his father included, and committed [illegible] sins which will condemn him to eternal [illegible]

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His attendant informs me that he sleeps none, takes no food, and that he constantly demands a knife to cut his throat

Name and Medical Designation, John Dickson M.D.

Place of Abode, Buccleuch Street Dumfries

DATED this 13th day of July One thousand eight hundred and sixty four

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g., Member of the Royal College of Physicians in Edinburgh.*

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Grierson
being a (1) Member of the Royal College of Surgeons of England &c
and being in actual practice as a (2) 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) William Clark gardener 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) Great depression and an undue anxiety about his state ~~and~~ a constant whining cry that he is [illegible] to live; & that it is his duty to starve himself - and

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) a consequence he requires to be fed as a child. He expresses a strong wish to possess himself of knife that he may kill himself outright &c

Name and Medical Designation, Sam: Grierson M.D.

Place of Abode, Southern Counties Asylum

DATED this fourteenth of July One thousand eight hundred and sixty-four years

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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 Dickson being (1) a graduate of the University of Edinburgh hereby certify, on soul and conscience, that I have this day, at (2) Southern Counties Asylum in the County of Dumfries, seen and personally examined William Clarke, gardener, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

John Dickson M.D.

DATED this 13th day of July One thousand eight hundred and sixty four.

(1) 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 Pitcairn Trotter Esquire (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) John Clark residing at Carnsalloch Certificates under the hands of John Dickson and Samuel 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) William Clark, Gardener, Carnsalloch and that the said William Clark is a (5) Lunatic and a person of unsound mind and a proper Person to be detained, and taken care of, DO HEREBY AUTHORIZE you to receive the said William Clark as a Patient into the (6) Public Asylum of Southern Counties Dumfries and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said William Clark which accompanied the said Petition.

DATED this Fifteenth day of July One thousand eight hundred and Sixty four years

John Trotter

To the Superintendent of the (7) Public Asylum of Southern Counties Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or 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 Clarke
9th July 1864

William Dickson
13th July 1864

N.B.—This Form shall be transmitted to the General Board of Lunacy after it is filled up, and after the Petition, Statement, Medical Certificates, and Order, are copied into it from Form A.

[Form A 1]

20 & 21 *Vict., Cap.* 71, *Sect.* 37.

Notice of Admission of a Patient into an ASYLUM.

I hereby give notice, That (1)

was received into this House as a (2)

Patient on the (3) day of

and I hereby transmit a Copy of the Order and Medical Certificates and Statement on which was received.

Subjoined is a Report with respect to the mental and bodily condition of the above-named Patient.

(Signed) *Superintendent.*

Dated at this (4) day of

One thousand eight hundred and

To the Secretary of the General Board of Lunacy.

REPORT.

I have this day (5) seen and personally examined the Patient named in the above Notice, and hereby report and certify, with respect to mental state, that (6)

and with respect to bodily health and condition, that (7)

(Signed)

(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.

P. p.

(*Copies.*)

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of Wigton & Kirkcudbright and his Substitutes,—for the Stewartry of Kirkcudbright

The Petition of Thomas Law, Wood Cutter residing at Kirkcudbright humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that William Dickson, Wood Cutter residing is at present in a state of Mental Derangement, and 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 Dickson to the Southern Counties Asylum and to sanction admission into the said Asylum.

(SIGNED) Thos Law

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 12th (3) day of July One thousand eight hundred and Sixty four

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	William Dickson, Wood Cutter residing in Kirkcudbright
2. Sex and Age,	Male — age 45
3. Married, Single, or Widowed,	Married — a Widower
4. Condition of Life, and previous Occupation (if any),	Wood Cutter
5. Religious Persuasion, so far as known,	Protestant (Free Church)
6. Previous Place of Abode,	Kirkcudbright
7. Place where Found and Examined,	there
8. Length of time Insane,	Three to four weeks back
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 to four weeks
13. Supposed Cause,	Religious Melancholy
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Shows Symptoms of
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,	Now Chargeable
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Robert Dickson a boy of 6 years residing with him
20. Special circumstances (if any) 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,* Thos Law

DATED this 12th day of July One thousand eight hundred and Sixty four

* To be signed by the Party applying.

(*Copies.*)

MEDICAL CERTIFICATE, No. I.

I, the undersigned, J M Shand
being a (1) Fellow of Colleg of Physicians of Edinburgh
and being in actual practice as a (2) Jeneral Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Kirk. Cudbright Kirkcudbright in the County of
visited and personally examined (4) William Dickson Wood. separately from any other Medical Practitioner,
the said William Dickson Wood Cutler residing there a Pauper and that
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.:—

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert 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) expresses a sense of fear that he is going to be shot by some Rulers. is in a state of Religious Melancholia, and is quite unlike his former self

(6) *State the facts.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) informed by Mrs Aitchison next door neighbour that he labours under the belief that he & his children are to be shot & that he urged the police & proved he would use it in defence, & that he became alarmed & left his house during night. Cost of Mai complained by Andrew Nielan, & by his own Mother

(7) *State the information, and from whom derived.*

(SIGNED) Name and Medical Designation, J M Shand M.D. &c.

Place of Abode, Kirkcudbright

DATED this 12th day of July One thousand eight hundred and sixty four

---

MEDICAL CERTIFICATE, No. II.

I, the undersigned, William Cumming
being a (1) Dr of Medicine of the University of Glasgow
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Kirkcudbright in the County of
visited and personally examined (4) William Dickson separately from any other Medical Practitioner,
Wood Cutler residing there a Pauper and that
the said William Dickson 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) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert 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) Suffers from Religious Melancholia. Has great fear of being worried by dogs, and is also afraid of being shot, fancies he sees dogs when none are near, and refuses to work on that account as he would be then be worried or shot when off his guard.

(6) *State the facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Informed by Mr Law that a Report has got up that there is a woman with child by him, and that on that account he is in great terror of his Maker, and also that he is much afraid of being Shot.

(7) *State the information, and from whom derived.*

(SIGNED) Name and Medical Designation, William Cumming M.D. C.M

Place of Abode, Kirkcudbright

DATED this 12th day of July One thousand eight hundred and four

(*Copies.*)

CERTIFICATE OF EMERGENCY.

(This Certificate shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a Second Medical Certificate.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that _____ is a (1) _____ hereby further certify that the Case of the said _____ is One of Emergency, and I recommend the immediate removal of the said _____ to an Asylum accordingly.

Name, _____

Place of Abode, _____

Dated this _____ day of _____ One thousand eight hundred and _____

(1) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William Hyacinth Dunbar, Esq. (1) Steward Substitute of the (2) Stewartry of Kirkcudbright at _____ having had produced to me, with a Petition at the instance of (3) Duncan Law _____ Certificates under the hands of John Shand _____ and William Cumming _____, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Dickson _____ and that the said William 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 William Dickson _____ as a Patient into the (6) Southern Asylum of Dumfries _____ and I authorize us Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said William Dickson _____ which accompanied the said Petition.

(Signed) W. H. Dunbar

Dated this Thirteenth day of July One thousand eight hundred and sixty four

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.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) County *of* Dumfries *and his Substitutes,—*

The Petition of William Cringan farmer, Holmhead Bancrum humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Jane ~~Cringan or~~ McMillan or Cringan 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 Cringan or McMillan 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.

Wm Cringan

(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 July One thousand eight hundred and Sixty four

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	1 Jane Cringan Maiden name McMillan
2. Sex and Age,	2 Female. 60 years
3. Married, Single, or Widowed,	3 Married
4. Condition of Life, and previous Occupation (if any),	4 Imaer farmers wife
5. Religious Persuasion, so far as known,	5 Attends Free Church of Scotland Not a member
6. Previous Place of Abode,	6 Holmhead or Woodhead last 20 years
7. Place where Found and Examined,	7 at home
8. Length of time Insane,	8 about 2 months worse than usual
9. Whether first attack,	9 yes in present form but always weak intellect great deal
10. Age (if known) on first Attack,	10
11. When and where previously under Examination and Treatment,	11 Nowhere
12. Duration of existing Attack,	12 about two months
13. Supposed Cause,	13 Not known
14. Whether subject to Epilepsy,	14 No
15. Whether Suicidal,	15 No
16. Whether Dangerous to others,	
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	17 Not a pauper
18. Date of becoming Chargeable,	16 No
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	William Cringan Holmhead Husband John McMillan Monian Brother 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 Seventh day of July One thousand eight hundred and Sixty four years

(*To be signed by Party applying*) Wm Cringan

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Lorimer being a (1) Member of the Royal College of Physicians St Andrews and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Holmhead in the Parish of Glencairn in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Mrs Cringean residing at Holmhead and that the said person 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) Thinks she has committed sin for which there is no forgiveness, that she is in great want although not so, that any person is stealing from her, and never was otherwise than weak minded.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Destroys every thing she can get at refuses to take off her clothes at night for fear of being stolen and altogether unfit to take charge of herself

Name and Medical Designation, } Andw Lorimer M.D.

Place of Abode, Lamieston by Dunscore

DATED this 6th day of July One thousand eight hundred and sixty four 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) M.D. & 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) Holmhead in the Parish of Glencairn in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Mrs Cringan residing at Holmhead and that the said person 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) She is very far wrong in her religious opinions, an instance of which is that whether she has committed so much sin God will not forgive her, says that the farm stock and everything about her house is going wrong, which is not

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Destroys furniture and clothes and many other things when she has an opportunity, refuses to be undreped lest her servant should steal her clothes & has always been of weak mind.

Name and Medical Designation, } Thomas Logan M.D. &

Place of Abode, Penpont, Dumfriesshire

DATED this seventh day of July One thousand eight hundred and sixty four

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) 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 Pitcairn Trotter, Esquire (1) Advocate Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) William Grierson Farmer Holmhead, Glencaple Certificates under the hands of Andrew Lorimer 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) Mrs Jane Mc Millan or Grierson, Holmhead, Glencaple and that the said Jane Mc Millan or Grierson is a (5) Lunatic and of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Mrs Jane Mc Millan or Grierson 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 Mrs Jane Mc Millan or Grierson which accompanied the said Petition.

DATED this Sixth day of July One thousand eight hundred and Sixty four.

John P Trotter

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

60

Jane McMillan
or Grinegan
13th July 1864

APPLICATION TO
TRANSFER OF

I, the undersigned
being desirous to transfe
at present a Patient in
a Pauper Lu
Southern Cant
the Board to such tran
Robert M
respect to his me

Dated at Lou
One thousand eight hun

1. Christian Name and
length, .
2. Sex and Age, .
3. Married, Single, or W
4. Condition of Life, and
(if any), .
5. Religious Persuasion,
6. Date of Admission into
7. Length of time Insane
8. Whether first Attack,
9. Age (if known) on fir
10. Duration of existing A
11. Supposed Cause, .
12. Whether subject to E
13. Whether Suicidal, .
14. Whether Dangerous t
15. Parish to which the L
Chargeable, .
16. Christian Name and
of Abode of nea
the Patient, and
(if known), and w
Family know
Insane, .

I certify that, to th

(To be signed by

Dated this 12
hundred and Sixt

N.B.—The foreg
whose care the Patient

[FORM B²]

25 and 26 Vict. Cap. 54, Sect. 16.

APPLICATION TO THE GENERAL BOARD OF LUNACY TO GRANT TRANSFER OF A PATIENT FROM ONE ASYLUM TO ANOTHER.

I, the undersigned
being desirous to transfer Robert Milligan
at present a Patient in Newbigging House Asylum, and (¹)
a Pauper Lunatic of the Parish of Penninghame } 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
Robert Middleton 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.

H. McDonald
² Insp^r of Poor

(²) State degree of Relationship, or other capacity in which Applicant stands to Patient.

DATED at Lonmoor this 12th day of July
One thousand eight hundred and sixty four

STATEMENT.

1. Christian Name and Surname of Patient at length,	Robert Milligan
2. Sex and Age,	Male — 57
3. Married, Single, or Widowed,	Single
4. Condition of Life, and Previous Occupation (if any),	—
5. Religious Persuasion, so far as known,	—
6. Date of Admission into Asylum,	11th July 1863
7. Length of time Insane,	Cannot say
8. Whether first Attack,	No
9. Age (if known) on first Attack,	—
10. Duration of existing Attack,	—
11. Supposed Cause,	—
12. Whether subject to Epilepsy,	No
13. Whether Suicidal,	No
14. Whether Dangerous to others,	No
15. Parish to which the Lunatic (if a Pauper) is Chargeable,	Penninghame,
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,	Not Known

I certify that, to the best of my knowledge, the ~~above~~ particulars are correctly stated.

(*To be signed by the Applicant*) H. McDonald

DATED this 12th day of July One thousand eight hundred and sixty four

N.B.—The foregoing particulars are required for the information of the authorities to whose care the Patient is to be transferred.

Robert McMillan
or Grierson
13 Feb 1864

MEDICAL CERTIFICATE.

I, the undersigned Alexander Macdonald Sanderson being (1) a Fellow of the Royal College of Surgeons hereby certify that I have this day at (2) Newbiggin House Private Asylum personally examined Robert Milligan a Pauper at present a Patient in said Asylum, and with respect to his Mental State that he labors under Dementia, is incoherent in conversation

; and with respect to his Bodily Health and Condition that they are good —

and I further certify that, in my opinion, there is nothing in the Mental or Bodily Condition of the Patient to contraindicate removal to the Asylum of Southern Counties & Dumfries

A Macdonald Sanderson

DATED this thirteenth day of July One thousand eight hundred and sixty four years —

(1) State Medical Qualification.
(2) Name Asylum.

SANCTION BY THE BOARD OF LUNACY.

(Under this Sanction a Patient may be Transferred without an Order of the Sheriff.)

Application having been made to the Board by (1) The Inspector of Poor of Lasswade to authorize the transfer of Robert Milligan from Newbiggin private Asylum — to the Southern Counties Asylum, Dumfries — and the Board having considered such application and the accompanying Medical Certificate, do hereby authorize the transfer of the said Robert Milligan as requested.

W A T Browne Commissioner.

DATED at Edinburgh, this 13th day of July One thousand eight hundred and sixty four

(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.

61
Robert Milligan
15th July 1864

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) County of Dumfries *and his Substitutes,*—

The Petition of John Hope Int: Insp: of Poor humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Middleston your Petitioner's (3) Charge as 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 James Middleston 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 Hope Int: Insp of Poor

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 15th (4) day of July One thousand eight hundred and sixty four 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 Middleston
2. Sex and Age,	Male 17 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Pauper formerly Blacksmith
5. Religious Persuasion, so far as known,	Established Church of Scotland
6. Previous Place of Abode,	Moniaive
7. Place where Found and Examined,	Do
8. Length of time Insane,	About three years
9. Whether first attack,	first— ~~[illegible]~~
10. Age (if known) on first Attack,	14 years
11. When and where previously under Examination and Treatment,	Moniaive has been under Dr Paton for 3 years
12. Duration of existing Attack,	About a week ago had an attack
13. Supposed Cause,	Not known
14. Whether subject to Epilepsy,	Yes
15. Whether Suicidal,	Not that I know of
16. Whether Dangerous to others,	Yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Glencairn
18. Date of becoming Chargeable,	8 July 1864
19. Christian Name and Surname, and Place of Abode of nearest known 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 Middleston, residing at Moniaive Father, No member of Family known to have been 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 15th day of July One thousand eight hundred and sixty four

(*To be signed by Party applying*) John Hope Int Insp of Poor

for Glencairn P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, being a (1) Licentiate of the Faculty of Physicians & Surgeons Glasgow and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) North St. Wm Dumfries in the County of separately from any other Medical Practitioner, visited and personally examined (4) James Hiddleston a Pauper and that the said the said James Hiddleston is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) have seen him frequently in Epileptic fits & from their [illegible] have impaired his mind

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) his Father & mother both say that he is dangerous, to others

Name and Medical Designation, Wm Paton Surgeon

Place of Abode, Dangalston Minnaire

DATED this 15th day of July One thousand eight hundred and 64

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, ~~being a~~ (1) Andrew Lorimer being a Member of the Royal College of Physicians St. Andrews and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Minnyhive in the Parish of Glencairn in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) James Hiddleston residing in Minnyhive a pauper and that the said James Hiddleston is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) His intellect is being completely destroyed by the frequent occurrence of epileptic fits and at present a dangerous imbecile. — —

(7) *State the information, and from whom derived.*

Four his Mother

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Gets very outrageous at times, taking several persons to hold him, and even necessary to bind him to prevent him doing injury to himself or others.

Name and Medical Designation, Andw Lorimer

Place of Abode, Lanniston, Glencairn

DATED this 12th day of July One thousand eight hundred and sixty four years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) 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 Pitcairn Trotter Esquire (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) John Hope
Inspector of Poor of the Parish of Glencairn
Certificates under the hands of William Paton
and Andrew Lorimer , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Hiddleston, Minnyhive a Pauper and that the said
James Hiddleston is a (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 Hiddleston 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 Hiddleston which accompanied the said Petition.

DATED this Eighteenth day of July One thousand eight hundred and Sixty four years

John P. Trotter

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or 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 Middlestone
20th July 1864

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 F. Maxwell

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Ann Scott

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (3) Servant

is at present in a state of Mental Derangement, and 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 Scott to the The Southern Counties Asylum and to sanction her admission into the said Asylum.

F. Maxwell

(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 July One thousand eight hundred and 64

STATEMENT.

If any 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 Scott
2. Sex and Age,	Sixty four
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,	Grilton
7. Place where Found and Examined,	Do
8. Length of time Insane,	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,	
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,	25th July 1864
19. Christian Name and Surname, and Place of Abode of nearest known 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 in Dumfries No other member of the family known to be insane
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 25th day of July One thousand eight hundred and 64

(*To be signed by Party applying*) F. Maxwell

P.P.

Sames Middletoxe
20th July 1864

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Fotheringham
being a (1) Graduate of the University of Edinburgh
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Gilston
Peterhead Holywood in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Ann Scott, House Servant
Gilston and that
the said Ann 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 very melancholy
and melancholic, and wants to say she ought
to be Imprisoned, but cannot say where to. She
almost constantly is under

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Mrs Paterson, who has been attending for some time
states that she has many delusions, and fears
would starve herself & left alone

Name and Medical Designation, Alex Fotheringham M.D.

Place of Abode, Dumfries

DATED this 25th day of July One thousand eight
hundred and Sixty four 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 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) 22 Buccleuch
Dumfries. in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Ann Scott, House Servant
Gilston and that
the said Ann 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) Constantly
muttering to herself, is very unhappy
in regard that she has not her
child, is belonging to her husband & that
she has threatened to starve herself

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Mrs Paterson stated that she is
in fears for disturbance, and is
ill with a great cold herself

Name and Medical Designation, P. Murray M.D.

Place of Abode, 22 Buccleuch St

DATED this 25th day of July One thousand eight
hundred and 1864

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) 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 Gleam Trotter Esqure (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Francis Maxwell Esqure of Grubton
Certificates under the hands of Alexander Borthwick M. D
and Patrick Murray M D , being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
Ann Scott, Servant Grubton and that the said
Ann Scott is a (5) person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Ann Scott as a Patient into the (6) Public Asylum of Southern Counties Dumfries and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Ann Scott which accompanied the said Petition.

DATED this Twenty fifth day of July One thousand eight hundred and Sixty four.

John G. Trotter

To the Superintendent of the (7) Public Asylum of Southern Counties Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1163

Ann Scott

25th July 1864

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 Elliott, foreman at the farm of Coukell, Kirkmichael humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Janet Halliday or Elliott your Petitioner's (3) wife is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Janet Halliday or Elliott 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 Elliot

Dated this twenty seventh day of July One thousand eight hundred and Sixty-four

(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 Halliday or Elliott
2. Sex and Age,	Female. aged 29 years
3. Married, Single, or Widowed,	Married.
4. Condition of Life, and previous Occupation (if any),	Shepherds wife
5. Religious Persuasion, so far as known,	Established Church
6. Previous Place of Abode,	Glenkell & Capelgill
7. Place where Found and Examined,	Glenkell
8. Length of time Insane,	Ten days
9. Whether first attack,	First attack
10. Age (if known) on first Attack,	29 years
11. When and where previously under Examination and Treatment,	No where — never
12. Duration of existing Attack,	Ten days
13. Supposed Cause,	Not known - Lactation?
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	no evidence thereof has been observed
16. Whether Dangerous to others,	violent but not dangerous
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	James Elliott, Glenkell, her husband & Margaret Halliday Knockingshang a sister.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	An aunt is stated to have been "no verra right."

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 64

(*To be signed by Party applying*) James Elliot

P. T.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, John Dickson MD 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) Glen Kell, parish of Kirkmichael in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Mrs James Elliot wife of former at farm of Glenkell and that the said Mrs James Elliot 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) Has delusions of various kinds; e.g. that her children are to be destroyed; the house burned; Is generally quiet & tacitum, but occasionally impulsively and incoherently refuses food.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Has been in the above condition for a week, occasionally violent, & until last night had slept none. Continually giving expression to delusions similar to those mentioned.

Name and Medical Designation, John Dickson MD

Place of Abode, Buccleugh Street Dumfries

DATED this 26th day of July One thousand eight hundred and sixty four

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Grierson being a (1) Member of the Royal College of Surgeons of England and being in actual practice as a (2) Surgeon a 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) Janet Halliday or Elliott wife of James Elliott, foreman at Glenkill Kirkmichael and that the said Janet Halliday or Elliott is a (5) person of unsound Mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She is deeply depressed, and ~~[illegible]~~ to questions is either [illegible] or answers with much hesitation. Apparently [illegible] disposition she exhibits a considerable amount of wilonesses [illegible] expression and restlessness of manner, together [illegible]

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) a nearly constant twitching and clutching movement of the hands at various portions of her dress. Her husband states that since last monday she has been very restless and nearly altogether sleepless

Name and Medical Designation, S. Grierson M.R.C.S.E.

Place of Abode, Southern Counties Asylum Dumfries

DATED this 27th day of July One thousand eight hundred and sixty-four years

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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 Dickson M.D being (1) a graduate of the Edinburgh University hereby certify, on soul and conscience, that I have this day, at (2) Glen Kell in the County of Dumfries, seen and personally examined Mrs James Elliot wife of foreman at farm, and that the said person is of unsound mind, and 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 Dickson M.D

DATED this 26th day of July One thousand eight hundred and sixty four

(1) 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 Hannah Esqre (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) James Elliot foreman at the Farm of Glenkell Kirkmichael Certificates under the hands of John Dickson M.D. and Samuel Curson, 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) Janet Halliday or Elliot Wife of Labourer and that the said Janet Halliday or Elliot is a (5) an insane person and a person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Janet Halliday or Elliot 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 Halliday or Elliot which accompanied the said Petition.

^ Dumfries

DATED this Twenty seventh day of July One thousand eight hundred and sixty four

Alex Hannay

To the Superintendent of the (7) Public Asylum of Southern Counties Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1/64

Janet Halliday
or Elliott

27th July 1864

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) County of Dumfries *and his Substitutes,—*

The Petition of John Dalziel, Carter, Keir Village

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Isabella Kirkpatrick 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 Isabella Kirkpatrick 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 Dalziel

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this twenty fifth (4) day of July One thousand eight hundred and Sixty four years

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STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Isabella Kirkpatrick
2. Sex and Age,	Female. 31 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,	Presbyterian
6. Previous Place of Abode,	Penpont
7. Place where Found and Examined,	Keir Village
8. Length of time Insane,	sixteen days
9. Whether first attack,	First attack
10. Age (if known) on first Attack,	31 years
11. When and where previously under Examination and Treatment,	—
12. Duration of existing Attack,	Sixteen days
13. Supposed Cause,	Not known
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Yes
16. Whether Dangerous to others,	Not particularly so
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Keir 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,	Matthew Kirkpatrick (father) Drumlanrig Tollbar, Parish of Dunscore. No member of her family is known to be or to have been Insane
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this twenty fifth day of July One thousand eight hundred and Sixty four years

(*To be signed by Party applying*) John Dalziel

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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) M.D. & 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) Keir Village in the Parish of Keir in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Isabella Kirkpatrick or Dalziel Keir Village and that the said Isabella Kirkpatrick or 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) Describes herself as hopeleply lost, the sins of which she has been guilty being so heinous that God has, and will ever refuse to pardon her. Tears out her hair, and says her domestic affairs are all going wrong which is not

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Learned from her husband and others that she attempted to commit suicide by cutting her throat, endeavoured to destroy her clothes and other articles by throwing them into the fire, and is subject to fits of inordinate grief.

Name and Medical Designation, Thomas Logan M.D. &c

Place of Abode, Penpont, Dumfriesshire

DATED this twenty fifth day of July One thousand eight hundred and sixty four years

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MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Thomas 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) Keir Village Parish of Keir in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Isabella Kirkpatrick or Dalziel residing in Keir Village and that the said Isabella Kirkpatrick or 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) is deeply melancholic at times, and does not enter into conversation, at times I have seen her in a state like to that of trance, without motion, and apparently void of consciousness.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Has attempted suicide by wounding herself in the neck, of which I have seen the mark, is at times very violent and has had to be restrained, becomes angry at those about her, without any cause, and would injure them had she it in her power.

Name and Medical Designation, W. B. Grierson Lic. R. Col. Ed.

Place of Abode, Thornhill

DATED this twenty fourth day of July One thousand eight hundred and sixty four.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) 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 Pearson Fotheringham Esquire (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) John Balzeal Carter, Keir Village Certificates under the hands of Thomas Logan 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) Isabella Kirkpatrick wife of said John Balzeal and that the said Isabella 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 Isabella Kirkpatrick 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 Isabella Kirkpatrick which accompanied the said Petition.

DATED this Twenty Seventh day of July One thousand eight hundred and Sixty four

John P Fotheringham

To the Superintendent of the (7) Public Asylum of Southern Counties Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or 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.]

20 & 21 *Vict., Cap.* 71., *Sect*, 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) County of Dumfries and his Substitutes,—

The Petition of John Dinwoodie Inspector of Poor for the Parish of Dumfries.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Helen Holman 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 Helen Holman to the Southern Counties Asylum and to sanction her admission into the said Asylum.

(SIGNED) John Dinwoodie, Inspector

(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 Sixtyfour.

STATEMENT.

If any 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 Holman
2. Sex and Age,	Female – 39 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	do – poor
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Dumfries
7. Place where Found and Examined,	– do –
8. Length of time Insane,	about a week
9. Whether first attack,	Second attack
10. Age (if known) on first Attack,	38 years
11. When and where previously under Examination and Treatment,	Dumfries & Southern Counties 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,	Stirling
18. Date of becoming Chargeable,	23 July 1864
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Not Known
20. Special circumstances (if any) 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 Dinwoodie, Inspector

DATED this First day of August One thousand eight hundred and Sixtyfour

* To be signed by the Party applying.

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, William Marshall being a (1) Graduate of the College of St Andrews and of the Faculty of Physicians and Surgeons Gl[illegible] and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Douglass's Co[illegible] Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Helen Holman a pauper and that the said Helen Holman 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) Talks incoherently and sits on her chair apparently in a state profound melancholy and as if she was quite inconscious as to how to answer any questions

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) The woman with whom she stops. States that she has great difficulty in persuading her to [illegible] and that her bowels have not moved for a [illegible]

(SIGNED) *Name and Medical Designation,* Marshall M. D. &c

Place of Abode, Buccleugh st Dumfries

DATED this 1st day of August One thousand eight hundred and sixty four 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 Dickson M.D. being a (1) graduate of the University of Edinburgh and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Friar Vennel Dumfries in the County of separately from any other Medical Practitioner, visited and personally examined (4) Helen Holman a pauper and that the said Helen Holman 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) She is in a state of profound melancholy - taciturn, preoccupied to the extent of abstaining from food if not forced upon her and is neglecting ordinary habits of cleanliness & decency.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) The woman with whom she resides states that she has been in this condition for a fortnight. Inspector states that she has been previously [illegible] and under restraint

(SIGNED) *Name and Medical Designation,* John Dickson M.D.

Place of Abode, Buccleuch Street Dumfries

DATED this 1st day of August One thousand eight hundred and sixty four

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, John Pitcairn Troller Esquire (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) John Dinwoodie Inspector of Poor for the Parish of Dumfries Certificates under the hands of William Marshall, M.D. Dumfries and John Dickson M.D. Dumfries, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Helen Holman, residing in Dumfries, a Pauper and that the said Helen Holman is a (5) Insane person and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Helen Holman 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 Helen Holman which accompanied the said Petition.

(SIGNED) John P. Troller

DATED this First day of August One thousand eight hundred and Sixty four 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.

Helen Holman
1st August 1864

Crichton ~~Glasgow Royal~~ Asylum for Lunatics, Dumfries. ~~Garlnaid~~.

20 & 21 *Vict., Cap.* 71. *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) County *of* Dumfries *and his Substitutes,—*

The Petition of Daniel Frazer Chemist and Druggist Glasgow Buchanan St. humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Catherine Frazer My 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 Catherine Frazer to the Crichton Asylum Dumfries and to sanction his admission into the said Asylum.

(SIGNED) Daniel Frazer

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Fourth (3) day of August one thousand eight hundred and Sixty four 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 Frazer
2. Sex and Age,	Female — Fifty Seven 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,	Glasgow —
7. Place where Found and Examined,	Glasgow —
8. Length of time Insane,	About a fortnight
9. Whether first Attack,	First attack.
10. Age (if known) on first Attack,	—
11. When and where previously under Examination and Treatment,	—
12. Duration of existing Attack,	a fortnight
13. Supposed Cause,	not known —
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	Not hitherto.
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	James Frazer, Glasgow. Brother — None —
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(SIGNED)* *Name,* Daniel Frazer

DATED this Fourth day of August one thousand eight hundred and Sixty four

[4.]

* To be Signed by the Party applying.

Helen Holman
1st August 1864

MEDICAL CERTIFICATE, No. I.

I, the undersigned, Mr. David Anderson

being a (1) General Practitioner - M.D. 1st. Edin. R.C.S. of Eng. & F.P.S. Glasgow

and being in actual practice as a (2) General Practitioner

hereby certify, on soul and conscience, that I have this day, at (3) 39 Elmbank Crescent, Glasgow

in the County of Lanark

separately from any other Medical Practitioner visited and personally examined (4) Miss Catherine Fraser, 39 Elmbank Crescent

and that the said Catherine Fraser is a (5) person of unsound mind

and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) She has constant hissing sounds which she says are from the devil. She has got possession of her - that she moans and groans herself as lost & unable to do anything that he bids her. Her manner & appearance indicate insanity.

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Has great watchfulness & anxiety, sitting up at bad hours & going out during night & attempts herself to get out. Also refused to speak to any one of the family.

(SIGNED) Name and Medical Designation, A. D. Anderson M.D.

Place of Abode, 159. St Vincent St Glasgow

DATED this fourth day of August One thousand eight hundred and eighty four.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

MEDICAL CERTIFICATE, No. II.

I, the undersigned, James Drain.

being a (1) General Practitioner - M.D. of King's College, Aberdeen & Lic. & Fellow of F.P.S. Glasgow

and being in actual practice as a (2) General Practitioner

hereby certify, on soul and conscience, that I have this day, at (3) 39 Elmbank Crescent Glasgow

in the County of Lanark

separately from any other Medical Practitioner visited and personally examined (4) Miss Catherine Drain,

and that the said Catherine Drain is a (5) person of unsound mind

and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6)

She labours under delusions, one of which is that she is not in Glasgow, but in another, where she has to do as she ought not to like food.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

The Lunacy Statutes and Public Rights, is also constantly practising, and threatens violence to those who interrupt her. From her habits and habits in this respect

(SIGNED) Name and Medical Designation, James Drain.

Place of Abode 171 West Regent St. Glasgow

DATED this fourth day of August one thousand eight hundred and Eighty four.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* 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 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, John Pitcairn Trotter Esquire Advocate, Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Daniel Frazer Glasgow — Certificates under the hands of Drs A. D. Anderson, and James Fraser, 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) Catherine Frazer sister of Petitioner and that the said Catherine Fraser is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Catherine Frazer as a Patient into the (6) Public Asylum at Dumfries — and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Catherine Fraser which accompanied the said Petition.

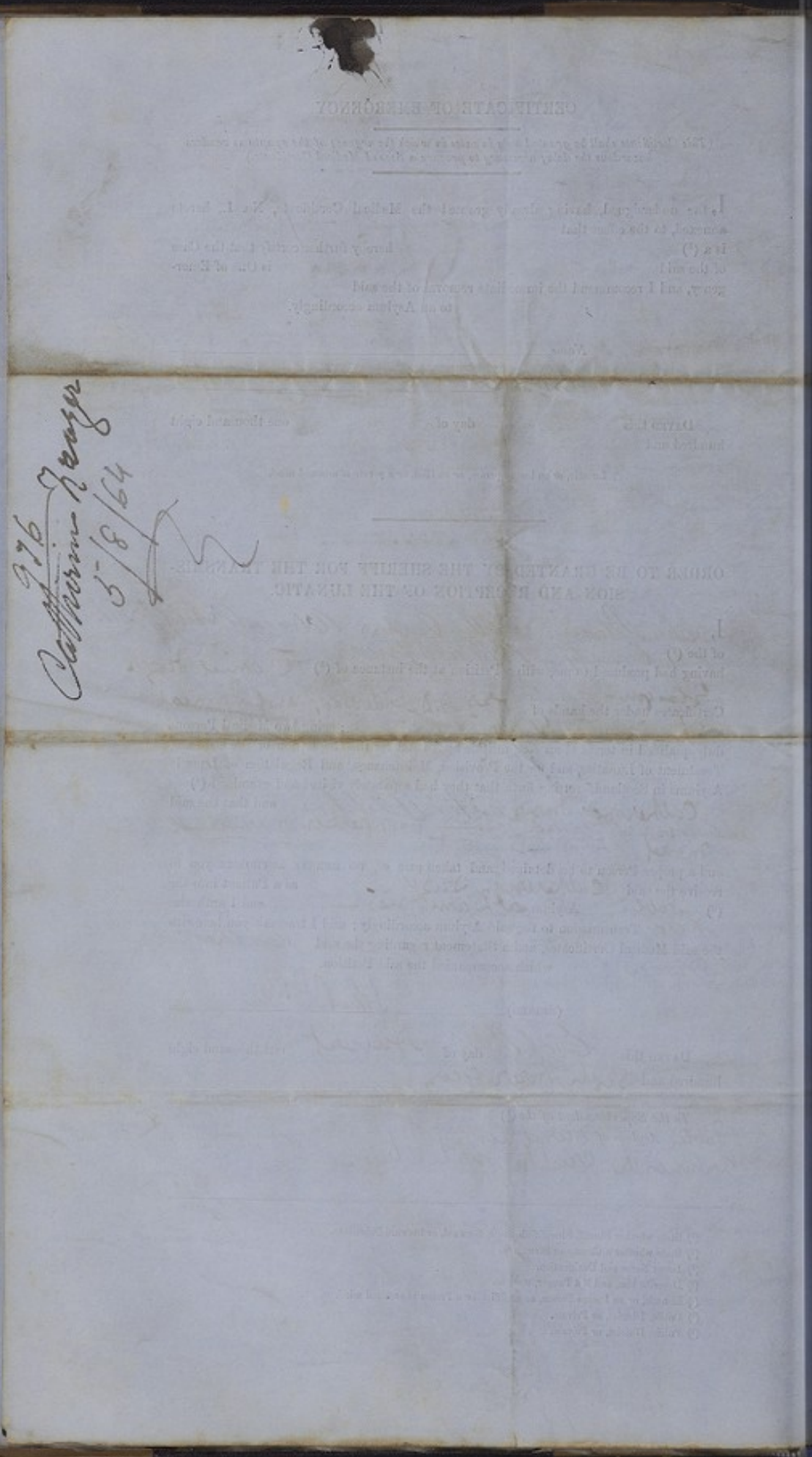
(SIGNED) John P. Trotter

DATED this Eighth day of August one thousand eight hundred and Sixty four years

To the Superintendent of the (7) Public *Asylum of* Dumfries known as the Crichton Institution —

---

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, or Private.
(7) Public, District, or Private.



N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(*) Sheriff or Steward.
(*) Shire or Stewartry.

Unto the Honourable the (*) Sheriff *of the* (*) County of Dumfries *and his Substitutes,—*

The Petition of James Murray Stone of Listowel Ireland humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Helen Elizabeth Stone your Petitioner's (*) wife is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Helen Elizabeth Stone 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.

J Murray Stone

(*) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this 8th (*) day of August One thousand eight hundred and Eighty Four.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Helen Elizabeth Stone
2. Sex and Age,	Female 39 years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	wife of Major in the Army
5. Religious Persuasion, so far as known,	Church of Scotland
6. Previous Place of Abode,	Cork
7. Place where Found and Examined,	Dumfries
8. Length of time Insane,	2 ~~Four~~ months
9. Whether first attack,	1st attack
10. Age (if known) on first Attack,	37 ~~39~~ years of age
11. When and where previously under Examination and Treatment,	D. Duncans Dublin & D. Batons Cork
12. Duration of existing Attack,	2 years & four months, Cause unknown
13. Supposed Cause,	
14. Whether subject to Epilepsy,	No fit of any kind
15. Whether Suicidal,	Not suicidal
16. Whether Dangerous to others,	Not 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,	Major Stone Gartenard Listowel Husband none before insane
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	—

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 18th day of August One thousand eight hundred and 84

(*To be signed by Party applying*) J Murray Stone

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Crichton Institution in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Helen Elizabeth Home wife of Major Home formerly resident in Cork and that the said Helen Elizabeth Home 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 states that she is God almighty — and the daughter of Napoleon the 1st and many delusions as to her dignity position

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her Husband states that she has had delusions similar to the for upwards of Two years

Name and Medical Designation, William Scott M.D.

Place of Abode, Dumfries

DATED this 18th day of August One thousand eight hundred and sixty four.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Grainger Stewart
being a (1) Graduate of the University of Edinburgh
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Crichton Royal Institution Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Helen Elizabeth Hame wife of Major Hame from Cork and that the said Mrs Helen Elizabeth Hame is a (5) Lunatic and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) States that she is the wife of Lord Emmismore & that she has borne 60 children to him. 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) Informed by her husband Major Hume that she has been insane & confined in an Asylum for the last two years

Name and Medical Designation, H G Stewart M.D.

Place of Abode, Crichton Institution Dumfries

DATED this 18th day of August One thousand eight hundred and sixty four.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, William Scott being (1) a Physician hereby certify, on soul and conscience, that I have this day, at (2) the Crichton Institution in the County of Dumfries, seen and personally examined Helen Howe, and that the said Helen Howe person is of unsound mind, and 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 Scott MD

DATED this 18th day of August One thousand eight hundred and sixty four

(1) 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 Ramsay (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) James Murray Howe of Listowel, Ireland Certificates under the hands of William Scott and Hugh Francis 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) Helen Elizabeth Howe wife of the Petitioner, and that the said Helen Elizabeth Howe is a (5) Lunatic

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Helen Elizabeth Howe 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 Helen Elizabeth Howe which accompanied the said Petition.

DATED this Fourteenth day of August One thousand eight hundred and sixty four

Alex Ramsay

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.

Helen A. Stone
Aug. 5th 1864

Melan E. Stone
Aug 5th 1864

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

20 & 21 *Vict., Cap.* 71, *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Shire *of* Dumfries *and his Substitutes,*—

The Petition of William Menzies Contractor Oban Ar.B. humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that William Menzies, Labourer my father is at present in a state of Mental Derangement and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said William Menzies to the Southern Counties Asylum and to sanction his admission into the said Asylum.

(SIGNATURE) William Menzies

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this twelfth (3) day of August one thousand eight hundred and Sixty Four

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	William Menzies
2. Sex and Age,	Male - aged 64
3. Married, Single, or Widowed,	Widowed
4. Condition of Life, and previous Occupation (if any),	Labourer & stone dyker
5. Religious Persuasion, so far as known,	Reformed Presbyterian
6. Previous Place of Abode,	Newton Stewart
7. Place where Found and Examined,	Dumfries & the Southern Counties Asylum
8. Length of time Insane,	Years
9. Whether First Attack,	No
10. Age (if known) on First Attack,	Cant say
11. When and where previously under Examination and Treatment,	Southern Counties Asylum until a week ago.
12. Duration of Existing Attack,	
13. Supposed Cause,	Not Known
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	yes - at least so it is said
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,	William Menzies, Joiner, Oban Argyllshire his son 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.

(SIGNATURE)* *Name,* William Menzies

DATED this twelfth day of August one thousand eight hundred and Sixty Four

* To be Signed by the Party applying.

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, John Dickson MD
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) Buccleuch Street Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) William Menzies, stone dyke and that the said William Menzies is a (5) insane person and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He is depressed and anxious looking - states that he is in consequence fear of doing injury to some one, that he is afraid of himself and desires protection - he hears voices during the night, which have no ...

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Left the Asylum only a week since, and has become worse since. Is suicidal, and at least made one attempt to destroy himself

(SIGNED) *Name and Medical Designation,* John Dickson MD

Place of Abode, Buccleuch Street

DATED this 10th day of August One thousand eight hundred and sixty four

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Gierson
being a (1) Member of the Royal College of Surgeons of England
and being in actual practice as a (2) Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) the Southern Counties Asylum, Dumfries, in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) William Menzies, labourer and Stone dyker and that the said William Menzies is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He says he is and distressed in mind and has a dread that something, which he does not define, will happen. He craves admission, after a weeks absence from the Asylum on the ground that his safety is more assured, and his needs better supplied than he could be elsewhere.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) He comes alone

(SIGNED) *Name and Medical Designation,* S Gierson MR

Place of Abode Southern Counties Asylum

DATED this Tenth day of Aug 4 one thousand eight hundred and Sixty-four

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 William Menzies, Stone-dyker is a (1) insane person hereby further certify that the Case of the said William Menzies is one of Emergency, and I recommend the immediate removal of the said William Menzies to an Asylum accordingly.

Name, John Dickson (M.D.)

Place of Abode, Buccleuch Street - Dumfries

DATED this 10th day of August One thousand eight hundred and sixty four.

(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, Alexander Hannay (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) William Menzies Contractor Oban Certificates under the hands of John Dickson and Samuel 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) William Menzies Labourer and Stone dyker and that the said William Menzies is a (5) insane person and a person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said William Menzies 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 William Menzies which accompanied the said Petition.

(SIGNATURE) Alex Hannay

DATED this Thirteenth day of August one thousand eight hundred and Sixty Four

To the Superintendent of the (7) Public Asylum of Southern Counties Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, 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.

Williams Menzies

10th August

1867

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

20 & 21 *Vict., Cap.* 71, *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Unto the Honourable the (1) Sheriff *of the* (2) Shire of Dumfries *and his Substitutes,—*

(1) Sheriff or Steward.
(2) Shire or Stewartry.

The Petition of Joseph Crichton, Inspector of Poor of the parish of Canonbie, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Rae, cattle dealer is at present in a state of Mental Derangement and 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 Rae to the Southern District Asylum and to sanction his admission into the said Asylum.

(SIGNATURE) J. Crichton

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 12th (3) day of August one thousand eight hundred and Sixty four

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	John Rae
2. Sex and Age,	Male
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	A Soldier
5. Religious Persuasion, so far as known,	Not known
6. Previous Place of Abode,	Greenbankend Hawick
7. Place where Found and Examined,	Town of Langholm
8. Length of time Insane,	Upwards of eight years
9. Whether First Attack,	Yes
10. Age (if known) on First Attack,	
11. When and where previously under Examination and Treatment,	At Edinburgh and in the Southern Counties Asylum Dumfries Upwards of eight years
12. Duration of Existing Attack,	
13. Supposed Cause,	An injury to the head
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Canonbie
18. Date of becoming Chargeable,	12th August 1864
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Robert Rae Hawick his 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.

(SIGNATURE)* Name, J. Crichton Inspector of Poor Canonbie

DATED this 12 day of August one thousand eight hundred and 64

* To be Signed by the Party applying.

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, John Dickson M.D. being a (1) graduate of the University of Edinburgh and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Buccleuch Sol Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) John Rae, formerly Soldier, Greenbrae head near Hawick and that the said John Rae is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts*

1. Facts indicating Insanity observed by myself: (6) Is absent & present in his manner - taciturn - suspicious & watchful. Received a severe injury to the brain in the Crimea since which he has been more or less insane, from accounts given.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Is liable to attacks of excitement, during one of which he is said to have made a violent attack upon his Father, of whom he is very suspicious. Has distinct delusions as to distance &c. - commenced by the Sheriff officer accompanied

(SIGNED) *Name and Medical Designation,* John Dickson M.D.

Place of Abode, Buccleuch Street Dumfries

DATED this 10th day of August. One thousand eight hundred and sixty four.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Gibson being a (1) Member of the Royal College of Surgeons of England and being in actual practice as a (2) Surgeon & hereby certify, on soul and conscience, that I have this day, at (3) the Southern Counties Asylum Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) John Rae, a pensioner and that the said John Rae is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts*

1. Facts indicating Insanity observed by myself: (6) His manner is absent and he never speaks exc[illegible] when spoken to not always even then. His speech is slow and hesitating a[illegible] seems to indicate an interrupted flow of i[illegible]

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) The impression conveyed by his presen[illegible] among his relations was so alarmed them [illegible] well that the Inspector was obliged to [illegible] him back to the Asylum

(SIGNED) *Name and Medical Designation,* J. Gibson M.R.C.

Place of Abode, Southern Counties Asylum

DATED this 12th day of August one thousand eight hundred and sixty-four

CERTIFICATE OF EMERGENCY.

(This certificate authorizes the detention of a Patient in an Asylum for a period of twenty-four hours without the Order of the Sheriff, and shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a second Medical Certificate and the Order of the Sheriff.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that John Rae, Greenbraehead near Hawick is a (1) Person of Unsound Mind hereby further certify that the Case of the said John Rae is one of Emergency, and I recommend the immediate removal of the said John Rae to an Asylum accordingly.

Name, John Dickson M.D

Place of Abode, Buccleuch Street Dumfries

Dated this 10th day of August One thousand eight hundred and sixty four.

(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, Alexander Hannah (2) Sheriff Substitute of the (3) County of Dumfries having had produced to me, with a Petition at the instance of (3) Joseph Crichton Inspector of Poor Campbell's Certificates under the hands of John Dickson M.D. and Samuel Grierson 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) John Rae Greenbraehead Hawick — and that the said John Rae — is a (5) Person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said John Rae 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 John Rae which accompanied the said Petition.

(Signature) Alex Hannah

Dated this Fifteenth day of August one thousand eight hundred and sixty four years

To the Superintendent of the (6) 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.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, or Private.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

20 & 21 *Vict., Cap.* 71, *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Shire of Dumfries *and his Substitutes,—*

The Petition of John Hannah Inspector of Poor of the parish of Kirkcudbright humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Janet Douglas a dressmaker is at present in a state of Mental Derangement and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Janet Douglas to the Galtenhouse Asylum and to sanction her admission into the said Asylum.

(SIGNATURE) John Hannah

(*) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Fourteenth (*) day of September one thousand eight hundred and Forty four 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 Douglas
2. Sex and Age,	Female – 31
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,	Galtenhouse Kirkcudbright
7. Place where Found and Examined,	
8. Length of time Insane,	
9. Whether First Attack,	No
10. Age (if known) on First Attack,	Not known
11. When and where previously under Examination and Treatment,	do
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,	Kirkcudbright
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 his Family known to be or to have been Insane,	William Douglas Son Merchant Galtenhouse.
20. Special circumstances (if any) 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 Hannah

DATED this Fourteenth day of September one thousand eight hundred and Forty four

* To be Signed by the Party applying.

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, or an idiot, *or* a person of unsound mind.

I, the undersigned, John Dickson being a (1) graduate of the University of Edinburgh and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Southern Counties Asylum in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Janet Douglas. Diepmaker Kirkcudbright and that the said Janet Douglas is a (5) lunatic and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She is wayward restless, and excitable - Rambles in conversation - states that she is at times very passionate and incapable of controlling herself & has a desire to wander at night and to destroy property.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) The above is confirmed by the statements of the Medical Officer & attendants.

(SIGNED) *Name and Medical Designation,* John Dickson M.D.

Place of Abode, Buccleuch Street Dumfries

DATED this thirteenth day of September One thousand eight hundred and sixty four.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Gierson being a (1) member of the Royal College of Surgeons of England and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) the Southern Counties asylum in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Janet Douglas, dressmaker Kirkcudbright and that the said Janet 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) that she is irritable & wayward, or sullen and taciturn. She is also passionate and neither person nor property are safe when under the influence of this excitement.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) The attendants all hold Janet Douglas in dread and have to report acts of violence of her frequently.

(SIGNED) *Name and Medical Designation,* J. Gierson M.R.C.

Place of Abode Southern Counties Asylum

DATED this thirteenth day of September one thousand eight hundred and sixty four

CERTIFICATE OF EMERGENCY.

(This certificate authorizes the detention of a Patient in an Asylum for a period of twenty-four hours without the Order of the Sheriff, and shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a second Medical Certificate and the Order of the Sheriff.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that
is a (1) hereby further certify that the Case
of the said is one of Emergency, and I recommend the immediate removal of the said
to an Asylum accordingly.

Name,

Place of Abode,

DATED this day of One thousand eight hundred and

(1) Lunatic or an insane person, or an idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, John Alexander Kelly Esqr. (2) Sheriff Substitute
of the (3) County of Dumfries
having had produced to me, with a Petition at the instance of (4) John Hannah Inspector of Poor of the Parish of Kirkcudbright
Certificates under the hands of John Dickson M. D. Dumfries
and Samuel Grierson, Surgeon Southern Counties Asylum being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and 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)
Janet Douglas, Dressmaker, Kirkcudbright and that the said
Janet Douglas is a (5) Lunatic and a person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE YOU to receive the said Janet Douglas 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 Douglas which accompanied the said Petition.

(SIGNATURE) John A. Kelly

DATED this Nineteenth day of September one thousand eight hundred and Sixty four

To the Superintendent of the (6) 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.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, or Private.

Sarah Douglas
16. August 1864
2d Warrant 19th Sept

N.B.—This Form shall be transmitted to the General Board of Lunacy after it is filled up, and after the Petition, Statement, Medical Certificates, and Order, are copied into it from Form A.

[Form A 1]

20 & 21 *Vict., Cap.* 71, *Sect.* 37.

Notice of Admission of a Patient into an ASYLUM.

I hereby give notice, That (1)

was received into this House as a (2)

Patient on the (3) day of

and I hereby transmit a Copy of the Order and Medical Certificates and Statement on which was received.

Subjoined is a Report with respect to the mental and bodily condition of the above-named Patient.

(Signed)_____ *Superintendent.*

Dated at this (4) day of

One thousand eight hundred and

To the Secretary of the
General Board of Lunacy.

REPORT.

I have this day (5) seen and personally examined

the Patient named in the above Notice,

and hereby report and certify, with respect to mental state, that (6)

and with respect to bodily health and condition, that (7)

(Signed)_____

(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.

P. p.

(*Copies.*)

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Sheriff dom of Wigton & Kirkcudbright *and his Substitutes,* for Stewartry of Kirkcudbright

The Petition of John Hannah, Inspector of Poor humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Janet Douglas is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Janet Douglas to the Southern Counties Asylum Dumfries, and to sanction her admission into the said Asylum.

(SIGNED) John Hannah

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Sixteenth (3) day of August One thousand eight hundred and Sixty four 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 Douglas
2. Sex and Age,	Female - 31
3. Married, Single, or Widowed,	Unmarried.
4. Condition of Life, and previous Occupation (if any),	Dressmaker.
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Gatehouse.
7. Place where Found and Examined,	Kirkcudbright.
8. Length of time Insane,	Six days
9. Whether first attack,	No.
10. Age (if known) on first Attack,	
11. When and where previously under Examination and Treatment,	Not known
12. Duration of existing Attack,	Six 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,	Girthon
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 his Family known to be or to have been Insane,	William Douglas, Gatehouse. Tea Merchant.
20. Special circumstances (if any) 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 Hannah

DATED this Sixteenth day of August One thousand eight hundred and Sixty four years

* To be signed by the Party applying.

(*Copies.*)

MEDICAL CERTIFICATE, No. I.

I, the undersigned, David Blair
being a (1) L.R.C.S. Edin.
and being in actual practice as a (2) Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) the Police Station Kirkcudbright in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) Janet Douglas and that the said Janet 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.:—

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert 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)

from incoherency of speech foolish manner & her appearance generally

(6) *State the facts.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

(7) *State the information, and from whom derived.*

(SIGNED) *Name and Medical Designation,* David Blair Surgeon

Place of Abode, Kirkcudbright

DATED this 16th day of August One thousand eight hundred and sixty four

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 of
separately from any other Medical Practitioner,
visited and personally examined (4)
and that
the said is a (5)
and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert 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.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

(7) *State the information, and from whom derived.*

(SIGNED) *Name and Medical Designation,* _____

Place of Abode, _____

DATED this day of One thousand eight hundred and

(*Copies.*)

CERTIFICATE OF EMERGENCY.

(*This Certificate shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a Second Medical Certificate.*)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that Janet Douglas is a (1) person of unsound mind hereby further certify that the Case of the said Janet Douglas is One of Emergency, and I recommend the immediate removal of the said person to an Asylum accordingly.

Name, David Blair Surgeon

Place of Abode, Kirkcudbright

DATED this 16th day of Augt. One thousand eight hundred and sixty four

(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 Hyamish Dunbar, (1) Steward Substitute of the (2) Stewartry of Kirkcudbright having had produced to me, with a Petition at the instance of (3) John Hannah Certificates under the hand of Dana Blair ~~and~~, being ~~two~~ Medical Person duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that ~~they~~ had separately visited and examined (4) ~~Dana Blair~~ Janet Douglas and that the said Janet Douglas is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Janet Douglas as a Patient into the 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 which accompanied the said Petition. two words delete

(SIGNED) W H Dunbar

DATED this Sixteenth day of August One thousand eight hundred and sixty four

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.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

20 & 21 *Vict., Cap.* 71., *Sect,* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) County *of* Dumfries *and his Substitutes,*—

The Petition of Joseph Welsh Inspector of Poor Noqueer humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Janet Dobie 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 Janet Dobie to the Southern Counties Asylum Dumfries and to sanction her admission into the said Asylum.

(SIGNED) Joseph Welsh

(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 Sixty Four 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 Dobie
2. Sex and Age,	Female 54 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Spaupre Tuca Cochonna
5. Religious Persuasion, so far as known,	Presbyterian
6. Previous Place of Abode,	Burns Street Dumfries
7. Place where Found and Examined,	Market Square Maxwelltown
8. Length of time Insane,	Occasionally 7a Years more or less
9. Whether first attack,	Second attack
10. Age (if known) on first Attack,	Between 40 & 50
11. When and where previously under Examination and Treatment,	Southern Counties Asylum Dumfries
12. Duration of existing Attack,	Years
13. Supposed Cause,	Religion & pride
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	Nothing but the Tongue
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Parish of Noqueer
18. Date of becoming Chargeable,	17th August 1864
19. Christian Name 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 Shanks Shoemaker son in Law and his wife his daughter residing in Burns St Dumfries none of the family were 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.

(SIGNED)* Name, Joseph Welsh Inspector of Poor Noqueer

DATED this Eighteenth day of August One thousand eight hundred and Sixty Four

* To be signed by the Party applying.

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, William Marshall
being a (1) Fellow & late Master 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) Maxwelltown
Portland Cottage
Kirkcudbright in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) Janette Dobie a pauper
and that
the said Janette Dobie 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) Latterly more than
a year that a friend of hers died and upon being
in the Old Parish Yard and had sit down upon
the grave and knew Robert Brow
who died Two hundred years since &c

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Her daughter and Neighbours state that
makes Broad[illegible] and threatens them

(SIGNED) *Name and Medical Designation,* Wm Marshall M.D.

Place of Abode, Dumfries

DATED this 17th day of August One thousand eight hundred and Sixty four 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 Seaman
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) High Street
Portsoy in the County of
Banff separately from any other Medical Practitioner,
visited and personally examined (4) Janet Dobie Pauper
and that
the said Janet Dobie Pauper is a (5) Lunatic
and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) States that she
[illegible] commanded by her husband more than
[illegible] that her friends have attempted to murder
her constantly pursue Estates, states that she
has [illegible] in the Old Church &c

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Her daughter and neighbours state
that she is at times very violent [illegible]
[illegible] thing she can lay hold of in a
violent

(SIGNED) *Name and Medical Designation,* P Seaman M.D.

Place of Abode, Portsoy Banffshire

DATED this 17th day of August One thousand eight hundred and 64

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, Alexander Kennedy (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Joseph Welch
Inspector of Poorer
Certificates under the hands of William Marshall
and Patrick Murray, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
Janet Dobie in Maxwelltown a pauper and that the said
Janet Dobie is a (5) Lunatic

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Janet Dobie as a Patient into the (6) Public Asylum of Southern Counties and I authorize Yer Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Janet Dobie which accompanied the said Petition.

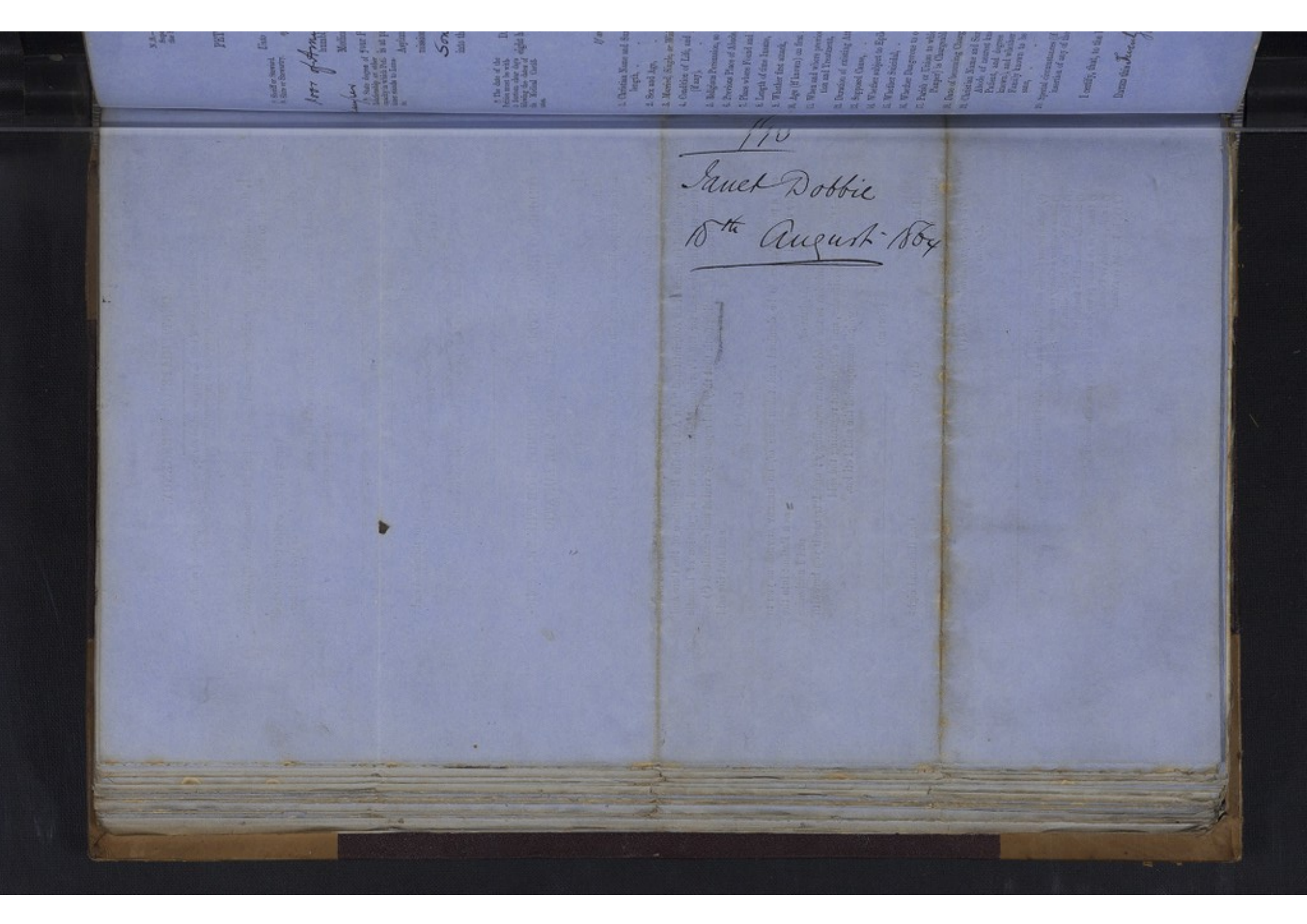
(SIGNED) Alex Kennedy

DATED this Eighteenth day of August One thousand eight hundred and sixty four.

To the Superintendent of the (7) Public
Asylum of Southern Counties

Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, 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.



110

Janet Dobbie

18th August 1864

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Shire of Dumfries *and his Substitutes*—

The Petition of John McLellan, Church Street, in Annan Inspector of Poor of Annan humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Alexander Morran, Labourer & Pauper

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (3) Pauper Parishioner is at present in a state of Mental Derangement, and 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 Morran to the Southern Counties Asylum and to sanction his admission into the said Asylum.

John McLellan Inspector of Poor of Annan

(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 sixty four years

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STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Alexander Morran
2. Sex and Age,	Male - about 50
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Labourer
5. Religious Persuasion, so far as known,	Established Church of Scotland
6. Previous Place of Abode,	Creca near Annan
7. Place where Found and Examined,	The Southern Counties Asylum
8. Length of time Insane,	~~Seven or~~ Ten or eleven years
9. Whether first attack,	Yes
10. Age (if known) on first Attack,	39 or 40 years
11. When and where previously under Examination and Treatment,	At Southern Counties Asylum admitted the 2nd Nov. 1863.
12. Duration of existing Attack,	Ten or Eleven years
13. Supposed Cause,	Supposed to have resulted from a blow on head
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Lately has rushed into the tide wildly, but with intent is not known
16. Whether Dangerous to others,	Yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Jane Morran wife of Robert Beattie former Creca N. Annan his Sister & George Morran Labourer at Creca his 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 Twenty second day of August One thousand eight hundred and sixty four

(*To be signed by Party applying*) John McLellan Inspector of Poor parish of Annan Pp.

Sheriff Dobbie
Mr Alexander Morran

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or an* insane person, *or an* idiot, *or a* person of unsound mind.

I, the undersigned, John Dickson
being a (1) Graduate of the University of Edinburgh
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Southern Counties Asylum in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Alexander Morran labourer - Annan and that the said Alexander Morran 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) Talks incoherently Has delusions of various kinds, e.g. that he is possessed of great wealth, in land &c.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Is very excitable and when irritated, dangerous. Disposed to wander, especially during night, and to denude himself

Name and Medical Designation, John Dickson

Place of Abode, Buccleuch Street - Dumfries

DATED this 20th day of August One thousand eight hundred and sixty four.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Grierson
being a (1) Member of the Royal College of Surgeons of England
and being in actual practice as a (2) Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) the Southern Counties Asylum, Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Alexander Morran a labourer, and pauper and that the said Alexander Morran is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, 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 very restless of manner, incoherent of speech, and speaks of his possessions in lands in money & in carriages &c extravagantly rambling

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) His brother in law Robert Beattie says he wanders away from home and may be found as far away as Carlisle or Penrith - in one instance lately he was not found but returned at five o'clock in the morning following his departure

Name and Medical Designation, S. Grierson M.R.C.

Place of Abode, Southern Counties Asylum, Dumfries

DATED this twentieth day of August One thousand eight hundred and sixty-four.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned John Dickson being (1) a Graduate of the Edinburgh University hereby certify, on soul and conscience, that I have this day, at (2) Southern Counties Asylum in the County of Dumfries, seen and personally examined Alexander Morran, labourer, Annan, and that the said person is of unsound mind, and 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 Dickson M.D.

DATED this 20th day of August One thousand eight hundred and sixty four.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

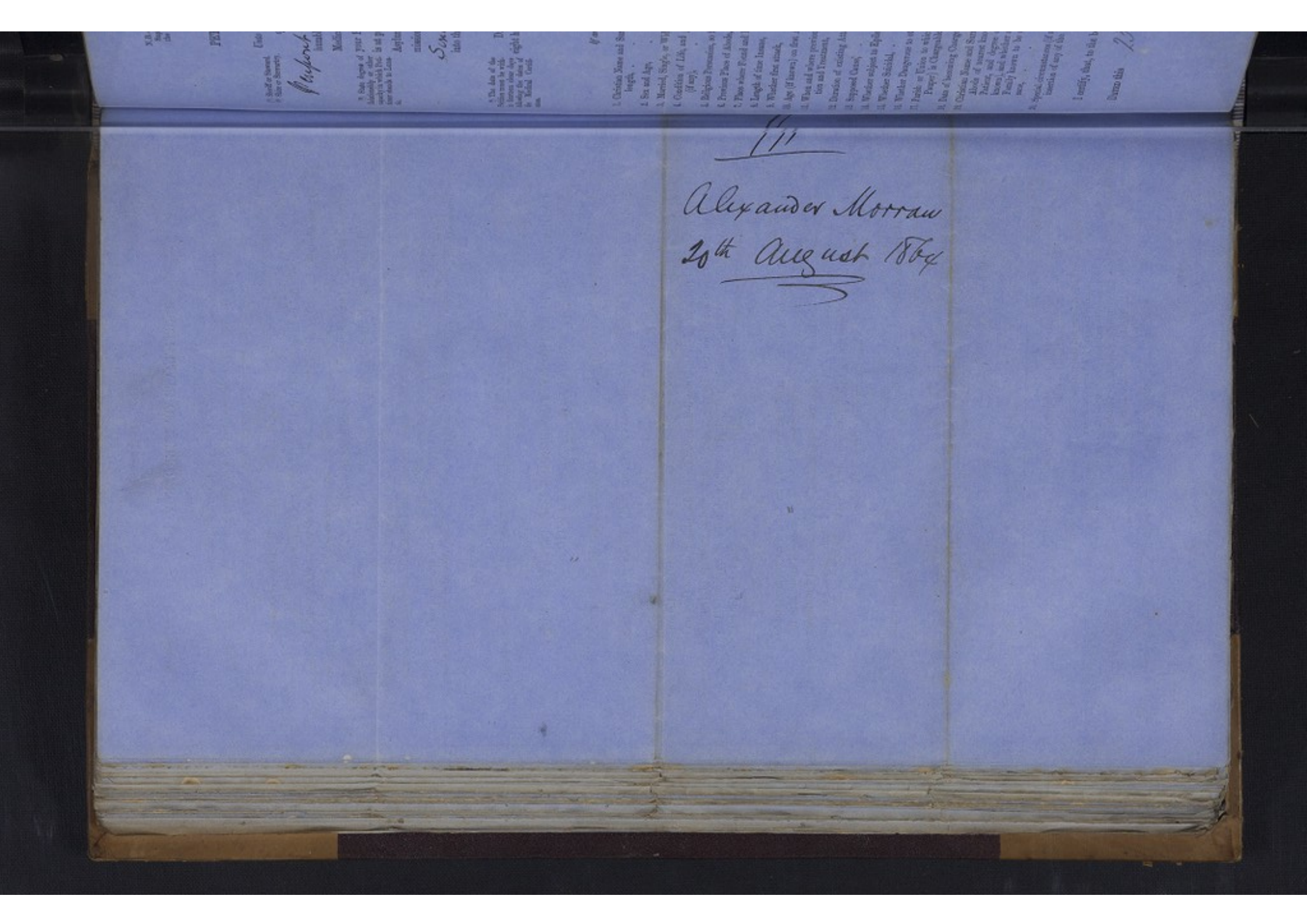
I, Alexander Hannay 6 Esquire (3) Sheriff Substitute of the (4) County of Dumfries having had produced to me, with a Petition at the instance of (5) John McLellan Inspector of Poor Annan Certificates under the hands of John Dickson and Samuel Grierson, being two Medical Persons duly qualified in terms 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 (6) Alexander Morran Labourer Annan apart and that the said Alexander Morran is a (7) 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 Morran as a Patient into the (8) 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 Alexander Morran which accompanied the said Petition.

DATED this Twenty third day of August One thousand eight hundred and sixty four

A Hannay

To the Superintendent of the (9)
Asylum of Public Southern Counties
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.



N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Shire of Dumfries *and his Substitutes,—*

The Petition of Thomas Hyslop, Auchenbainzie

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Isabella Hyslop

(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 Isabella Hyslop to the Southern Counties Asylum and to sanction her admission into the said Asylum.

Thomas Hyslop

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this twenty third (4) day of August One thousand eight hundred and Sixty-four

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STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Isabella Hyslop
2. Sex and Age,	Female about 22 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,	Member of Free Church of Scotland
6. Previous Place of Abode,	Auchenbainzie
7. Place where Found and Examined,	near Oban, Argyleshire
8. Length of time Insane,	2 months
9. Whether first attack,	second
10. Age (if known) on first Attack,	20 years
11. When and where previously under Examination and Treatment,	In Southern Counties Asylum in 1862
12. Duration of existing Attack,	about 2 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 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,	Thomas Hyslop Auchenbainzie her brother - She has often expressed no other relatives. None
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 23rd day of August One thousand eight hundred and sixty four

(*To be signed by Party applying*) Thomas Hyslop

P. p.

Alexander Morrow
20th August 1864

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, John Dickson being a (1) graduate of the University of Edinburgh and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Southern Counties Asylum - Dumfries in the County of separately from any other Medical Practitioner visited and personally examined (4) Isabella Hyslop - Servant and that the said Isabella Hyslop 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) Great excitement and restlessness. Incoherence. delusions as to personal identity

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Has been in the Asylum before, (a[illegible] 2 years ago)

Name and Medical Designation, John Dickson

Place of Abode, Buccleuch Street - Dumfries

DATED this 25th day of August One thousand eight hundred and sixty four

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Gierson being a (1) Member of the Royal College of Surgeons of England and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) the Southern Counties Asylum, Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Isabella Hyslop a dom[illegible] Servant and that the said Isabella Hyslop is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) In manner she is wayward or taciturn or excited - She dund herself and destroys her clothing; throws articles of furniture or about in a reckless and dangerous way.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) She was under treatment in this house about 2 years ago. And her brother tells me that for some days past she has slept none & is with difficulty kept at home

Name and Medical Designation, Gierson M.R.C.S.

Place of Abode, Southern Counties Asylum

DATED this 24th day of August One thousand eight hundred and sixty four.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned John Dickson being (1) a Graduate of the University of Edinburgh hereby certify, on soul and conscience, that I have this day, at (2) Southern Counties Asylum in the County of Dumfries, seen and personally examined Isabella Hyslop. Servant, and that the said person is of unsound mind, and 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 Dickson M.D.

DATED this 25 day of August One thousand eight hundred and sixty four.

(1) 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 Hannay (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Thomas Hyslop Auchenbenzie Penpont Certificates under the hands of John Dickson M.D. and Samuel Grieson 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) Isabella Hyslop Sister of Petitioner and that the said Isabella Hyslop 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 Isabella Hyslop 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 Hyslop which accompanied the said Petition.

DATED this twenty fourth day of August One thousand eight hundred and sixty four

A. Hannay

To the Superintendent of the (7) public Asylum of Southern Counties Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

Isabella Heyelop
23d August 1864

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) County *of* Dumfries *and his Substitutes,—*

The Petition of Margaret Hay 30 Regent Terrace Edinburgh humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Hay - Surgeon 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 Hay 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.

Margaret Hay

(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 August One thousand eight hundred and sixty four 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 Hay
2. Sex and Age,	Male 27 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Surgeon
5. Religious Persuasion, so far as known,	Presbyterian
6. Previous Place of Abode,	47 Baker Street London
7. Place where Found and Examined,	Crichton Institution Dumfries
8. Length of time Insane,	10 days
9. Whether first attack,	No
10. Age (if known) on first Attack,	14 years
11. When and where previously under Examination and Treatment,	Saughton Hall 4 years ago & also in Crichton Institution 4 times during the last
12. Duration of existing Attack,	four years — 12 - 10 days - 13 Intemperance
13. Supposed Cause,	
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Has attempted to commit suicide by drinking
16. Whether Dangerous to others,	2oz of Tincture of Opium. & is dangerous
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	to other.
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known 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 Hay 30 Regent Terrace Edinburgh none before 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 27th day of August One thousand eight hundred and sixty four.

(*To be signed by Party applying*) Margaret Hay

P. p.

Isabella Hayslope
23d August 1864

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, William Scott
being a (1) Graduate of the University of Edin
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) the Crichton Institution Dumfries in the County of separately from any other Medical Practitioner, visited and personally examined (4) John Hay Surgeon and that the said John Hay is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) State that he has taken two ounces of Laudanum for the purpose of committing suicide, and that he feels if left at free agent he would do so again

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Has had delusions and fancies he sees snakes creeping in the room has no control over his actions gets has been a drunkard for 13 years.

Name and Medical Designation, William Scott M.D.

Place of Abode, Dumfries

DATED this 27th day of August One thousand eight hundred and Sixty four

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MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, John Dickson
being a (1) Graduate of the University of Edinburgh
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Crichton Institution Dumfries in the County of separately from any other Medical Practitioner, visited and personally examined (4) John Hay Surgeon and that the said John Hay is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Informing me that he has recently attempted suicide by laudanum and would if not prevented, repeat the act. Is restless & excited.

(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 has been a drunkard for thirteen years, and has been repeatedly in the Asylum.

Name and Medical Designation, John Dickson M.D.

Place of Abode, Dumfries

DATED this 27 day of August One thousand eight hundred and Sixty four.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, William Scott being (1) a Graduate of the University of Edinburgh hereby certify, on soul and conscience, that I have this day, at (2) the Crichton Institution in the County of Dumfries, seen and personally examined John Hay Surgeon, and that the said John Hay person is of unsound mind, and 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 Scott

Dated this 29th day of August One thousand eight hundred and sixty four

(1) 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 Hannay (3) Sheriff Substitute of the (4) County of Dumfries having had produced to me, with a Petition at the instance of (5) Margaret Hay 30 Saint George's Edinburgh Certificates under the hands of William Scott M.D. and John Dickson M.D., being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (6) John Hay Surgeon, Petitioner, son and that the said John Hay 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 Hay 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 Hay which accompanied the said Petition.

Dated this 29th day of August One thousand eight hundred and sixty four years.

A. Hannay

To the Superintendent of the (9) public *Asylum of* Crichton Royal Institution Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(8) Public, District, Parochial, or Private.
(9) Public, District, Parochial, or Private.

20 & 21 *Vict., Cap.* 71. *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Shire of Dumfries *and his Substitutes,—*

The Petition of Andrew Wales Inspector of Poor of the parish of Old Luce humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Clenachan, clerk 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 James Clenachan to the Southern Counties Asylum Dumfries and to sanction his admission into the said Asylum.

(SIGNED) Andr Wales Insp. of Poor

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this fifth (3) day of September one thousand eight hundred and 64 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 Clenachan
2. Sex and Age,	Male 16 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Clerk – Shearer
5. Religious Persuasion, so far as known,	Presbyterian
6. Previous Place of Abode,	Square of Genoch, Parish of Old Luce
7. Place where Found and Examined,	Square of Genoch
8. Length of time Insane,	Two months and a half
9. Whether first Attack,	Yes
10. Age (if known) on first Attack,	about 16
11. When and where previously under Examination and Treatment,	—
12. Duration of existing Attack,	Two months and a half
13. Supposed Cause,	perhaps injury of the head from the Kick of a horse, friends are not the Circumstances known to them, he takes fits previous [illegible] from some other Cause
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Doubtful
16. Whether Dangerous to others,	Not apparently
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Old Luce
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	James Clenachan – Square of Genoch Father – had great uncle insane by the Father side
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, Andr. Wales Insp. of Poor

DATED this fifth day of September one thousand eight hundred and 64

[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, Wm Orgill 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) Genoch Square in the Parish of Glenluce in the County of Wigtown separately from any other Medical Practitioner visited and personally examined (4) James Clanachan residing at Genoch Square a Pauper and that the said James Clanachan is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) When I saw him today he sitting with nothing but a shirt on; and resisted the putting on of the other clothes; and would not speak. His look is sense-idiotic and appears to be in great fear of something being [illegible]

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Mrs Clanachan his stepmother says that for two months past he will do nothing quite contrary to his natural disposition. He will not allow his clothes to remain him. He is in constant fear of people coming to shoot him. Never speaks to [illegible] him constant motion over the whole body. He often gets quite excited when spoken [illegible] foams at the mouth. He requires constant watching to prevent his going out [illegible] his father James Clanachan, or brother Wm Clanachan corroborate Mrs Clanachan

(SIGNED) *Name and Medical Designation,* Wm Orgill Surgeon

Place of Abode, Stranraer

DATED this 30th day of August One thousand eight hundred and sixty four

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 McCornack 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) Genoch Square in the Parish of Old Luce in the County of Wigtown separately from any other Medical Practitioner visited and personally examined (4) James Clanachan whether residing at Genoch Square ~~a Pauper~~ and that the said James Clanachan is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) I have visited him frequently, He always seemed gloomy, would never answer questions, beyond Yes or No, and generally the yes or no were inconsistent with the question [illegible] Sometimes when I saw him during the day He kept constantly trying to [illegible] off whatever clothes he had on, would neither sit down nor lie down, and seemed anxious to escape from the house, His whole conduct was inconsistent, with that of a person in a sound state of mind

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Mrs Clanachan his stepmother told me that he sometimes will not take food lest it might be poison, Both his father and stepmother informed me that he frequently tries to make his escape from the house in a state of nudity, that he once did so, and tried to conceal himself in a field in that state, that he has whole watching night and day lest he escapes from them, that is afraid of being [illegible]

(SIGNED) *Name and Medical Designation,* Wm McCornack Surgeon

Place of Abode Glenluce

DATED this first day of September one thousand eight hundred and sixty four

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 (*) 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

(*) 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, Alexander Hannay (*) Sheriff Substitute of the (*) County of Dumfries having had produced to me, with a Petition at the instance of (*) Andrew Wales Inspector of Poor of the Parish of Old Luce Certificates under the hands of John Cigill Surgeon and William M'Cornack 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 (*) James Glenachan Genoch Square Glenluce and that the said James Glenachan is a (*) Person of unsound Mind a pauper and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said James Glenachan as a Patient into the (*) Public Asylum of Southern Counties 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 James Glenachan which accompanied the said Petition.

R.S.

(SIGNED) Alex Hannay

DATED this Fifth day of September one thousand eight hundred and Sixty four

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, or Private.
(*) Public, District, or Private.

James Cunachan
5th September 1884

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 Hicks Parkinson Cumberland House Plaistow Essex

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Jane Armstrong your Petitioner's (3) mother is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Jane Armstrong to the Buchlan Royal Institution for Lunatics at Dumfries and to sanction her admission into the said Asylum.

James Hicks Parkinson

(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 fifth (4) day of September One thousand eight hundred and sixty four

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STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Jane Armstrong
2. Sex and Age,	Fe. female 76.
3. Married, Single, or Widowed,	Widow
4. Condition of Life, and previous Occupation (if any),	No occupation
5. Religious Persuasion, so far as known,	Episcopalian
6. Previous Place of Abode,	"Cumberland House" Plaistow Essex
7. Place where Found and Examined,	"North Villa" Eden Grove Stanwell
8. Length of time Insane,	~~6 months~~ About six years
9. Whether first attack,	~~first attack~~ this years [illegible] a monomania
10. Age (if known) on first Attack,	~~age 70~~ continued ever since
11. When and where previously under Examination and Treatment,	~~at Hotton~~ to be very peculiar.
12. Duration of existing Attack,	~~6 hours~~ about three months since first observed attack
13. Supposed Cause,	Not known but has always been
14. Whether subject to Epilepsy,	No intemperance
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of ~~her~~ Family known to be or to have been Insane,	James Hicks Parkinson son in law "Cumberland House" Plaistow Essex 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 fifth day of September One thousand eight hundred and 64

(*To be signed by Party applying*) James Hicks Parkinson

Note address also (Brides Essex) is
Phoenix Biscuit Bakery, Ratcliff Cross, London. E.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or an insane person, or an idiot, or a person of unsound mind.*

I, the undersigned, Alexander Bathurst M
being a (1) Graduate in the University of Edinbu
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) the Cumb
Royal Institution in the County of
Cumberland separately from any other Medical Practitioner,
visited and personally examined (4) Mrs Jane Armstrong
Gatherwaymoor North Villa Edenbridge Carlisle and that
the said Mrs Jane Armstrong is a (5) Pauper
of unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) I quite ag
I object to the simplest question and ca
distinguish between friends and total strang

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Miss Fawks states that she frequently tear
bed and body clothes, fancies that she ha
bled and is dying &c &c

Name and Medical Designation, Alex. Bathurst M. D.

Place of Abode, Cumberland

Dated this 10th day of September One thousand eight
hundred and Sixty four

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Elliott 18 Lowther St Car
being a (1) M.R.C.S. of the Univ. of Edinr & Mem. R. Coll. Phys. London
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Mrs Hewitt's reside
Eden Town, near Carlisle, in the County of
Cumberland separately from any other Medical Practitioner,
visited and personally examined (4) Mrs Jane Armstrong, London
formerly of Whitby in Yorkshire and that
the said Mrs Jane Armstrong is a (5) Person Insane
mind and disordered feelings and a proper person to be detained
under Care and Treatment, 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 forge
and indeed obliviously computes names, and seemingly
has been in communication Evidently from w
inability to comprehend what is said to her. Her pu
is quite regular and at 72 to minute — somewhat

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) That
is really given to Spirit drinking, is often violen
filthy in her habits & obscene & blasphemous in her conv
sation; was in a state of pregnancy and Mrs Hewitt of North Villa, Edenbridge
and Miss Annie Fawks residing with Mrs Hewitt
Mrs Fawks is related to a Widow Mrs Graham,
living in Nursery St Warwick Road Carlisle
next to Beeston Cash Building Yard.

Name and Medical Designation, Robt Elliott M.D. & M.R.C.S.

Place of Abode, Carlisle

Dated this Fifth day of September One thousand eight
hundred and Sixty four. (5th Sept 2 1864)

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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 Bothwick being (1) a Graduate of the University of Edinburgh hereby certify, on soul and conscience, that I have this day, at (2) the Crichton Institution in the County of Dumfries, seen and personally examined Mrs Jane Armstrong, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Alex. Bothwick M.D.

DATED this 10th day of September One thousand eight hundred and Sixty four.

(1) 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 Daniel Carlyle, M.D. Carlisle and Robert Elliot M.D. Carlisle, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Armstrong, Widow, North Villa Eden Town Skinnie, Carlisle and that the said Jane Armstrong is a (5) Lunatic and a person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Jane Armstrong as a Patient into the (6) Public Asylum of Crichton Institution Dumfries and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Jane Armstrong which accompanied the said Petition.

DATED this Thirteenth day of September One thousand eight hundred and Sixty four

A Barrie

To the Superintendent of the (7) Public
Asylum of Crichton Institution Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

980
Jean Armstrong
10/9/64

16 Sept 1864

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

20 & 21 *Vict., Cap.* 71, *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Unto the Honourable the (1) Sheriff *of the* (2) County of Wigton *and his Substitutes,—*

(1) Sheriff or Steward.
(2) Shire or Stewartry.

The Petition of William Henry Hughan humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Adams is at present in a state of Mental Derangement and 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 Adams to the Therm Counties asylum at Dumfries and to sanction his admission into the said Asylum.

(SIGNATURE) W H Hughan Instructor

(*) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Fifteenth (*) day of September one thousand eight hundred and Sixty Four.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	James Adams
2. Sex and Age,	male
3. Married, Single, or Widowed,	Widower
4. Condition of Life, and previous Occupation (if any),	Tailor
5. Religious Persuasion, so far as known,	Established Church of Scotland
6. Previous Place of Abode,	Newton Stewart
7. Place where Found and Examined,	Newton Stewart
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,	Sudden death of daughter
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,	Penninghame
18. Date of becoming Chargeable,	15 Sept 1864
19. Christian Name 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 Adams Son Sheens Mill Newton Stewart. Robert Adams Father of the Patient suffered from insanity previous to death
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(SIGNATURE)* *Name,* W H Hughan Instructor

DATED this 16th day of September one thousand eight hundred and Sixty Four Years.

* To be Signed by the Party applying.

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, or a person of unsound mind.

I, the undersigned, Charles Smyth
being a (1) Member of the Royal College of Surgeons
and being in actual practice as a (2) Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Newton Stewart Wigtown in the County of
separately from any other Medical Practitioner, visited and personally examined (4) James Adams, Pauper
and that the said James Adams is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, 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 at times very talkative, and at times outrageous

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) That yesterday and this morning he had on several occasions threatened to cut his throat and to hang himself

(SIGNED) *Name and Medical Designation,* Charles Smith Surgeon

Place of Abode, Newton Stewart

DATED this 15th day of September One thousand eight hundred and Sixty four 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, Fergus McKenna
being a (1) Licentiate of the Faculty of Physicians & Surgeons of Glasgow
and being in actual practice as a (2) Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Newton - Stewart Wigtown in the County of
separately from any other Medical Practitioner, visited and personally examined (4) James Adams
and that the said James Adams is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, 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 imagines he is to be executed tomorrow & that his execution will cost the Government thousands

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) I understand his insanity is hereditary

(SIGNED) *Name and Medical Designation,* Fergus McKenna Surgeon

Place of Abode Newton Stewart

DATED this 15th day of September one thousand eight hundred and Sixty four

CERTIFICATE OF EMERGENCY.

(This certificate authorizes the detention of a Patient in an Asylum for a period of twenty-four hours without the Order of the Sheriff, and shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a second Medical Certificate and the Order of the Sheriff.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that
is a (1) hereby further certify that the Case
of the said is one of Emergency, and I recommend the immediate removal of the said
to an Asylum accordingly.

Name,

Place of Abode,

DATED this day of One thousand eight hundred and

(1) Lunatic or an insane person, or an idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Macduff Rhind Esqure Advocate Sheriff Substitute (2)
of the (3) County of Wigtown
having had produced to me, with a Petition at the instance of (3) William Henry Hughan Inspector of Poor
Certificates under the hands of Charles Smith Surgeon
and Fergus M'Kenna 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)
James Adams pauper and that the said
James Adams is a (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 Adams as a Patient into the (6) Southern Counties Asylum of Dumfries and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said James Adams which accompanied the said Petition.

(SIGNATURE) M. Rhind

DATED this fifteenth day of September one thousand eight hundred and Sixty four

To the Superintendent of the (7) Southern Counties Asylum of Dumfries.

3

(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.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, or Private.

a 1775

Samuel Adams

15th September.

1864

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) County of Wigtown *and his Substitutes,—*

The Petition of William Henry Hughan humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Adams 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 Adams to the Southern Counties Lunatic Asylum at Dumfries 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 Hughan Inspector

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this 15 (4) day of September One thousand eight hundred and sixty four years

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STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	James Adams
2. Sex and Age,	Male - 74
3. Married, Single, or Widowed,	Widower
4. Condition of Life, and previous Occupation (if any),	Tailor
5. Religious Persuasion, so far as known,	Established church of Scotland
6. Previous Place of Abode,	Newton Stewart,
7. Place where Found and Examined,	do
8. Length of time Insane,	Three weeks or thereby
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 or thereby
13. Supposed Cause,	Sudden death of daughter
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,	Penninghame
18. Date of becoming Chargeable,	15 September 1864
19. Christian Name and Surname, and Place of Abode of nearest known 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 Adams, Son Shoemaker Newton Stewart. Robert Adams Father of the Patient suffered from temporary insanity previous to death.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 15 day of September One thousand eight hundred and sixty four years.

(*To be signed by Party applying*) W H Hughan

Inspector

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Charles Smith being a (1) Member of the Royal College of Surgeons Glasgow and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Newton Stewart in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) James Adams, Pauper and that the said James Adams is a (5) person of unsound mind and a proper person to be detained 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 at times very talkative, and at times outrageous

2. Other facts (if any) indicating Insanity communicated to me by others: (7) That yesterday & this morning he had on several occasions threatened to cut his throat & hang himself.

Name and Medical Designation, Charles Smith Surgeon

Place of Abode, Newton Stewart

DATED this 15th day of September One thousand eight hundred and sixty four 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, Fingus McKenna being a (1) Licentiate of the Faculty of Physicians & Surgeons of Glasgow Surgeon and being in actual practice as a (2) hereby certify, on soul and conscience, that I have this day, at (3) Newton — Stewart Wigtown in the County of separately from any other Medical Practitioner, visited and personally examined (4) James Adams Pauper and that the said James Adams is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) He imagines he is to be executed tomorrow, & that his execution will cost the country some thousands

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) I understand his insanity is hereditary

Name and Medical Designation, Fingus McKenna

Place of Abode, Newton Stewart

DATED this 15th day of September One thousand eight hundred and sixty four years

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, Fergus McKenna
being (1) a Licentiate of the Faculty of Physicians & Surgeons
hereby certify, on soul and conscience, that I have this day, at (2) Newtonstewart
in the County of Wigtown, seen and personally examined James
Adams, and that the said James
person is a ~~is~~ of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Fergus McKenna

DATED this 15th day of September One thousand eight hundred and Sixty four

(1) 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) Sheriff of the (2) Shire of Dumfries and his Substitutes,—

The Petition of Thomas Black, Inspector of Poor for Buittle humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James M'Craw, Pauper your Petitioner's (3) Charge in the Parish of this Office is at present in a state of Mental Derangement, and 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 M'Craw 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 Black, Palmerston, Buittle

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this Nineteenth (4) day of September One thousand eight hundred and Sixty four.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	James M'Craw
2. Sex and Age,	Male - 53 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,	Carlingwark Mill, Castle Douglas
7. Place where Found and Examined,	Do Do
8. Length of time Insane,	7 or 8 years
9. Whether first attack,	No
10. Age (if known) on first Attack,	46 years
11. When and where previously under Examination and Treatment,	In the Southern Counties Asylum Dumfries for some years
12. Duration of existing Attack,	a few days
13. Supposed Cause,	
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	Yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Buittle
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known 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 M'Clune, Carlingwark Mill, Castle Douglas - 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 Nineteenth day of September One thousand eight hundred and 64

(*To be signed by Party applying*) Thomas 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, John Dickson
being a (1) graduate of the University of Edinburgh
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Southern Counties Asylum in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) James McLean, Pauper on the Roll of Buttle parish and that the said James McLean 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). Excited and Incoherent. Delusions of various kinds

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Was recently dismissed from the Asylum in an unrecovered state. Labours under delusions of conspiracy &c. Communicated by the Medical

Name and Medical Designation, John Dickson

Place of Abode, Buccleuch Street, Dumfries

DATED this 17th day of September One thousand eight hundred and sixty four

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Pierson
being a (1) Member of the Royal College of Surgeons of England
and being in actual practice as a (2) Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) the Southern Counties Asylum, Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) James McLean a pauper on the poor roll of the parish of Buttle and that the said James McLean is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Very great excitement and incoherence; and wildness of manner and conduct approaching to delirium

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) For the past three days and nights it has required the attendance of three [illegible] to restrain him. Communicated by McBlane

Name and Medical Designation, Pierson McRb[illegible]

Place of Abode, Southern Counties Asylum

DATED this 17th day of September One thousand eight hundred and sixty-four

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned John Dickson being (1) a Graduate of the Edinburgh University hereby certify, on soul and conscience, that I have this day, at (2) Southern Counties Asylum in the County of Dumfries, seen and personally examined James McLean, Pauper & Buittle, and that the said person is of unsound mind, and 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 Dickson MD

DATED this 17th day of September One thousand eight hundred and Sixty four.

(1) 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 Pitcairn Trotter Esquire (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Thomas Black Inspector of Poor of the Parish of Dalbeattie Certificates under the hands of John Dickson M.D. Dumfries and Samuel Grierson, Surgeon, Southern Counties Asylum being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 McLean, Carlingwark Hill Castlehaughs a Pauper and that the said James McLean is a (5) Lunatic and a person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said James McLean 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 McLean which accompanied the said Petition.

DATED this Twentieth day of September One thousand eight hundred and Sixty four

John P Trotter

To the Superintendent of the (7) Public *Asylum of* Southern Counties Dumfries

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

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James McLean

17 September

1864

[Form B²]

25 and 26 Vict. Cap. 54, Sect. 16.

APPLICATION TO THE GENERAL BOARD OF LUNACY TO GRANT TRANSFER OF A PATIENT FROM ONE ASYLUM TO ANOTHER.

I, the undersigned William Poynie
being desirous to transfer William Murray
at present a Patient in Barnard Castle Asylum, and (1) a Pauper Lunatic of the Parish of which I am Inspector of Poor
from the said Asylum to the Durham County Asylum at Durham
hereby request the authority of the Board to such transfer; and I subjoin a Statement of Particulars regarding the said William Murray and a Medical Certificate with respect to his mental and bodily condition.

(1) *If Lunatic is not a Pauper* detained at any instance, *or* whose nearest known relative I am. *If Lunatic is a Pauper*: a Pauper Lunatic of the Parish of which I am Inspector of Poor.

William Browne
Inspector of Poor Glaserton

(2) State degree of Relationship, or other capacity in which Applicant stands to Patient.

Dated at Glaserton this 22nd day of September One thousand eight hundred and sixty four

STATEMENT.

1. Christian Name and Surname of Patient at length,	William Murray
2. Sex and Age,	Male - 38 years
3. Married, Single, or Widowed,	Widower
4. Condition of Life, and Previous Occupation (if any),	Joiner
5. Religious Persuasion, so far as known,	Presbyterian
6. Date of Admission into Asylum,	26th July 1861.
7. Length of time Insane,	Three years
8. Whether first Attack,	No
9. Age (if known) on first Attack,	Unknown
10. Duration of existing Attack,	Three years
11. Supposed Cause,	Epilepsy
12. Whether subject to Epilepsy,	Yes
13. Whether Suicidal,	No
14. Whether Dangerous to others,	At times
15. Parish to which the Lunatic (if a Pauper) is Chargeable,	Glaserton
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,	Parents William Murray Labourer Dare Gordon residing at 6 Balthorne Lane Liverpool with daughter Mrs Wendry - That is the address 3 years ago.

I certify that, to the best of my knowledge, the above particulars are correctly stated.

(*To be signed by the Applicant*) William Browne
Inspector of Poor Ayr Parish Glaserton.

Dated this twenty fourth day of September One thousand eight hundred and sixty four.

N.B.—The foregoing particulars are required for the information of the authorities to whose care the Patient is to be transferred.

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William Murray
Ayr
Inspector of Glaserton
1864

MEDICAL CERTIFICATE.

I, the undersigned Robert B. Gilland being (1) a Graduate in Medicine of Glasgow University hereby certify that I have this day at (2) the Glasgow Royal Asylum personally examined William Murray at present a Patient in said Asylum, and with respect to his Mental State that he is weak-minded and subject to epileptic fits which are often followed by great maniacal excitement, violence and general incoherence.

; and with respect to his Bodily Health and Condition that they are both 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 for Southern Counties.

Robert B. Gilland M.D.

DATED this Eighteenth day of September One thousand eight hundred and Sixty four.

(1) State Medical Qualifications.
(2) Name Asylum.

SANCTION BY THE BOARD OF LUNACY.

(Under this Sanction a Patient may be Transferred without an Order of the Sheriff.)

Application having been made to the Board by (1) the Inspector of the Glasgow to authorize the transfer of William Murray from Glasgow Royal Asylum — to Dumfries Royal Asylum, and the Board having considered such application and the accompanying Medical Certificate, do hereby authorize the transfer of the said William Murray as requested.

W. A. Brown Commissioner.

DATED at Edinburgh, this 24 day of September One thousand eight hundred and Sixty four

(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.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 Samuel James McMillan

Merchant
[illegible] St
Dumfries

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Robert McMillan 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 McMillan to the Crichton Royal Institution and to sanction admission into the said Asylum.

S. J. McMillan

(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 30th (4) day of September One thousand eight hundred and sixty four

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Robert McMillan
2. Sex and Age,	Male 40 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	No occupation
5. Religious Persuasion, so far as known,	Established Church of Scotland
6. Previous Place of Abode,	Queen St Dumfries
7. Place where Found and Examined,	26 English St Dumfries
8. Length of time Insane,	2 months
9. Whether first attack,	Has had three person attacks
10. Age (if known) on first Attack,	Not known probably 30 years
11. When and where previously under Examination and Treatment,	Was 7 years ago in the Crichton Institution
12. Duration of existing Attack,	2 months
13. Supposed Cause,	Intemperance
14. Whether subject to Epilepsy,	Not Epileptic
15. Whether Suicidal,	Not Suicidal
16. Whether Dangerous to others,	Yes & threatened injury 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,	S. J. McMillan Brother 26 English 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 30th day of September One thousand eight hundred and sixty four

(*To be signed by Party applying*) S. J. McMillan

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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~~ a Graduate of the Univ of Edinburgh, and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) 26 English Street Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Robert McMillan and that the said Robert McMillan is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Has delusion that he is poisoned by God; that there Coffin constantly beside him — &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 that he was form in the Asylum with religious manc

Name and Medical Designation, William Scott M

Place of Abode, Dumfries

DATED this 30th day of September One thousand eight hundred and sixty four.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, John Dickson 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) 26 English Street Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Robert McMillan and that the said Robert McMillan is a (5) insane pers and a proper person to be detained under Care and Treatment, 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 excited and has delusions of many kinds — that he been poisoned with strichnine &c. Is susp of those around him, and ~~but~~ it is fear would commit some violence

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Was formerly in the Crichton Institution under Religious mania.

Name and Medical Designation, John Dickson M

Place of Abode, Buccleuch Street Dum

DATED this 30th day of September One thousand eight hundred and sixty four.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, William Scott being (1) a Graduate of the University of Edinburgh hereby certify, on soul and conscience, that I have this day, at (2) 26 English Street in the County of Dumfries, seen and personally examined Robert McMillan, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

William Scott M.D. Edin.

DATED this 30 day of September One thousand eight hundred and Sixty four

(1) 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 McCowan Trotter Esquire (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Samuel Imrie McMillan, 26 English Street Dumfries Certificates under the hands of William Scott, M.D. Dumfries and John Dickson M.D. Dumfries, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Robert McMillan, 26 English Street Dumfries, and that the said Robert McMillan 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 Robert McMillan as a Patient into the (6) Public Asylum of Crichton Institution Dumfries and I authorize the Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Robert McMillan which accompanied the said Petition.

DATED this Sixth day of October One thousand eight hundred and Sixty four

John P Trotter

To the Superintendent of the (7) Public Asylum of Crichton Institution Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

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Robert McMillan

30/9/64

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) Shire of Dumfries *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 George Nisbet Draysmith 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 George Nisbet to the Southern Counties Asylum and to sanction his admission into the said Asylum.

John Lowden Inspector

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this fourth (4) day of October One thousand eight hundred and Sixty four.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	George Nisbet
2. Sex and Age,	Male 38 years
3. Married, Single, or Widowed,	married
4. Condition of Life, and previous Occupation (if any),	Draysmith
5. Religious Persuasion, so far as known,	U. P. Church
6. Previous Place of Abode,	Dalbeattie
7. Place where Found and Examined,	Dalbeattie & Dumfries
8. Length of time Insane,	eight months or thereby
9. Whether first attack,	not the first
10. Age (if known) on first Attack,	34 years
11. When and where previously under Examination and Treatment,	in Mr Crichton about two months ago
12. Duration of existing Attack,	three days
13. Supposed Cause,	Intemperance
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,	Urr
18. Date of becoming Chargeable,	fourth october 1864
19. Christian Name and Surname, and Place of Abode of nearest known 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 Maxwell Dalbeattie his stepfather. 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 October One thousand eight hundred and Sixty four

(*To be signed by Party applying*) John Lowden Inspector

P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

I, the undersigned, Wm Mary Marshall being a (1) Graduate of the Faculty of Physicians and Surgeons Glasgow and College of Hospitals and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Kings Arms Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) George Nisbet a Patient and that the said George Nisbet is a (5) Person of Unsound Mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Talks incoherently Imagines that he is about being [illegible] for the Superintendency of a Child Where With a Lobster Looks very much [illegible]

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His present attendants state that he has been very [illegible] during last night and destructive in his tendencies

Name and Medical Designation, Wm Marshall M.D.

Place of Abode, Dumfries

Dated this 4th day of Feb One thousand eight hundred and Sixty four 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 Grierson being a (1) Member of the 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) the Southern Counties Asylum, Dumpries in the County of Dumpries separately from any other Medical Practitioner, visited and personally examined (4) George Nisbet, Druggist, &c and that the said George Nisbet is a (5) Person of Unsound mind and a proper person to be detained under Care and Treatment, 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 [illegible] illusions and very restless: [illegible] from the [illegible] the room taken — such as his expression — of gas are [illegible] him to his injury; and destructive is being [illegible] upon various parts of his body, and engrossing his attention [illegible]

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Exclusion of everything beside to such a degree to make it a matter of difficulty to recall [illegible] for short periods, to other matters.

He was formerly an inmate of our Asylum.

Name and Medical Designation, Grierson M.D.

Place of Abode, Southern Counties Asylum

Dated this fourth day of October One thousand eight hundred and Sixty-four.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, William Marshall Surgeon Glasgow and College of H Edinburgh being (1) a Graduate of the Faculty of Physicians and Surgeons hereby certify, on soul and conscience, that I have this day, at (2) Mains Arms Dumfries in the County of Dumfries, seen and personally examined George Nisbet, and that the said George Nisbet person is of unsound mind, and 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

DATED this 4th day of October One thousand eight hundred and Sixty four 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, John Pitcairn Trotter Esqr (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, Mrs Certificates under the hands of William Marshall M.D. Dumfries and Samuel Gibson, Surgeon, Southern Counties Asylum being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Nisbet, Druggist Dalbeattie a Pauper and that the said George Nisbet is a (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 Nisbet as a Patient into the (6) Public Asylum of Southern Counties Dumfries and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said George Nisbet which accompanied the said Petition.

DATED this Fifth day of October One thousand eight hundred and Sixty four

J John P Trotter

To the Superintendent of the (7) Public Asylum of Southern Counties Dumfries

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an Idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1/78

George Nesbet

4th October 1864

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

20 & 21 *Vict., Cap.* 71, *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) County of Wigtown *and his Substitutes,—*

The Petition of James Allan Inspector of Poor humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Jane Carson is at present in a state of Mental Derangement and 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 Carson to the Crichton Institution Dumfries and to sanction her admission into the said Asylum.

(Signature) James Allan Insp^{r}

(*) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this Twenty fourth (*) day of September one thousand eight hundred and sixty four

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Jane Carson
2. Sex and Age,	Female 36 years she said
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	She Flowered Muslin
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Portpatrick for some years
7. Place where Found and Examined,	Rhins of Galloway Workhouse
8. Length of time Insane,	seven Months
9. Whether First Attack,	yes
10. Age (if known) on First Attack,	first attack
11. When and where previously under Examination and Treatment,	seven months
12. Duration of Existing Attack,	not known
13. Supposed Cause,	no
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	Portpatrick
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	20 March 1864
18. Date of becoming Chargeable,	She belongs to Ireland and has no near relations that I know of
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(Signature)* Name, James Allan Inspector

Dated this Twenty fourth day of September one thousand eight hundred and Sixty four

* To be Signed by the Party applying.

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts*

(7) *State the information, and from whom derived.*

I, the undersigned, William Mc Neil being a (1) Doctor of Medicine of the University of Edinburgh and 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) The Rhins of Galloway Poorhouse near Stranraer in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) Jane Carson, pauper at present in the Rhins of Galloway Poorhouse and that the said Jane Carson 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) 1st as to her mental condition. Her memory is greatly impaired; she has only a confused recollection of the events of her early life, while there is total failure of memory as to all recent events. She has delusions about wealth &c. She is unable to comprehend the use & bearing of questions addressed to her ordinary matters. She is unable to answer correctly the simplest questions as to her bodily state, and cannot mention the day of the week, month, or year. She is mentally quite incapable of providing for herself, & requires to be looked after in all matters of personal comfort & cleanliness.

2. Other facts (if any) indicating Insanity communicated to me by others: (7) The nurse in charge says she is much weaker of late & more excitable. That she lies sleepily in her bed & frequently of late involuntarily dirties & wets her clothes. That she often sits for hours together picking at her clothes. That she is becoming more & more feeble in deportment. Her case seems to me a hopeless one, being one of general paralysis of the insane.

(SIGNED) *Name and Medical Designation,* William McNeil. M.D.

Place of Abode, Portpatrick

DATED this twenty day of September One thousand eight hundred and sixty four years.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, David Easton being a (1) Doctor of Medicine & Licentiate of the Royal College of Surgeons in Edinburgh and being in actual practice as a (2) General practitioner hereby certify, on soul and conscience, that I have this day, at (3) the Rhins of Galloway poorhouse Portpatrick in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) Jane Carson a pauper Inmate of Poorhouse and that the said Jane 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) Her appearance, demeanour & slight delusions indicate unsoundness of mind. Her speech is thick & unconnected, memory impaired. Slight tremor of arms & lips &c. &c.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Occasionally restless at night talks much when left alone. Has occasional trouble to retain her faeces & urine. The carotid & temporal arteries & sternum seem pretty pulsating. &c. &c.

(SIGNED) *Name and Medical Designation,* David Easton M.D.

Place of Abode Stranraer

DATED this twenty third day of September one thousand eight hundred and sixty four.

CERTIFICATE OF EMERGENCY.

(This certificate authorizes the detention of a Patient in an Asylum for a period of twenty-four hours without the Order of the Sheriff, and shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a second Medical Certificate and the Order of the Sheriff.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that
is a (1) hereby further certify that the Case
of the said is one of Emergency, and I recommend the immediate removal of the said
to an Asylum accordingly.

Name,

Place of Abode,

DATED this day of One thousand eight hundred and

(1) Lunatic or an insane person, or an idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Macduff Rhind Esqre advocate Sheriff Substitute (1)
of the (2) County of Wigtown
having had produced to me, with a Petition at the instance of (3) James Allan Inspector of Poor Portpatrick
Certificates under the hands of William McNeil M.D.
and David Easton 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)
Jane Carson Pauper and that the said
Jane 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, Jane Carson as a Patient into the
(6) Public Asylum of Dumfries and I authorize
Her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Jane Carson which accompanied the said Petition.

(SIGNATURE) M. Rhind

DATED this thirtieth day of September one thousand eight hundred and sixty four

To the Superintendent of the (6) Public
Asylum of Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, or Private.

111

Jane Carson

5th October 1864

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

20 & 21 *Vict. Cap.* 71, *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(*) Sheriff or Steward.
(*) Shire or Stewartry.

Unto the Honourable the (*) Sheriff of the (*) ~~County~~ of Wigton & Kirkcudbright *and his Substitutes,*—

The Petition of William Downie Inspector of Poor Parish of Glasserton humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Andrew Heron Irvine, Glasserton Bank, 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 Andrew Heron Irvine to the Dumfries Lunatic or Southern Counties Asylum, and to sanction his admission into the said Asylum.

(SIGNED) William Downie

(*) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this First (*) day of October One thousand eight hundred and Sixty four 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,	Andrew Heron Irvine
2. Sex and Age,	Male sex – age supposed about 30 years.
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Teacher
5. Religious Persuasion, so far as known,	Church of Scotland (Established)
6. Previous Place of Abode,	Glasserton Bank - Glasserton Parish
7. Place where Found and Examined,	Do
8. Length of time Insane,	Supposed he upwards of Two years.
9. Whether first attack,	Not known to be under delusions till 1862.
10. Age (if known) on first Attack,	years.
11. When and where previously under Examination and Treatment,	Do not know if ever examined before [since May 1862
12. Duration of existing Attack,	Does he doubted whether he has ever been quite well
13. Supposed Cause,	Dont know cause.
14. Whether subject to Epilepsy,	Not known to be so.
15. Whether Suicidal,	One cannot say what his self laceding may lead to
16. Whether Dangerous to others,	quiet if let alone but would strike his sister if she found fault with his unreasonable conduct.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Glasserton
18. Date of becoming Chargeable,	27 Sept. 1864
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Jane Irvine, Glasserton Bank. Sister – Had a brother insane some years ago.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(SIGNED)* Name, William Downie, Insp. of Poor Glasserton

DATED this First day of October One thousand eight hundred and Sixty four.

* To be signed by the Party applying.

F. p.

Date Received of the Petition 1st October 1864

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, Dunbar White

being a (1) Doctor of Medicine of the University of Edenburgh and a Licentiate of the Royal College of Surgeons of Edenburgh

and being in actual practice as a (2) Physician & Surgeon in Whithorn

hereby certify, on soul and conscience, that I have this day, at (3) Glasserton Bank, in the Parish of Glasserton and Isle of Whithorn in the County of Wigton separately from any other Medical Practitioner, visited and personally examined (4) Andrew Heron Irvine residing with his mother & Sister at said Glasserton Bank and that the said Andrew Heron Irvine is a (5) person of unsound Mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) The patient is restless & often looks anxious & imagines he is beset, and imposed upon by a party of men he calls Easter Natives – fancies these men hit him with chromicals – that they throw from a distance, and through the walls of his house, both Carbonic acid and vitriol, and inflict heavy blows on his head by a machine termed powder – that they steal his thoughts by magic – that with fine needles tubes they take off his thoughts & take a film of thread, and thus his conversations and literary productions. He imagines he sees upwards of 2 years ago St Cuthbert's Chapel, Holy Island, destroyed by order of Sir G. Britain that he, the Rev. Edward Andrew Heron Irvine was the hangman, drawn & quartered, and says the Queen owes him compensation his life

(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 Sister, who lives with him, that he is often very restless & Noisy day & night, he jumps upon and injures the furniture of the room – that his bed room is a wreck – that he jumps out & in the window, pardons himself & damages the glass – that he jumps upon & off bed often in the night & comes down stairs, making a great noise – that he goes down on his knees in the lobby & knocks his head against the walls & cuts his hands & arms with knives – thinks persons into his room – has lost a great deal of blood – says he must draw blood.

(SIGNED) Name and Medical Designation, Dunbar White M. D.

Place of Abode, Whithorn

DATED this twenty seventh day of September One thousand eight hundred and Sixty four.

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, Alex^r Mc Millan

being a (1) Licentiate of the Royal College of Surgeons Edenburgh

and being in actual practice as a (2) Surgeon in Whithorn

hereby certify, on soul and conscience, that I have this day, at (3) Glasserton Bank in the Parish of Glasserton and in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) Andrew Heron Irvine residing with his mother and sister and that the said Andrew Heron Irvine is a (5) Lunatic or person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He says Spirit dappers take his thoughts and they do so by means of instruments knocking his head to the ground that when in they attempted to Hang him and to have him drawn and quartered and that the queen should give him compensation for such treatment that he had written to Lord Ardmillan and Moncreiff respecting his abuse had received no answer all of which delusions he firmly believes

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) His Sister with whom he resides says he is very restless Headstrong and self willed knocks himself to the ground or against a wall cuts himself with a knife which often puts her into a state of fear lest something tragic might occur

(SIGNED) Name and Medical Designation, Alex^r Mc Millan Surgeon

Place of Abode, Whithorn

DATED this twenty seventh day of September One thousand eight hundred and Sixty four

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 Sheriff Sub. of the (2) County of Wigtown having had produced to me, with a Petition at the instance of (3) William Dennie Inspector of Poor of Parish of Glasserton Certificates under the hands of Dunbar White M. D. and Alexander McMillan 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) Andrew Heron Irvine Glasserton Bank a Pauper and that the said Andrew Heron Irvine is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Andrew Heron Irvine as a Patient into the (6) Public Asylum of Dumfries and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Andrew Heron Irvine which accompanied the said Petition.

(SIGNED) M. Rhind

DATED this Seventh day of October One thousand eight hundred and sixty four Years

To the Superintendent of the (7) Crichton or Southern Counties Asylum of Dumfries

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(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an Idiot, or a person of unsound mind.
(6) Public, District, or Private.
(7) Public, District, or Private.

Andrew Heron Irvine
10th October 1864

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *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~~ County of Dumfries Kirkcudbright and his Substitutes,—

The Petition of William Brydon, Forester, Ruthwell

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Sarah Renwick

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (3) wife

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Sarah Renwick to the Southern Counties Asylum and to sanction her admission into the said Asylum.

William Brydon

(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 Oct One thousand eight hundred and sixty four

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STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Sarah Renwick, nr Brydon
2. Sex and Age,	Female. Fifty one years,
3. Married, Single, or Widowed,	Married,
4. Condition of Life, and previous Occupation (if any),	Domestic,
5. Religious Persuasion, so far as known,	Protestant.
6. Previous Place of Abode,	Parish of Johnston Dumfriesshire,
7. Place where Found and Examined,	Richorn Wood Cottage,
8. Length of time Insane,	Five months.
9. Whether first attack,	Fifth attack
10. Age (if known) on first Attack,	About 25 years
11. When and where previously under Examination and Treatment,	Parish of Johnston,
12. Duration of existing Attack,	Five months
13. Supposed Cause,	Diseased leg probably
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 Brydon, Richornwood Cottage, Dalbeattie her husband — none of her family known to have been insane
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 14th day of October One thousand eight hundred and sixty four

(*To be signed by Party applying*) William Brydon

P. p.

Andrew Horne Surgeon 10th October 1864

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Machnight Grad[illegible] being a (1) 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) Richorn[illegible] Cottage in the ~~County~~ of Stewarty of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) Sarah Renwick wife William Brydon forester Minnches and that the said Sarah Renwick 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) quite incoherent in her talk cannot tele her age or the year she was born in Nimbs [illegible] what year this is it the month of December and does not [illegible]

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

[illegible]

Name and Medical Designation, Thomas Machnight Physician

Place of Abode, Wellmore Cottage Dalbeattie

DATED this Thirteenth day of October One thousand eight hundred and Sixty Four

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MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, John Patterson Lewis, 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) Richornwood-cottage, near Dalbeattie in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) Sarah Brydon wife of John Brydon, Forester and that the said Sarah Brydon is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) A nervous excitable expression of countenance: dancing & singing about the house; talks very incoherently & uses filthy language — says I am her husband:—

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Have been told by her husband & daughter that she always conducts herself as above described:—

Name and Medical Designation, J. Patterson Lewis, M.D.

Place of Abode, Alma House, Dalbeattie

DATED this Thirteenth day of Octr One thousand eight hundred and sixty four:—

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) 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 Stamway (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) William Bryden
Forester Innerleithen Thomas Macknight
Certificates under the hands of
and Wm 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)
Sarah Renwick or Bryden wife of Wm Bryden and that the said
Sarah Renwick or Bryden is a (5) Lunatic & a person of
unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Sarah Renwick or Bryden as a Patient into the (6) Public Asylum of Southern Counties Dumfries and I authorize
her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Sarah Renwick
or Bryden which accompanied the said Petition.

DATED this Fourteenth day of October One thousand eight hundred and sixty four

A Stamway

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1/81
Sarah Berwick
on Bryden
14/10/64

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) County of Dumfries, *and his Substitutes,*—

The Petition of John Jardine Meal dealer Ecclefechan humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that William Jardine 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 William Jardine 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.

Ann Jardine

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this 20th (4) day of October One thousand eight hundred and sixty four

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STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	William Jardine
2. Sex and Age,	Male 74.
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Weaver
5. Religious Persuasion, so far as known,	United Presbyterian Church
6. Previous Place of Abode,	Ecclefechan
7. Place where Found and Examined,	Ecclefechan
8. Length of time Insane,	Seven days
9. Whether first attack,	Yes
10. Age (if known) on first Attack,	45 years
11. When and where previously under Examination and Treatment,	Crichton Royal Institution
12. Duration of existing Attack,	seven days
13. Supposed Cause,	Excitement
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	Threatens violence
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Ann Jardine — Wife Ecclefechan — & John Jardine Meal dealer & Ecclefechan
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	his brother Robertson, George, died in the asylum

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 20 day of October One thousand eight hundred and 64

(*To be signed by Party applying*) John Jardine

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

I, the undersigned, William Young
being a (1) Licentiate of the Royal College of
Surgeons Edinburgh
and being in actual practice as a (2) Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Ecclefechan in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) William Jardine, Weaver Ecclefechan and that
the said William Jardine is a (5) person of un-
sound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)

General delirium

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Repeated & Recalcitrant violence
at times ——— Communicated by
relations ———

Name and Medical Designation, William Young, Surgn

Place of Abode, Ecclefechan

DATED this [illegible] day of Oct. One thousand eight
hundred and Sixty four

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

I, the undersigned, Samuel Grierson
being a (1) Member of the Royal College of Surgeons
of England
and being in actual practice as a (2) Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) the Southern
County Asylum, Dumfries in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) William Jardine, weaver
in Ecclefechan, and that
the said William 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) Considerable ex-
cited and a great deal of restlessness exists. He
suspicious and refuses to take food lest it c
poison or other deleterious mixtures

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

He has been an inmate of the Asylum
on three occasions before this. He is said to
have been for some time, restless and difficult to d
with. Now accompanied by a Keeper
from the Medical Attendant

Name and Medical Designation, Samuel Grierson M
Place of Abode, Southern Counties Asylum Du

DATED this 20th day of October One thousand eight
hundred and Sixty four

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, William Young being (1) a L.R.C.S.E. hereby certify, on soul and conscience, that I have this day, at (2) Ecclefechan in the County of Dumfries, seen and personally examined William Jardine, and that the said person is of unsound mind, and 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 Young, Surgeon

DATED this ~~fifteenth~~ day of October One thousand eight hundred and sixty four

(1) 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 Wilson Foster Esqre (3) Sheriff Substitute of the (4) County of Dumfries having had produced to me, with a Petition at the instance of (5) John Jardine Meal Dealer Ecclefechan Certificates under the hands of William Young, Surgeon Ecclefechan and Samuel Grierson Surgeon Southern District Asylum, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and 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 Jardine, Meal Dealer Ecclefechan and that the said William Jardine is a (7) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said William Jardine as a Patient into the (8) Public Asylum of Crichton Institution Dumfries and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said William Jardine which accompanied the said Petition.

DATED this Twentieth day of October One thousand eight hundred and Sixty four years

J. Wilson Foster

To the Superintendent of the (9) Public Asylum of Crichton Institution Dumfries

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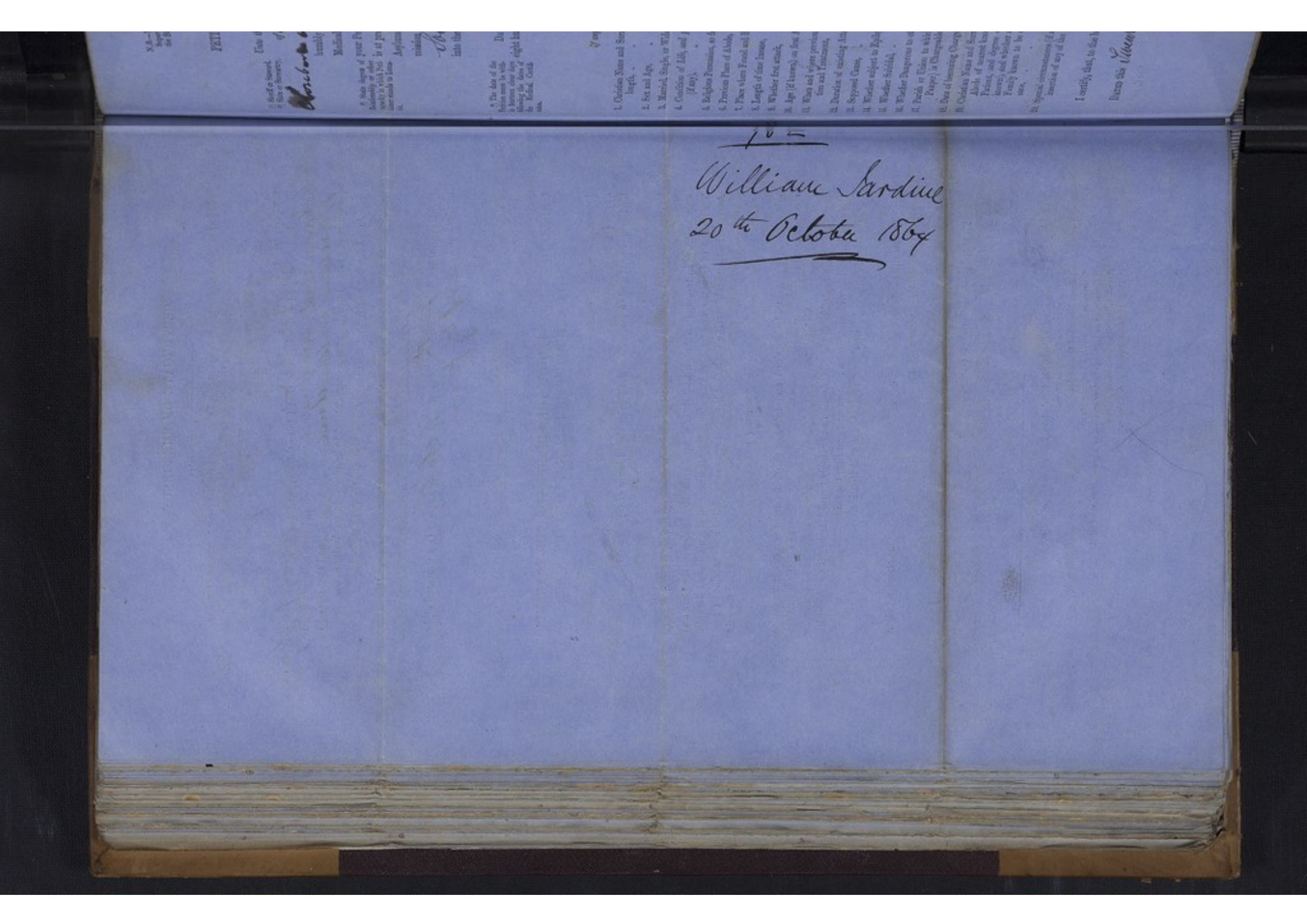
(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.



N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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,*—

Closeburn Village The Petition of James Johnstone residing in humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Ann Johnstone or Skissock wife of David Skissock Draper and presently residing at Rumford Essex 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 Ann Johnstone or Skissock 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 Johnstone

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this ~~Closeburn~~ (4) day of October One thousand eight hundred and Twentieth Sixty four

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Ann Johnstone or Skissock
2. Sex and Age,	Female. Thirty one
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	No particular occupation
5. Religious Persuasion, so far as known,	Free Church
6. Previous Place of Abode,	Rumford Essex
7. Place where Found and Examined,	Closeburn Village
8. Length of time Insane,	about 3 months
9. Whether first attack,	Yes
10. Age (if known) on first Attack,	The present is the first
11. When and where previously under Examination and Treatment,	Has not required any treatment previous to this
12. Duration of existing Attack,	about 3 months
13. Supposed Cause,	Weaning of her child and stoppage of the Bowels
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	Yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Not a pauper
18. Date of becoming Chargeable,	Not chargeable to any parish or Union
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	James Johnstone Closeburn Village Father. None of Family ever known before to be insane
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None all inserted so far as known

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this Twentieth day of October One thousand eight hundred and Sixty four

(*To be signed by Party applying*) James Johnstone

P. p.

William Sardine
20th October 1864

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Andrew Crichton Chalmers being a (1) Doctor of Medicine of the University of Edinburgh and a Licentiate of the Royal College of Surgeons Edin and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Thornton in the County of Fife separately from any other Medical Practitioner, visited and personally examined (4) Anne Johnston Kilpatrick and that the said Anne Johnston Kilpatrick is a (5) Lunatic and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) She is in a very excited state: is constantly absconding to escape from the house, refuses her friends decline her: is obstinate & violently opposed & advised by any one from a state of depression - that is from refusal to take her friends with & from her whole conduct & manner & language

2. Other facts (if any) indicating Insanity communicated to me by others: (7) communicated by the above from her husband, & Martin Feathers, who are the friend of her

Name and Medical Designation, Andr. C. Chalmers

Place of Abode, Thornton

Dated this Twentieth day of October One thousand eight hundred and Sixty four.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Samuel Gierson being a (1) Member of the Royal College of Surgeons of England and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) the Southern Counties Asylum, Dumpies in the County of Dumpies separately from any other Medical Practitioner, visited and personally examined (4) Anne Johnston or Kilpatrick daughter of James Johnston, Cloverbank Village and that the said Anne Johnston or Kilpatrick is a (5) Person of unsound mind and a proper person to be detained 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 suspicious and in constant terror of the having of some calamity, which, while bringing perdition to her, is to prove the ruin of the whole human race. Appearance she is still in speaks incoherently and this day has refused all nourishment

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her husband and sister speak of her great desire to wander and of the difficulty they have experienced in preventing her

Name and Medical Designation, J. Gierson M.R.C.S.

Place of Abode, Southern Counties Asylum

Dated this 20th day of October One thousand eight hundred and Sixty four years

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, Andrew Crichton Chalmers
being (1) a doctor of Medicine
hereby certify, on soul and conscience, that I have this day, at (2) Closeburn
in the County of Dumfries, seen and personally examined
Anne Johnstone Kissock, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Andr C. Chalmers Mnd

DATED this Twentieth day of October One thousand eight hundred and sixty four

(1) 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 Ritcairn Trotter Esquire Advocate Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) James Johnstone
residing in Closeburn Village
Certificates under the hands of Andrew Crichton Chalmers M.D.
and Samuel Grierson 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)
Ann Johnston or Kissock, Romford Essex and that the said
Ann Johnston or Kissock is a (5) Lunatic and a person
of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Ann Johnston or Kissock as a Patient into the (6) Public Asylum of Southern Counties Dumfries and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Ann Johnstone or Kissock which accompanied the said Petition.

DATED this 22d day of October One thousand eight hundred and sixty four

John R Trotter

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

102

Ann Johnstone
or Kissock

21st October 1864

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form **A**]

20 & 21 *Vict., Cap.* 71, *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) ~~[illegible]~~ Counties of Kirk. & Wigtown *of* *and his Substitutes,—*

The Petition of John Hunter

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Herriot Armstrong is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Herriot Armstrong to the ~~Crichton Royal Institution~~ Northern Counties Asylum, and to sanction her admission into the said Asylum.

(Signature) John Hunter

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this Fifteenth (3) day of October One thousand eight hundred and Sixty four.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Herriot Armstrong
2. Sex and Age,	Female 43 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	~~Imbecile~~
5. Religious Persuasion, so far as known,	Protestant.
6. Previous Place of Abode,	Girthon Kirk.
7. Place where Found and Examined,	Girthon Kirk.
8. Length of time Insane,	not known
9. Whether first attack,	~~Imbecile and~~
10. Age (if known) on first Attack,	~~gradually getting~~
11. When and where previously under Examination and Treatment,	~~more absurd and~~
12. Duration of existing Attack,	~~unmanageable~~
13. Supposed Cause,	
14. Whether subject to Epilepsy,	
15. Whether Suicidal,	
16. Whether Dangerous to others,	
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Girthon
18. Date of becoming Chargeable,	27th Augt 1857 was in recd of relief
19. Christian Name 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 Armstrong her Sister in Service not known where her Sister Jane Armstrong died in the Crichton Royal Institution.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(Signature)* *Name,* John Hunter Inspector,

Dated this Eight day of October One thousand eight hundred and Sixty Four.

* To be signed by the Party applying.

P. p.

Anne Johnstone or Kissock
21st October 1864

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or an insane person, 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 Richardson
being a (1) M.D. L.R.C.S.E.
and being in actual practice as a (2) general practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Gathers Kirk,
Parish of Gathers in the County of
Kirkcudbright separately from any other Medical Practitioner,
visited and personally examined (4) Harriett Armstrong.
Gathers Kirk, Pauper and that
the said Harriett Armstrong is a (5) person of unsound
mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Delusions. believes people can abroad possessed of a kind of supernatural power that they can divine her thoughts. steal away her thoughts & influence her actions. ascribes any occurrence to their influence.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

(SIGNED) *Name and Medical Designation,* William Richardson M.D.

Place of Abode, Gatehouse of Fleet

DATED this 9th day of October One thousand eight hundred and sixty four 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, Wm Edward Le Dickson
being a (1) Mr L.R.C.P.E.
and being in actual practice as a (2) General practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Gathers Kirk
Parish of Gathers in the County of
Kirkcudbright separately from any other Medical Practitioner,
visited and personally examined (4) Harriett Armstrong.
Pauper and that
the said Harriett Armstrong is a (5) person of
unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)
Very Excited in her Conversation. fancies people wishing charms over her. Upon their misfortunes to other

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Sometimes noisy & violent. Tells the parish clergyman that the devil comes to the pulpit along with him &c

(SIGNED) *Name and Medical Designation,* W. Edward Le Dickson

Place of Abode, Gatehouse of Fleet

DATED this Nineteenth day of October One thousand eight hundred and sixty four

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period of twenty-four hours without the Order of the Sheriff, and shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a Second Medical Certificate and the Order of the Sheriff.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that
is a (1) hereby further certify that the Case
of the said is One of Emergency, and I recommend the immediate removal of the said
to an Asylum accordingly.

Name,

Place of Abode,

Dated this day of One thousand eight hundred and

(1) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Blair Esqre. Steward Substitute
of the (2) Stewartry of Kirkcudbright
having had produced to me, with a Petition at the instance of (3) John Hunter

Certificates under the hands of Wm Adam Richardson
and W. Edward G. C. Dickson, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
Herriot Armstrong and that the said
Herriot Armstrong is a (5) person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Herriot Armstrong as a Patient into the 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 Herriot Armstrong which accompanied the said Petition.

(Signature) David Blair

Dated this twenty first day of October One thousand eight hundred and sixty four years

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, or Private.
(7) Public, District, or Private.

Harriet Armstrong

25th October 1864

Marriet Armstrong
25 October 1864

20 & 21 *Vict., Cap.* 71, *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Steward *of the* (2) Stewartry *of* Kirkcudbright *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 Mary Milligan is at present in a state of Mental Derangement, and 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 Milligan to the Southern Counties Asylum, Dumfries and to sanction ~~his~~ her admission into the said Asylum.

(SIGNED) Sam. Walker, Inspr. of Poor

(2) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this twenty seventh day of October one thousand eight hundred and sixty four

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Mary Milligan
2. Sex and Age,	Female, 65 to 70 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	pauper,
5. Religious Persuasion, so far as known,	presbyterian
6. Previous Place of Abode,	Parkhead Crossmichael,
7. Place where Found and Examined,	Parkhead
8. Length of time Insane,	a few days
9. Whether first Attack,	?
10. Age (if known) on first Attack,	—
11. When and where previously under Examination and Treatment,	—
12. Duration of existing Attack,	—
13. Supposed Cause,	—
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	Yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Crossmichael, till relieved by Girthon the Parish of her settlement
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	Questions 9.10.11.12 & 13 cannot be answered as I am ignorant of the facts

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(SIGNED)* *Name,* Sam. Walker, Inspector

DATED this twenty seventh day of October one thousand eight hundred and sixty four

* To be Signed by the Party applying.

Lunacy Board,—Dec.—57.—1240.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Laidlaw being a (1) Member of Royal College of Surgeons in Edinburgh and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Parkhead Crossmichael in the County Kirkcudbright separately from any other Medical Practitioner visited and personally examined (4) Mary Milligan, a Pauper and that the said Mary 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) Natural expression of countenance changed, labors under the delusion that her neighbours are conspiring against her, that they have removed articles out of her house, which are still in it.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her neighbour Mrs. Hannah states that she (Mary Milligan) is at times very violent, & has attempted to hang John Parker with whom she lives, & has been asking after Razors &c.

(SIGNED) *Name and Medical Designation,* James Laidlaw, L.R.C.S.

Place of Abode, Castle Douglas

DATED this 26th day of October One thousand eight hundred and sixty four.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Findlay M.D. being a (1) of the College 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) Parkhead Crossmichael in the County of Kirkcudbright separately from any other Medical Practitioner visited and personally examined (4) Mary Milligan Pauper and that the said Mary 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) Expression of countenance labouring under the delusion that her neighbours are conspiring against her and that her articles of furniture from the house.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her neighbour Mrs Hannah says she Mary Milligan has threatened to fire her with the poker and to cut her [illegible] [illegible] with a [illegible] which had to be [illegible] [illegible] & otherwise to hang [illegible]

(SIGNED) *Name and Medical Designation,* James Findlay M.D.

Place of Abode, Castle Douglas

DATED this 26th day of Oct one thousand eight hundred and 64

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 Hyacinth Dunbar Jr (1) Steward 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 James Laidlaw and James Friedlay, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Milligan, a Pauper and that the said Mary 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 Mary Milligan as a Patient into the (6) Northern Counties Asylum of Dumfries 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 Milligan which accompanied the said Petition.

(SIGNED) W H Dunbar

DATED this Twenty Seventh day of October one thousand eight hundred and Sixty four years

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, or Private.
(7) Public, District, or Private.

Mary Milligan
28. October 1864

N.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) Shire of Dumfries *and his Substitutes,*—

The Petition of Joseph Rogers Duncan Northwoods Manse humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Thomas Duncan. gentleman 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 Thomas Duncan to the Crichton Institution Dumfries and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

J. R. Duncan

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 28th (4) day of October One thousand eight hundred and sixty four

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Thomas Duncan
2. Sex and Age,	48.
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Gentleman
5. Religious Persuasion, so far as known,	Established Church of Scotland
6. Previous Place of Abode,	Peebles.
7. Place where Found and Examined,	Dumfries
8. Length of time Insane,	a week
9. Whether first attack,	first
10. Age (if known) on first Attack,	
11. When and where previously under Examination and Treatment,	
12. Duration of existing Attack,	a week
13. Supposed Cause,	Intemperance
14. Whether subject to Epilepsy,	
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known 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 (eldest) Residing at Northwoods Manse Yes
20. Special circumstances (if any) preventing the 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 October One thousand eight hundred and sixty four

(*To be signed by Party applying*) J. R. Duncan

P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.* Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

I, the undersigned, John Dickson being a (1) graduate of the University of Edinb and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Castle St in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Thomas Duncan, gent and that the said Thomas Duncan is a (5) insane pe and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) States that he surrounded by thieves, and conspirators Is restless and unable to sleep at nig

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, John Dickson

Place of Abode, Buccleuch Street, Du

DATED this 28th day of October One thousand eight hundred and sixty four.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.* Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Blacklock being a (1) ~~graduate~~ Naval Surgeon and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Castle St in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Thomas Duncan, gent and that the said Thomas Duncan is a (5) insane pers and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Believes that he surrounded by thieves, + followed abo by persons who wish to injure him.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, Arch. Blacklock Naval Surg

Place of Abode, Dumfries

DATED this 28th day of October One thousand eight hundred and Sixty four.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, John Dickson
being (1) a graduate of the University of Edinburgh
hereby certify, on soul and conscience, that I have this day, at (2) Castle Street
in the County of Dumfries, seen and personally examined
Thomas Duncan, gentleman, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

John Dickson M.D.

DATED this 28th day of October One thousand eight hundred and sixty four.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Andrew Barrie (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Joseph Roger Duncan, Forthwood Manor
Certificates under the hands of John Dickson M.D.
and Archibald Blacklock Naval 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) Thomas Duncan Gentleman petitioners brother and that the said Thomas Duncan is ~~a (5)~~ an insane person
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Thomas Duncan 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 Thomas Duncan which accompanied the said Petition.

DATED this Twenty eighth day of October One thousand eight hundred and sixty four

A Barrie

To the Superintendent of the (7) public Asylum of Crichton Institution

---

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

[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) Shire of Dumfries *and his Substitutes,—*

The Petition of Joseph Rogers Duncan, Northorn[e] House, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Thomas Duncan — gentleman, 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 Thomas Duncan, to the Crichton Institution Dumfries and to sanction his admission into the said Asylum.

J. R. Duncan

(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 28th (4) day of October, One thousand eight hundred and Sixty four.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Thomas Duncan,
2. Sex and Age,	48 — (male)
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Gentleman
5. Religious Persuasion, so far as known,	Established Church of Scotland
6. Previous Place of Abode,	Peebles.
7. Place where Found and Examined,	Dumfries
8. Length of time Insane,	a week,
9. Whether First Attack,	first,
10. Age (if known) on First Attack,	
11. When and where previously under Examination and Treatment,	—
12. Duration of Existing Attack,	a week.
13. Supposed Cause,	Intemperance.
14. Whether subject to Epilepsy,	—
15. Whether Suicidal,	no
16. Whether Dangerous to others,	no
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known 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 (eldest) residing at Northorn[e] House, — yes.
20. Special circumstances (if any) preventing the 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 October One thousand eight hundred and Sixty four.

(*To be signed by the Party applying*) J. R. Duncan

(Copies.)

MEDICAL CERTIFICATE, No. I.

I, the undersigned, John Dickson, —
being a (1) Graduate of the University of Edinburgh,
Physician
and being in actual practice as a (2)
hereby certify, on soul and conscience, that I have this day, at (3) Castle Street
in the County of Dumfries, —
separately from any other Medical Practitioner,
visited and personally examined (4) Thomas Duncan, Gentleman
and that
the said Thomas Duncan 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) States that he is surrounded by thieves and conspirators is restless and unable to sleep at night

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 Dickson M. D.

Place of Abode, ~~Buccleuch~~ Buccleuch Street Dumfries,

Dated this 28th day of October One thousand eight hundred and Sixty four. —

MEDICAL CERTIFICATE, No. II.

I, the undersigned, Archibald Blacklock,
being a (1) Naval Surgeon, —
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Castle Street,
Dumfries, —
in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) Thomas Duncan, Gentleman
and that
the said Thomas Duncan, 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) Believes that he is surrounded by thieves and followed about by persons who wish to injure him, —

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, Archibald Blacklock, Naval Surgeon,

Place of Abode Dumfries,

Dated this 28th day of October One thousand eight hundred and Sixty four. —

(*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, John Dickson, being (1) a Graduate of the University of Edinburgh, hereby certify, on soul and conscience, that I have this day, at (2) Castle Street in the County of Dumfries, seen and personally examined Thomas Duncan - gentleman, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

John Dickson, M.D.

DATED this 28th day of October One thousand eight hundred and Sixty four.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Andrew Barrie (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Joseph Roger Duncan, Torthorlwald Manse Certificates under the hands of John Dickson M.D. and Archibald Blacklock, Naval Surg.r being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Duncan - gentleman petitioner's brother and that the said Thomas Duncan is a (5) insane person and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Thomas Duncan 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 Thomas Duncan which accompanied the said Petition.

DATED this Twentyeighth day of October One thousand eight hundred and Sixty four.

A. Barrie

To the Superintendent of the (7) public *Asylum of* Crichton Institution

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

20 & 21 *Vict., Cap.* 71., *Sect*, 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) County of Dumfries *and his Substitutes,*—

The Petition of William Graham Inspector of Poor Hoddam humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Ann Scott, Pauper is at present in a state of Mental Derangement, and 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 Scotto, to the Crichton Royal Institution and to sanction Her admission into the said Asylum.

(SIGNED) Wm Graham, Inspector of Poor Hoddom

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this twenty eighth (3) day of October One thousand eight hundred and sixty four

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STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Ann Scotto
2. Sex and Age,	Female – 57 years
3. Married, Single, or Widowed,	Widow
4. Condition of Life, and previous Occupation (if any),	House Servant
5. Religious Persuasion, so far as known,	Established Church
6. Previous Place of Abode,	Ecclefechan.
7. Place where Found and Examined,	Kirkpatrick Fleming Poorhouse
8. Length of time Insane,	~~three days~~ attacks since 1854
9. Whether first attack,	No
10. Age (if known) on first Attack,	42 Years
11. When and where previously under Examination and Treatment,	Crichton Royal Institution
12. Duration of existing Attack,	Three days
13. Supposed Cause,	Not known
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Yes
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Hoddom
18. Date of becoming Chargeable,	25 Decr 1855
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	George Scott – Lochmaben Son Has a Mother Silly –
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(SIGNED)* Name Wm Graham Inspector of Poor

DATED this Twenty eighth day of October One thousand eight hundred and sixty four

* To be signed by the Party applying.

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

I, the undersigned, James Carruthers
being a (1) Licentiate of the Royal College of Surgeons of Edinburgh
and being in actual practice as a (2) Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) the Combination Poorhouse, Kirkpatrick Fleming in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Ann Scott, pauper in said Poorhouse and that the said Ann 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)
Lowness of Spirits, Peevishness She says her mind is troubled, but cannot tell why, for it is all her mind

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
She appears miserable and unhappy in her mind and wants to the Asylum again The House Governor says

(SIGNED) *Name and Medical Designation,* James Carruthers L.R.C.S.E

Place of Abode, Kirkpatrick Fleming

DATED this twenty eighth day of October One thousand eight hundred and Sixty four

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MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

I, the undersigned, William Young
being a (1) Licentiate of the Royal College of Surgeons Edinburgh
and being in actual practice as a (2) Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) The Kirkpatrick Fleming Combination Poorhouse in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Ann Scott an inmate of said Poorhouse - a pauper and that the said Ann Scott is a (5) person of an unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
Much depressed in spirits - restless and much in the same state as when she formerly attempted to Commit Suicide

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

(SIGNED) *Name and Medical Designation,* William Young Surgeon

Place of Abode, Ecclefechan

DATED this Twenty eighth day of October One thousand eight hundred and sixty four

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

(2) 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, John Pitcairn Trotter Esquire (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) William Graham Inspector of Poor Hoddam Certificates under the hands of James Carruthers, and William Young, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Scott, House Servant, Kirkpatrick Fleming Brothers & Chapter and that the said Ann Scott is a (5) Lunatic and a person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Ann Scott as a Patient into the (6) Public Asylum of Crichton Institution Dumfries and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Ann Scott which accompanied the said Petition.

(SIGNED) John P. Trotter

DATED this Twenty ninth day of October One thousand eight hundred and Sixty four

To the Superintendent of the (7)
Asylum of Crichton Institution
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, or Private.
(7) Public, District, or Private.

Ann Scott
(widow)
29. October 1864

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form **A**]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 Elliot Shepherd at Glenkiln Kirkmichael humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Janet Halliday or Elliot your Petitioner's (3) Wife is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Janet Halliday or Elliot 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 Elliot

(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 November One thousand eight hundred and Sixty four

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STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Janet Halliday or Elliot
2. Sex and Age,	Female – 29 years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Wife of Shepherd
5. Religious Persuasion, so far as known,	Member of Established Church of Scotland
6. Previous Place of Abode,	Glenkiln – Capellgill
7. Place where Found and Examined,	Glenkiln
8. Length of time Insane,	4 or 5 months
9. Whether first attack,	yes
10. Age (if known) on first Attack,	29 years
11. When and where previously under Examination and Treatment,	In the Southern Counties Asylum for a few weeks about 2 months ago.
12. Duration of existing Attack,	4 or 5 months
13. Supposed Cause,	not known – Lactation?
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	yes
16. Whether Dangerous to others,	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 Elliot Shepherd Glenkiln Kirkmichael. her husband. An aunt is stated to have been "no verra right"
20. Special circumstances (if any) preventing the 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 November One thousand eight hundred and sixty four

(*To be signed by Party applying*) James Elliot

P. p.

Anne Scott
Widow
29. October 1864

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Alexander Thompson being a (1) Doctor of Medicine of the University of Glasgow & Licentiate of the Faculty of Physicians & Surgeons and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) the Southern Counties Asylum in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Janet Halliday or Elliot Shepherds wife Glenkiln Kirkmichael and that the said Janet Halliday or Elliot is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, 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 obstinate & refuses to speak - when spoken to rushed out the room - sits with her hands croped and states recently seems depressed and melancholy -

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Seldom speaks - thinks she would be better away from home - refuses food - if croped gets very irritable - is very gloomy & depressed -

Name and Medical Designation, Alex Thomson M.D

Place of Abode, 14 Castle St Dumfries

DATED this First day of November One thousand eight hundred and sixty four -

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MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, James Gilchrist M.D being a (1) Graduate of the University of Edinburgh & Physician and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) the Southern Counties Asylum in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Janet Halliday or Elliot Shepherds wife Brown Glenkiln Kirkmichael and that the said Janet Halliday or Elliot is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Obstinacy taciturnity depression and melancholy - Cleans & attends at work - is disinclined to take food -

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Becomes irritable when pressed was in the Asylum two years ago

Name and Medical Designation, J. Gilchrist M.D

Place of Abode, Carlton House Dumfries

DATED this first day of Nov. One thousand eight hundred and sixty four

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, Alexander Thomson
being (1) a Physician
hereby certify, on soul and conscience, that I have this day, at (2) Southern Counties Asylum
in the County of Dumfries, seen and personally examined
Janet Halliday or Elliot, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Alex Thomson M.D.

Dated this First day of November One thousand eight hundred and sixty four

(1) State medical qualification. M.D. &c. (2) State place of examination. Southern Counties Asylum.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, John Pitcairn Trotter Esq (1) Advocate Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) James Elliot
Shepherd, Glenkiln, Kirkmichael
Certificates under the hands of Alexander Thomson
and James Gilchrist, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Halliday or Elliot wife of Petitioner and that the said
Janet Halliday or Elliot is a (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 Halliday or Elliot 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 Halliday or Elliot which accompanied the said Petition.

Dated this Second day of November One thousand eight hundred and sixty four

J. Trotter

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or 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 122

Lunacy (Scotland) Act, 1857.

Lunacy (Scotland) Act Amendment Act, 1862.

Lunacy (Scotland) Act Amendment Act, 1866.

Lunacy (Scotland) Act Amendment Act, 1871.

Lunacy (Scotland) Act Amendment Act, 1886.

Lunacy (Scotland) Act Amendment Act, 1889.

Lunacy (Scotland) Act Amendment Act, 1891.

Lunacy (Scotland) Act Amendment Act, 1894.

Lunacy (Scotland) Act Amendment Act, 1895.

Lunacy (Scotland) Act Amendment Act, 1897.

Lunacy (Scotland) Act Amendment Act, 1898.

Lunacy (Scotland) Act Amendment Act, 1899.

Lunacy (Scotland) Act Amendment Act, 1900.

Lunacy (Scotland) Act Amendment Act, 1902.

Lunacy (Scotland) Act Amendment Act, 1903.

Lunacy (Scotland) Act Amendment Act, 1904.

Lunacy (Scotland) Act Amendment Act, 1905.

Lunacy (Scotland) Act Amendment Act, 1906.

Lunacy (Scotland) Act Amendment Act, 1907.

Lunacy (Scotland) Act Amendment Act,

[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) Shire of Dumfries — *and his Substitutes,—*

The Petition of William Roy – 3 Observatory Place, Maxwelton — humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Thomas Roy — 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 Roy — to the Crichton Royal Institution and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

W. Roy.

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Sixth (4) day of November One thousand eight hundred and Sixty four.—

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Thomas Roy —
2. Sex and Age,	male — 43.
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Clerk.
5. Religious Persuasion, so far as known,	Established Church
6. Previous Place of Abode,	3 Abercrombie place, Maxwelton,
7. Place where Found and Examined,	Dumfries,
8. Length of time Insane,	a few years
9. Whether First Attack,	no. —
10. Age (if known) on First Attack,	40
11. When and where previously under Examination and Treatment,	Crichton Royal Institution
12. Duration of Existing Attack,	a few weeks
13. Supposed Cause,	constitutional
14. Whether subject to Epilepsy,	no —
15. Whether Suicidal,	no —
16. Whether Dangerous to others,	said to be so, —
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	William Roy – Father 3 Abercrombie place, Maxwelton not known,
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Sixth day of November One thousand eight hundred and Sixty four

(To be signed by the Party applying) W. Roy.—

(Copies.)

MEDICAL CERTIFICATE, No. I.

I, the undersigned, John Dickson
being a (1) Member 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) High Street Dumfries
in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Thomas Roy formerly a Clerk, resident at 3 Observatory Place Maxwelltown and that the said Thomas Roy is a (5) person of unsound mind 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.*

Incapacity of self control as regards stimulants, — Is at present in a state of intoxication —

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

(7) *State the information, and from whom derived.*

Has been repeatedly under restraint in the Crichton Institution

Name and Medical Designation, John Dickson, M.D.

Place of Abode, Buccleuch Street Dumfries

DATED this 6th day of November One thousand eight hundred and Sixty four.

MEDICAL CERTIFICATE, No. II.

I, the undersigned, James Gilchrist, M.D.
being a (1) Graduate of the University of Edinburgh, —
and being in actual practice as a (2) Physician, —
hereby certify, on soul and conscience, that I have this day, at (3) Crichton Royal Institution, — Dumfries —, in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Thomas Roy formerly a Clerk resident at 3 Observatory Place Maxwelltown and that the said Thomas Roy is a (5) person of unsound mind 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) Is restless and excited, mental powers generally feeble self control so enfeebled as to be inoperative as regards stimulants, —

(6) *State the facts.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

(7) *State the information, and from whom derived.*

Has been under restraint on former occasions, — Exposed himself on the public street

Name and Medical Designation, J. Gilchrist, M.D.

Place of Abode Crichton House, Dumfries,

DATED this Seventh day of Novemb, — One thousand eight hundred and Sixty four —

(*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, John Dickson being (1) a member of the Royal College of Physicians in Edin hereby certify, on soul and conscience, that I have this day, at (2) High Street, Dumfries in the County of Dumfries seen and personally examined Thomas Roy, Gentleman formerly a Clerk, and that the said person is of unsound mind, and 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 Dickson, M.D

DATED this Sixth day of November One thousand eight hundred and Fifty four.

(1) 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 Pitcairn Trotter (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) William Roy, 3 Observatory Place Maxwelltown Certificates under the hands of John Dickson, M.D. and James Gilchrist, 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) Thomas Roy, formerly a Clerk, residing at 3 Observatory place Maxwelltown, and that the said Thomas Roy is a (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 Roy as a Patient into the (6) his Public Asylum of Crichton Royal Institution and I authorize Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Thomas Roy, which accompanied the said Petition.

DATED this Eighth day of Novem^r One thousand eight hundred and Fifty four.

John P. Trotter,

To the Superintendent of the (7) Public
Asylum of Crichton Royal Institution
Dumfries.

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(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Shire *of* Dumfries *and his Substitutes,—*

The Petition of William Roy 3 Observatory Place Maxwelltown humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Thomas Roy ~~my son~~ 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 Roy to the Crichton Royal Institution and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

W Roy

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this Sixth (4) day of November One thousand eight hundred and Sixty four

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Thomas Roy
2. Sex and Age,	Male 43
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Clerk
5. Religious Persuasion, so far as known,	Established Church
6. Previous Place of Abode,	3 Observatory Place Maxwelltown
7. Place where Found and Examined,	Dumfries
8. Length of time Insane,	~~Some weeks~~ a few years
9. Whether first attack,	No
10. Age (if known) on first Attack,	40
11. When and where previously under Examination and Treatment,	Crichton R. Institution
12. Duration of existing Attack,	~~A few weeks~~
13. Supposed Cause,	Constitutional
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	Said to be so
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	William Roy Father 3 Observatory Place Maxwelltown Not known
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this Sixth day of November One thousand eight hundred and Sixty four

(*To be signed by Party applying*) W. Roy

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or an insane person, 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 Dickson being a (1) Member 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) Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Thomas Roy formerly clerk - resident at 3 Observatory Place, Dumfries and that the said Thomas Roy is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)
Incapacity of self control as regards drink
Is at present in a State of intoxication

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Has been repeatedly under restraint
the Crichton Institution.

Name and Medical Designation, John Dickson M.D.

Place of Abode, Buccleuch Street Dumfries

DATED this 6th day of November One thousand eight hundred and sixty four

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MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, *or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, James Alexander [illegible] being a (1) Licentiate of the Royal 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) Royal Institution Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Thomas Roy formerly a Clerk resident at 3 Observatory Place and that the said Thomas Roy is a (5) Person of unsound mind and a proper person to be detained 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 testifies an expected mental powers generally self control so impaired as to [illegible] peculiar as regards stimulants

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) [illegible] under constraints on former occasions. Beyond himself [illegible] the public street

Name and Medical Designation, [illegible]

Place of Abode, Crichton Royal Dumfries

DATED this Seventh day of November One thousand eight hundred and sixty four

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned John Dickson Edinburgh being (1) a Member of the Royal College of Physicians &c hereby certify, on soul and conscience, that I have this day, at (2) Hyde Street Dumfries in the County of Dumfries, seen and personally examined Thomas Roy - Gentleman -, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

John Dickson MD

DATED this 6th day of November One thousand eight hundred and sixty four.

(1) 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 Ritchie Trotter Esquire (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) William Roy 3 Observatory Place Maxwelltown Certificates under the hands of John Dickson M. D. and James Eldrist 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) Thomas Roy formerly a Clerk, residing at 3 Observatory Place Maxwelltown and that the said Thomas Roy — is a (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 Roy — as a Patient into the (6) Public Asylum of Crichton Royal Institution and I authorize this Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Thomas Roy — which accompanied the said Petition.

DATED this Eighth day of November One thousand eight hundred and sixty four years.

John R. Trotter

To the Superintendent of the (7) Public Asylum of Crichton Royal Institution Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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* Edin *and his Substitutes,*

The Petition of Thomas Nelson Publisher Edin humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Nelson 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 Nelson to the Crichton Royal Institution and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

Thomas Nelson

DATED this Third (4) day of November One thousand eight hundred and sixty four.

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	James Nelson
2. Sex and Age,	Male – 30 years of age
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Bookseller
5. Religious Persuasion, so far as known,	Episcopalian
6. Previous Place of Abode,	London
7. Place where Found and Examined,	Edinburgh
8. Length of time Insane,	Not known
9. Whether first attack,	—
10. Age (if known) on first Attack,	—
11. When and where previously under Examination and Treatment,	—
12. Duration of existing Attack,	Not known
13. Supposed Cause,	No
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
18. Date of becoming Chargeable,	—
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	William Nelson Edinburgh brother – nearest relative No other member of the 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 Third day of November One thousand eight hundred and sixty four

(*To be signed by Party applying*) Thomas Nelson

P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Moore MD
being a (1) Fellow of the Royal College of Physicians of Edinburgh
and being in actual practice as a (2) Physician there
hereby certify, on soul and conscience, that I have this day, at (3) Abden House Newington in the County of Mid Lothian separately from any other Medical Practitioner visited and personally examined (4) Mr James Nelson residing at Abden House and that the said James Nelson is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Statements in himself that he has had & has still communications with invisible persons — Delusions as to his Physical organization —

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

~~Facts of the ab~~ Statements similar to the above made to his friends — & abstinence from food founded on the delusions as to his organization

Name and Medical Designation, John Moore MD-F.R.C.

Place of Abode, 52 Castle St Edin

DATED this 3 day of Novr One thousand eight hundred and sixty four —

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Beglie
being a (1) Fellow of the Royal College of Physicians of Edinburgh
and being in actual practice as a (2) Physician there
hereby certify, on soul and conscience, that I have this day, at (3) Abden House Newington in the County of Mid Lothian separately from any other Medical Practitioner visited and personally examined (4) Mr James Nelson residing at said Abden House and that the said James Nelson 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)

Delusions in regard to his bodily organization as to voices and persons making communications to him

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, J Beglie MD

Place of Abode, 10 Charlotte Square

DATED this third day of November One thousand eight hundred and sixty four.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Patrick Arkley Sheriff-Substitute (1)
of the (2) shire of Edinburgh
having had produced to me, with a Petition at the instance of (3) Thomas Nelson Publisher Edinburgh
Certificates under the hands of John Moir
and James Boyle , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Nelson the Petitioners brother and that the said
James Nelson is a (5) person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said James Nelson as a Patient into the Crichton Royal (Asylum of) 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 James Nelson which accompanied the said Petition.

DATED this third day of November One thousand eight hundred and sixty four

P. A. Riley

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.

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James Nelson

9/11/64

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Stewart.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff — *of the* (2) Shire of Dumfries — *and his Substitutes,—*

The Petition of Thomas Corrie P.F. for County of Dumfries and John McLellan Inspector of Poor of the Parish of Annan humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Graham, Draper, from Annan at present ~~your Petitioner's (3)~~ in Custody on a charge of Assault — is at present in a state of Mental Derangement, and 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 Graham — — 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.

Thos Corrie John McLellan Insp.r

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this Tenth — (4) day of November One thousand eight hundred and Sixty four years

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STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	James Graham
2. Sex and Age,	male - 38 years.
3. Married, Single, or Widowed,	Widower
4. Condition of Life, and previous Occupation (if any),	Draper
5. Religious Persuasion, so far as known,	Established Church Scotland
6. Previous Place of Abode,	Annan
7. Place where Found and Examined,	Dumfries
8. Length of time Insane,	Four years
9. Whether first attack,	No
10. Age (if known) on first Attack,	
11. When and where previously under Examination and Treatment,	Crichton Institution Dumfries
12. Duration of existing Attack,	Several years
13. Supposed Cause,	Grief caused by his wife's death
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	Believed so
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
18. Date of becoming Chargeable,	—
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Mary Graham, Annan, 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 Tenth day of November One thousand eight hundred and Sixty four years.

(*To be signed by Party applying*) Thos Corrie John McLellan Insp.r

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or an insane person, or an Idiot, or a person of unsound mind.*

I, the undersigned, Patrick Murray being a (1) Graduate of the University of Edinburgh and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) the Court House Dumfries in the County Dumfries separately from any other Medical Practitioner visited and personally examined (4) James Graham, draper from Annan and that the said James Graham is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) very excited and violent - Has delusions as to Dr Bogie of Annan interfering with him, and also delusions as to himself a Medical man, whose presence would dissipate them

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) the policeman in whose custody he was & me he had been very excited & violent

Name and Medical Designation, P Murray M D

Place of Abode, Dumfries 22 Buccleuch St

DATED this Third day of November One thousand eight hundred and Sixty four.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) *Lunatic, or an insane person, or an Idiot, or a person of unsound mind.*

I, the undersigned, James Gilchrist being a (2) Graduate of the University of Edinburgh and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) the Southern Counties Asylum Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) James Graham, Draper, from Annan and that the said James Graham is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Is excited, talks incoherently, labours under delusions, believes that Dr Bogie exercises secret influence over him. -

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) His sisters say that these dangerous delusions extend to others as well as to Dr Bogie

Name and Medical Designation, J Gilchrist M D

Place of Abode, Crichton House Dumfries

DATED this Fourth day of November One thousand eight hundred and Sixty four years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) 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 Pitcairn Fotheringame (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Thomas Corrie P.F. for County of Dumfries and John McLellan Inspector of Poor of the Parish of Annan
Certificates under the hands of Patrick Murray M.D. —
and James Colquhoun M.D. — , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) James Graham, Draper, from Annan — and that the said James Graham — is a (5) person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said James Graham as a Patient into the (6) Public Asylum of Crichton Institution Dumfries and I authorize the Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said James Graham — which accompanied the said Petition.

DATED this Eleventh day of November One thousand eight hundred and Sixty four years

J Fotheringame

To the Superintendent of the (7) Public
Asylum of Crichton Institution
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

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James Graham

11/11/64

Unto the Honourable the
Sheriff of Dumfriesshire
and his Substitutes
The Petition of Thomas Corrie,
Procurator Fiscal of Court
for the Public interest

Humbly Sheweth,

That by the Act 25 and 26 Vict Cap 54 entituled "an Act to make farther provision respecting Lunacy in Scotland", section 15 the Sheriff is empowered to grant warrant for Committing to a place of safe custody any Lunatic who may have been apprehended charged with Assault or other Offence inferring danger to the Lieges, or who shall be found in a state threatening danger to the Lieges, or in a state Offensive to public decency.—

That James Graham residing in Annan has this day been apprehended by a

a Police Officer within the parish of Annan in this County on a Complaint at the petitioner's instance charging him with an Assault; And the said James Graham is a Lunatic and in a state threatening danger to the Lieges, as certified by Dr. Patrick Murray - conform to Certificate herewith produced

May it therefore please your Lordships to consider this Petition, to grant warrant for Committing the said James Graham to a place of safe custody in the meantime as prescribed by said Act, to direct notice to be given by the Petitioner to the Inspector of Poor of the parish of Annan within which the Lunatic was found and apprehended of his apprehension and Committal; and farther to appoint

appoint a diet on which enquiry can be made in the condition of the said James Graham, all in terms of said Act, or to do otherwise in the premises as to your Lordships may seem meet

According to Justice &c

J. H. Correll

Dumfries 3d November 1864. Having considered the foregoing Petition and seen the Medical Certificate therein referred to Grants warrant for Committing the said James Graham to the Southern Counties Asylum near Dumfries as a place of safe custody in the meantime; Appoints notice to be given by advertisement once at least in each of the Dumfries Courier and Herald Newspapers of said Commitment and that it is intended to enquire into the condition of the said James Graham as a Lunatic

John P. Trotter

Lunatic, within the Court House here upon Monday the Fourteenth day of November current at twelve Oclock noon —; and farther directs notice of the present petition and of the Lunatics Committal to be given to the Inspector of Poor of the parish of Annan being the parish in which the said James Graham was found and apprehended all in terms of the Act founded on. —

John P Fuller

Dumfries 10 Nov 1864. Arrangements having been made by the Inspector of Poor of Annan in terms of the Act of Parliament and to the satisfaction of the Sheriff, for the detention of James Graham within designed for safe custody in the Crytton Royal Institution the Medical Superintendent of the Southern Counties Asylum is hereby discharged from his custody at my instance in said Asylum and is authorised

J McCorrie

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985

on receipt of the Sheriffs warrant for his detention in the Crichton Royal Institution to transfer the said James Graham thereto from the Southern Counties.

Ad Corree

P.H.

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Petition
of
The Prov^r Fiscal of
Dumfriesshire for
enquiry as to state
of James Graham

November 1864

James Grahame
3^d November 1864

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form **A**]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) County *of* Dumfries *and his Substitutes,—*

The Petition of John Dinwoodie, Inspector of Poor for the Parish of Dumfries, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Hannah Rutherford or Calvert your Petitioner's (3) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Hannah Rutherford or Calvert 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 Inspector

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this Twelfth (4) day of November One thousand eight hundred and Sixty four.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Hannah Rutherford or Calvert
2. Sex and Age,	female 36 years
3. Married, Single, or Widowed,	Married —
4. Condition of Life, and previous Occupation (if any),	Millworker
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Carlisle
7. Place where Found and Examined,	Dumfries Poorhouse
8. Length of time Insane,	Not Known
9. Whether first attack,	do —
10. Age (if known) on first Attack,	do —
11. When and where previously under Examination and Treatment,	Dumfries Poorhouse. at present
12. Duration of existing Attack,	not Known
13. Supposed Cause,	do — do
14. Whether subject to Epilepsy,	do — do
15. Whether Suicidal,	No —
16. Whether Dangerous to others,	No —
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dumfries Meantime
18. Date of becoming Chargeable,	4 Nov. 1864.
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Not Known
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	Not Known

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this Twelfth day of November One thousand eight hundred and Sixty four

(*To be signed by Party applying*) John Dinwoodie, Inspector

P. p.

Sarah Graham
30 November 1864

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Licentiate of the Royal 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) Poor house Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Hannah Rutherford or Calvert and that the said Hannah Rutherford or Calvert is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Talks incoherently declares that she has not a husband past present & that her children both are at present in the same institution with her

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) The matron states that she the patient, stated to her yesterday, that if she was only supposed to remember her to Lowry with a view to her being liberated

Name and Medical Designation, William Marshall MD & CM

Place of Abode, Dumfries

DATED this 12th day of November One thousand eight hundred and sixty four years

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MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Alexander Thomson being a (1) Doctor of medicine of University of Glasgow and Licentiate of Faculty of Physicians Surgeons and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Poor house in the Parish of Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Hannah Rutherford or Calbert - Pauper and that the said Hannah Rutherford or Calvert is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Talks inconsistently and incoherently - says she has no husband & never had a child, even though her husband & child are in the poor house with her -

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Talks continually about her husband & child as being nothing to her - says frequently she has had no food that day & even after she has had one a few minutes

Name and Medical Designation, Alexander Thomson

Place of Abode, 14 Castle St Dumfries

DATED this Twelfth day of November One thousand eight hundred and Sixty four years -

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) 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 Wilfaurd Trotter Esqr (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) John Dinwoodie
Inspector of Poor of the parish of Dumfries
Certificates under the hands of William Marshall
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 Rutherford or Calvert a pauper and that the said Hannah Rutherford or Calvert is a (5) person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Hannah Rutherford or Calvert 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 Hannah Rutherford or Calvert which accompanied the said Petition.

DATED this fourteenth day of November One thousand eight hundred and sixty four

John W. Trotter

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

To

Hannah Rutherford

or Calvert

14. November 1864

CRICHTON ROYAL INSTITUTION,

Lunacy Department.

SOUTHERN COUNTIES' ASYLUM,

FOR THE SHIRES OF DUMFRIES AND WIGTOWN, AND STEWARTRY OF KIRKCUDBRIGHT.

Trustees.

Mrs CRICHTON of Friars' Carse.
Lieut.-Colonel GRIERSON of Barnbennoch.
J. MACALPINE LENY, Esq. of Dalswinton.

Extraordinary Trustees.

His Grace the Duke of Buccleuch.
The Right Hon. the Earl of Galloway.
The Right Hon. the Earl of Selkirk.
The Lord-Lieutenant of the Shire of Dumfries.
The Member for the County of Dumfries.
The Sheriff of the Shire of Dumfries.
The Minister of St. Michael's Church, Dumfries.

Directors.

Thomas Steuart Gladstone, Esq. of Capenoch.
James Hotchkis, Esq., Ladyfield.
Major George G. Walker of Crawfordton.
John Gilchrist Clark, Esq. of Speddoch.
Adam Skirving, Esq. of Croyes.

Officers.

James Gilchrist, M.D., Resident Physician.
Dr Samuel Grierson, Medical Assistant.
Mrs Hearder, Matron.
And. Henderson, House Steward.
John M'Cririe, Superintendent.

R. Adamson, Esq.,
S. Adamson, Esq., } Treasurers.

Rev. G. Cowans, Chaplain.

Patients will be received on presenting or transmitting at the time of, or previous to, their admission, the following documents:—A written application from the nearest of kin, guardians, or Inspector of Poor, to the Resident Medical Officer, Dr Gilchrist; certificates of lunacy and a warrant from the Sheriff, as required by law; also an obligation from the Inspector of Poor, or other satisfactory Obligant, to pay the board of Patients, which includes clothes and bedding, and to comply with all rules and regulations as to their removal and burial.

All applications for admission should be forwarded at least three days before the arrival of the Patient, that time may be given for correspondence, and that due preparation may be made for his or her reception. Patients will be received between 8 A.M. and 8 P.M. upon every lawful day.

The board must, in all cases, be paid to the Treasurer in advance, quarterly, at the terms of Whitsunday (15th May), Lammas (1st August), Martinmas (11th November), and Candlemas (2d February); and when the Patient first enters, a full quarter's board, and the proportion of the quarter current at the time, will be required; and there will be no return nor repayment of the board so advanced. It shall include charges of all kinds: no fees being exigible by the Medical or any other Officers on admission or discharge, or at any other time, or upon any pretext whatever.

Visitors will be permitted to see all parts of the House on Wednesdays, between the hours of ten and twelve o'clock, on presenting an order, signed by a Trustee, Director, or one of the Medical Officers, but at no other time; and they are strictly prohibited from seeing or mingling with Patients of any class, without the express sanction of the Resident Medical Officer. The friends or guardians of Patients will be permitted to have free and private communication with them, if convalescent, between ten and twelve o'clock every lawful day; and, in all cases, to see and converse with them in presence of an officer, should such intercourse be considered safe or salutary; but no visitor, friend, or guardian can be allowed to convey to the Patients any article of food or dress, books, newspapers, &c., without the knowledge and approbation of the Resident Medical Officer.

Patients are not allowed to have a right to any remuneration for their labour; but small rewards will be occasionally given as an encouragement during residence, or a provision on dismissal.

Patients when admitted will be provided with all articles of clothing by the Institution; their own clothes being retained until dismissal or death, when they will be returned to the friends or guardians. Patients when recovered are discharged on the representation of the Resident Medical Officer to the Trustees and Directors, but he is required to communicate with the persons by whom the obligation for board, &c., is signed, before the dismissal of any Patient; should they neglect or refuse to comply with the request for a week after the time fixed for removal in the notice, the rate of board for which they are responsible may be doubled, or the Patient sent to his or her home or parish at their expense.

A fortnight's notice of the intention of friends or guardians to remove a Patient must be forwarded to the Resident Medical Officer.

The Patients will be, under every variety of circumstances, and under every aspect of the malady, visited by the Resident Medical Officer, Matron, and Medical Assistant, always once or twice a-day, and in general they will be inspected, almost every hour, by these or the other Officers. The grand principles of moral treatment upon which the Institution will be conducted are justice, kindness, and occupation; and, by the application of these, the Patients, in so far as is consistent with their condition, will be induced to regard the Asylum as a home, and those to whose care they are entrusted as friends and companions.

Answers to the following Queries are solicited in all cases, if possible, from the MEDICAL ATTENDANT :—

QUERIES.	ANSWERS.
1. Name, age, condition, occupation, disposition, amount of education, and general deportment of the Patient.	John Todd Watch Maker
2. What is the cause, predisposing and exciting, moral or physical; and what circumstances may have predisposed to, aggravated, or confirmed the disease?	Strong drinks
3. Before the incursion of the disease, were there observed any unusual depression or elevation of spirits, any marked alterations in the functions of the body, or in the temper, opinions, conduct, sleep, &c.?	Not any in particular
4. Has the Patient been subject to epilepsy, or other convulsive affections, previous to or during the existence of insanity; and for what other diseases or accidents has medical or surgical treatment been at any time required?	No Not any
5. What have been, and are, the prominent symptoms of the malady? has any obvious change in its form occurred; and does it appear to be increasing, declining, or stationary?	Starts and stares veldly with spoken talk incoherently &c
6. Mention the present state of the external senses; of the appetite, digestion, and evacuations; of the pulse, respiration; and of all other functions, so far as they can be ascertained.	All pretty good
7. Is this the first attack, or a relapse? by what peculiarity of constitution or manner was it ushered in—if a relapse, of what duration was the lucid interval? and what has been the number of previous attacks?	First
8. What have been, and are, the delusions, habits, peculiarities, and pursuits of the Patient, during the night as well as the day, since the invasion of insanity?	Mentioned in No 5
9. Does the Patient manifest any disposition to commit suicide? has he made any attempt to do so, and by what means?	Attempted this morning to cut his throat
10. Does the Patient manifest any disposition to injure other persons or property—to cherish any malicious design—or is the morbid train of thought excited by any particular subject or event?	No
11. Is the Patient or his relatives subject to any hereditary, nervous, or periodical disease, and what? or have they manifested any peculiarity, eccentricity, or prominent propensity, or tendency to crime?	No.
12. What treatment has been resorted to, for what length of time, and with what success?	Not any
13. How long has the Patient been insane? or has he ever been in any public asylum or private mad-house?	About one week

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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,*—

Keswick The Petition of Ann Todd Skiddaw View humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Todd 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 Todd 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.

Ann Todd

(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 November One thousand eight hundred and sixty ~~and~~ four.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	John Todd
2. Sex and Age,	Male - 36 years.
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	10 months ago left the business of an iron-monger
5. Religious Persuasion, so far as known,	Church of England
6. Previous Place of Abode,	Keswick
7. Place where Found and Examined,	Keswick
8. Length of time Insane,	10 months
9. Whether first attack,	Had a very slight attack 10 years ago
10. Age (if known) on first Attack,	26 years
11. When and where previously under Examination and Treatment,	Had no treatment of any consequence
12. Duration of existing Attack,	10 months
13. Supposed Cause,	—
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	Has not shown any violence but has not been exposed
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Ann Todd - Keswick 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 17th day of November One thousand eight hundred and sixty four

(*To be signed by Party applying*) Ann Todd

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, John Dickson being a (1) Graduate of the University of Edinburgh and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Crichton Institution - Dumfries in the County Dumfries separately from any other Medical Practitioner visited and personally examined (4) John Todd - Ironmonger and the said John Todd 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) Believes that his friends & others are conspiring against him. that his food is poisoned daily & that this has been going on for 3 years. Is excitable & irritable & unable to rest at night.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) The person who accompanied him informs me that he is occasionally violent, and would do injury to those whom he suspects.

Name and Medical Designation, John Dickson

Place of Abode, Buccleuch Street Dumfries

DATED this 17th day of November One thousand eight hundred and sixty four.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Oswald George Rumney 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) Skiddaw Main Street Keswick in the County of Cumberland separately from any other Medical Practitioner visited and personally examined (4) John Todd Ironmonger Skiddaw Main Keswick Cumberland and the said John Todd is a (5) lunatic and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) His demeanour wanton destruction of furniture, and his statement to me delusion that his friends wish to poison him &c.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Labours under the delusion that his food is poisoned, and makes himself vomit after meals. Which facts are stated to me by his aunt and sister.

Name and Medical Designation, Oswald George Rumney Mid

Place of Abode, Keswick

DATED this 17th day of November One thousand eight hundred and sixty four.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, John Dickson MD being (1) a graduate of the University of Edinburgh hereby certify, on soul and conscience, that I have this day, at (2) Crichton Institution in the County of Dumfries, seen and personally examined John Todd - Ironmonger ... , and that the said person is of unsound mind, and 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 Dickson MD

DATED this 17th day of November One thousand eight hundred and sixty four.

(1) 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 Pringle Trotter Esqr (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Ann Todd Skiddaw View Keswick Dickson & Oswald George Certificates under the hands of John Dickson & Oswald George and Oswald George Rumney —, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Todd Ironmonger Skiddaw View Keswick and that the said John Todd — is a (5) Lunatic —

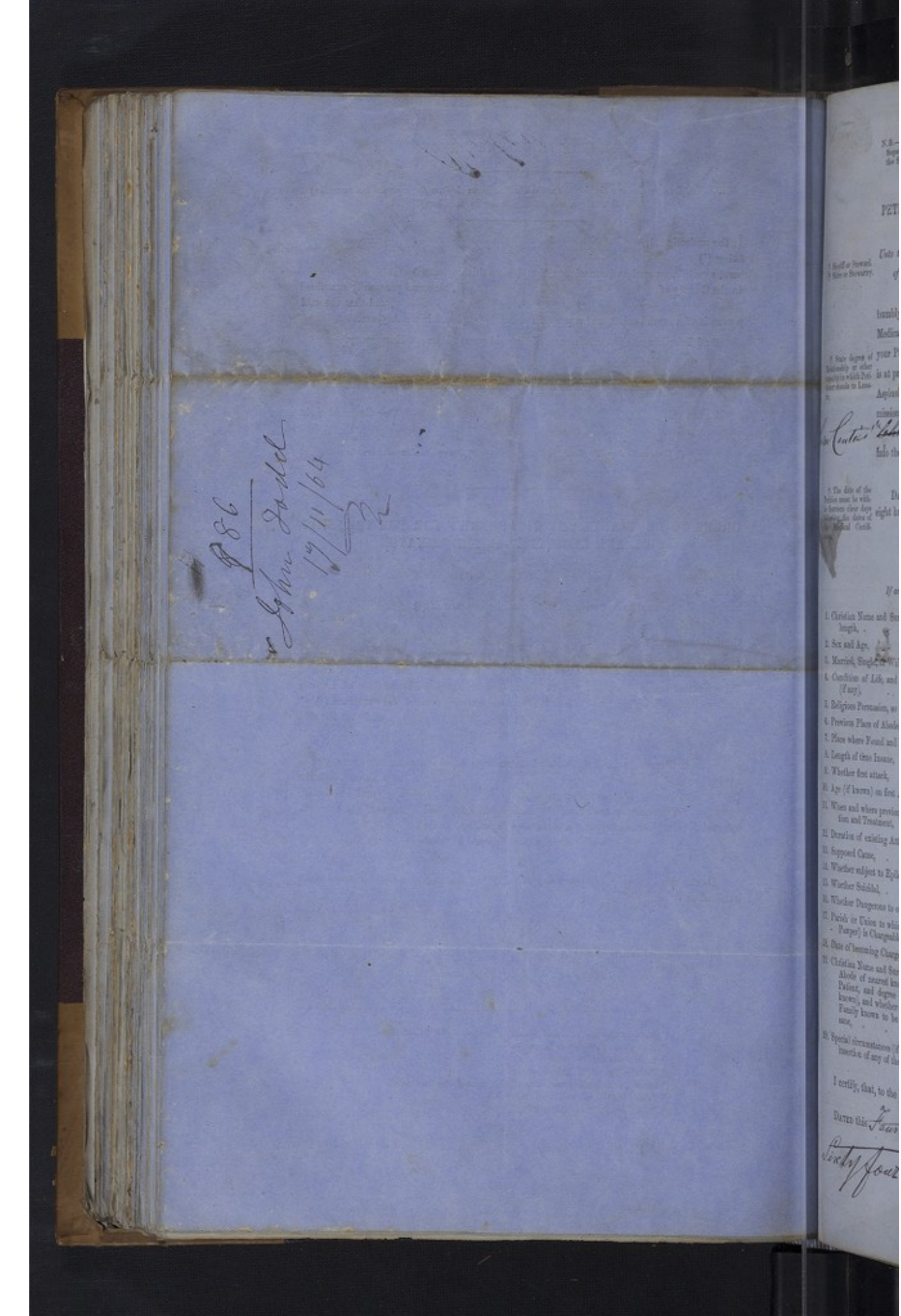
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said John Todd — as a Patient into the (6) Public Asylum of Crichton Institution Dumfries and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said John Todd — which accompanied the said Petition. John two words delete

DATED this Twenty first day of November One thousand eight hundred and Sixty four years

J. Pringle Trotter

To the Superintendent of the (7) Public Asylum of Crichton Institution Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.



N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Steward *of the* (2) Stewartry *of* Kirkcudbright *and his Substitutes,—*

The Petition of Hugh Gordon Horse-breaker humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Margaret Brown or Gordon 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 Brown or Gordon to the Chem Centre ~~Christian~~ Asylum and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

Hugh Gordon

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this Fourteenth (4) day of November One thousand eight hundred and sixty four

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Margaret Brown or Gordon
2. Sex and Age,	Female aged 68 years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Wife of a Horse breaker
5. Religious Persuasion, so far as known,	Church of Scotland
6. Previous Place of Abode,	Parish of Girthon
7. Place where Found and Examined,	Flat Street Parish of Anwoth
8. Length of time Insane,	A lengthened time, has been generously confined
9. Whether first attack,	Second attack
10. Age (if known) on first Attack,	36 years of age
11. When and where previously under Examination and Treatment,	Dumfries
12. Duration of existing Attack,	For several months.
13. Supposed Cause,	
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	Supposed
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Chargeable to the Parish of Anwoth
18. Date of becoming Chargeable,	~~Nov.~~ Oct. 24th 1864
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Hugh Gordon Husband none known to be insane
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this Fourteenth day of November One thousand eight hundred and Sixty four (*To be signed by Party applying*) Hugh Gordon

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an Idiot, *or a person of unsound mind.*

I, the undersigned, Wm Edwd S. C. Dickson being a (1) M.R.C.S.E.

and being in actual practice as a (2) general practitioner hereby certify, on soul and conscience, that I have this day, at (3) Flat 2 Gatehouse Richmond Lunatic Asylum in the County separately from any other Medical Practitioner visited and personally examined (4) Margaret Brown or Gordon and the said Margaret Brown or Gordon 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)

Delusion. Imagines herself with child. Refuses food. Says she has clubs around her abdomen.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Was also always noisy at times refuses to eat food.

Name and Medical Designation, W. Edwd S. C. Dickson

Place of Abode, Gatehouse of Flat

DATED this 10th day of November One thousand eight hundred and Fifty four years.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an Idiot, *or a person of unsound mind.*

I, the undersigned, James Fraser, being a (1) Graduate in Medicine of King's College Aberdeen, Fellow of the Faculty of Phys & Surgs and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) High St., Satchouse. Kennedybright in the County separately from any other Medical Practitioner visited and personally examined (4) Margaret Brown, or Gordon and that the said Margaret Brown, or Gordon is a (5) Person of and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

She exhibits, amongst others, of the following delusions.
1, That she changed her husband, who has been for 20 years
2, That she acquires, frequently visits, and entertains
2. Other facts (if any) indicating Insanity communicated to me by others: (7)

(7) *State the information, and from whom derived.*

Acts at one time.
3, That she is herself cleaned, although she delivers
information relating before being born.
to this case from others.

Name and Medical Designation, James Fraser. M.D.

Place of Abode, High St., Satchouse,

DATED this 10th day of November. One thousand eight hundred and fifty four.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) 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 Benjamin Humbar Esquire (1) Steward Substitute
of the (2) Stewartry of Kirkcudbright
having had produced to me, with a Petition at the instance of (3) Hugh Gordon
Certificates under the hands of M. Edward & C. Dickson
and James Fraser , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Brown or Gordon and that the said
Margaret Brown or Gordon is a (5) person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Margaret Brown or Gordon as a Patient into the (6) Southern Counties Asylum of Dumfries and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Margaret Brown or Gordon which accompanied the said Petition.

DATED this Fifteenth day of November One thousand eight hundred and Sixty four

W B Humbar

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.

91

Margaret Brown
or Gordon

19. November 1864

Margaret Brown
or Gordon
19 November 1864

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Steward *of the* (2) Stewartry *of* Kirkcudbright *and his Substitutes,*—

The Petition of Alexander Blyth, Castle Douglas humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary Blyth, Gatehouse of Fleet 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 Blyth, Gatehouse of Fleet 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.

Alexr Blyth

(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 December One thousand eight hundred and Sixty-four

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Mary Blyth
2. Sex and Age,	Seventy-four years of age
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	No occupation
5. Religious Persuasion, so far as known,	Presbyterian
6. Previous Place of Abode,	Gatehouse of Fleet
7. Place where Found and Examined,	G Do
8. Length of time Insane,	One month
9. Whether first attack,	Peculiarities observed for several months past, but not requiring interference on the part of friends
10. Age (if known) on first Attack,	Seventy-Four Years
11. When and where previously under Examination and Treatment,	Never under previous treatment.
12. Duration of existing Attack,	One month
13. Supposed Cause,	Disappointment in reference to Sale of Property
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Not so far as known
16. Whether Dangerous to others,	Not so far as known
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Alexander Blyth, Castle Douglas - Brother No member of the 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 Nineteenth day of December One thousand eight hundred and Sixty four

(*To be signed by Party applying*) Alexr Blyth

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, James Gibson.
being a (1) Fellow of the Faculty of Physicians [illegible]
Surgeons &c
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. Safehouse of Fleet. in the County
Haremarket separately from any other Medical Practitioner
visited and personally examined (4) Mary Blyth
and the
the said Mary Blyth is a (5) Person of
unsound Mind
and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

Suspicions of all her Friends & Neighbours, & such as
to the Statements — viz. That she sleeps with a dead body, that
has ate Sir Robt Carlile Douglas, &c &c.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Facts in corroboration of statements of above, & among the
Witnesses, those her former attendants.

Name and Medical Designation, James Gibson. M.D.

Place of Abode, High St. Safehouse
Fleet

DATED this 20th day of Dec. One thousand eight
hundred and Sixty four

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Edward McGibbon
being a (1) M.D. L.R.C.S.E.
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) High St.
Safehouse of Fleet in the County
New Haremarket separately from any other Medical Practitioner
visited and personally examined (4) Mary Blyth
and that
the said Mary Blyth is a (5) person of
unsound Mind
and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

Suspicious & Fancies of Friends & Neighbours as
to her Statements, but none of them, in my
way of thinking, are aware of the
becoming a Lunatic after the

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Requires the constant attendance of
female. Has in a state of delirium
attempted to escape through window &c

Name and Medical Designation, W. Edward McGibbon
M.D.

Place of Abode, Safehouse of Fleet

DATED this 20th day of December One thousand eight
hundred and Sixty four

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, David Blair Esquire (1) Steward Substitute
of the (2) Stewartry of Kirkcudbright
having had produced to me, with a Petition at the instance of (3) Samuel Alexander Blyth
Certificates under the hands of Lyon Fraser
and W. Edward J. C. Dickson, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
Mary Blyth and that the said
Mary Blyth is a (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 Blyth as a Patient into the Dickstan Royal Asylum of Dumfries and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mary Blyth which accompanied the said Petition.

DATED this Twentieth day of December One thousand eight hundred and Sixty four years.

x David Blair

To the Superintendent of the (7) Dickstan
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.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form **A**]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) County *of* Dumfries *and his Substitutes,—*

The Petition of William Halliday, Bacon Curer Lockerbie humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Ninian Halliday, Grandeuler Lockerbie your Petitioner's (3) Brother is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Ninian Halliday to the Crichton 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 Halliday

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this 23 (4) day of December One thousand eight hundred and sixty four

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STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Ninian Halliday
2. Sex and Age,	Male aged 57 years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Independent - Farmer
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Lockerbie
7. Place where Found and Examined,	Lockerbie
8. Length of time Insane,	3 months
9. Whether first attack,	second attack
10. Age (if known) on first Attack,	
11. When and where previously under Examination and Treatment,	Southern Asylum Dumfries
12. Duration of existing Attack,	3 months
13. Supposed Cause,	reversed state of his circumstances, as he imagines:
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	~~Has not yet manifested any such tendency~~
16. Whether Dangerous to others,	~~Not as yet~~
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Youphan Dalziell or Halliday wife of Ninian Halliday William Halliday Brother of Ninian Halliday both residing in Lockerbie
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 23 Dec day of 1864 One thousand eight hundred and sixty four

(*To be signed by Party applying*) William Halliday

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, *or* an Idiot, *or* a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, James Thomson Wilson Surgeon being a (1) Licentiate of the Royal College of Surgeons Edinr. and being in actual practice as a (2) Surgeon in Lockerbie hereby certify, on soul and conscience, that I have this day, at (3) Lockerbie in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Ninian Halliday and that the said Ninian Halliday is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) His mind is depressed with the belief that by imprudence he has wasted his means and is now in poverty, and unable to pay his just debts or provide for the maintenance of himself and his family

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, James Thomson Wilson Surgeon

Place of Abode, Lockerbie

DATED this 22nd day of December One thousand eight hundred and sixty four.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, And number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, *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 C Wilson - Surgeon being a (1) Lic of the Fac of Physicians & Surgeons Glasgow and being in actual practice as a (2) Surgeon in Lockerbie hereby certify, on soul and conscience, that I have this day, at (3) Lockerbie in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Ninian Halliday and that the said Ninian Halliday is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) From his appearance and manner, from his acknowledged having said and done things - which are facts

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) His Brother says he is not safe without being under proper care

Name and Medical Designation, Geo C Wilson, Surgeon

Place of Abode, Lockerbie

DATED this day of One thousand eight hundred and

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) 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 Pitcairn Kidd Esquire (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) William Halliday
Bacon Curer, Lockerbie
Certificates under the hands of James Thomson Wilson
and George C 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)
Ninian Halliday Grain Dealer, Lockerbie and that the said
Ninian Halliday is a (5) person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Ninian Halliday as a Patient into the (6) Public Asylum of Crichton Institution Dumfries and I authorize the Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Ninian Halliday which accompanied the said Petition.

DATED this Twenty third day of December One thousand eight hundred and Sixty four

John P. Kidd

To the Superintendent of the (7) Public Asylum of Crichton Institution Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

988
Minian Kallidan
23/12/64

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward, (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) Shire of Dumfries and his Substitutes,—

The Petition of John Graham and Catherine Mary Scott

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Scott

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (3) Uncle and Father respectively is at present in a state of Mental Derangement, and 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 Scott to the Crichton Royal Institution and to sanction his admission into the said Asylum.

Catherine Mary Scott John Graham

(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 December One thousand eight hundred and sixty four.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length, . James Scott.
2. Sex and Age, 52 years of age (Fifty two years)
3. Married, Single, or Widowed, . A Widower. Has one child a daughter
4. Condition of Life, and previous Occupation (if any), . Formerly a draper (up to 1862) Rosewell Road
5. Religious Persuasion, so far as known, ~~Church of England~~ London. 1862 2 & 3
6. Previous Place of Abode, London. Rosewell Road. Up to this date (29 Dec.
7. Place where Found and Examined, ~~Dumfries~~ 1864 Visiting Portland & 10 months north
8. Length of time Insane, 2 or 3 years his sister Mrs Graham at 3 Geo. St
9. Whether first attack, Never well since Carlisle. Mrs Charles Armstrong, also within Lists
10. Age (if known) on first Attack, 49 or 50 years
11. When and where previously under Examination and Treatment, . For his sister
12. Duration of existing Attack, 2 or 3 years
13. Supposed Cause, None Known under Providence cured
14. Whether subject to Epilepsy, No.
15. Whether Suicidal, . Never.
16. Whether Dangerous to others, Of late he has been often very violent
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 his Family known to be or to have been Insane, ... No relations effected. his Niece ~~Wife of Wm Armstrong Innkeeper Carlisle~~ Wife of Wm Willoughby Carpenter 2 Lott of Carlisle ~~his friend~~ & the Mrs Armstrong, Mother of Carlisle, his nephew
20. Special circumstances (if any) preventing the 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 Dec. One thousand eight hundred and sixty four

(*To be signed by Party applying*) John Graham stepfather

Catherine Mary 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, Robert Elliot M.D. Edin. & M.R.C.S. being a (1) Doctor of Medicine in practice Mar[illegible] and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) 3 George's [illegible] Carlisle at Mrs Graham's in the County Cumberland separately from any other Medical Practitioner visited and personally examined (4) James Scott brother Mrs Graham of 3 George's St Carlisle and that the said James Scott is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) His acts & conversation. He believes himself the intimate friend and associate of her Majesty Victoria. He talks incoherently and irrationally at all times — often very coarsely, obscenely, and blasphemously. His conduct is at times very violent.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Extreme violence. Breaking stair railing. Driving the largest furniture about the room. Using coarse and threatening language.

Name and Medical Designation, Robert Elliot M.D.

Place of Abode, 18 Lowther St. Carlisle

DATED this twenty ninth day of December One thousand eight hundred and sixty four. —

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Dalemain Wheatley M.D. Edin. M.R.C.S. being a (1) Doctor of Medicine in Carlisle and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) 3 George St Carlisle in the County Cumberland separately from any other Medical Practitioner visited and personally examined (4) James Scott brother of Mrs Graham, George St — and that the said James 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) imagines the presence of Animals which have no existence, great incoherence and excitement, inability to recognise his place of residence —

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Great violence and relating extravagant stories which have no foundation — considers himself a personal friend of Queen Victoria, and other similar delusions.

Name and Medical Designation, Thomas Dalemain Wheatley M.D.

Place of Abode, 9 Crescent Carlisle

DATED this twenty ninth day of December One thousand eight hundred and sixty-four

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, Robert Elliot M.D. & Mgr. Roy: Coll: Phys: Lond. being (1) Justice of the Peace for the City of Carlisle hereby certify, on soul and conscience, that I have this day, at (2) Carlisle in the County of Cumberland, seen and personally examined Mr James Scott, and that the said James Scott person is of unsound mind, and 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 Elliot

DATED this 29th day of Dec 2 One thousand eight hundred and Eighty four

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Andrew Barrie Esqr (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) John Graham & Catherine Mary Scott 3 George Street Carlisle Certificates under the hands of Robert Elliot M.D. and Thomas Dalemain Wheatley M.D., being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) James Scott Brother of Mrs Graham Jewell Carlisle and that the said James Scott is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said James Scott as a Patient into the (6) Public Asylum of Crichton Royal Institution and I authorize this Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said James Scott which accompanied the said Petition.

DATED this Third day of January One thousand eight hundred and sixty five

A. Barrie

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.

989
James Scott
30/12/64

989.
James Scott.
30/12/64

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) County of Glasgow of Dumfries *and his Substitutes,—*

The Petition of John Walker 17 Whitehall

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Jane Walker your Petitioner's (3) Granddaughter is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Jane Walker to the Dumfries 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 Walker

(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 January One thousand eight hundred and sixty five

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STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Jane Walker.
2. Sex and Age,	Female - aged 30 -
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Occupation
5. Religious Persuasion, so far as known,	Church of England
6. Previous Place of Abode,	Saltburn - Yorks - previously Glasgow
7. Place where Found and Examined,	Preston super mare
8. Length of time Insane,	from May to November 1858
9. Whether first attack,	no - second.
10. Age (if known) on first Attack,	Twenty four
11. When and where previously under Examination and Treatment,	Gartnavel
12. Duration of existing Attack,	from about beginning of Dec 64.
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,	John Walker Jun. her eldest Brother of Bridlington Quay, Yorks Her mother was sent Dumfries Asylum
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this Second day of January One thousand eight hundred and sixty five

(*To be signed by Party applying*) John Walker

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, John Dickson M.D. being a (1) graduate of the University of Edinburgh and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Crichton Royal Institution Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Jane Walker - Spinster lately residing at Weston - super mare and that the said Jane 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) Talkative, and incoherent - Repudiates her own family and believes herself to be Lady Susan Clinton

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Was very violent in asserting her supposed name & family on the journey from England - My informant is the person who accompanied her.

Name and Medical Designation, John Dickson M.D.

Place of Abode, Buccleuch Street Dumfries

DATED this 31st day of December One thousand eight hundred and sixty four

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Grainger Stewart being a (1) graduate of the University of Edinburgh and Secretary of the College of Surgeons and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Crichton Royal Institution Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Jane Walker spinster lately residing at Weston super mare & formerly at Saltburn Yorkshire and that the said Jane Walker is a (5) Lunatic and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Believes that she is Lady Jane Susan Clinton daughter of the Duke of Newcastle. Says that a week ago it was revealed to her in a spiritual way that she was the grand daughter of the Duke of Hamilton. Her mother insane the [illegible] Inst[illegible]

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Informed by the person who brought her here Martha Armstrong that she continually asserted that she was the daughter of the Duke of Newcastle

Name and Medical Designation, H. G. Stewart M.D.

Place of Abode, Crichton Royal Institution

DATED this 31st day of December One thousand eight hundred and sixty four.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, John Dickson M.D. being (1) a graduate of the University of Edinburgh hereby certify, on soul and conscience, that I have this day, at (2) Crichton Institution in the County of Dumfries, seen and personally examined Jane Walker. Spinster. Weston super mare, and that the said person is of unsound mind, and 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 Dickson M.D.

DATED this 31st day of December One thousand eight hundred and sixty four.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I Andrew Barrie Esquire (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) John Walker 17 Whitevale Glasgow Certificates under the hands of John Dickson M.D. and Hugh Grainger Stewart 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) Jane Walker Granddaughter of Petitioner and that the said Jane Walker 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 Jane Walker as a Patient into the (6) public Asylum of Crichton Royal Institution and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Jane Walker which accompanied the said Petition.

DATED this Third day of January One thousand eight hundred and sixty five

A Barrie

To the Superintendent of the (7) Public *Asylum of* Crichton Institution Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

990
Jane Walker
31/12/61

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Shire *of* Dumfries *and his Substitutes,—*

The Petition of William Carlyle Inspector of Poor of humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that William M'Kie, weaver, and pauper

(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 William M'Kie to the Southern Counties Asylum and to sanction his admission into the said Asylum.

William Carlyle Inspector of Poor

(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 Sixty four

---

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	William M'Kie
2. Sex and Age,	male – 37 years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Weaver
5. Religious Persuasion, so far as known,	member of the Established Church of Scotland
6. Previous Place of Abode,	Graitney
7. Place where Found and Examined,	Graitney & Dumfries
8. Length of time Insane,	about 3 months
9. Whether first attack,	~~37 years~~ yes.
10. Age (if known) on first Attack,	37 years
11. When and where previously under Examination and Treatment,	At home only and recently
12. Duration of existing Attack,	about 3 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,	Graitney
18. Date of becoming Chargeable,	30th December 1864
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Mark M'Kie, labourer, Graitney, his brother – His mother was similarly affected for nearly 20 years
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 Sixty four

(*To be signed by Party applying*) William Carlyle 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 S Kerr being a (1) Doctor of Medicine, & Licentiate of the Royal College of Surgeons, Edinburgh and being in actual practice as a (2) Medical Practitioner hereby certify, on soul and conscience, that I have this day, at (3) the Southern Counties Asylum in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) William McKie a pauper and that the said William McKie is a (5) Lunatic and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He talks of fancy at night his house to be haunted, and imagines his to be the wife of another man, falsely. He hints that he given poison in his food. His conversation is uncommon & rambling

(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, William S Kerr Med

Place of Abode, Dumfries

DATED this 31st day of December One thousand eight hundred and Sixty four

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MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Samuel Gierson being a (1) Member of the Royal College of Surgeons of England and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) the Southern Counties Asylum Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) William McKie, wear a pauper and that the said William McKie is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He labours under various delusions; i.e. he exists that something alive inhabits his stomach and prevents him from enjoying or getting good of his food; he is incompletely formed — that the organs of generation are awanting, and anent this latter he is demonstrated regardless alike of person or place

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

The attendant reports him sleepless, and as having attempted to strangle himself

Name and Medical Designation, S. Gierson R.R.C.S.E.

Place of Abode, Southern Counties Asylum Dumfries

DATED this Second day of January One thousand eight hundred and Sixty-five

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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 S. Kerr
being (1) Doctor of Medicine and Licentiate of the Royal Coll. of Surgeons Edin.
hereby certify, on soul and conscience, that I have this day, at (2) Southern Counties Asylum
in the County of Dumfries, seen and personally examined
William McKie, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

William S. Kerr M.D.

Dated this thirty first day of December One thousand eight hundred and sixty four.

(1) 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 Hannay (3) Sheriff Substitute
of the (4) County of Dumfries
having had produced to me, with a Petition at the instance of (5) William Carlyle
Inspector of Poor of Gretna
Certificates under the hands of William S. Kerr M.D.
and Samuel Grierson, 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 (6)
William McKie, blacksmith, Gretna and that the said
William McKie is a (7) Lunatic and a person
of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said William McKie as a Patient into the (8) Public Asylum of Southern Counties Dumfries and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said William McKie which accompanied the said Petition.

Dated this Third day of January One thousand eight hundred and Sixty five

A. Hannay

To the Superintendent of the (9) Public
Asylum of Southern Counties
Dumfries

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(3) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(4) State whether a County or Stewartry.
(5) Insert Name and Designation.
(6) Describe him, and if a Pauper, state so.
(7) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(8) Public, District, Parochial, or Private.
(9) Public, District, Parochial, or Private.

1/93

William McKie

31. December

1864

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

20 & 21 *Vict., Cap.* 71, *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(*) Sheriff or Steward.
(*) Shire or Stewartry.

Unto the Honourable the (*) Sheriff *of the* (*) County *of* Dumfries *and his Substitutes,—*

The Petition of William Carlyle Inspector of Poor in Graitney Parish humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that William McKie Weaver residing at Reggfoot is at present in a state of Mental Derangement, and 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 McKie to the Crichton Royal Institution Dumfries and to sanction His admission into the said Asylum.

(Signature) William Carlyle Inspector of Poor

(*) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this Thirtieth (*) day of December One thousand eight hundred and Sixty four

---

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	William McKie
2. Sex and Age,	Male - 37 years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Weaver
5. Religious Persuasion, so far as known,	Member of the Established church of Scotland
6. Previous Place of Abode,	Graitney
7. Place where Found and Examined,	Graitney Dumfries
8. Length of time Insane,	about 3 months
9. Whether first attack,	Yes
10. Age (if known) on first Attack,	37 years
11. When and where previously under Examination and Treatment,	at home
12. Duration of existing Attack,	about 3 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,	Graitney
18. Date of becoming Chargeable,	30th December 1864
19. Christian Name 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,	Mark McKie, Graitney, Labourer his brother. Agnes Dunbar his wife His mother was afflicted similarly for nearly 20 years
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None —

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(Signature)* Name, William Carlyle

Dated this Thirtieth day of December One thousand eight hundred and Sixty four

* To be signed by the Party applying.

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

I, the undersigned,
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) Biggfoot in the parish of Gretton in the County of Dumfries, separately from any other Medical Practitioner, visited and personally examined (4) William McKie, Biggfoot weaver a pauper and that the said William McKie is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)
He declared to me that his house is haunted, but he puts his trust in Jesus to defend him His conversation is inconsistent

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
His wife and neighbours told me that he is unreasonably jealous of some person or persons injuring him

(SIGNED) *Name and Medical Designation,* James Carruthers, L.R.C.S.

Place of Abode, Kirkpatrick Fleming

DATED this twenty ninth day of December One thousand eight hundred and Fifty four

---

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

I, the undersigned,
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 of
separately from any other Medical Practitioner,
visited and personally examined (4)
and that
the said is a (5)
and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

(SIGNED) *Name and Medical Designation,* .....

Place of Abode. .....

DATED this day of One thousand eight hundred and

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period 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 William Mc Kie is a (1) person of unsound mind hereby further certify that the Case of the said William Mc Kie is One of Emergency, and I recommend the immediate removal of the said William Mc Kie to an Asylum accordingly.

Name, James Carruthers

Place of Abode, Kirkpatrick Fleming

DATED this twenty ninth day of December One thousand eight hundred and Sixty four.

(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, (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.

(SIGNATURE)

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, or Private.
(7) Public, District, or Private.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) County of Ayr ——— *and his Substitutes,—*

The Petition of Alexander Turner, 6 St Marnocks Pl Kilmarnock

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Helen Turner ———

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (3) Daughter Sister ——— is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Helen Turner ——— to the Which Lon Asylum Dumfries and to sanction her admission into the said Asylum.

John Turner

(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 sixty 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,	Helen Turner
2. Sex and Age,	Female - 32.
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Domestic Servant
5. Religious Persuasion, so far as known,	United Presbyterian
6. Previous Place of Abode,	6 St Marnock Pl, Kilmarnock
7. Place where Found and Examined,	Do Do
8. Length of time Insane,	6 Days
9. Whether first attack,	No.
10. Age (if known) on first Attack,	24
11. When and where previously under Examination and Treatment,	At Sanquhar, under treatment of Dr Gilchrist Dumfries
12. Duration of existing Attack,	6 Days
13. Supposed Cause,	Sunstroke
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,	Alexander Turner, 6 St Marnocks Pl, Kilmarnock Brother Member been insane
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this Ninth day of January One thousand eight hundred and sixty five

(*To be signed by Party applying*) John Turner

P. p.

MEDICAL CERTIFICATE, No. I.

(2) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(3) Physician or Surgeon, or otherwise, as the case may be.

(5) *Insert the street and number of the house (if any), or other like particulars.*

(6) *Insert Designation and Residence, and if a Pauper state so.*

(4) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, John Thomson being a (2) Surgeon and Licentiate of the Faculty of Physicians and Surgeons of Glasgow and being in actual practice as a (3) Surgeon hereby certify, on soul and conscience, that I have this day, at (5) 6 St Marnock Place Kilmarnock Ayr in the County of separately from any other Medical Practitioner visited and personally examined (6) Helen Turner and that the said Helen Turner is a (4) Lunatic and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(7) *State the facts.*

1. Facts indicating Insanity observed by myself: (7) Taciturnity, constipation, sleeplessness and occasional excitement, with incoherence of speech & disinclination for food

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Was asked to visit her by the family and was told that she had been in situation above described for three or four

Name and Medical Designation, John Thomson Surgeon

Place of Abode, Woodland Villa Kilmarnock

Dated this ninth day of January One thousand eight hundred and sixty five years

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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.

(5) *Insert the street and number of the house (if any), or other like particulars.*

(6) *Insert Designation and Residence, and if a pauper state so.*

(4) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, John Paxton being a (2) Physician & Surgeon of the Edinburgh College of Royal College of Surgeons & Edinburgh and being in actual practice as a (3) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (5) 6 St Marnocks Place Kilmarnocks Ayr in the County of separately from any other Medical Practitioner, visited and personally examined (6) Helen Turner and that the said Helen Turner is a (4) Lunatic and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(7) *State the facts.*

1. Facts indicating Insanity observed by myself: (7) She is constantly raving and talking incoherently — was at my visit in a State of violent excitement

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Is sleepless — and on one occasion took towel twisted round her neck as if attempting to commit suicide

Name and Medical Designation, John M Paxton

Place of Abode, Kilmarnocks

Dated this 9th day of January One thousand eight hundred and sixty five.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Henry Hay Norie (1) Sheriff-Substitute
of the (2) Shire of Ayr
having had produced to me, with a Petition at the instance of (3) John Turner
Post Master P.O. Kilmarnock
Certificates under the hands of John Thomson
and [illegible] Paxton , being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Turner, b. Post Master P.O. Kilmarnock and that the said
Helen Turner is a insane person
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Helen Turner as a Patient into the (5) Public Asylum of Dumfries and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Helen Turner which accompanied the said Petition.

DATED this Fourth day of January One thousand eight hundred and five

Henry H. Norie

To the Superintendent of the (6)
Public *Asylum of* Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an Idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1/94
Helen Turner
d January
1885

APPLICATION TO T
TRANSFER OF A

I, the undersigned Ins
being desirous to transfer
at present a Patient in th
a pauper Lu
Inspector of
Southern Ro

the Board to such transfer
Robert Murra
respect to his mental

Dated at Mo
One thousand eight hundred

1. Christian Name and Surn
length, .
2. Sex and Age, .
3. Married, Single, or Widow
4. Condition of Life, and Pr
(if any), .
5. Religious Persuasion, so fa
6. Date of Admission into As
7. Length of time Insane,
8. Whether first Attack,
9. Age (if known) on first At
10. Duration of existing Attack
11. Supposed Cause, .
12. Whether subject to Epilep
13. Whether Suicidal, .
14. Whether Dangerous to oth
15. Parish to which the Lunar
Chargeable, .
16. Christian Name and Sur
of Abode of nearest k
the Patient, and degre
(if known), and whethe
Family known to
Insane, .

I certify that, to the be

(To be signed by the

Dated this 29
hundred and Sixty

N.B.—The foregoing p
whose care the Patient is to

[FORM B²]

25 and 26 Vict. Cap. 54, Sect. 16.

APPLICATION TO THE GENERAL BOARD OF LUNACY TO GRANT TRANSFER OF A PATIENT FROM ONE ASYLUM TO ANOTHER.

I, the undersigned Inspector of Poor of the parish of Moffat being desirous to transfer Robert Murray Brodie at present a Patient in the Royal Edinr Lunatic Asylum, and (1) a pauper Lunatic of the parish of which I am Inspector of Poor from the said Asylum to the Southern Counties Asylum at Dumfries hereby request the authority of the Board to such transfer; and I subjoin a Statement of Particulars regarding the said Robert Murray Brodie 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 Bell
Inspector of Poor

(2) State degree of Relationship, or other capacity in which Applicant stands to Patient.

DATED at Moffat this 29 day of December One thousand eight hundred and sixty four years.

STATEMENT.

1. Christian Name and Surname of Patient at length,	Robert Murray Brodie
2. Sex and Age,	Male, 44 years.
3. Married, Single, or Widowed,	Single
4. Condition of Life, and Previous Occupation (if any),	
5. Religious Persuasion, so far as known,	Established Church
6. Date of Admission into Asylum,	14th October 1864.
7. Length of time Insane,	Not known
8. Whether first Attack,	Not known.
9. Age (if known) on first Attack,	Not known.
10. Duration of existing Attack,	Not known.
11. Supposed Cause,	Not known.
12. Whether subject to Epilepsy,	No.
13. Whether Suicidal,	No.
14. Whether Dangerous to others,	No
15. Parish to which the Lunatic (if a Pauper) is Chargeable,	Moffat.
16. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of relationship (if known), and whether any Member of Family known to be, or to have been Insane,	James Brodie Brother Insane in the Southern Counties Asylum Dumfries

I certify that, to the best of my knowledge, the above particulars are correctly stated.

(*To be signed by the Applicant*) John Bell

DATED this 29th day of December One thousand eight hundred and sixty four 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 F. D. McCowan being (1) a Graduate of the Edinr Univer[illegible] hereby certify that I have this day at (2) The Royal Edinr Asyl[illegible] personally examined Robert Murray Brodie at present a [illegible] Patient in said Asylum, and with respect to his Mental State that He is of unsound mind

and with respect to his Bodily Health and Condition that it is good

and I further certify that, in my opinion, there is nothing in the Mental or Bodily Condition of the Patient to contraindicate removal to the Asylum of The Southe[illegible] Countries Dumfries F. D. McCowan [illegible]

Dated this 30th day of December One thousand eight hundred and Sixty four

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SANCTION BY THE BOARD OF LUNACY.

(Under this Sanction a Patient may be Transferred without an Order of the Sheriff.)

(1) Insert at whose instance the Lunatic is detained, or the nearest known Relative of the Lunatic, or the Inspector of the Parish by which the expense of the maintenance of the Lunatic is defrayed.

Application having been made to the Board by (1) The Inspector of Poor Moffat to authorize the transfer of Robert Murray Brodie from Edinburgh Royal Asylum to Southern Cou[illegible] Asylum Dumfries, and the Board having considered such application and the accompanying Medical Certificate, do hereby authorize the transfer of the said Robert Murray Brodie as requested.

James Cox Commissioner.

Dated at Edinburgh, this 6th day of January One thousand eight hundred and Sixty five

1/95
Robt. Murray Brodie
14/1/65

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 George Edgar Off Foulsyke Holme Cultran humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Edward Edgar, Foulsyke your Petitioner's (3) only. Son is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Edward Edgar. Foulsyke 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.

George Edgar

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this 20 (4) day of January One thousand eight hundred and sixty 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,	Edward Edgar
2. Sex and Age,	Male, 46 years
3. Married, Single, or Widowed,	not married
4. Condition of Life, and previous Occupation (if any),	Farm Labourer
5. Religious Persuasion, so far as known,	Episcopalian
6. Previous Place of Abode,	~~Old Lill th~~
7. Place where Found and Examined,	Foulsike
8. Length of time Insane,	about 16 years
9. Whether first attack,	yes
10. Age (if known) on first Attack,	24 years
11. When and where previously under Examination and Treatment,	~~Has~~ received no treatment
12. Duration of existing Attack,	
13. Supposed Cause,	Not known
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	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,	George Edgar, Foulsyke, Father of Edward His Sister on Christmas day last 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 20 day of January One thousand eight hundred and 65

(*To be signed by Party applying*) George Edgar

P. 3.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Robison being a (1) a Member of the Royal College of Surgeons & Physicians Glasgow and Ma[illegible] of Arts and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Foulsyke in the Parish of Holme Cultram in the County of Cumberland separately from any other Medical Practitioner visited and personally examined (4) Edward Edgar of Foul[illegible] in the Parish of Holme Cultram and that the said Edward Edgar is a (5) Lunatic and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Restlessness Watchfulness His continued Muttering [illegible] himself and his never having slipped [illegible] the footnight bygone

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Told by his Father and Mr Carson [illegible] that he has frequently threatened to [illegible] his Parents lives by Stabbing them with [illegible]

Name and Medical Designation, David Robison M.A. Surg[illegible]

Place of Abode, Arkholm Aspatria

DATED this 19 day of January One thousand eight hundred and sixty five

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MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, David Carlyle being a (1) Graduate of Medicine Glasgow & Member Ro[illegible] College of Surgeons England and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Caledonian Ho[illegible] Botetingate Carlisle in the County of Cumberland separately from any other Medical Practitioner, visited and personally examined (4) Edward Edgar from Foulsyke and that the said Edward Edgar is a (5) Lunatic or 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 Imagining that he was followed or Haunted by persons or things, that he could tell curious [illegible] about them, His peculiar manner when stating [illegible] facts

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) His threatening to kill his neighbours the inability of his friends to get him to leave the house or follow any employment he has done no work about twelve years (Constantly conversing about [illegible]

From His Uncle

Name and Medical Designation, David Carlyle MD MRCS [illegible]

Place of Abode, Carlisle Crescent

DATED this 20th day of January One thousand eight hundred and sixty five

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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 Robson being (1) Master of arts and Surgeon of Glasgow hereby certify, on soul and conscience, that I have this day, at (2) Fouldyke in the County of Cumberland, seen and personally examined Edward Edgar of Fouldyke, and that the said person is of unsound mind, and 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 Robson M.A. Surgeon

DATED this 19 day of Jany One thousand eight hundred and sixty five.

(1) 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 Pitcairn Foster Esquire (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) George Edgar of Fouldyke, Holme Culbrym Cumberland Certificates under the hands of David Robson and David 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) Edward Edgar of Fouldyke aforesaid and that the said Edward Edgar is a (5) Lunatic or Insane person and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Edward Edgar as a Patient into the (6) Public Asylum of Crichton Institution Dumfries and I authorize hereby Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Edward Edgar which accompanied the said Petition.

DATED this Thirteenth day of January One thousand eight hundred and Sixty five

J Pitcairn Foster

To the Superintendent of the (7) Public Asylum of Crichton Institution Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an Idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

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Edward Edgar

20/1/65

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 Elizabeth Carson. Laggan, Colvend

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Carson Brother

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (3) is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said James Carson to the Crichton Dr. Institution and to sanction his admission into the said Asylum.

Elizabeth Carson

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 20th (4) day of January One thousand eight hundred and Sixty 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,	James Carson
2. Sex and Age,	57
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,	Laggan Colvend
7. Place where Found and Examined,	Auchenhouse.
8. Length of time Insane,	2 months
9. Whether first attack,	Second
10. Age (if known) on first Attack,	53
11. When and where previously under Examination and Treatment,	Crichton Institution Dumfries
12. Duration of existing Attack,	2 months.
13. Supposed Cause,	Business affairs
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known 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 Carson Sister Laggan Colvend
20. Special circumstances (if any) preventing the 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 Sixty five

(*To be signed by Party applying*) Elizabeth 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 John Dickson M.D. being a (1) Graduate of the University of Edinburgh and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Nith House Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) James Carson Farmer Co and that the said James Carson is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) His own state that for some week he has been disposed unable to pay proper attention to his farm. restlessness & inability to sleep at night

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) The above statements are confirmed by sister

Name and Medical Designation, John Dickson M.D.

Place of Abode, Buccleuch Street Dumfries

DATED this 20th day of January One thousand eight hundred and sixty five.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, *or an insane person, or an idiot, or a person of unsound mind.*

I, the undersigned, James Gilchrist M.D. being a (1) Graduate of the University of Edinburgh and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Crichton House Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) James Carson Farmer Laggan Colwend and that the said James Carson is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) is depressed and restless unable to settle at work or attend to his usual [illegible] 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)

Name and Medical Designation, J. Gilchrist M.D.

Place of Abode, Crichton House Dumfries

DATED this 20th day of January One thousand eight hundred and sixty five

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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 Dickson M.D. being (1) a Graduate of the University of Edinburgh hereby certify, on soul and conscience, that I have this day, at (2) Smith House in the County of Dumfries, seen and personally examined James Carson Farmer Colvend, and that the said person is of unsound mind, and 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 Dickson M.D.

DATED this 20th day of January One thousand eight hundred and sixty five.

(1) 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 Pitcairn Trotter Esquire Advocate Sheriff Substitute of the (3) County of Dumfries having had produced to me, with a Petition at the instance of (3) Elizabeth Carson Laggan Colvend Certificates under the hands of John Dickson M.D. and James Gilchrist M.D., being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) James Carson, farmer Laggan Colvend and that the said James 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 James Carson as a Patient into the (6) Public Asylum of Crichton R 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 Carson which accompanied the said Petition.

DATED this twenty first day of January One thousand eight hundred and sixty five

John P Trotter

To the Superintendent of the (7) Public Asylum of Crichton Royal Institution Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

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James Carson
20/1/65

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3. Married, Single, or Widow
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5. Religious Persuasion, so fa
6. Previous Place of Abode,
7. Place where Found and E
8. Length of time Insane,
9. Whether first attack,
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11. When and where previous
tion and Treatment,
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13. Supposed Cause,
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15. Whether Suicidal,
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17. Parish or Union to which
Pauper) is Chargeable,
18. Date of becoming Charge
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Family known to be o
sane,
20. Special circumstances (if a
insertion of any of the

I certify, that, to the be

DATED this

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) County *of* Dumfries *and his Substitutes,*—

The Petition of Joseph Welsh Inspector of Poor Troqueer humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary Grierson 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 Grierson 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.

Joseph Welsh

(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 February One thousand eight hundred and Sixty five 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 Grierson
2. Sex and Age,	Female aged 23 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Domestic Servants
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Maxwelltown Troqueer
7. Place where Found and Examined,	Glasgow Street Maxwelltown
8. Length of time Insane,	Three days
9. Whether first attack,	First attack
10. Age (if known) on first Attack,	23 years
11. When and where previously under Examination and Treatment,	None
12. Duration of existing Attack,	three days
13. Supposed Cause,	the having a Illegitimate Child, and thinking her Soul is lost
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 Troqueer
18. Date of becoming Chargeable,	This, first day February 1865
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	James Grierson Glasgow Street Maxwelltown Father to the Lunatic, None of his family ever Known to have been Insane
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this First day of February One thousand eight hundred and Sixty five years

(To be signed by Party applying) Joseph Welsh

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Murray M.D.
being a (1) Graduate of the University of Edinburgh
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) 27 Glasgow
Musselburgh in the County
Midlothian separately from any other Medical Practitioner
visited and personally examined (4) Mary Grierson a Pauper
and that
the said Mary Grierson is a (5) person of
unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Will not answer any questions, is constantly singing Psalms and other Sacred tunes

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Mrs Grierson states that she will not take nourishment unless she is allowed to sing and is constantly singing

Name and Medical Designation, P. Murray M.D.

Place of Abode Musselburgh

Dated this 6th day of February One thousand eight hundred and

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MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, William Scott M.D.
being a (1) Graduate of the University of Edinburgh
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) 37 Glasgow
Musselburgh in the County of
Midlothian separately from any other Medical Practitioner
visited and personally examined (4) Mary Grierson a Pauper
and that
the said Mary Grierson is a (5) Lunatic
Insane and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) States that she has had a personal interview with Jesus and the Holy Spirit and that he sings to her frequently

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Mrs Mushet states that she was constantly singing Sacred tunes, and that she is quite insane

Name and Medical Designation, William Scott M.D.

Place of Abode Musselburgh

Dated this 21st day of February One thousand eight hundred and sixty five

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) 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 Ortcairn Trotter, Esq (1) Advocate Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Joseph Welsh
Inspector of Cor Frequency
Certificates under the hands of Patrick Murray
and William Scott, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Mary Grierson 37 Glasgow St Maxwelltown and that the said Mary 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 Mary Grierson as a Patient into the (6) Public Asylum of Southern Counties Dumfries and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mary Grierson which accompanied the said Petition.

DATED this First day of February One thousand eight hundred and sixty five

John O. Trotter

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1906

Mary Graham

July 1. 1865

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Shire of Dumfries *and his Substitutes*—

The Petition of William Milligan Mid Park

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that William Milligan 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 Milligan to the Crichton Royal Institution and to sanction the admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

Wm Milligan Sen

(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 sixty five

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STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	William Milligan
2. Sex and Age,	Male 30 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	none
5. Religious Persuasion, so far as known,	Free church
6. Previous Place of Abode,	West Park Dropcar
7. Place where Found and Examined,	West Park & Asylum
8. Length of time Insane,	A few days
9. Whether first attack,	No a slight attack 3 years ago
10. Age (if known) on first Attack,	27 years
11. When and where previously under Examination and Treatment,	Crichton Royal Institution
12. Duration of existing Attack,	answered above
13. Supposed Cause,	Cant say
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	no
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known 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 February One thousand eight hundred and sixty five

(*To be signed by Party applying*) William Milligan Sen

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an Idiot, or a person of unsound mind.

I, the undersigned, John Dickson,
being a (1) Graduate of the University of Edinr
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Crichto
Institution Dumfries in the County
Dumfries separately from any other Medical Practitione
visited and personally examined (4) William Mulligan res
at West park Maxwelltown and th
the said William Milligan is a (5) Lunatic
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 is restl
& excited - unable to sleep - apprehensiv
of doing injury to himself & others
Was formerly an inmate of the Crichton In

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
His brother in law informs me that
has been living for some days under the
apprehension of doing injury to himself

Name and Medical Designation, John Dickson.

Place of Abode, Buccleuch Street D

Dated this 2nd day of February One thousand eigh
hundred and Sixty five

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Grainger Stewart
being a (1) Graduat of the University of Edinburgh
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Crichton
Institution Dumfries in the County o
Dumfries separately from any other Medical Practitioner
visited and personally examined (4) William Milligan residin
at West park Maxwelltown and that
the said William Milligan 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) Is excited
and restless. Believes that the devil & mesmeric
peculiar power over him & particularly made him believe
that he had poisoned one of the servants. Was formerly in

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Informed by his Father that he has been excited and out
of his mind for some days. And by John Howe that he
is sleepless at night and suspicious that his friends are plo
against him

Name and Medical Designation, H H Stewart M

Place of Abode, Crichton Institution

Dated this 2nd day of February One thousand eight
hundred and sixty five.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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 Dickson
being (1) graduate of the University of Edinburgh
hereby certify, on soul and conscience, that I have this day, at (2) Crichton Institution
in the County of Dumfries, seen and personally examined
William Milligan - Macmillan, and that the said
person is of unsound mind, and 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 Dickson MD

DATED this 2nd day of February One thousand eight hundred and sixty five.

(1) 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 Pitcairn Fiddes Esquire (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) William Milligan
Senior West Park, Macmillan
Certificates under the hands of John Dickson, M.D. Dumfries
and Hugh Grange Stewart M.D. Crichton Institution being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Milligan, the Petitioners Son and that the said
William Milligan is a (5) Lunatic

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said William Milligan as a Patient into the (6) Public Asylum of Crichton Institution Dumfries and I authorize you Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said William Milligan which accompanied the said Petition.

DATED this Third day of February One thousand eight hundred and Sixty five years.

John Fiddes

To the Superintendent of the (7) Public Asylum of Crichton Institution Dumfries

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an Idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

993

William Shilligan

3/2/65.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) County of Dumfries *and his Substitutes,—*

The Petition of James Maxwell Bookseller Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Charles Maxwell 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 Charles Maxwell to the Crichton Royal Asylum and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

James Maxwell

(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 February One thousand eight hundred and Sixty five

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STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Charles Maxwell
2. Sex and Age,	Male 45 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	
5. Religious Persuasion, so far as known,	
6. Previous Place of Abode,	Kirkbean Village
7. Place where Found and Examined,	
8. Length of time Insane,	many years
9. Whether first attack,	
10. Age (if known) on first Attack,	
11. When and where previously under Examination and Treatment,	Crichton Institution
12. Duration of existing Attack,	
13. Supposed Cause,	unknown
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Ann Maxwell, Mother New York 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 24 day of February One thousand eight hundred and Sixty five

(*To be signed by Party applying*) James Maxwell

P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, John Dickson M.D
being a (1) Graduate of the University of Edin
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Crichton
Institution - Dumfries in the County of
Dumfries separately from any other Medical Practitioner
visited and personally examined (4) Charles Maxwell
and that
the said Charles Maxwell 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) Dullness
great incoherence - Refuses to take food
and has abstained for the last 3 days

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Was in the Crichton Institution a few
years ago

Name and Medical Designation, John Dickson M.D

Place of Abode, Buccleuch Street Dumfries

DATED this 24th day of February One thousand eight
hundred and sixty five

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Murray
being a (1) Graduate of the University of Edin
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) 3 Buccleuch
Dumfries in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Charles Maxwell
and that
the said Charles Maxwell 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) Refused to
take any food, spoke to any method

(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, P. Murray M.D

Place of Abode, Buccleuch Street Dumfries

DATED this 24th day of February One thousand eight
hundred and 65

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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 Dickson MD being (1) a Graduate of the University of Edinburgh hereby certify, on soul and conscience, that I have this day, at (2) Crichton Institution in the County of Dumfries, seen and personally examined Charles Maxwell, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

John Dickson MD

DATED this 24th day of February One thousand eight hundred and sixty five

(1) 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 Ritchie Fuller Esquire (3) Sheriff Substitute of the (4) County of Dumfries having had produced to me, with a Petition at the instance of (5) James Maxwell Bookseller Dumfries Certificates under the hands of John Dickson and Patrick Murray, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (6) Charles Maxwell, Turkbean Cottage and that the said Charles Maxwell is a (7) Lunatic and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Charles Maxwell as a Patient into the (8) Public Asylum of Crichton Institution Dumfries and I authorize you Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Charles Maxwell which accompanied the said Petition.

DATED this Twenty Seventh day of February One thousand eight hundred and Sixty five

John Ritchie Fuller

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.
(8) Public, District, Parochial, or Private.
(9) Public, District, Parochial, or Private.

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Charles Maxwell

24/2/65

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) County of Dumfries *and his Substitutes,—*

The Petition of Robert McLellan, Interim Inspector of Poor of the parish of Annan humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Crawford, residing in Port Steel, in Annan ~~your Petitioner's~~ (3) Cooper – 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 John Crawford 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.

Robert McLellan, Interim Inspector of Poor of the Parish of Annan

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Eleventh (4) day of March One thousand eight hundred and sixty five 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 Crawford
2. Sex and Age,	Male aged 36 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Single man :- By trade a Cooper
5. Religious Persuasion, so far as known,	
6. Previous Place of Abode,	Port Steal Annan
7. Place where Found and Examined,	Port Steel, Annan
8. Length of time Insane,	Six months
9. Whether first attack,	not first attack
10. Age (if known) on first Attack,	About 17 yrs of age
11. When and where previously under Examination and Treatment,	Port Steal, Annan
12. Duration of existing Attack,	Six months
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 Panper) is Chargeable,	Parish of Annan, County of Dumfries
18. Date of becoming Chargeable,	11th March 1865.
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	David Crawford Cooper, Port St in Annan and Mary Ann Bonnet or Crawford, also residing there Spouses :- Parents of Patient.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Eleventh day of March One thousand eight hundred and sixty five years.

(*To be signed by Party applying*) Robert McLellan
Interim Insp. of Poor parish of Annan
P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate: e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Ewart
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) Port Street, Annan in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) John Crawford Cooper, residing in Port Street in Annan, Dumfriesshire aforesaid and that the said John Crawford is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) His general appearance and actions. and his upbraiding his father his Mistress.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Father & Mother Complain of his Violent conduct. some Neighbours also state to the same Effect

Name and Medical Designation, } Willm Ewart Surg

Place of Abode, Ednam Street, Annan

DATED this Eleventh day of March One thousand eight hundred and sixty five 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 Grierson
being a (1) Member of the Royal College of Surgeons England;
and being in actual practice as a (2) Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) the Southern Counties Asylum in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) John Crawford, a pauper and that the said John Crawford is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) his expression is dull and stupid; his conversation incoherent and irrational, and he exhibits the very exaggerated notion of his power of endurance of cold

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Confirms that his conduct is at times violent & unseemly & that he is Dangerous & prevents the Patients in the Dwelling, which nightly annoy the Neighbourhood

Name and Medical Designation, } Samuel Grierson M.D.

Place of Abode, Southern Counties Asylum

DATED this Twenty-fifth day of March One thousand eight hundred and Sixty-five

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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 Ewart
being (1) a Licentiate of the Royal College of Surgeons of Edinburgh
hereby certify, on soul and conscience, that I have this day, at (2) Port Hast in Annan
in the County of Dumfries, seen and personally examined
John Cranford, Cooper residing in Port Hast in Annan, and that the said
person is of unsound mind, and 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 Ewart, Surgeon

DATED this Eleventh day of March One thousand eight hundred and sixty five 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, John Pitcairn Trotter Esquire (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Robert McLellan interim
Inspector of Poor of the Parish of Annan
Certificates under the hands of William Ewart
and Samuel 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)
John Cranford, Cooper in Annan, a Lunatic and that the said
John Cranford is a (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 Cranford as a Patient into the (6) Public Asylum of Southern Counties Dumfries and I authorize this Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said John Cranford which accompanied the said Petition.

DATED this Thirtieth day of March One thousand eight hundred and Sixty five

John P Trotter

To the Superintendent of the (7) Public Asylum of Southern Counties Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

Ann Crawford
D. March 1863.

S.B.—T
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Medical

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Relationship or other
capacity in which Peti-
tioner stands to Luna-
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Notice
into the

The date of the
Notice must be with-
in fourteen clear days
following the dates of
the Medical Certifi-
cate.

Date
eight hun

If any

1. Christian Name and Surna
length,
2. Sex and Age,
3. Married, Single, or Wido
4. Condition of Life, and y
(if any),
5. Religious Persuasion, so fa
6. Previous Place of Abode,
7. Place where Found and H
8. Length of time Insane,
9. Whether first attack,
10. Age (if known) on first A
11. When and where previous
tion and Treatment,
12. Duration of existing Attac
13. Supposed Cause,
14. Whether subject to Epilep
15. Whether Suicidal,
16. Whether Dangerous to oth
17. Parish or Union to which
Pauper) is Chargeable,
18. Date of becoming Charge
19. Christian Name and Surna
Abode of nearest know
Patient, and degree o
known), and whether
Family known to be
sane,
20. Special circumstances (if a
mention of any of the

I certify, that, to the b

Dated this eleven
sixty-fi

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) County of Dumfries and his Substitutes,—

The Petition of Robert Irving, butcher, Carlisle humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Isaac Irving, Shopman at home, your Petitioner's (3) third Son, and youngest child, is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Isaac Irving to the Crichton Institute and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

Robert Irving

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this eleventh (4) day of March One thousand eight hundred and sixty five

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STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Isaac Irving
2. Sex and Age,	twenty five . male
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Shopman & Clerk, with his Father
5. Religious Persuasion, so far as known,	Church of England
6. Previous Place of Abode,	17 London Road, Carlisle, visited at home
7. Place where Found and Examined,	
8. Length of time Insane,	Uncertain
9. Whether first attack,	Uncertain
10. Age (if known) on first Attack,	probably about 20 yrs
11. When and where previously under Examination and Treatment,	At Home about four years since
12. Duration of existing Attack,	two months about -
13. Supposed Cause,	Not known .
14. Whether subject to Epilepsy,	No -
15. Whether Suicidal,	No - uncertain
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 Irving of 17 London Road, Carlisle - his Father) none remembered,
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	the attacks of mental aberration came on suddenly and have lately increased in frequency

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this eleventh day of March One thousand eight hundred and sixty-five

(*To be signed by Party applying*) Robert Irving

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Robert Elliot of 18 Lowther St. Carlisle being a (1) Doctor of Medicine of the University of Edinburgh a Member of the Coll: of Physicians of London and being in actual practice as a (2) Physician at Carlisle hereby certify, on soul and conscience, that I have this day, at (3) No 17 London Road Carlisle in the County of Cumberland — separately from any other Medical Practitioner, visited and personally examined (4) Isaac Irving, of 17 London Road Carlisle aforesaid, — and that the said Isaac Irving — is a (5) person of unsound mind — and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Groundless and irrational suspicions of his nearest relations seeking to take his life, restlessness, sleeplessness, delusions with imaginations, gloominess and taciturnity.

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Of a kind similar to the above; and that, with respect to the cause of action, he is at times obstreperous.

Name and Medical Designation, Robert Elliot M.D. Edin.

Place of Abode, 18 Lowther St Carlisle

DATED this Tenth day of March One thousand eight hundred and sixty five—

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, 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 Balmain Wheatley being a (1) Doctor of Medicine of Edinburgh and a Member of the College of Surgeons England and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) No 17 London Road Carlisle. — — in the County of Cumberland — separately from any other Medical Practitioner, visited and personally examined (4) Isaac Irving of No 17 London Road Carlisle. L ——— and that the said Isaac Irving — — is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Delusions 1st impressions that his father, brothers and sisters endeavour to poison him 2d that imaginary persons persecute him 3d restlessness and melancholy —

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) The above and one or two short fits of violence which came on unaccountably.

Name and Medical Designation, Thomas B. Wheatley M.D.

Place of Abode, Crescent Carlisle

~~Dated this Tenth day of February One thousand eight hundred and sixty five~~

Dated this tenth day of March one thousand eight hundred and sixty five.

Thos B. Wheatley M.D.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) 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 Pitcairn Trotter Esquire (1) Advocate Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Robert Irving Butcher Carlisle
Certificates under the hands of Robert Elliot
and Thomas Dalemain Wheatley , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Isaac Irving, Shopman, Carlisle and that the said Isaac Irving is a (5) person of unsound mind

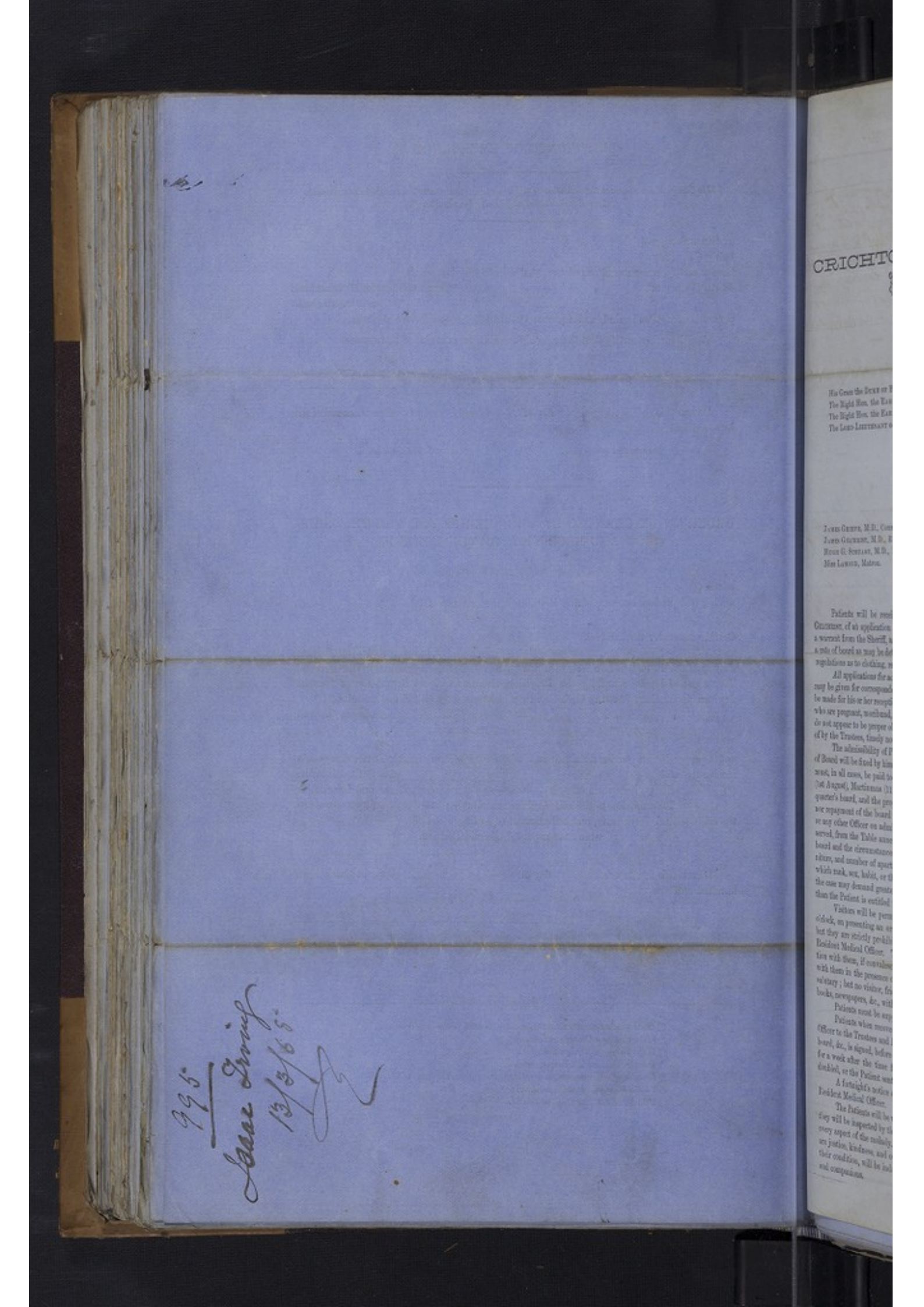
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Isaac Irving as a Patient into the (6) Public Asylum of Crichton Institution Dumfries and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Isaac Irving which accompanied the said Petition.

DATED this Thirteenth day of March One thousand eight hundred and Sixty five

John P. Trotter

To the Superintendent of the (7) Public
Asylum of Crichton Institution
Dumfries

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.



CRICHTON ROYAL INSTITUTION,

Private Department.

Trustees.

Mrs CRICHTON of Friars' Carse.
Lieut.-Colonel GRIERSON of Barndennoch.
J. MACALPINE LENY, Esq. of Dalswinton.

Extraordinary Trustees.

His Grace the Duke of Buccleuch.
The Right Hon. the Earl of Galloway.
The Right Hon. the Earl of Selkirk.
The Lord-Lieutenant of the Shire of Dumfries.
The Member for the County of Dumfries.
The Sheriff of the Shire of Dumfries.
The Minister of St. Michael's Church, Dumfries.

Directors.

John Gilchrist Clark, Esq. of Speddoch.
Adam Skirving, Esq. of Croyos.
P. Dudgeon, Esq. of Cargen.
Thomas Stuart Gladstone, Esq. of Capenoch.
M. C. Youngson, Esq. of East Tinwald.

Officers.

James Grieve, M.D., Consulting Physician.
James Gilchrist, M.D., Resident Physician.
Hugh G. Stewart, M.D., Medical Assistant.
Miss Lamond, Matron.
Thomas Sothcott, House Steward.
Mrs Graham, Housekeeper.
Alex. Reece, Superintendent of Gentleman's Department.

S. Adamson, Esq., Treasurer.
Rev. G. Cowans, Chaplain.

Patients will be received on the presentation, previous to admission, to the Resident Medical Officer, Dr Gilchrist, of an application from the nearest of kin, the guardians, or local authorities; certificates of lunacy; and a warrant from the Sheriff, as required by law; also an obligation from some respectable party or parties to pay such a rate of board as may be determined upon, according to the Rules of the Institution, and to comply with all rules and regulations as to clothing, removal, and burial. These documents are annexed.

All applications for admission should be forwarded at least three days before the arrival of the Patient, that time may be given for correspondence as to whether a vacancy exists, the rate of board, &c., and that due preparation may be made for his or her reception. Patients will be admitted between 8 A.M. and 8 P.M. upon every lawful day. Patients who are pregnant, moribund, or affected with fever, contagious or incurable diseases, cannot be received; and such as do not appear to be proper objects, may be discharged on the recommendation of the Medical Officer, being approved of by the Trustees, timely notice being given to the friends or guardians.

The admissibility of Patients will be determined upon by the Medical Officer; and in the first instance the rate of Board will be fixed by him, subject, however, to be confirmed or modified by the Trustees and Directors. The board must, in all cases, be paid to the Treasurer in advance, quarterly, at the terms of Whitsunday (15th May), Lammas (1st August), Martinmas (11th November), and Candlemas (2d February); and when the Patient first enters, a full quarter's board, and the proportion of the quarter current at the time, will be required; and there will be no return nor repayment of the board so advanced. It shall include charges of all kinds; no fees being exigible by the Medical or any other Officer on admission or discharge, or at any other time, or upon any pretext whatever. It will be observed, from the Table annexed, that a difference will be made in the following particulars, according to the rate of board and the circumstances and conditions under which the individual is admitted, viz., in the situation, size, furniture, and number of apartments; in the diet; in the proportion of the attendants; and in the various luxuries which rank, sex, habit, or the state of the disease, may render necessary. At the same time, whenever the nature of the case may demand greater accommodation, the special services of an attendant, or a more expensive style of living than the Patient is entitled to, they will be granted.

Visitors will be permitted to see all parts of the House on Wednesdays, between the hours of ten and twelve o'clock, on presenting an order, signed by a Trustee, Director, or one of the Medical Officers, and at no other time; but they are strictly prohibited from seeing or mingling with Patients of any class, without the express sanction of the Resident Medical Officer. The friends or guardians of Patients will be permitted to have free and private communication with them, if convalescent, between ten and twelve o'clock every lawful day; and, in all cases, to see and converse with them in the presence of the Resident Medical Officer or Matron, should such intercourse be considered safe or salutary; but no visitor, friend, or guardian, can be allowed to convey to the Patients any article of food or dress, books, newspapers, &c., without the knowledge and approbation of the Resident Medical Officer.

Patients must be supplied with clothes by their friends or guardians.

Patients when recovered, or found to be unfit, are discharged on the representation of the Resident Medical Officer to the Trustees and Directors, but he is required to communicate with the persons by whom the obligation for board, &c., is signed, before the dismissal of any individual; should they neglect or refuse to comply with the request for a week after the time fixed for removal in the notice, the rate of board for which they are responsible will be doubled, or the Patient sent to his or her friends or guardians at their expense.

A fortnight's notice of the intention of friends or guardians to remove the Patient must be forwarded to the Resident Medical Officer.

The Patients will be visited by the Resident Medical Officer and Matron always once or twice a-day, and in general they will be inspected by these or other officers much more frequently, under every variety of circumstances, and under every aspect of the malady. The grand principles of moral treatment upon which the Institution will be conducted are justice, kindness, and occupation; and, by the application of these, the Patients, in so far as is consistent with their condition, will be induced to regard the Asylum as a home, and those to whose care they are entrusted as friends and companions.

Answers to the following Queries are solicited in all cases, if possible, from the MEDICAL ATTENDANT :—

QUERIES.	ANSWERS.
1. Name age, condition, occupation, disposition, amount of education, and general deportment of the Patient.	Isaac I Wing, Shepman to his father is a butcher in Carlisle, dispr. very at this time dull & at times obstinate, & education very tolerable. restless & changeable
2. What is the cause, predisposing and exciting, moral or physical; and what circumstances may have predisposed to, aggravated, or confirmed the disease?	A state of congestion & of chronic inflam of liver preceded his lowness that was 4 years ago. His Mother's Mother probably liable to low nervousness
3. Before the incursion of the disease, were there observed any unusual depression or elevation of spirits, any marked alterations in the functions of the body, or in the temper, opinions, conduct, sleep, &c.?	None noticed.
4. Has the Patient been subject to epilepsy, or other convulsive affections, previous to or during the existence of insanity; and for what other diseases or accidents has medical or surgical treatment been at any time required?	No.
5. What have been, and are, the prominent symptoms of the malady? has any obvious change in its form occurred; and does it appear to be increasing, declining, or stationary?	Lowness of spirits — varyg — but seemingly not leaving him
6. Mention the present state of the external senses; of the appetite, digestion, and evacuations; of the pulse, respiration; and of all other functions, so far as they can be ascertained.	Normal. Sleeps but badly when appetite middling only; bowels re but not very confined
7. Is this the first attack, or a relapse? by what peculiarity of constitution or manner was it ushered in—if a relapse, of what duration was the lucid interval? and what has been the number of previous attacks?	4 years ill in same way
8. What have been, and are, the delusions, habits, peculiarities, and pursuits of the Patient, during the night as well as the day, since the invasion of insanity?	Suspicions as to food medic Seldom reads now as he was was fond of drawing — of joinering — upholstering
9. Does the patient manifest any disposition to commit suicide? has he made any attempt to do so, and by what means?	has a musical year & inclines to piano playing. —
10. Does the Patient manifest any disposition to injure other persons or property—to cherish any malicious design—or is the morbid train of thoughts excited by any particular subject or event?	
11. Is the Patient or his relatives subject to any hereditary, nervous, or periodical disease, and what? or have they manifested any peculiarity, eccentricity, or prominent propensity, or tendency to crime?	His maternal Grandmother seems to have been so.
12. What treatment has been resorted to, for what length of time, and with what success?	Head Cool. Bowels open. Refrig & diaphoretic & tonic treatment
13. How long has the Patient been insane? or has he ever been in any public asylum or private mad-house?	Cannot correctly talk exactly being "insane". He has been four years ill as he moves.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

20 & 21 *Vict. Cap.* 71, *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) Sheriffdom of Wigton and Kirkcudbright and his Substitutes, for the County of Wigton

The Petition of Euphemia Downie

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that William Walker Downie, her 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 Walker Downie to the Southern Counties Asylum, Dumfries and to sanction his admission into the said Asylum.

(SIGNED) Euphemia Downie

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this thirteenth (3) day of March One thousand eight hundred and sixty 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,	William Walker Downie
2. Sex and Age,	Male aged 16.
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Son Plateacher – No occupation
5. Religious Persuasion, so far as known,	Attended Relig[s] Church of Scotland at Glasserton
6. Previous Place of Abode,	From age of 3 yrs has lived at Ravenston Moor Parish
7. Place where Found and Examined,	Ravenston Moor, Parish of Glasserton
8. Length of time Insane,	Some Months
9. Whether first attack,	Yes
10. Age (if known) on first Attack,	— Sixteen years
11. When and where previously under Examination and Treatment,	— No previous examination or Treatment
12. Duration of existing Attack,	Some Months
13. Supposed Cause,	not known
14. Whether subject to Epilepsy,	Not known to be
15. Whether Suicidal,	Not known to be
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 his Family known to be or to have been Insane,	Euphemia Downie Moor of Ravenstone. Parish of Glasserton Mother 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.

(SIGNED)* Name, Euphemia Downie

DATED this thirteenth day of March One thousand eight hundred and sixty five

* To be signed by the Party applying.

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Dunbar White being a (1) Graduate in Medicine of Edinburgh University and a Licentiate of the Royal College of Surgeons Edinburgh and being in actual practice as a (2) Physician & Surgeon at Whithorn hereby certify, on soul and conscience, that I have this day, at (3) Moor of Ravenstone in the Parish of Glasserton in the County of Wigton separately from any other Medical Practitioner, visited and personally examined (4) William Walker Downie residing with his Mother in said Moor of Ravenstone, and that the said William Walker Downie is a (5) person of Unsound Mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He tells me that a three cornered light, which he knows to be God, shone above his bed and made known to him that his sins were forgiven, also that he is on the train which is to take him to Heaven. At times he seems for a moment awake in the Station: at other times he is void & furious, uttering loud imprecations & Curses, and at times expressing

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) By his Mother and two Neighbours, Peter Crawford & Thomas Potter. I am informed that he has been very violent & furious last night, that he attacked both his Mother & P. Crawford & had to be tied. He broke both his Mother has obtained him to be taken charge of, & meeting to himself by night & day - that after the Steamer from Whithorn left on the belief that the last boy had come -

(Signed) Name and Medical Designation, Dunbar White M.D

Place of Abode, Whithorn

Dated this Thirteenth day of March One thousand eight hundred and Sixty five

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MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, William Henry Semple being a (1) Graduate in Medicine of Edinburgh University and a Licentiate of the Royal College of Surgeons Edinburgh and being in actual practice as a (2) Physician & Surgeon in Whithorn hereby certify, on soul and conscience, that I have this day, at (3) Moor of Ravenstone in the Parish of Glasserton Wigton in the County of separately from any other Medical Practitioner, visited and personally examined (4) William Walker Downie, residing with his mother in said Moor of Ravenstone and that the said William Walker Downie is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) I found him bound hand & foot. His manner was excited & he grinned fearfully. On my approaching him, he addressed me as Mr Davie - but on being questioned as to whether he really considered me the Devil refused to answer my questions: He appeared to entertain a groundless aversion to his mother, and on her assisting him to take food, stated that he would take it from Almighty God but not from her.

(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 and Thomas Potter that yesterday evening he made an attack upon his mother which might have caused her serious injury had she not been rescued by the neighbours. I am also informed by his mother that he has a delusion relating to the Day of Judgement

(Signed) Name and Medical Designation, William Henry Semple M.D.

Place of Abode, Whithorn

Dated this Thirteenth day of March One thousand eight hundred and Sixty five

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, Thomas Murray, Esquire, Sheriff Substitute (2)
of the (3) County of Wigtown
having had produced to me, with a Petition at the instance of (4) Euphemia Downie residing at Moor of Ravenstone
Certificates under the hands of Dunbar White M.D. —
and William Henry Semple M.D. — , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (5) William Walker Downie residing at Moor of Ravenstone and that the said William Walker Downie — 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 Walker Downie — as a Patient into the (7) 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 William Walker Downie — which accompanied the said Petition.

(SIGNED) Thos Murray

DATED this fifteenth day of March One thousand eight hundred and sixty five

To the Superintendent of the (7) Southern Counties Asylum of Dumfries.

3

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, 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.

William Walker Downie

18th March 1865

Mary

N.B.—This FORM shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

20 & 21 *Vict., Cap.* 71, *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Shire or County *of* Dumfries *and his Substitutes,—*

The Petition of William Carlyle Inspector of Poor in Graitney Parish humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Irving pauper residing in Springfield, is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said John Irving to the Southern Counties Asylum Dumfries and to sanction His admission into the said Asylum.

(SIGNATURE) William Carlyle Inspector of Poor

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Twentyfirst (3) day of March One thousand eight hundred and Sixty five

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STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	John Irving
2. Sex and Age,	Male Seventy
3. Married, Single, or Widowed,	Widower
4. Condition of Life, and previous Occupation (if any),	Poor. Labourer
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Springfield. Gretna
7. Place where Found and Examined,	Springfield (Gretna)
8. Length of time Insane,	Two years
9. Whether first attack,	First attack
10. Age (if known) on first Attack,	68 years
11. When and where previously under Examination and Treatment,	Never & nowhere
12. Duration of existing Attack,	Since November last
13. Supposed Cause,	Death of Son
14. Whether subject to Epilepsy,	Not Known
15. Whether Suicidal,	Suicidal
16. Whether Dangerous to others,	At times.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Graitney or Gretna
18. Date of becoming Chargeable,	20th March 1865
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	James Irving, his son, Newcastle under Lyme. His mother was insane a few months before her death
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(SIGNATURE)* Name, William Carlyle Inspector of Poor

DATED this Twentyfirst day of March One thousand eight hundred and Sixty five

* To be signed by *the* Party applying.

P. p.

William Walker Province
18th March 1865

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, James Carruthers being a (1) Licentiate of the Royal College of Surgeons of Edinburgh and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Springfield in the parish of Gretna in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) John Irving, pauper Springfield and that the said John Irving is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He declares his family intend to poison him and that there is poison put by them into his victuals so that he dare take almost no

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His family at home with him can scarcely prevent him from doing mischief. He has attempted suicide

(SIGNED) *Name and Medical Designation,* James Carruthers L.R.C.S.

Place of Abode, Kirkpatrick Fleming

DATED this Twentieth day of March One thousand eight hundred and Sixty five

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MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Francis Beattie Graham being a (1) Member of the Royal College of Physicians Edinburgh and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Springfield in the parish of Gretna in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) John Irving, pauper Springfield and that the said John Irving is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He sometimes fancies that poison is mixed in his food and abstains from eating. He tells me that delusions, or erroneous [illegible] seize him when he becomes violent & would [illegible]

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) And has attempted twice to cut his throat. He has attempted suicide. These attacks come on twice daily or on average

(SIGNED) *Name and Medical Designation,* F. B. Graham M.R.C.S.

Place of Abode, Longtown Cumberland

DATED this 20th day of March One thousand eight hundred and Sixty-five

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period of twenty-four hours without the Order of the Sheriff, and shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a Second Medical Certificate and the Order of the Sheriff.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that
is a (1) hereby further certify that the Case
of the said is One of Emergency, and I recommend the immediate removal of the said
to an Asylum accordingly.

Name,

Place of Abode,

DATED this day of One thousand eight hundred and

(1) Lunatic, or an insane person, or an Idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Andrew Barrie Esquire (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) William Carlyle Inspector of Poor Gretna
Certificates under the hands of James Carruthers
and Francis Beattie Graham , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) John Irving, Pathhead, Springfield and that the said John 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 John Irving 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 John Irving which accompanied the said Petition.

(SIGNATURE) A Barrie

DATED this Twenty first day of March One thousand eight hundred and Sixty four

To the Superintendent of the (7) Asylum of Public Southern Counties Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an Idiot, or a person of unsound mind.
(6) Public, District, or Private.
(7) Public, District, or Private.

John Irving

21st March 1865

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) County *of* Dumfries *and his Substitutes,*—

The Petition of John Dinwoodie, Inspector of Poor for the Parish of Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Ann Neilson 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 Neilson 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 Inspector

(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 March One thousand eight hundred and Sixty 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,	Ann Neilson
2. Sex and Age,	Female, 50 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	do & filed labourer
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Kelton Parish of Dumfries
7. Place where Found and Examined,	do and Dumfries
8. Length of time Insane,	Has been about a Month in low Spirits
9. Whether first attack,	yes
10. Age (if known) on first Attack,	50 years
11. When and where previously under Examination and Treatment,	Kelton
12. Duration of existing Attack,	about a Month
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,	30 March 1865
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	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 Thirtieth day of March One thousand eight hundred and Sixty five

(To be signed by Party applying) John Dinwoodie Inspector

P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, William Marshall
being a (1) Graduate of the Faculty of Physicians 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) Kelton Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Anne Neilson a pauper and that the said Anne Neilson 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) Seems to be in a state of Melancholy, and this arising from an idea, as she described to me, that according to the reading of the bible there was a considerable mis[illegible] between myself and her God [illegible]

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her neighbours describe her as being [illegible] noisy sleepless and restless during the [illegible]

Name and Medical Designation, } W Marshall M.D.

Place of Abode, Dumfries

DATED this 30th day of March One thousand eight hundred and Sixty five years

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Alexander Thomson
being a (1) Doctor of Medicine of the University of Glasgow and Licentiate of the Faculty of Physicians & 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) The Court House in Buccleuch Street in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Ann Neilson - a pauper residing at Kelton Village and that the said Ann Neilson is a (5) Person of unsound mind and a proper person to be detained 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 in a state of Mental depression, and says she has committed sins for which she can never be forgiven: thinking of her hopeless condition keeps often sleepless during night and so overcomes her that she can keep from screaming and groaning -

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) That she has been in depressed state for some time past - and that particularly during the last two days and nights, she has had fits of screaming and crying so much so as to disturb the neighbours.

Name and Medical Designation, } Alex Thomson M.D.; Sur[illegible]

Place of Abode, 14 Castle Street, Dumfries

DATED this Thirty first day of March One thousand eight hundred and sixty five years

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) John Rimmerdie Inspector of Poor of the parish of Dumfries, Certificates under the hands of William A. Marshall and Alexander Johnson, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Nelson, residing at Keith Village a pauper and that the said Ann Nelson is a (5) an 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 Ann Nelson as a Patient into the (6) Dumfries 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 Ann Nelson which accompanied the said Petition.

R.S.

DATED this thirty first day of March One thousand eight hundred and sixty five

Alex Kennedy

To the Superintendent of the (7) Public Asylum of Southern Counties
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an Idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

Ann Neilson

31st March 1865

N.B.—This FORM shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 Joseph Welsh Inspector of Poor of Troqueer humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Sarah Mullon or Barton 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 Mullon or Barton 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.

Joseph Welsh

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Seventh (4) day of April One thousand eight hundred and Sixty Five 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 Mullon or Barton
2. Sex and Age,	Female years
3. Married, Single, or Widowed,	Married for any thing known
4. Condition of Life, and previous Occupation (if any),	Pauper previously a Servant
5. Religious Persuasion, so far as known,	Roman Catholic
6. Previous Place of Abode,	69 College Street Maxwelltown
7. Place where Found and Examined,	69 College Street Maxwelltown
8. Length of time Insane,	Eighty Five Years
9. Whether first attack,	Slight attack for months back
10. Age (if known) on first Attack,	
11. When and where previously under Examination and Treatment,	Never Examined or under treatment
12. Duration of existing Attack,	Four days
13. Supposed Cause,	Deserted by her Husband & strong delusions
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	Dangerous to others
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Parish of Annan
18. Date of becoming Chargeable,	Has been on the receipt of Relief for Years
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Seventh day of April One thousand eight hundred and Sixty Five

(*To be signed by Party applying*) Joseph Welsh Inspector of Troqueer

P. p.

Ann Neilson
31st March 1865

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, 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 S. Kerr,
being a (1) Doctor of Medicine and Licentiate of Royal
College of Surgeons, Edinr. Medical Practitioner
and being in actual practice as a (2) College Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Maxwellsown
Kirkcudbright in the County of
separately from any other Medical Practitioner
visited and personally examined (4) Sarah Mullens or Barlow
a pauper and that
the said Sarah Mullens or Barlow is a (5) person of
unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) She is restless
excited. — Cannot sleep — is disturbed at night by
people or shadows coming up through the floor
boards and voices calling out to her.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
She complains of life of fancied Enemies
and many persons wrongs done to her, &c.
threatened to stab for imagined wrong.

Name and Medical Designation, William S Kerr MB

Place of Abode, Buccleuch St. Dumfries

DATED this Sixth day of April One thousand eight
hundred and Sixty five

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, 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 L Duncan
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) 69 College
in the County of
separately from any other Medical Practitioner
visited and personally examined (4) Sarah Mullens or Barlow
and that
the said Sarah Mullens or Barlow is a (5) person of
unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Exaggerated
Catholic notions, thinks persons
are coming in human, that Dr Maxwell
brought her disease on by some poisonous
application, sees persons at night coming

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Neighbours state that they
cannot rest at night, listening
for imaginary things

Name and Medical Designation, P L Duncan MB

Place of Abode, Buccleuch St Dumfries

DATED this 6th day of April One thousand eight
hundred and

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) 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 Pitcairn Trotter Esquire (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Joseph Welsh
Inspector of Poor of Troqueer
Certificates under the hands of William S Kerr
and Patrick Murray , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Sarah Mullon or Barton, a pauper and that the said Sarah Mullon or Barton is a (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 Mullon or Barton as a Patient into the (6) Public Asylum of Southern Counties Dumfries and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Sarah Mullon or Barton which accompanied the said Petition.

DATED this Seventh day of April One thousand eight hundred and Sixty five years

J Pitcairn Trotter

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or 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 Mullen v Barton

7th April 1865

20 & 21 *Vict., Cap.* 71. *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Shire of Dumfries *and his Substitutes,—*

The Petition of Alexander Hewerson, Inspector of Poor of Morton humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Margaret Menzies or McGenley is at present in a state of Mental Derangement, and 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 Menzies or McGenley to the Southern Counties Asylum (Dumfries) and to sanction her admission into the said Asylum.

(SIGNED) Alex Hewerson

(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 April one thousand eight hundred and sixty five 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,	Margaret Menzies or McGenley
Sex and Age,	Female 18 years
Married, Single, or Widowed,	Married
Condition of Life, and previous Occupation (if any),	Farm Servant
Religious Persuasion, so far as known,	Church of Scotland
Previous Place of Abode,	
Place where Found and Examined,	Kirkland Penpont
Length of time Insane,	6 weeks
Whether first Attack,	First
Age (if known) on first Attack,	—
When and where previously under Examination and Treatment,	—
Duration of existing Attack,	6 weeks
Supposed Cause,	not known
Whether subject to Epilepsy,	no
Whether Suicidal,	Shows symptoms of Suicidal
Whether Dangerous to others,	Dangerous to others
Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Morton
Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	James Menzies Husband Thornhill
Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(SIGNED)* *Name,* Alex. Hewerson

DATED this 22nd day of April one thousand eight hundred and sixty five years

* To be Signed by the Party applying.

Certificate of Relation to the Sheriff

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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) M.D. & 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) Kirkland in the parish of Penpont in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Margaret Menzies or McGenley pauper, Kirkland and that the said Margaret Menzies or McGenley is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Attempts to strike & bite those about her, and otherwise injure them with anything she can throw at them. Threatens to kill her [illegible] destroys her clothes, snip, laughs, sheds tears, and is violent [illegible] also endeavours to injure herself.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) From her parents and others. Concealed a knife which she intended to steal her mother, tore her [illegible] hair and otherwise abused him, fancies she hears a [illegible] stones behind her when all is quiet & talks to imaginary persons.

(SIGNED) *Name and Medical Designation,* Thomas Logan M.D.

Place of Abode, Penpont Dumfriesshire

DATED this twenty-first day of April One thousand eight hundred and sixty-five 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 Crichton Chalmers
being a (1) Doctor of Medicine of Edinburgh University & Licentiate of the Royal College of Surgeons Edinburgh
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Kirkland in the parish of Penpont in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Margaret Menzies or McGenley pauper, Kirkland and that the said Margaret Menzies or McGenley is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, 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 [illegible] state: refuses to answer questions, threatens violence to those & [illegible] especially her mother; & is very changeable in her disposition.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her parents confirm the above & state that she had [illegible] a knife to stab her mother & that she is often very violent & refuses to take food & that she is afraid of imaginary [illegible] about her, whom she threatens & talks to.

(SIGNED) *Name and Medical Designation,* Andr. C. Chalmers

Place of Abode Thornhill

DATED this twenty second day of April one thousand eight hundred and sixty five -

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 is One of Emergency, and I recommend the immediate removal of the said of the said to an Asylum accordingly.

Name,

Place of Abode,

DATED this day of one thousand eight hundred and

(1) Lunatic, or an Insane person, or an Idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, John Pitcairn Fuller Esquire Advocate, Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Alexander Menzies Inspector of Poor Morton Logan M.D. Certificates under the hands of Thomas Logan M.D. and Andrew Crichton Chalmers M.D., being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Margaret Menzies or McGenty a pauper Dumfries and that the said Margaret Menzies or McGenty is a (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 Menzies or McGenty as a Patient into the (6) Public Asylum of Southern Counties Dumfries and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Margaret Menzies or McGenty which accompanied the said Petition.

(SIGNED) J. Pitc. Fuller

DATED this twenty fourth day of April one thousand eight hundred and sixty five

To the Superintendent of the (7) Public *Asylum of* Southern Counties Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, 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.

Margaret Menzies
or Mc Genley
24 April 1865.

20 & 21 *Vict., Cap.* 71. *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(*) Sheriff or Steward. (*) Shire or Stewartry.

Unto the Honourable the (*) Sheriff *of the* (*) Shire of Dumfries *and his Substitutes,*—

The Petition of David Taylor residing at St James Place Paisley humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Annabella Taylor is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Anabella Taylor to the Crichton Royal Institution and to sanction her admission into the said Asylum.

(SIGNED) David Taylor

(*) The date of the petition must be with-fourteen clear days lowing the dates of e Medical Certifi-tes.

DATED this 27th (*) day of April one thousand eight hundred and Sixty five

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,	Anabella Taylor
Sex and Age,	Female 33 years
Married, Single, or Widowed,	Married
Condition of Life, and previous Occupation (if any),	
Religious Persuasion, so far as known,	Protestant Church of Scotland
Previous Place of Abode,	St James Place Paisley
Place where Found and Examined,	St James Place Paisley
Length of time Insane,	from 24th March 1865
Whether first Attack,	first
Age (if known) on first Attack,	33 years
When and where previously under Examination and Treatment,	
Duration of existing Attack,	about five weeks
Supposed Cause,	Not known
Whether subject to Epilepsy,	No.
Whether Suicidal,	No.
Whether Dangerous to others,	No.
Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Husband David Taylor M.D. St James Place Paisley
Special circumstances (if any) 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,* David Taylor

DATED this 26th day of April one thousand eight hundred and Sixty five

* To be Signed by the Party applying.

[4]

Messrs Allan & Orr Solicitors 21 Abbey Place Paisley

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 McKechnie 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) No. 7 St James Place Paisley in the County of Renfrew separately from any other Medical Practitioner, visited and personally examined (4) Annabella Taylor wife of Dr. David Taylor Paisley and that the said Annabella Taylor is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

Complete incoherence on all subjects
Constant unconnected talking & singing
Destruction of clothing &c.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Incoherence on every subject
Incessant talking — Husband & attendants

(Signed) *Name and Medical Designation,* W. McKechnie Jr.

Place of Abode, Greenhill House, Pa

Dated this 26th day of April One thousand eight hundred and sixty five 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 Richmond 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) No. 7 St James Place Paisley in the County of Renfrew separately from any other Medical Practitioner, visited and personally examined (4) Annabella Taylor wife of Dr. David Taylor Paisley and that the said Annabella Taylor is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

Incoherent talking on all subjects
Noisy vociferations & gesticulations

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Incessant talking incoherently on all subjects — Destruction of clothing; By Husband & attendants

(Signed) *Name and Medical Designation,* Daniel Richmond

Place of Abode 32 New Street Pa

Dated this 26th day of April one thousand eight hundred and Sixty five 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 Annabella Taylor is a (1) Person of unsound mind, hereby further certify that the Case of the said Annabella Taylor is One of Emergency, and I recommend the immediate removal of the said to an Asylum accordingly.

Name, W. McKechnie M.D.

Place of Abode, Greenhill House, Parish

DATED this 26th day of April one thousand eight hundred and sixty five years.

(1) Lunatic, or an insane person, or an Idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, John O'Cleary Taylor, Esquire (1) Advocate Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) David Taylor residing at Holmes Place Parish Certificates under the hands of William McKechnie M.D. and Daniel Richmond 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) Annabella Taylor, wife of Petitioner — and that the said Annabella Taylor is a (5) Person of unsound mind — and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Annabella Taylor as a Patient into the (6) Public Asylum of Crichton Royal Institution and I authorize Her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Annabella Taylor — which accompanied the said Petition.

(SIGNED) John O'Cleary

DATED this First day of May one thousand eight hundred and sixty five

To the Superintendent of the (7) Public Asylum of Crichton Royal Institution Dumfries

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(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, or Private.
(7) Public, District, or Private.

998 - 997
Mr. Taylor
27/4/65.

N.B.—This FORM shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM **A**]

20 & 21 *Vict., Cap.* 71, *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Shire *of* Dumfries *and his Substitutes,—*

The Petition of Robert Byers Manufacturer Langholm humbly sheweth that it appears from the subjoined Statement, and accompanying Medical Certificates, that Andrew Byers, Weaver, Langholm, 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 Andrew Byers to the Southern Counties Asylum, Dumfries and to sanction his admission into the said Asylum.

(SIGNATURE) Robert Byers

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 26th (3) day of April, One thousand eight hundred and sixty 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,	Andrew Byers
2. Sex and Age,	Male, Thirty four years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Woolen Weaver
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Langholm
7. Place where Found and Examined,	Charles Street, Langholm
8. Length of time Insane,	Eighteen Months
9. Whether first attack,	No
10. Age (if known) on first Attack,	Twenty nine years
11. When and where previously under Examination and Treatment,	Crichton Royal Institution, Dumfries
12. Duration of existing Attack,	Four months
13. Supposed Cause,	Unknown
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	Threatens others
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Robert Byers Brother None
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(SIGNATURE)* *Name,* Robert Byers

DATED this twenty ~~fourth~~ sixth day of April One thousand eight hundred and sixty five

* To be signed by the Party applying.

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or an* insane person, *or an* idiot, *or a* person of unsound mind.

I, the undersigned, William Tomlinson Carlyle being a (1) Doctor of Medicine, Edinburgh & Licentiate of the Royal College of Surgeons Edinburgh and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Charles Street New Langholm in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Andrew Byers, Charles Street New Langholm and that the said Andrew Byers is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Fits of excitement occasionally very restless: excessive irritability and weakness with various morbid delusions, imagines his friends are plotting against him. On very slight cause breaks out into an ungoverned rage and threatens to injure those near him.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) The above facts have also been communicated to me by his Mother - Brothers & Sisters

(SIGNED) *Name and Medical Designation,* W. J. Carlyle M.D. Lang

Place of Abode, Langholm

DATED this 26th day of April One thousand eight hundred and sixty five

---

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, *or an* insane person, *or an* idiot, *or a* person of unsound mind.

I, the undersigned, James Gilchrist MD being a (1) Graduate of the University of Edinburgh and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Crichton Royal Institution Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Andrew Byers Woolen Weaver from Langholm and that the said Andrew Byers is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Is restless, excitable confused and undecided labours under delusions under the influence of which he threatens

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

(SIGNED) *Name and Medical Designation,* J. Gilchrist MD

Place of Abode, Crichton House

DATED this 27th day of April One thousand eight hundred and sixty five.

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 Andrew Byers - Charles Street Langholm is a (1) person of unsound mind hereby further certify that the Case of the said Andrew Byers is One of Emergency, and I recommend the immediate removal of the said Andrew Byers to an Asylum accordingly.

Name, W. J. Carlyle M. D. & Surgeon

Place of Abode, Langholm

DATED this 26th day of April One thousand eight hundred and Sixty five.

(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, John Pitcairn Trotter Esquire (2) Sheriff Substitute of the (3) County of Dumfries having had produced to me, with a Petition at the instance of (3) Robert Byers, Manufacturer Langholm Certificates under the hands of William Johnstone Carlyle and James Gilchrist, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Andrew Byers, Weaver Langholm and that the said Andrew Byers is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Andrew Byers as a Patient into the (6) Public Asylum of Southern Counties ~~Asylum~~ and I authorize Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Andrew Byers which accompanied the said Petition. one word delete

(SIGNATURE) John P. Trotter

DATED this Second day of May One thousand eight hundred and Sixty five

To the Superintendent of the (7) Public *Asylum of* Southern Counties Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, 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.

997 710/1/107

Andrew Byers

27/4/65

Transferred To T.S.C.A.

5/5/65

Mr Byers

Ad Ap. 27th 1865

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

20 & 21 *Vict. Cap.* 71, *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) County of Dumfries and his Substitutes.—

The Petition of James Brown Inspector of Poors for Parish of Sanquhar humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Aitken Labourer Memock Bridge is at present in a state of Mental Derangement, and 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 Aitken to the Southern Counties Asylum and to sanction his admission into the said Asylum.

(SIGNED) James Brown Inspector

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Twenty-sixth (3) day of April One thousand eight hundred and Sixty 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,	James Aitken
2. Sex and Age,	Male Age 54.
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Humble condition - Railway Labourer
5. Religious Persuasion, so far as known,	Free Church.
6. Previous Place of Abode,	Memock Bridge near Sanquhar
7. Place where Found and Examined,	Sanquhar
8. Length of time Insane,	3 days
9. Whether first attack,	Third attack
10. Age (if known) on first Attack,	42
11. When and where previously under Examination and Treatment,	20th June 1853. and 20th April 1861 Southern Counties' Asylum.
12. Duration of existing Attack,	3 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,	Parish of Sanquhar.
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 Aitken. Memock Bridge near Sanquhar. Mother. No
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	None.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(SIGNED)* *Name,* James Brown

DATED this Twenty-sixth day of April One thousand eight hundred and Sixty Five

* To be signed by the Party applying.

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, William Kay Surgeon Sanquhar being a (1) Licentiate of the Faculty of Physicians & Surgeons Glasgow and being in actual practice as a (2) Surgeon in Sanquhar hereby certify, on soul and conscience, that I have this day, at (3) Sanquhar in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) James Aitken, of Mennock-Bridge parish of Sanquhar (Pauper) and that the said James Aitken 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) Speaks incoherently Laughs without apparent cause, is restless, and at times imagines he hears voices in the air.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Has been very unsettled, sleeps none, occasionally is melancholy, and considers himself eternally lost, at other times rejoices extravagantly.

(SIGNED) By his mother *Name and Medical Designation,* William Kay Surg.

Place of Abode, Sanquhar

DATED this twenty ninth day of April One thousand eight hundred and sixty five.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Pierson being a (1) Member of the Royal College of Surgeons of England and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) the Southern Counties Asylum Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) James Aitken Railway Labourer and a pauper and that the said James Aitken is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, 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 at times a Excited and will shout and yell, with much gesticulation to pop his voice; and the two fits that I have seen in this morning have ended in groaning prayer and

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) He complains of his great mental tribulation and dread of man's destruction thro his sin &c &c The attendants report him as very restless and sleepless

(SIGNED) *Name and Medical Designation,* S. Pierson M.R.C.S. Eng.

Place of Abode, Southern Counties Asylum

DATED this 1st day of May One thousand eight hundred and sixty five.

CERTIFICATE OF EMERGENCY.

(This Certificate shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a Second Medical Certificate.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that James Aitken, Mennock Bridge, Longthan is a (1) Lunatic hereby further certify that the Case of the said James Aitken is One of Emergency, and I recommend the immediate removal of the said James Aitken to an Asylum accordingly.

Name, William Kay Surgeon

Place of Abode, Langholm

DATED this 29th day of April One thousand eight hundred and sixty-five

(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, Andrew Barrie Esq (2) Sheriff Substitute of the (3) County of Dumfries having had produced to me, with a Petition at the instance of (4) James Brown Inspector of Poor for Langholm Certificates under the hands of William Kay Surgeon and Samuel Grierson 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 (5) James Aitken Labourer Mennock Bridge and that the said James Aitken 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 James Aitken as a Patient into the (7) Public Asylum of Southern Counties Dumfries and I authorize this Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said James Aitken which accompanied the said Petition.

(SIGNED) A Barrie

DATED this First day of May One thousand eight hundred and sixty five

To the Superintendent of the (7) Asylum of Public 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.

James Aitken
d 29. April 1865.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

20 & 21 *Vict., Cap.* 71., *Sect*, 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) County of Berwick *and his Substitutes,*—

The Petition of James Austin Inspector of poor for the parish of Closeburn humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Isabella Kennedy residing at Park of Closeburn is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Isabella Kennedy to the Southern Counties Asylum and to sanction her admission into the said Asylum.

(SIGNED) 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 twenty eighth (3) day of April One thousand eight hundred and fifty 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,	Isabella Kennedy
2. Sex and Age,	Female. 56 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Asst dom Worker
5. Religious Persuasion, so far as known,	Free Church
6. Previous Place of Abode,	Park of Closeburn
7. Place where Found and Examined,	Do Do
8. Length of time Insane,	About 2 weeks
9. Whether first attack,	Yes
10. Age (if known) on first Attack,	not known
11. When and where previously under Examination and Treatment,	At home, and in Southern Counties Asylum
12. Duration of existing Attack,	about 2 weeks
13. Supposed Cause,	Constitutional
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No restrained
16. Whether Dangerous to others,	No restrained
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Closeburn
18. Date of becoming Chargeable,	19th May 1849
19. Christian Name 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 Thorpe Kennedy Park of Closeburn 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.

(SIGNED)* Name, James Austin Inspector of poor

DATED this 28th day of April One thousand eight hundred and fifty five.

P. p.

* To be signed by the Party applying.

James Aitken
29. April 1855.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

I, the undersigned, Thomas Boyle Grierson being a (1) Surgeon 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) Park of Closeburn in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Isabella Kennedy a Pauper and that the said Isabella 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. :—

1. Facts indicating Insanity observed by myself: (6) Speaks, and acts without reason, is highly excited. Not to be restrained.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Speaks as to Her husband being dead. and being totally unable to provide for herself.

(SIGNED) *Name and Medical Designation,* T B Grierson L.R.C.S.

Place of Abode, Thornhill

DATED this 28th day of April One thousand eight hundred and Sixty four

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

I, the undersigned, Andrew Crichton Chalmers being a (1) Doctor of Medicine of Edinburgh University a 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) Path, Head of Closeburn in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Isabella Kennedy a pauper and that the said Isabella 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. :—

1. Facts indicating Insanity observed by myself: (6) She is in a state of excited state with no fixed delusions: is violent & destructive & wants a part her clothes, tries to escape, talking - using profane & filthy language

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Informed of the above by her Mother & Sister. Mr Cunningham & Mr Closeburn - Her Sister tells me she is violent & destructive at times - Previous to her admission -

(SIGNED) *Name and Medical Designation,* Andr C. Chalmers

Place of Abode, Thornhill.

DATED this 28th day of April One thousand eight hundred and Sixty four.

CERTIFICATE OF EMERGENCY.

(This Certificate shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a Second Medical Certificate.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that Isabella Kennedy is a (1) person of unsound mind hereby further certify that the Case of the said Isabella Kennedy is One of Emergency, and I recommend the immediate removal of the said Isabella Kennedy to an Asylum accordingly.

Name, T. B. Gibson L.R.C.S.E.

Place of Abode, Thornhill

DATED this 25th day of April One thousand eight hundred and Sixty Five

(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, Andrew Barrie Esqr (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 for the parish of Closeburn Certificates under the hands of Thomas Boyle Gibson Surgeon and Andrew Crichton Chalmers M.D., being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Isabella Kennedy residing at Park of Closeburn and that the said Isabella Kennedy is a (5) person of unsound mind and a proper Person to be detained, and taken care of, DO HEREBY AUTHORIZE you to receive the said Isabella Kennedy 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 Isabella Kennedy which accompanied the said Petition.

(SIGNED) A Barrie

DATED this 1st day of May One thousand eight hundred and sixty five 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.

1/105.

Isabella Kennedy

29 Apl. 1865.

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) Wigton & Kirkcudbright *of* —— *and his Substitutes,—*

The Petition of John Hannah, Inspector of Poor, Kirkcudbt. humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Helen McHaffie, a Pauper, of Kirkcudbt. Parish is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Helen McHaffie —— to the Southern Counties Asylum Dumfries and to sanction his admission into the said Asylum.

(SIGNED) John Hannah

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this fourth — (3) day of May —— one thousand eight hundred and Sixty five 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 McHaffie.
2. Sex and Age,	Female. Aged 18
3. Married, Single, or Widowed,	Single.
4. Condition of Life, and previous Occupation (if any),	No occupation.
5. Religious Persuasion, so far as known,	Roman Catholic
6. Previous Place of Abode,	Kirkcudbright
7. Place where Found and Examined,	Kirkcudbright.
8. Length of time Insane,	about ten days.
9. Whether first Attack,	yes.
10. Age (if known) on first Attack,	18.
11. When and where previously under Examination and Treatment,	Never been treated for insanity.
12. Duration of existing Attack,	about ten 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,	Kirkcudbright.
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Peter McHaffie, Kirkcudbright
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	——

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(SIGNED)* *Name,* John Hannah

DATED this fourth — day of May —— one thousand eight hundred and Sixty five.

* 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, David Blair
being a (1) L.R.C.S.Edr
and being in actual practice as a (2) Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) St Mary Street Kirkcudbright in the County of Kirkcudbright separately from any other Medical Practitioner visited and personally examined (4) Helen M'Naffie a Pauper and at the said Helen M'Naffie 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) constantly screaming. talking incoherently & acting & behaving in such a manner as to leave no doubt of her insanity

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

(SIGNED) *Name and Medical Designation,* David Blair Surg

Place of Abode, Kirkcudbright

DATED this fourth day of May One thousand eight hundred and Sixty five

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, or an idiot, *or* a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, William Cumming
being a (1) M.D. & C.M. Edin.
and being in actual practice as a (2) Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) St Mary St. Kirkcudbright Kirkcudbright in the County separately from any other Medical Practitioner visited and personally examined (4) Helen M'Naffie a Pauper and the said Helen M'Naffie 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) That she is constantly tossing and rolling about, tearing her clothes. sings and laughs without apparent cause, & talks incoherently

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Father – That the attack came on after the death of her mother. That she still talks to persons not present, fancies that her father is dead and buried – and that she is very violent especially during the night.

(SIGNED) *Name and Medical Designation,* William Cumming M.D.

Place of Abode Kirkcudbright

DATED this 4th day of May one thousand eight hundred and 65

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, Robert Macartney Gordon, (1) Sr Steward Substitute of the (2) Stewartry of Kirkcudbright having had produced to me, with a Petition at the instance of (3) John Hannah above designed Certificates under the hands of William Cumming and David Blair, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 McHaffie, a Pauper and that the said Helen McHaffie is a (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 McHaffie 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 McHaffie which accompanied the said Petition.

(SIGNED) Robert Gordon S.S.

DATED this fourth day of May one thousand eight hundred and Sixty five.

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.

Helen Mc Haffie
14th May 1865

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 ~~Aberdeen~~ Dumfries *and his Substitutes,—*

The Petition of Daniel Frazer 113 Buchanan St Glasgow humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Catherine Frazer 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 Catherine Frazer to the Barnhill 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.

Daniel Frazer

(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 One thousand eight hundred and Sixty three years —

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Catherine Frazer
2. Sex and Age,	Female — 58 years of age
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Lady —
5. Religious Persuasion, so far as known,	Presbyterian
6. Previous Place of Abode,	Glasgow —
7. Place where Found and Examined,	Glasgow —
8. Length of time Insane,	About ten months —
9. Whether first attack,	First attack
10. Age (if known) on first Attack,	—
11. When and where previously under Examination and Treatment,	My own Int —
12. Duration of existing Attack,	Ten months —
13. Supposed Cause,	Bodily derangement
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	no
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
18. Date of becoming Chargeable,	—
19. Christian Name and Surname, and Place of Abode of nearest known 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 Frazer — Glasgow — no other Daniel Frazer Glasgow do member of Grace Frazer — do do Family ~~Mem~~ 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 May One thousand eight hundred and Sixty four years —

(*To be signed by Party applying*) Daniel Frazer

P. p.

Received this Petition with Medical Certificates this 12th day of May 1864

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Alex: Dunlop Anderson being a (1) Fellow of the Royal College of Surgeons of and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) 39 Elmbank Glasgow in the County Lanark separately from any other Medical Practitioner visited and personally examined (4) Miss Catherine Frazer Spinster 39 Elmbank Crescent and the said Catherine Frazer is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) dull & demurse manner & depressed by religious melancholy i[illegible] says she has neither stomach nor bowels but there are "beasts" in her stomach producing indescribable sensations.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Think that by & by she "will require to eat like Nebuchadnezzar" &c &c.

Name and Medical Designation, A D Anderson M[illegible]

Place of Abode, 159. St Vincent St Glas[illegible]

DATED this tenth day of May One thousand eight hundred and sixty five years.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, J Gilchrist M D being a (1) Graduate of the University of Edinburgh and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Crichton Royal Institution Dumfries in the County Dumfries separately from any other Medical Practitioner visited and personally examined (4) Miss Catherine Frazer from Glasgow Spinster and the said Catherine Frazer is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, 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 restless and irritable thus she is suffering from dangerous disease and refuses her food.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, J Gilchrist M[illegible]

Place of Abode, Crichton Royal Dum[illegible]

DATED this twelfth day of May One thousand eight hundred and sixty five

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) 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 Alexander Trotter Esquire (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Daniel Fraser 113 Buchanan Street Glasgow —
Certificates under the hands of Alexander Smith Anderson M.D
and James Gilchrist M.D. — , being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
Catherine Frazer Glasgow — — and that the said
Catherine Frazer — is a (5) person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Catherine Frazer — as a Patient into the (6) Public Asylum of Crichton Institution Dumfries and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Catherine Frazer which accompanied the said Petition.

DATED this Twelfth day of May — One thousand eight hundred and Sixty five

John P Trotter

To the Superintendent of the (7) Public
Asylum of Crichton Institution
Dumfries —

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an Idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1002 - 1001

v Catharine Thayer

12/5/65

N.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.

Unto the Honorable the (1) Sheriff *of the* (2) Shire of Dumfries *and his Substitutes,—*

(1) Sheriff or Steward.
(2) Shire or Stewartry.

The Petition of ~~Robert Irvine Farmer Cumberland~~ John Lamb Junr. Burrell Green Penrith Cumberland humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that ~~his~~ William Martindale Lamb your Petitioner's (3) ~~Son~~ Brother is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorise the transmission of the said William Martindale Lamb 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.

John Lamb Junr.

(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 One thousand eight hundred and Sixty 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,	William Martindale Lamb
2. Sex and Age,	27 Years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Student Church of England
5. Religious Persuasion, so far as known,	Church of England
6. Previous Place of Abode,	Penrith
7. Place where Found and Examined,	Penrith and Gaol Salkeld
8. Length of time Insane,	about ten months
9. Whether first attack,	Supposed from Study
10. Age (if known) on first Attack,	—
11. When and where previously under Examination and Treatment,	12 or 14 months Hard reading and Drink
12. Duration of existing Attack,	No
13. Supposed Cause,	Yes
Whether subject to Epilepsy,	Yes
Whether Suicidal,	
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,	Father & Mother John & Isabella Lamb Burrell Green Gaol Salkeld Cumberland
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 May One thousand eight hundred and 65

(*To be signed by Party applying*) John Lamb Junr.

Burrell Green P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or an* insane person, *or an* idiot, *or a* person of unsound mind.

I, the undersigned, Eli Pickop
being a (1) Member of the Royal College of Surgeons and L. A. C. England
and being in actual practice as a (2) Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Great Salkeld in the County of Cumberland separately from any other Medical Practitioner visited and personally examined (4) William M. Lamb Divinity Student Burrillgreen Penrith and the said William M. Lamb 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) occasionally by violent, constant suspicion of all his Friends, a constant watchfulness, and dread of being [illegible], and a dislike to take any food, wine or spirit by the [illegible] [illegible]

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Refuses to wash and keep himself clean, and threatening to commit suicide, also threatening to take the lives of others, also taking food from the table & throwing it upon the ground.

This information was obtained from Mrs Armstrong of the George Hotel Penrith where he had been staying

Name and Medical Designation, Eli Pickop Surgeon &c

Place of Abode, Great Salkeld

DATED this 11th day of May One thousand eight hundred and sixty five

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MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, *or an* insane person, *or an* idiot, *or a* person of unsound mind.

I, the undersigned, Wm Thos Greaves
being a (1) Member of the Royal College of Surgeons of England
and being in actual practice as a (2) Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) the George Hotel in Penrith in the County of Cumberland separately from any other Medical Practitioner visited and personally examined (4) William M. Lamb Divinity Student Burrillgreen Penrith and the said Wm M. Lamb 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) violence of conduct, profane language, threats to myself, threats of suicide & the like.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Throwing about of food - refusing to take any except wine, or spirit for days together &c - information derived from the Landlady of the Hotel & the Waiter.

Name and Medical Designation, Wm Thos Greaves

Place of Abode, Penrith

DATED this 9th day of May One thousand eight hundred and sixty five.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, Rev Eli Pickop
being (1) a Surgeon &c
hereby certify, on soul and conscience, that I have this day, at (2) Great Salkeld
in the County of Cumberland, seen and personally examined
William M Lamb, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Eli Pickop

Dated this 11th day of May One thousand eight hundred and sixty-five

(1) State medical qualification. (2) State place of examination.

Surgeon & Apothy Burrell Green Great Salkeld

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, John Blearin Trotter Esquire (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) John Lamb junior
Burrell Green Burrell, Cumberland
Certificates under the hands of Eli Pickop
and William Thomas Greaves, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
William M. Lamb, Burrell Green aforesaid and that the said
William M. Lamb is a (5) Lunatic

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said William M Lamb as a Patient into the (6) Public Asylum of Crichton Institution Dumfries and I authorize this Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said William M. Lamb which accompanied the said Petition.

Dated this Fifteenth day of May One thousand eight hundred and Sixty five

RS

To the Superintendent of the (7) Public Asylum of Crichton Institution Dumfries

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an Idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

Hon'd Ho
1003 - 1002
Wm Martindale Lamb
12/5/65.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 Donegal and his Substitute,—

The Petition of Joseph Welsh Inspector of Poor Inquest

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that William Graham Plasterer your Petitioner's (3) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said William Graham 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.

Joseph Welsh Inspector of Poor Inquest

DATED this Twentieth (4) day of May One thousand eight hundred and Sixty Five 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 Graham
2. Sex and Age,	male 50 years
3. Married, Single, or Widowed,	married
4. Condition of Life, and previous Occupation (if any),	married Plasterer
5. Religious Persuasion, so far as known,	United Brethren
6. Previous Place of Abode,	25 Thing St maxwelltown
7. Place where Found and Examined,	Do
8. Length of time Insane,	Since January 1865
9. Whether first Attack,	Second attack
10. Age (if known) on first Attack,	9 years ago
11. When and where previously under Examination and Treatment,	Do in Carlisle
12. Duration of existing Attack,	3 months
13. Supposed Cause,	Gone Insane
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	a slight attack at this time
16. Whether Dangerous to others,	Not known in the mean time
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Not known in the mean time
18. Date of becoming Chargeable,	20th May 1865
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Thomas Graham Cousin Son 25 Thing St maxwelltown. None of the family even known to have been Insane.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that to the best of my knowledge, the above particulars are correctly stated.

DATED this ~~Twenty Sixth~~ Twentieth day of May One thousand eight hundred and Sixty Five

(*To be signed by Party applying*) Joseph Welsh Inspector Inquest

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, 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 Duncan being a (1) Graduate of the University of Edinburgh and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) 25 King's Place Maxwelltown Kirkcudbright in the County of separately from any other Medical Practitioner, visited and personally examined (4) William Graham a pauper and that the said William Graham is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Mabel Graham has been for some time as at present disorganised in her habits, that she is attempting to injure herself

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His wife states that he thinks the Fenians are in pursuit of him, and that he is to be destroyed

Name and Medical Designation, P. Duncan M.D.

Place of Abode, Maxwelltown Dumfries

DATED this 23rd day of May One thousand eight hundred and 63

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Alexander Thomson being a (1) Doctor of Medicine of the University of Edinburgh and Licentiate of the Royal College of Physicians & Surgeons and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) 25 King's Place Maxwelltown Kirkcudbright in the County of separately from any other Medical Practitioner, visited and personally examined (4) William Graham a pauper and that the said William Graham is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) He is in a state of great mental excitement — thinks the ships took fire yesterday, and that the world is coming to an end — attempts to rush from the house to jump into the river — and mentions the other persons present also to fly from

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Told by his wife that he has been in a state of excitement & depression alternately for a considerable time — has been worse for two days & supposes that the world took fire yesterday — has had no sleep for two nights

Name and Medical Designation, Alex Thomson M.D.

Place of Abode, 14 Castle Street Dumfries

DATED this Twenty fifth day of May One thousand eight hundred and sixty four

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned 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) 25 King St. Maxwelltown in the County of Kirkcudbright, seen and personally examined William Graham - a pauper, and that the said William Graham ~~person~~ is of unsound mind, and 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, Surgeon

DATED this Twentieth day of May One thousand eight hundred and sixty five 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, John Pitcairn Trotter Esquire (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Joseph Welsh Inspector of Poor Trogner Certificates under the hands of Patrick Marry M.D. and Alexander Thomson M.D., being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) William Graham 25 King St. Maxwelltown (a pauper) and that the said William Graham is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said William Graham as a Patient into the (6) public Asylum of Southern Counties, Dumfries and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said William Graham which accompanied the said Petition.

DATED this twenty second day of May One thousand eight hundred and sixty five

John P. Noble

To the Superintendent of the (7) public Asylum of Southern Counties Dumfries

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or 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 Graham

20. May 1863.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM **A**]

20 & 21 *Vict., Cap.* 71, *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Unto the Honourable the (1) Sheriff *of the* (2) County *of* Dumfries *and his Substitutes,—*

(1) Sheriff or Steward.
(2) Shire or Stewartry.

The Petition of Joseph Brichton Inspector of Poor of the parish of Canonbie humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Elisabeth Dickson, residing at Hollenhurst, 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 Elisabeth Dickson to the Southern Counties Asylum and to sanction her admission into the said Asylum.

(SIGNATURE) J Brichton

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Twenty second (3) day of May one thousand eight hundred and Sixty 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,	Elisabeth Dickson
2. Sex and Age,	Female aged 34 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,	Free Church
6. Previous Place of Abode,	Manchester
7. Place where Found and Examined,	Hollenhurst
8. Length of time Insane,	Tow months
9. Whether First Attack,	yes
10. Age (if known) on First Attack,	34
11. When and where previously under Examination and Treatment,	Manchester
12. Duration of Existing Attack,	Six hours
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,	Canonbie
18. Date of becoming Chargeable,	22 May 1865
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Mary young Hollenhurst Mother No
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.

(SIGNATURE)* *Name,* J Brichton

DATED this Twenty second day of May one thousand eight hundred and Sixty five

* To be Signed by the Party applying.

P. p.

William Graham
20. May 1865.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Aleman Macumber being a (1) Member of the College of Surgeons of Glasgow and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Hollenhurst in the County of ~~Dumfries~~ Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Elizabeth Dickson a pauper and that the said Elizabeth 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) Talks incoherently threatens to destroy her life

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

attempted more than once to drown herself — communicated by her brother

(SIGNED) *Name and Medical Designation,* Aleman Macumber Surgeon

Place of Abode, Canonbie

DATED this 22nd day of May One thousand eight hundred and Sixty four

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, D. Munro being a (1) Member of the Royal 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) Hollenhirst in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Elizabeth Dickson - pauper and that the said Elizabeth 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) Has a wild vacant stare, talks constantly the greatest possible nonsense, & wishes to end her misery by doing away with her existence

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Brothers & sisters say she gets quite excited & has attempted to destroy herself by her brother.

(SIGNED) *Name and Medical Designation,* D. Munro

Place of Abode Physician Tarbolton

DATED this 22nd day of May one thousand eight hundred and Sixty four

CERTIFICATE OF EMERGENCY.

(This certificate authorizes the detention of a Patient in an Asylum for a period of twenty-four hours without the Order of the Sheriff, and shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a second Medical Certificate and the Order of the Sheriff.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that is a (1) hereby further certify that the Case of the said is one of Emergency, and I recommend the immediate removal of the said to an Asylum accordingly.

Name, _____

Place of Abode, _____

DATED this day of One thousand eight hundred and

(1) Lunatic or an insane person, or an idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I John Pitcairn Trotter, Esquire (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Joseph Crichton, Inspector of Poor of the Parish of Canonbie Certificates under the hands of Aeneas Macaulay and D Munro, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Elizabeth Dickson, residing at Hollinhirst, a Pauper and that the said Elizabeth 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 Elizabeth Dickson 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 Dickson which accompanied the said Petition.

(SIGNATURE) John P. Trotter

DATED this Twenty Second day of May one thousand eight hundred and Sixty five

To the Superintendent of the (6) Public
Asylum of Southern Counties
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, or Private.

Elizabeth Dickson

22nd May 1865.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

20 & 21 *Vict., Cap.* 71., *Sect*, 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Shire of Dumfries *and his Substitutes,—*

The Petition of James Austin Inspector of poor for the parish Closeburn humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Thomas Edgar residing at Whistleban parish of Closeburn is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Thomas Edgar to the Southern Counties Asylum and to sanction his admission into the said Asylum.

(SIGNED) 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 Twenty third (3) day of May One thousand eight hundred and Sixty five

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STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Thomas Edgar
2. Sex and Age,	Male 40
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Labourer
5. Religious Persuasion, so far as known,	Established Church
6. Previous Place of Abode,	Whistleban
7. Place where Found and Examined,	Do
8. Length of time Insane,	about 4 weeks
9. Whether first attack,	yes
10. Age (if known) on first Attack,	40
11. When and where previously under Examination and Treatment,	never previously examined
12. Duration of existing Attack,	Sorrowing for 12 months because were the last months
13. Supposed Cause,	Natural disposition perhaps over exertion at work. care for providing for family —
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	~~No~~ To some extent
16. Whether Dangerous to others,	~~No~~ To his own family
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Closeburn
18. Date of becoming Chargeable,	17th May 1865
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Margaret Thomson or Edgar Mother Carsphairn 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.

(SIGNED)* Name, James Austin Inspector of poor

DATED this Twenty third day of May One thousand eight hundred and 65

* To be signed by the Party applying.

P. p.

Elizabeth Dickson
22nd May 1865.

MEDICAL CERTIFICATE, No. I.

I, the undersigned, Thomas Boyle Grierson

(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) Lic. of Royal C. Surgeons Edinb.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

and being in actual practice as a (2) Surgeon

hereby certify, on soul and conscience, that I have this day, at (3) Whittlebank

(3) *Insert the street and number of the house (if any), or other like particulars.*

Parish of Aberdeen in the County of Aberdeen

(4) *Insert Designation and Residence, and if a Pauper state so.*

visited and personally examined (4) Thomas Edgar. Pauper

residing at Whittlebank Aberdeen and that

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

the said Thomas 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) Lost of recalls speaks & seems devils. suppose that his family a Drain. is sleepless.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

His friend speak of him being at times violent. and unable to guide himself

(SIGNED) *Name and Medical Designation,* T B Grierson

Place of Abode, Thornhill

DATED this 23 day of May One thousand eight hundred and sixty five

MEDICAL CERTIFICATE, No. II.

I, the undersigned, Adam Crichton Clarkson

(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 Edinburgh Licentiate of the Royal College of Surgeons of Edinburgh

and being in actual practice as a (2) Physician

(2) *Physician or Surgeon, or otherwise, as the case may be.*

hereby certify, on soul and conscience, that I have this day, at (3) Whittlebank

(3) *Insert the street and number of the house (if any), or other like particulars.*

Aberdeen in the County of

(4) *Insert Designation and Residence, and if a pauper state so.*

Aberdeen separately from any other Medical Practitioner,

visited and personally examined (4) Thomas Edgar

Pauper and that

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

the said Thomas Edgar is a (5) Lunatic of

unsound mind and a proper person to be detained

under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He is unusual excited in his conversation about family matters attacked his wife & children and partners in his business & dispensary. Complains of bowels. Had restless nights. His statements & conversation

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) ~~His friends~~ Confirmed statements from his wife who also state that he mentioned to a great deal of his property & that he was afraid of his life. Has been under the influence of drink for some time past.

X X Three Lunacies by one - Certificates - (SIGNED) *Name and Medical Designation,* Adam C Clarkson

Place of Abode, Thornhill

DATED this 22nd day of May One thousand eight hundred and sixty five -

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 Thomas Edgar is a (1) person of unsound mind hereby further certify that the Case of the said Thomas Edgar is One of Emergency, and I recommend the immediate removal of the said Thomas Edgar to an Asylum accordingly.

Name, W B Grierson Lic R.C.S. Ed.

Place of Abode, Thornhill

DATED this 23d day of May One thousand eight hundred and sixty five

(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, John Pitcairn Trotter Esquire (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 for the parish of Closeburn Certificates under the hands of Thomas Boyle Grierson and Andrew Crichton Chalmers, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Thomas Edgar residing at Whistlebare Closeburn and that the said Thomas 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 Thomas Edgar 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 Edgar which accompanied the said Petition.

(SIGNED) John P. Trotter

DATED this twenty ~~third~~ day of May One thousand eight hundred and sixty five - one word delete -

To the Superintendent of the (7) public *Asylum of* Southern Counties Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, 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.

Thomas Edgar
24 May 1865

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *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) ~~Stewart~~ *Sheriff of* ~~the (2) Stewartry~~ Wigton and of Kirkcudbright *and his Substitutes,—*

The Petition of Samuel Walker, Inspector of Poor, Cross roads Law humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Ann Hartley a 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 Ann Hartley to the Southern Counties Asylum and to sanction her admission into the said Asylum.

Sam. Walker

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this twenty ninth (4) day of May One thousand eight hundred and Sixty five

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STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Ann Hartley or McClung
2. Sex and Age,	Female – 37 years
3. Married, Single, or Widowed,	Married to John Hartley
4. Condition of Life, and previous Occupation (if any),	Pauper. out door Labourer
5. Religious Persuasion, so far as known,	Member of the Establish'd Church
6. Previous Place of Abode,	Longcastle,
7. Place where Found and Examined,	—
8. Length of time Insane,	(6) Six 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,	—
13. Supposed Cause,	Fear of witchcraft
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,	Mochrum, Wigtonshire
18. Date of becoming Chargeable,	—
19. Christian Name and Surname, and Place of Abode of nearest known 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 Hartley, Husband Longcastle Cradlemichael. Insanity Not Known to be in the family.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	—

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this Twenty fourth day of May One thousand eight hundred and Sixty five

(*To be signed by Party applying*) Sam. Walker
Inspector of Poor
P. p.

Thomas Edgar
Ret Phys
1865

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Laidlaw
being a (1) Licentiate of the Royal College of Surgeons in Edinburgh
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Townhead of Greenlaw in the County of Kirkcudbright separately from any other Medical Practitioner visited and personally examined (4) Mrs Ann Hartley, Townhead of Greenlaw, a Pauper and the said Mrs Ann Hartley is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Imagines that her husband has a design upon her life – that he has made repeated attempts to strangle her, & used every means to destroy her away to accomplish the purpose of drowning her – all which is a delusion.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Mr John Hartley informed me that his wife was dangerous & made attempts to injure him with Knives when opportunity offered & requested he constantly watched at night & day.

Name and Medical Designation, James Laidlaw L.R.C.S.Ed.

Place of Abode, Castle Douglas

Dated this 27th day of May One thousand eight hundred and 65

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Cummin
being a (1) Doctor of Medicine and Master in Surgery of the University of Glasgow
and being in actual practice as a (2) Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Longcroft in the County of Kirkcudbright separately from any other Medical Practitioner visited and personally examined (4) Mrs Ann Hartley and the said a pauper Mrs Ann Hartley 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 and fancies, that objects are different from what they naturally are; sees all manner of things that have no existence except in her own imagination; and when asking a story she makes it sometimes 4 or 5 times over, thinks that her husband and family are coming with great speed to murder her.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her husband, states, that during the night she starts in terror, and says that someone is going to murder her, and that she believes he wants to poison her.

Name and Medical Designation, William Cummin

Place of Abode, Kirkcudbright

Dated this 26th day of May One thousand eight hundred and 65

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William Hyndman Dunbar (1) Sh. Howard Substitute
of the (2) Stewartry of Kirkcudbright
having had produced to me, with a Petition at the instance of (3)
Samuel Walker, Inspector of Poor, Crossmichael
Certificates under the hands of James Laidlaw
and William Cumming, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Hartley a pauper and that the said
Ann Hartley is a (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 Hartley 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 Ann Hartley which accompanied the said Petition.

DATED this twenty sixth day of May One thousand eight hundred and sixty five years.

W. H. Dunbar S. S.

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.

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Mrs Ann Hartley
or McClung

30th May 1865

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(*) Sheriff or Steward.
(*) Shire or Stewartry.

Unto the Honourable the (*) Sheriff *of the* (*) County of Dumfries, *and his Substitutes,—*

The Petition of Joseph Rogers Duncan

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Thomas Blacklock Duncan of Forthorwald

(*) 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 Thomas Blacklock Duncan to the Crichton Royal Institution and to sanction his admission into the said Asylum.

J. R. Duncan

(*) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this first (*) day of June One thousand eight hundred and Sixty 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,	Thomas Blacklock Duncan
2. Sex and Age,	male —
3. Married, Single, or Widowed,	single
4. Condition of Life, and previous Occupation (if any),	Gentleman
5. Religious Persuasion, so far as known,	Established Church of Scotland
6. Previous Place of Abode,	Dreghorn
7. Place where Found and Examined,	Dumfries
8. Length of time Insane,	a few days
9. Whether first attack,	Yes
10. Age (if known) on first Attack,	
11. When and where previously under Examination and Treatment,	No Crichton Royal Institution
12. Duration of existing Attack,	a few days
13. Supposed Cause,	
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known 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 Rogers Duncan, Manse of [redacted] Forthorwald, brother no other member of Father or Mothers 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 first day of June One thousand eight hundred and Sixty five

(*To be signed by Party applying*) J. R. Duncan

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Pierson being a (1) member of the Royal College of Surgeons England and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) the Crichton Royal Institution, Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Thomas Blacklock Duncan, lately residing at Peebles and that the said Thomas Blacklock Duncan is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Great anxiety and restlessness; a fear of impending and unmerciful danger; with hallucinations and various delusions

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His brother and Next-in-Law states that he has been of late wakeful, restless, disposed to wander, and abstinent

Name and Medical Designation, J. Pierson M.R.C.S.

Place of Abode, Southern County Asylum, Dumfries

DATED this first day of June One thousand eight hundred and Sixty five

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MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, William Smith Kerr being a (1) Doctor of Medicine and Licentiate of the College of Surgeons Edinburgh and being in actual practice as a (2) Medical Practitioner hereby certify, on soul and conscience, that I have this day, at (3) the Crichton Royal Institution Dumfries in the County of separately from any other Medical Practitioner visited and personally examined (4) Thomas Blacklock Duncan and that the said Thomas Blacklock Duncan is a (5) person of unsound mind, and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He is excessively nervous + care worn, showing great anxiety and restlessness. Fear of being murdered and other illusions and imagines constant danger.—

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) He was formerly a patient in this house, He has been lately drinking to excess.—

Name and Medical Designation, William S. Kerr L.R.C.S.

Place of Abode, Dumfries

DATED this First day of June One thousand eight hundred and Sixty five.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, Samuel Gueson
being (1) Member of the Royal College of Surgeons England
hereby certify, on soul and conscience, that I have this day at (2) the Crichton Royal Institution
in the County of Dumfries, seen and personally examined
Thomas Blacklock Duncan, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

S. Gueson M.R.C.S. Eng.

DATED this first day of June One thousand eight
hundred and sixty five.

(1) 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 Pelham Trotter Esquire (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Joseph Rogers
Duncan Minister of Tythonwald
Certificates under the hands of Samuel Gueson
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 Blacklock Duncan, Manse of Tythonwald and that the said
Thomas Blacklock Duncan is a (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 Blacklock Duncan 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 Thomas Blacklock Duncan which accompanied the said Petition.

DATED this Second day of June One thousand eight
hundred and sixty five

John P. Trotter

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.

1004

Thomas B. Duncan

1/6/65.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

20 & 21 *Vict., Cap.* 71., *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Shire of Dumfries *and his Substitutes,—*

The Petition of James Austin Inspector of poor for the parish of Closeburn humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Joseph Smith residing at Kirkpatrick parish of Closeburn is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Joseph Smith to the Southern Counties Asylum and to sanction his admission into the said Asylum.

(SIGNED) James Austin Inspector of poor Closeburn

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Thirtyfirst (3) day of May One thousand eight hundred and Sixtyfive

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STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Joseph Smith
2. Sex and Age,	Male 35 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Labourer
5. Religious Persuasion, so far as known,	Presbyterian Church
6. Previous Place of Abode,	Kirkpatrick
7. Place where Found and Examined,	Do
8. Length of time Insane,	about 3 Months
9. Whether first attack,	My
10. Age (if known) on first Attack,	about 25 years
11. When and where previously under Examination and Treatment,	At home at Closeburn
12. Duration of existing Attack,	For at least five or six months
13. Supposed Cause,	Cannot state any cause
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Has given no indications thereof.
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Closeburn
18. Date of becoming Chargeable,	31st May 1865
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Robert Smith Brother Wheatleban Closeburn 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.

(SIGNED)* Name, James Austin Inspector of poor

DATED this Thirtyfirst day of May One thousand eight hundred and Sixtyfive

P. p.

* 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.

(6) *State the facts.*

I, the undersigned, Thomas Boyle Grierson being a (1) Licr of the Royal College of Surgeons of Edr and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Kirkpatrick in Closeburn in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Joseph Smith and that the said Joseph Smith is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Deep depressed obvious to all things, and persons around him, lives without any object. Eats & does not speak when spoken to.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His friends state that they have to restrain him from going out of the house without his hat &c.

(SIGNED) *Name and Medical Designation,* T B Grierson L.R.C.P.S.Ed

Place of Abode, Thornhill

DATED this 24 day of May One thousand eight hundred and Sixty five.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

I, the undersigned, Andrew Crichton Macdonald being a (1) Doctor of Medicine of Edinburgh Licentiate of the Royal College of Physicians and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Kirkpatrick Closeburn Thornhill in the County of separately from any other Medical Practitioner, visited and personally examined (4) Joseph Smith pauper the said Joseph Smith is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) He informs strangers he has no work to any one who asks him. Manner he complains is constantly on the pick[illegible] the past & future.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) His sister tells me from me that he is very extravagant: & that his conduct & manner of life would do to maintain if he could accomplish it. When he threatened violence on [illegible] they have spoken to him & occasionally in talking with himself or [illegible] - that he talked no sense in anything.

(SIGNED) *Name and Medical Designation,* Andr. C. Macdonald

Place of Abode, Thornhill

DATED this 30th day of May One thousand eight hundred and Sixty five.

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 Joseph Smith is a (1) person of unsound mind hereby further certify that the Case of the said Joseph Smith is One of Emergency, and I recommend the immediate removal of the said Joseph Smith to an Asylum accordingly.

Name, W Grierson Lic R C S Ed

Place of Abode, Thornhill

DATED this 31 day of May One thousand eight hundred and Sixty five

(2) 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, John Pitcairn Trotter Esqre (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 of the Parish of Closeburn Certificates under the hands of Thomas Boyle Grierson and Andrew Crichton Chalmers, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Joseph Smith Kirkpatrick in Closeburn and that the said Joseph 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 Joseph Smith 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 Joseph Smith which accompanied the said Petition.

(SIGNED) John P. Trotter

DATED this First day of June One thousand eight hundred and Sixty five

To the Superintendent of the (7) Public *Asylum of* Southern Counties Dumfries

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(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, or Private.
(7) Public, District, or Private.

Joseph Smith

1st June 1865.

[FORM B²]

25 and 26 Vict. Cap. 54, Sect. 16.

PPLICATION TO THE GENERAL BOARD OF LUNACY TO GRANT
TRANSFER OF A PATIENT FROM ONE ASYLUM TO ANOTHER.

the undersigned Roderick Anderson
ing desirous to transfer Peter Anderson, my father
present a Patient in Garnpad Asylum, Glasgow, and (¹)
etained at my instance from the said Asylum to the
Dumfries Asylum hereby request the authority of
e Board to such transfer; and I subjoin a Statement of Particulars regarding the said
Peter Anderson and a Medical Certificate with
spect 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.

Roderick Anderson

Son of the said Peter Anderson

(²) State degree of Relationship, or other capacity in which Applicant stands to Patient.

DATED at Manchester this 3d day of June
ne thousand eight hundred and Sixty five

STATEMENT.

. Christian Name and Surname of Patient at length,	Peter Anderson
. Sex and Age,	Male, about 62 –
. Married, Single, or Widowed,	Married
. Condition of Life, and Previous Occupation (if any),	Commercial Traveller
. Religious Persuasion, so far as known,	Protestant
. Date of Admission into Asylum,	17th March 1865
. Length of time Insane,	about Six Months
. Whether first Attack,	Yes
. Age (if known) on first Attack,	about 61 years
. Duration of existing Attack,	about Six Months
. Supposed Cause,	Uncertain
. Whether subject to Epilepsy,	Not
. Whether Suicidal,	Yes, strongly
. Whether Dangerous to others,	Yes, occasionally
. Parish to which the Lunatic (if a Pauper) is Chargeable,	—
. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of relationship (if known), and whether any Member of Family known to be, or to have been Insane,	Roderick Anderson, 3 Nelson Street – Lower Broughton, Manchester – is Son of the Patient. His Paternal Aunt was insane

I certify that, to the best of my knowledge, the above particulars are correctly stated.

(To be signed by the Applicant) Roderick Anderson

DATED this 3d day of June One thousand eight
undred and Sixty five

N.B.—The foregoing particulars are required for the information of the authorities to
hose care the Patient is to be transferred.

Joseph Smith
1st June 1865.

MEDICAL CERTIFICATE.

(1) State Medical Qualification.
(2) Name Asylum.

I, the undersigned James Hill being (1) a Graduate in Medicine of Edinburgh Univ. hereby certify that I have this day at (2) Garnqed Asylum, Gas personally examined Peter Anderson — at present Patient in said Asylum, and with respect to his Mental State that he is very [illegible] occasionally excited and impulsive — labors under delusions — for instance that he is ruined and that his [illegible] and family must either starve or go to the poorhouse — [illegible] fancying that they are dead — He considers there is no [illegible] left for himself but to die — & he has a strong tendency [illegible] ; and with respect to Bodily Health and Condition that he has lost flesh of late and not unfrequently gives trouble with his food refusing to take it unless threatened with compulsion

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 Asylum —

James Hill — M.C.

Dated this fifth day of June One thousand eight hundred and sixty five

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SANCTION BY THE BOARD OF LUNACY.

(*Under this Sanction a Patient may be Transferred without an Order of the Sheriff.*)

(1) Insert at whose instance the Lunatic is detained, or the nearest known Relative of the Lunatic, or the Inspector of the Parish by which the expense of the maintenance of the Lunatic is defrayed.

Application having been made to the Board by (1) ~~The~~ Roderick Anderson to authorize the transfer of Peter Anderson from Garnqed Pusah 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 Peter Anderson as requested.

W. A. F. Browne Commissioner.

Dated at Edinburgh, this Seventh day of June One thousand eight hundred and Sixty five

1005
Peter Anderson
9/6/65

To Mr Hill thank Mr Ogilvy to return this transfer paper direct to him — at Garnqed.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 Jane Hunter Brown, Baugh Manchline

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Jane Brown your Petitioner's (3) Daughter is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Jane Brown to the Crichton Public Asylum Dumfries and to sanction her admission into the said Asylum.

Jane 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 Ninth (4) day of June One thousand eight hundred and sixty five

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STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Jane Brown
2. Sex and Age,	Female. 24.
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Lower Class. Factory Worker.
5. Religious Persuasion, so far as known,	Protestant.
6. Previous Place of Abode,	Baugh, Parish of Manchline
7. Place where Found and Examined,	Do Do
8. Length of time Insane,	4 weeks.
9. Whether first attack,	Third attack
10. Age (if known) on first Attack,	16 years.
11. When and where previously under Examination and Treatment,	At Baugh.
12. Duration of existing Attack,	as above.
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,	Nil.
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	aforesaid Jane Hunter Brown Paternal Uncle died in the Asylum.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this Ninth day of June One thousand eight hundred and sixty five

(*To be signed by Party applying*) Jane 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, James Battantine being a (1) M.D. 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) Haugh Manchline in the Coun[illegible] Ayr separately from any other Medical Practiti[illegible] visited and personally examined (4) Jane Brown and [illegible] the said Jane Brown 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) She told me her mother was a devil, a[illegible] all the people about her wo[illegible] devils—

(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 Battantine

Place of Abode, Catrine

DATED this fourth day of June One thousand [illegible] hundred and sixty five

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MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Alexander Miller Wilson being a (1) Licentiate 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) Haugh Manchline in the Coun[illegible] Ayr. separately from any other Medical Practiti[illegible] visited and personally examined (4) Jane Brown and [illegible] the said Jane Brown 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) Incoherent, wild & profane in her language and quite unmanageable.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, Alex. M. Wilson [illegible]

Place of Abode, Manchline

DATED this fourth day of June One thousand [illegible] hundred and sixty-five

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(3) State medical qualification. (4) 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 Fife
having had produced to me, with a Petition at the instance of (3) Jane Hunter Brown residing at Haugh Manchline
Certificates under the hands of James Ballantine
and Alexander Miller 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) Jane Brown the Petitioners Daughter and that the said Jane 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 Jane Brown as a Patient into the (6) Public ~~Asylum of~~ Crichton Asylum Dumfries and I authorize the Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Jane Brown which accompanied the said Petition.

DATED this Tenth day of June One thousand eight hundred and sixty five

John Watt

To the Superintendent of the (7) Crichton
Public Asylum Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

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Jane Brown

10/6/65

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Unto the Honourable the (1) Sheriff *of the* (2) Shire of Dumfries *and his Substitutes,—*

The Petition of James Atkinson on 12 North [illegible] humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Jane Atkinson 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 Atkinson to the Crichton Institution — and to sanction her admission into the said Asylum.

James Atkinson

Dated this Fifteenth (4) day of June — One thousand eight hundred and sixty five.

(1) Sheriff or Steward.
(2) Shire or Stewartry.
(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.

STATEMENT.

If any 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 Atkinson
2. Sex and Age,	— Female — 47 years.
3. Married, Single, or Widowed,	— Single —
4. Condition of Life, and previous Occupation (if any),	Principal of a Ladies' Boarding School
5. Religious Persuasion, so far as known,	— Church of England. —
6. Previous Place of Abode,	— Morpeth (Northumberland)
7. Place where ~~Found and~~ Examined,	Newcastle upon Tyne —
8. Length of time Insane,	— Six months. —
9. Whether first attack,	— First attack.
10. Age (if known) on first Attack,	—
11. When and where previously under Examination and Treatment,	
12. Duration of existing Attack,	Six months.
13. Supposed Cause,	— no clearly assignable 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,	James Atkinson 12 North Terrace. Newcastle upon Tyne. — eldest 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 fifteenth day of June — One thousand eight hundred and sixty five

(*To be signed by Party applying*) James Atkinson

P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Graham being a (1) Member of the Royal College of Physicians in Edinburgh and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 12 North Grey street Newcastle on Tyne in the County of Northumberland separately from any other Medical Practitioner, visited and personally examined (4) Jane Atkinson, 1912. Grey street Newcastle on Tyne and that the said Jane Atkinson 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)
Constant shriek of wind,— Person wets upon all subjects &c

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Her sisters state the same

Name and Medical Designation, William Graham M.R.C.P.S.E. &c

Place of Abode, 2 North Street Newcastle

DATED this 14 day of June One thousand eight hundred and Sixty five

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MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Duncan Matheson Physician being a (1) Member of the Royal College of Physicians in Edinburgh and a Fellow of the Faculty of Physicians & Surgeons and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) 12 North Terrace Newcastle-on-Tyne in the County of Northumberland separately from any other Medical Practitioner, visited and personally examined (4) Jane Atkinson of 12 North Terrace Newcastle-on-Tyne and that the said Jane Atkinson 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)
She thinks voices have entered the apertures of body and of her eyes: that continuous passages were instituted by God for communication with possibility of the voices being heard &c &c

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
She informed me she believed she was with child that she is pregnant &c

Name and Medical Designation, Duncan Matheson L.R.C.P. Edin. & L.F.P.S. Glas.

Place of Abode. 11 Eldon Square Newcastle

DATED this fourteenth day of June One thousand eight hundred and Sixty five

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) 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 Pitcairn Trotter Esquire (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) James Atkinson
12 North Terrace, New Castle on Tyne
Certificates under the hands of William Nesham
and Duncan Matheson , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Atkinson, Petitioners Sister and that the said
Jane Atkinson is an insane person

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Jane Atkinson as a Patient into the (5) Public Asylum of Crichton Institution Dumfries and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Jane Atkinson which accompanied the said Petition.

DATED this Fifteenth day of June One thousand eight hundred and Sixty five years

John P. Trotter

RS

To the Superintendent of the (7) Public
Asylum of Crichton Institution
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1007

Jane Atkinson

15/6/65.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 Hugh Brown Currie, Inspector of Poor, Lochmaben

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Gorstone Thorburn

(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 James Gorstone Thorburn to the Northern Counties Asylum Dumfries and to sanction the admission into the said Asylum.

Hugh B. Currie

(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 June One thousand eight hundred and Sixty 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,	James Gorstone Thorburn
2. Sex and Age,	Male - aged
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Surgeon
5. Religious Persuasion, so far as known,	Roman Catholic
6. Previous Place of Abode,	Bankhouse, Ivegnon
7. Place where Found and Examined,	Lochmaben & Dumfries
8. Length of time Insane,	many years
9. Whether first attack,	No
10. Age (if known) on first Attack,	
11. When and where previously under Examination and Treatment,	The Royal Asylum Dumfries & in Paris
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,	Mountain to Lochmaben
18. Date of becoming Chargeable,	10th June 1865
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Mrs ___ or Thorburn 3 Northumberland street Strand, London, his wife No member of the family known to have been insane
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this fourteenth day of June One thousand eight hundred and Sixty-five

(*To be signed by Party applying*) Hugh B. Currie
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 Dickson 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 County Office, Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) James Yorstoun Thorburn a Surgeon, lately residing at Bankhouse, Nogueer and that the said James Yorstoun Thorburn 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) Incoherence, Wandering tendencies, Indecent language & gestures

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) The P.F. informs me that he is in charge for a Breach of the Peace in Cockmuthen by Hooting Yelling on the Street.

Name and Medical Designation, John Dickson

Place of Abode, Buccleuch Street Dumfries

DATED this 10th day of June One thousand eight hundred and sixty five.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Giverson being a (1) Member of the Royal College of Surgeons of England and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) the Southern Counties Asylum Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) James Yorstoun Thorburn a Surgeon, lately lodging in Bankhouse, and that the said James Yorstoun 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.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Much and very Excitement, incoherence, and use of obscene [illegible] Exaggerated notions of power — fancying, and [illegible] that by a sign — a wave of the hand, he cares [illegible] or causes the dumb to speak [illegible]

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) His nights are sometimes restless and sleepless spent in indecent prayer and blasphemy

Name and Medical Designation, S. Giverson M.R.C.

Place of Abode, Southern Counties Asylum

DATED this fourteenth day of June One thousand eight hundred and sixty five.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

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, James Pitcairn Rutherford Sheriff Substitute
of the (1) County of Dumfries
having had produced to me, with a Petition at the instance of (2) Hugh Brown Currie
Inspector of Poor, Johnstone
Certificates under the hands of John Dickson
and Samuel 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 James Gordon Thorburn Surgeon Annandale and that the said James Gordon Thorburn is a (3) Lunatic and a Person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said James Gordon Thorburn as a Patient into the (4) Public Asylum of Northern 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 Gordon Thorburn which accompanied the said Petition.

DATED this Eighteenth day of June One thousand eight hundred and sixty five years

James Rutherford

To the Superintendent of the (5) Public Asylum of Northern Counties Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or 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 Yeadon Thorburn

11 h 15. June 1865.

Dumfries
10 June 65

Unto the Honourable the Sheriff of Dumfries shire and his Substitutes
The Petition of Thomas Corrie Prov Fiscal of Court for the Public interest

Humbly Sheweth,

That of this date, James
9 June 1865 Yorstoun Thorburn sometime residing at Bankhouse in the Parish of Nogueer and Stewartry of Kirkcudbright was apprehended in the Burgh of Lochmaben in the County of Dumfries, on a charge of Breach of the Peace and Malicious Mischief; and the said James Yorstoun Thorburn is a Lunatic, and in a state threatening danger to the Liege & offensive to public decency as certified by Dr John Dickson Dumfries, conform to Certificate herewith produced.

That by the act 25 & 26 Vict

James Yorstoun Thorburn
11 & 15 June 1865.

Victoria Cap 54. S. 15. the Sheriff is empowered to grant warrant for committing to a place of safe custody any Lunatic who may have been apprehended charged with assault or other offence inferring danger to the liege, or who shall be found in a state threatening danger to the Liege or in a state offensive to public decency

May it therefore please your Lordships to consider this Petition to grant warrant for committing the said James Morstown Thorburn to a place of safe custody in the meantime as prescribed by said Act; to direct notice to be given by the Petitioner to the Inspector of Poor of the parish of Lochmaben within which the Lunatic was found and

and apprehended of his ap-
prehension and Committal; and
farther to appoint a diet
on which Enquiry can be
made into the Condition of
the said James Yorstoun
Thorburn all in terms of
said Act or to do otherwise
in the premises as to your
Lordships may seem just.
According to Justice &c

J R O Corne

Dumfries 10 June 1865.—Having Con-
sidered the foregoing Petition and
seen the Medical Certificate therein
referred to Grants Warrant for
Committing the said James Yorstoun
Thorburn to the Southern Counties
Asylum near Dumfries as a place
of safe custody in the meantime;
appoints notice to be given by
advertisement once at least
in A Barrie

in each of the Dumfries Courier and Herald Newspapers of said Commitment and that it is intended to enquire into the Condition of the said James Yorstoun Thorburn as a Lunatic within the Court House here upon Friday the Twenty third day of June current at One Oclock P.M. and further anent notice of the present Petition and of the Lunacy Commitee to be given to the Inspector of Poor of the parish of Lochmaben being the parish in which the said James Yorstoun Thorburn was found and apprehended all in terms of the Act founded on

A. Barrie

Petition
of
The Prov. Fiscal, Dumfries
for
Enquiry as to State
of J. Y. Thorburn

10 June 1865

I hereby Certify on soul and Conscience that having this day carefully examined James Yorstown Thorburn lately residing at Bankhouse Nogueer at present in custody of the Police on a Charge of Breach of the Peace and of Malicious Mischief I have found him to be a Lunatic and in a state threatening danger to the Leges and offensive to public decency

Dumfries
10 June 1865.

John Dickson M.D.

Inspector of ... P.P.

Medical Certificate
by
Dr John Dickson
into
James Y. Thorburn
15 June 1865.

Dumfries
9 June 1865.

Unto the Honourable the
Sheriff of Dumfriesshire
and his Substitutes
The Petition of Thomas Borrie
Procurator Fiscal of Court for
the Public Interest

Humbly Sheweth,

That of this date,
June 1865.
James Forstoun Thorburn, sometime
residing at Bankhouse in the Parish
of Troqueer, and Stewartry of Kirkcudbright
was apprehended in the Burgh of Lochmaben, in the County of Dumfries, on
a charge of Breach of the Peace and
Malicious Mischief, and the said
James Forstoun Thorburn is a Lunatic,
and in state threatening danger to the
Lieges, and offensive to Public Decency,
as certified by Dr. John Dickson, Dumfries,
conform to certificate herewith produced.

That by the Act 25th and 26th
Victoria Cap. 54. Sec. 15. the Sheriff is
empowered to grant warrant for committing to a Place of safe custody, any
Lunatic who may have been apprehended
charged with assault, or other offence
inferring danger to the Lieges, or who
shall be found in a State threatening
danger

Petition
of
The Proc. Fiscal Dempsie
for
Enquiry as to State
of J. F. Thorburn
10 June 1865
And Warrant
for reception and
detention.—

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) The Sheriff *of the* (2) County of Dumfries *and his Substitutes,—*

The Petition of David Douglas Inspector of Poor Irongray humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Helen McGill or Corson 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 McGill or Corson 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.

David Douglas

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this 20 (4) day of June One thousand eight hundred and 65

STATEMENT.

If any 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 McGill or Corson
2. Sex and Age,	32 years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Established Church of Scotland
5. Religious Persuasion, so far as known,	
6. Previous Place of Abode,	Irongray
7. Place where Found and Examined,	Beech Cottages Irongray
8. Length of time Insane,	Eight days
9. Whether first attack,	Yes
10. Age (if known) on first Attack,	32
11. When and where previously under Examination and Treatment,	
12. Duration of existing Attack,	Eight days
13. Supposed Cause,	Not known
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Yes
16. Whether Dangerous to others,	
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Irongray
18. Date of becoming Chargeable,	19 June 1865
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Archibald Corson, Farm Servant Beech Cottages Irongray 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 20 day of June One thousand eight hundred and 65

(To be signed by Party applying) David Douglas

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 Alexander Stewart L.R.C.P. & S.
being a (1) Graduate of the University of Edinburgh
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) the Blue Bell
Inn Friargate Lane Dumfries in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Helen McGill or Corson
Block Cottages Irongray a Pauper and that
the said Helen McGill or Corson 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) She appears in a great delusion of spirits, refuses to answer questions and seems very shy in returning, incapable of understanding what is going on. Has

(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 threatened to cut her throat for eight days. Helen McGill or Corson, and 20 years ago by Crossing and Hampstead Lunatic Asylum

Name and Medical Designation, Alex Stewart L.R.C.P.

Place of Abode, Dumfries

DATED this 20th day of June One thousand eight hundred and sixty five

---

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, *or an insane person, or an Idiot, or a person of unsound mind.*

I, the undersigned, William Marshall
being a (2) Graduate of the Faculty of Physicians & Surgeons Glasgow and Licentiate 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) the Blue Bell Inn
Dumfries. in the County of
Dumfries separately from any other Medical Practitioner,
visited and personally examined (4) Helen McGill or Corson and that
the said Helen McGill or Corson is a (5) Lunatic Pauper
and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Talks incoherently when spoken to, & is frequently violent & at times, wishes to be burned &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 that on last Thursday she attempted to strangle herself

Name and Medical Designation, Wm Marshall M.D.

Place of Abode, Dumfries

DATED this 20th day of June One thousand eight hundred and sixty five years

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, John Pitcairn Trotter Esquire (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) David Douglas Inspector of Poor Irongray
Certificates under the hands of Alexander Borthwick
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) Helen McGill or Corson, Black Cottages Irongray, a Pauper and that the said Helen McGill or Corson 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 Helen McGill or Corson 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 Helen McGill or Corson which accompanied the said Petition.

DATED this Twenty sixth day of June One thousand eight hundred and Sixty five years.

John P. Trotter.

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1/116

Helen M. Gillaspie Corson

20th June 1865.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO 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, ...
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*) W Roy

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, John Dickson
being a (1) graduate of the University of Edinb
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Old Georg
Dumfries in the County o
separately from any other Medical Practitioner
visited and personally examined (4) Thomas Roy - Gentleman
and tha
the said Thomas Roy is a (5) person of
unsound mind and a proper person to be detaine
under Care and Treatment, and that I have formed this opinion upon the followin
grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6). Is at pres
under the effects of stimulants, an
known to me to be periodically wan
self controlled as regards the taking of stim

(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 Dr Gilchrist, and
Medical attendant, that he has for
days been intoxicated & incapable of self

Has been frequently in the Crichton Institution

Name and Medical Designation, John Dickson

Place of Abode, Buccleuch Street Dum

DATED this 24th day of June One thousand eigh
hundred and sixty five

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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)
and being in actual practice as a (2)
hereby certify, on soul and conscience, that I have this day, at (3)
in the County o
separately from any other Medical Practitioner
visited and personally examined (4)
and tha
the said is a (5)
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)

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, _____

Place of Abode, _____

DATED this day of One thousand eight
hundred and

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, John Dickson,
being (1) a Graduate of the University of Edinburgh
hereby certify, on soul and conscience, that I have this day, at (2) Old George Inn, Dumfries
in the County of Dumfries, seen and personally examined
Anna, Roy. Gentlewoman, and that the said
person is of unsound mind, and 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 Dickson

DATED this 24th day of June One thousand eight hundred and Sixty four

(1) 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.

1009

Thomas Roy

24/6/65.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 Janet Aitken, residing at Kirkford humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary Kinnear or Aitken (a Widow) your Petitioner's (3) Sister in Law is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Mary Kinnear or Aitken 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.

Janet Aitken

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this Fifteenth (4) day of June One thousand eight hundred and Sixty five 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 Kinnear or Aitken
2. Sex and Age,	Female - 39 years.
3. Married, Single, or Widowed,	Widow.
4. Condition of Life, and previous Occupation (if any),	Domestic
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Kirkford
7. Place where Found and Examined,	Ib.
8. Length of time Insane,	Six Weeks.
9. Whether first attack,	First attack
10. Age (if known) on first Attack,	39 years.
11. When and where previously under Examination and Treatment,	Not previously treated.
12. Duration of existing Attack,	About five weeks.
13. Supposed Cause,	The loss of her husband
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	No.
16. Whether Dangerous to others,	No.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known 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 Kinnear, Kirkford, Mother. Uncle and 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 Fifteenth day of June One thousand eight hundred and Sixty five years

(*To be signed by Party applying*) Janet Aitken

P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Laidlaw
being a (1) Licentiate of the Royal College of Surgeons in E
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3)
Kilford, Colonsay — in the County
separately from any other Medical Practitione
visited and personally examined (4) Mary Thomson or Aitken and th
Kilford, Colonsay — is a (5) person o
the said Mary Thomson or Aitken and a proper person to be detain
unsound mind
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) labours under
delusion that she & her family are to be burned
buried & visited & that Iona that her husband
she had perished"

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Mrs McLachrie, her female attendant stated to
that Mary Thomson or Aitken was in constant dre
she & her family should be destroyed by fire that if
became excited every movement in by Stairwell

Name and Medical Designation, James Laidlaw, L R

Place of Abode, Castle Douglas

DATED this 30th day of June One thousand eig
hundred and 65.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 practitione
hereby certify, on soul and conscience, that I have this day, at (3) Kilford
Colonsay — in the County
Kirkcudbright — separately from any other Medical Practitio
visited and personally examined (4) Mary Thomson or Aitken
and t
the said Mary Thomson or Aitken is a (5) person of un
sound 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)
declares she is to be hung: that she can never be save
but is damned for all eternity: that her children are
dead:— took Dr Laidlaw to be her late husband:—

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Mrs Aitken, her mother-in-law, their attendant,
Mrs McLachrie, tell me, that they have had to restra
her by times:—

Name and Medical Designation, J. Paterson Lewis M.B.

Place of Abode, Dalbeattie

DATED this 30th day of June One thousand ei
hundred and 65.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) 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 Wilcairn Trotter Esquire (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Janet Aitken residing at Kippford
Certificates under the hands of James Laidlaw,
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) Mary Thomson or Aitken, a widow, Kippford and that the said Mary Thomson or Aitken is a (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 Thomson or Aitken as a Patient into the (6) Public Asylum of Crichton Institution Dumfries and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Mary Thomson or Aitken which accompanied the said Petition.

DATED this Seventh day of July One thousand eight hundred and Sixty five years

John P Trotter

To the Superintendent of the (7) Public
Asylum of Crichton Institution
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

The discrepancy between date of admission and signature of Sheriff due to the informality of original papers
[illegible]

Mary Thomson of Aitken

~~1st July~~ 1765
30th June

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A.]

20 & 21 *Vict. Cap.* 71, *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) County of Dumfries and *His Substitutes*,—

The Petition of James Brown Inspector of Poor Sanquhar humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that William Murray is at present in a state of Mental Derangement, and 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 Murray to the Southern Counties Asylum and to sanction his admission into the said Asylum.

(SIGNED) James Brown Inspector

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this First (3) day of July One thousand eight hundred and Sixty 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,	William Murray.
2. Sex and Age,	Male. 22 years.
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Humble Condition. Lead Miner
5. Religious Persuasion, so far as known,	Established Church of Scotland
6. Previous Place of Abode,	Wanlockhead, Sanquhar
7. Place where Found and Examined,	Wanlockhead, Sanquhar
8. Length of time Insane,	Two months, but working till 8 days ago.
9. Whether first attack,	First attack
10. Age (if known) on first Attack,	22 years.
11. When and where previously under Examination and Treatment,	
12. Duration of existing Attack,	Two months.
13. Supposed Cause,	Not known
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	Yes
16. Whether Dangerous to others,	Not hitherto.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Parish of Sanquhar
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,	William Murray. Wanlockhead Sanquhar. Father No
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	None.

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(SIGNED)* Name, James Brown.

DATED this 1st day of July One thousand eight hundred and Sixty Five

* To be signed by the Party applying.

P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, William Kay Surgeon Sanquhar being a (1) Licentiate of the Faculty of Physicians and Surgeons of Glasgow. and being in actual practice as a (2) Surgeon in Sanquhar hereby certify, on soul and conscience, that I have this day, at (3) Wanlockhead in the Parish of Sanquhar in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) William Murray. Miner Wanlockhead a Pauper and that the said William Murray is a (5) person of unsound Mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) He escaped a nurse and mi plones his Medicine & attempted to give him some strong Poison as he was making to leave

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His friends states that he has been of low spirits and imagines that his Bowels are filled with worms and other animals.

(SIGNED) *Name and Medical Designation,* William Kay Surgeon

Place of Abode, Sanquhar

DATED this 30th. day of June One thousand eight hundred and ~~sixty~~ Sixty five.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, 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 Borwick Robertson 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) Wanlockhead in the Parish of Sanquhar in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) William Murray, Miner, Wanlockhead, a pauper and that the said William Murray is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Extreme incoherence of language - great desire to be poisoned - imagines he has murdered his father & mother - and many insane notions about his bodily health.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Any other facts I have been able to obtain are exactly similar to those I have mentioned above.

(SIGNED) *Name and Medical Designation,* William B. Robertson M.D.

Place of Abode, Wanlockhead

DATED this 30th day of June One thousand eight hundred and sixty five.

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, John Pitcairn Trotter Esqre (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) James Brown Inspector of Poor Sanquhar Certificates under the hands of William Kay, Surgeon and William Bowrick Robertson M.D., being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) William Murray, Wanlockhead Sanquhar (a pauper) and that the said William Murray is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said William Murray as a Patient into the (6) public Asylum of Southern Counties Dumfries and I authorize this Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said William Murray which accompanied the said Petition.

(SIGNED) John P. Trotter

DATED this First day of July One thousand eight hundred and sixty five 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.

William Murray

1st July 1865.

3

Form A

20 & 21 *Vict., Cap.* 71. *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) County of Wigtown *and his Substitutes,—*

The Petition of James Allan Inspecter of Poor Portpatrick humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Elizabeth Ann Strain or McKivet is at present in a state of Mental Derangement, and 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 Ann Strain or McKivet to the Crichton Royal Institution Dumfries and to sanction her admission into the said Asylum.

(SIGNED) James Allan Inspecter of Poor

(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 July one thousand eight hundred and Sixty 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,	Elizabeth Ann Strain or McKivet
2. Sex and Age,	female aged 35 years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	husband is a labourer
5. Religious Persuasion, so far as known,	Roman Catholic
6. Previous Place of Abode,	a native of Shankle County Down Ireland
7. Place where Found and Examined,	Portpatrick
8. Length of time Insane,	about five days
9. Whether first Attack,	yes so far as known
10. Age (if known) on first Attack,	—
11. When and where previously under Examination and Treatment,	—
12. Duration of existing Attack,	seven days
13. Supposed Cause,	not known
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	she is at times
17. Parish or Union to which the Lunatic (if a Pauper) 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,	Pat McKivet husband Portpatrick none of her relations in this district and the husband says he is not aware of any of them having 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,* James Allan

DATED this Sixth day of July one thousand eight hundred and Sixty five

[4] * To be Signed by the Party applying.

Petition Sheriff re Eliz. Ann Strain

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Orgile
being a (1) Licentiate of the Faculty of Physicians & Surg 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) Portpatrick in the County
Wigtown separately from any other Medical Practitioner
visited and personally examined (4) Elizabeth Ann Strain or McKevot wife of Patrick McKevot and th
the said Elizabeth Ann Strain or McKevot is a (5) Lunatic
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 speaks incoherently and is outrageous requiring personal restraint

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Ellen Mulholland says she is quite outrag & violent; biting & spitting and striking and requiring restraint. This is corroborated by the Revd Mr Balmer

(SIGNED) *Name and Medical Designation,* Wm Orgile Surgeon

Place of Abode, Stranraer

DATED this 6th day of July One thousand eight hundred and Sixty five

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 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) Portpatrick in the County
Wigtown separately from any other Medical Practitioner
visited and personally examined (4) Elizabeth Ann Strain or McKevot wife of Patrick McKevot, Labourer Portpatrick and
the said Elizabeth Ann Strain or McKevot is a (5) Lunatic
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)
She is violent, at times outrageous, requiring restr talks incessantly and incoherently, has delusions, ing she is in Paradise &c. Sings, laughs prays and screams alternately. in short has lost control ~~[illegible]~~ fe emotions and ideas

(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 for some time past she has been changed towards himself and children, has be moody & silent, given to reading her prayer book to the neglect her household duties &c. since that attack of acute mania, has att to strangle him and bite the other attendants &c.

(SIGNED) *Name and Medical Designation,* William McNeil M.D. L.R.

Place of Abode Portpatrick

DATED this Sixth day of July one thousand eight hundred and Sixty five

CERTIFICATE OF EMERGENCY.

(This Certificate shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a Second Medical Certificate.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that
is a (1) hereby further certify that the Case
of the said is One of Emergency, and I recommend the immediate removal of the said
to an Asylum accordingly.

Name,

Place of Abode,

DATED this day of one thousand eight hundred and

(1) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Peter Mac Leay (1) Sheriff Substitute
of the (2) County of Wigtown
having had produced to me, with a Petition at the instance of (3) James Allan Inspector of Poor Portpatrick
Certificates under the hands of John Orgill
and William M'Neil , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Ann Strain or M'Kevet Portpatrick and that the said
Elizabeth Ann Strain or M'Kevet is a (5) Lunatic
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Elizabeth Ann Strain or M'Kevet as a Patient into the (6) Public Asylum of Dumfries and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Elizabeth Ann Strain or M'Kevet which accompanied the said Petition.

(SIGNED) P. MacLeay

DATED this Seventh day of July one thousand eight hundred and Sixty five

P. MacLeay Sh. Sub.

To the Superintendent of the (7)
Public Asylum of Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, or Private.
(7) Public, District, or Private.

Elizabeth Ann Strain or
Mc Kevor

8th July 1865

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) Shire of Dumfries and his Substitutes,—

The Petition of Jane Connell. Bank House, Ramsey Isle of Man—

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Charles Connell—

(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 Charles Connell — to the Asylum of Crichton Royal Institution —Dumfries— and to sanction his admission into the said Asylum.

Jane Connell

(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 July One thousand eight hundred and sixty 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,	Charles Connell.
2. Sex and Age,	Male Sex. Nearly nine years—
3. Married, Single, or Widowed,	Single—
4. Condition of Life, and previous Occupation (if any),	Draper.
5. Religious Persuasion, so far as known,	Wesleyan Methodist
6. Previous Place of Abode,	Australia—
7. Place where Found and Examined,	Baldrumma Lodge—
8. Length of time Insane,	Eight years
9. Whether first attack,	No.
10. Age (if known) on first Attack,	Nearly one years
11. When and where previously under Examination and Treatment,	Ashton Steet Asylum Liverpool—
12. Duration of existing Attack,	Never quite sound - since first attack.
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,	—
18. Date of becoming Chargeable,	—
19. Christian Name and Surname, and Place of Abode of nearest known 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 Connell his mother. Bank House Ramsey Isle of Man— One Male relative previously affected.
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 July One thousand eight hundred and sixty two—

(*To be signed by Party applying*) Jane Connell

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, *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 E. Craine
being a (1) Member of the Royal College of Surgeons of
and being in actual practice as a (2) - Surgeon -
hereby certify, on soul and conscience, that I have this day, at (3) Baldrom
Lhaye Isle of Man — ~~in the County~~
separately from any other Medical Practition
visited and personally examined (4) Mr Charles Cannell of Bal
Rose. Ramsey Isle of Man - Draper. and th
the said Charles Cannell of Bal is a (5) person of un
Mind. (Draper) 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) From a peca
rapid & occasional false expression of his c
- manner & from such a guarded state of sen
as seems to imply an effort to appear suc

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
he has been already six months in an Asy
that he at times conceives strong & sudden
this mother & other relatives that he is repe
has suffered from a slight stroke of Apoplexy

Name and Medical Designation, Robt E. Craine - M
of the Royal College of Surgeons of Ire
Demonstrator of Anatomy
Dublin -or-
Place of Abode, Elaine Te

DATED this First day of July One thousand eig
hundred and sixty two -

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, *or* an Idiot, *or* a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Thomas Murray Teare
being a (1) Licentiate of the Royal College of Surgeons Ed
and being in actual practice as a (2) Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Baldrown
Lhaye, Isle of Man ~~In the County~~
separately from any other Medical Practition
visited and personally examined (4) Mr Charles Cannell of Bank H
Ramsey Isle of Man Draper and th
the said Mr Chas Cannell of Bank House R. Isl. is a (5) person of un
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) A peculiar ha
expression of Countenance and an inability to a
questions put to him respecting his dislikes to cer
parties. I have no additions to make to my report
18th June last

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
His having been six Months in an Asylum
former occasion and having had a stroke
in Australia

Name and Medical Designation, Thomas M. Teare L.R.C.S.
Place of Abode, Ramsey Isle of Man

DATED this First day of July One thousand eig
hundred and Sixty two

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, John Pitcairn Trotter Esquire (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Jane Connell, Bank-house, Ramsey, Isle of Man
Certificates under the hands of Robert E. Craine
and Thomas Murray Teare, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 ~~Thomas~~ Connell of Bankhouse aforesaid, Draper and that the said ~~Thomas~~ Connell is a (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 Connell as a Patient into the (6) Public Asylum of Crichton Institution Dumfries and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Charles Connell which accompanied the said Petition. - Two words delete -

DATED this Fifth day of July One thousand eight hundred and Sixty five years

John P. Nolle

To the Superintendent of the (7) Public
Asylum of Crichton Institution Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

Charles Cannell

11th July 1865

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) County *of* Dumfries *and his Substitutes,*—

The Petition of John Dinwoodie Inspector of Poor of the Parish of Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Ann Robinson 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 Robinson 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 11th (4) day of July One thousand eight hundred and Sixty 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,	Ann Robinson
2. Sex and Age,	Female aged 26 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Landlady of George & Dragon Inn Carlisle.
5. Religious Persuasion, so far as known,	Church of England
6. Previous Place of Abode,	Carlisle
7. Place where Found and Examined,	Crichton Institution Dumfries
8. Length of time Insane,	Eleven Weeks
9. Whether first attack,	First Attack
10. Age (if known) on first Attack,	26 years
11. When and where previously under Examination and Treatment,	Carlisle
12. Duration of existing Attack,	Eleven Weeks
13. Supposed Cause,	Intemperance
14. Whether subject to Epilepsy,	Not Epileptic
15. Whether Suicidal,	
16. Whether Dangerous to others,	yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Mr. Stoddart residing at New castle.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 11th day of July One thousand eight hundred and Sixty five

(*To be signed by Party applying*) John Dinwoodie

P. p.

Charles Cammell
11th July 1865

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g., Member of the Royal College of Physicians in Edinburgh.*

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

I, the undersigned, John Dickson, being a (1) graduate of the University of Edinburgh and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Crichton Street Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Ann Robinson, Gentlewoman and the said Ann Robinson 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 manner is absent and distracted, and her attention not easily secured. This and her mental weakness generally corroborate the statement of her medical attendant, as given below.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

She is ~~partially~~ recovering from an acute [illegible] of insanity which betrayed itself in incoherent ecstasy & delusions of various kinds, as observed stated to me by Dr Gilchrist

Name and Medical Designation, John Dickson M.D.

Place of Abode, Buccleuch Street, Dumfries

DATED this 10th day of July One thousand eight hundred and sixty five

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g., Member of the Royal College of Physicians in Edinburgh.*

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

I, the undersigned, Gilchrist MC being a (1) graduate of the University of Edinburgh and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Crichton Royal Institution Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Ann Robinson Gentlewoman and pauper and the said Ann Robinson is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Mental power impaired is anxious, nervous and easily excited. Is liable to periodical attacks of acute [illegible]

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) [illegible] attendant states that starts and trembles at slight and inadequate causes she seldom [illegible]

Name and Medical Designation, Jeany Gilchrist

Place of Abode, Crichton House

DATED this 10th day of July One thousand eight hundred and sixty five

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) 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 Pitcairn Trotter Esquire (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 of the Parish of Dumfries
Certificates under the hands of John Dickson
and James Gilchrist , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Robinson, Landlady of George & Dragon Inn Carlisle, a Pauper and that the said Ann Robinson is an 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 Ann Robinson as a Patient into the (5) Public Asylum of Southern Counties Dumfries and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Ann Robinson which accompanied the said Petition.

DATED this Twelfth day of July One thousand eight hundred and Sixty five years

John P. Trotter

To the Superintendent of the (6) Public
Asylum of Southern Counties
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1

1/121

Ann Robinson

13 July 1865

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 McConchie Inspector of Poor Lochmaben humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Jane Gracie your Petitioner's (3) ward is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Jane Gracie 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 McConchie Inspector

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certification.

Dated this 24th (4) day of July One thousand eight hundred and Sixty five

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STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Jane Gracie
2. Sex and Age,	Female.
3. Married, Single, or Widowed,	Single.
4. Condition of Life, and previous Occupation (if any),	Spinster - Domestic Servant
5. Religious Persuasion, so far as known,	Member of the Established Church
6. Previous Place of Abode,	Eastbill Cottage Lochmaben
7. Place where Found and Examined,	Eastbill Cottage, Lochmaben
8. Length of time Insane,	Since the spring of 1863
9. Whether first attack,	Yes
10. Age (if known) on first Attack,	40
11. When and where previously under Examination and Treatment,	In the Southern Counties Asylum Dumfries
12. Duration of existing Attack,	Two or five days
13. Supposed Cause,	Not known -
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Believes to be so
16. Whether Dangerous to others,	Yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Lochmaben -
18. Date of becoming Chargeable,	July 24th 1865
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	William Anderson, Clerkhouse Terregles - brother in law -
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 24th day of July One thousand eight hundred and 65

(To be signed by Party applying) James McConchie Inspector

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, James M. M'Culloch M.D.
being a (1) Graduate of the University of Edinburgh
and being in actual practice as a (2) Physician in Dumfries
hereby certify, on soul and conscience, that I have this day, at (3) White Sands
Dumfries in the County
Dumfriesshire separately from any other Medical Practitioner
visited and personally examined (4) Jane Gracie a pauper and th
the said Jane Gracie 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) Excited appearance
manner, says I have come to poison & kill her, that all
friends & neighbours have been poisoning her for a long
Two years ago she was sent to the Asylum in the Same &
laboured under the Same idea of poisoning & murder

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Since Thursday last she locked herself up & refused
any person, On Thursday last they wanted to murder her
the Parish authorities, today, forced open the door
Same upon the Same topics & after about 3 hours & Conv

Name and Medical Designation, James M. M'Culloch M.D.
Physician

Place of Abode, 38 Castle Street, Dumfries

Dated this 24th day of July One thousand eight
hundred and sixty five 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 Pierson
being a (1) Member of the Royal College of Surgeons
of England
and being in actual practice as a (2) Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) the Southern
Counties Asylum, Dumfries, in the County
Dumfries separately from any other Medical Practitioner
visited and personally examined (4) Jane Gracie, Pauper
of Lochmaben a pauper and the
the said Jane Gracie is a (5) Person
of unsound mind and a proper person to be detained
under Care and Treatment, 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 reserved
taciturn and suspicious - She accuses
all and sundry with whom it was
to do her bodily
harm - asserting that poison was by them introduced
into her food, and that she became ill and
in consequence. 2. The Inspector says that for days she
that on breaking open
the door to day she was found
in bed with a
couple of Cattle
trunks at the bedhead

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
refused to come to the door and would not permit anyone to

Name and Medical Designation, Samuel Pierson M.R.C.S.

Place of Abode, Southern Counties Asylum

Dated this 24th day of July One thousand eigh
hundred and sixty-five

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, James M. M'Culloch
being (1) Physician
hereby certify, on soul and conscience, that I have this day, at (2) White Sands, Dumfries,
in the County of Dumfriesshire, seen and personally examined
Jane Gracie, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

James M. M'Culloch M. D. &c.

DATED this 24th day of July One thousand eight hundred and sixty five 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, John Ritchie Rutter Esquire (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) James M'Conchie
Inspector of Poor Lochrutton
Certificates under the hands of James M. M'Culloch M.D. Dumfries
and Samuel Grierson 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)
Jane Gracie, ~~White Sands Dumfries~~ (a pauper) and that the said
Jane Gracie is a (5) Lunatic and a Person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Jane Gracie 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 Gracie which accompanied the said Petition.

DATED this 25th day of July One thousand eight hundred and Sixty five years.

John R Rutter

To the Superintendent of the (7) Public Asylum of Southern Counties Dumfries

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an Idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

Jane Gracie

24th July 1765

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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* Forfar — *and his Substitutes,*—

The Petition of William Gordon Writer Forfar humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Gordon therein designed 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 Gordon 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.

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this Twentyseventh (4) day of July One thousand eight hundred and sixty 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,	James Gordon
2. Sex and Age,	Male, about 60 years of age
3. Married, Single, or Widowed,	Widowed
4. Condition of Life, and previous Occupation (if any),	Merchant
5. Religious Persuasion, so far as known,	Member of the Church of Scotland
6. Previous Place of Abode,	Forfar
7. Place where Found and Examined,	Forfar
8. Length of time Insane,	From two to three weeks at present
9. Whether first attack,	No. Second
10. Age (if known) on first Attack,	About 54 years of age
11. When and where previously under Examination and Treatment,	in 1859 at Inveresh near Musselburgh
12. Duration of existing Attack,	Two to three weeks
13. Supposed Cause,	Disappointment in family arrangements
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Not so 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,	He has other family besides the applicant. Not know 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 Twentyseventh day of July One thousand eight hundred and sixty five

(*To be signed by Party applying*) William Gordon

P. p.

Jane Gracie
24th July 1865

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or an* Insane person, *or an* Idiot, *or a* person of unsound mind.

I, the undersigned, Alex Smith
being a (1) M.D. Edinr. Univr.
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 Forfar in the County of Forfar separately from any other Medical Practitioner, visited and personally examined (4) Mr. James Gordon and at the said James Gordon is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He imagined that he is some great misfortune impending over him, is wakefull, reserved and exceedingly taciturn.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His son informs he is in constant dread of being apprehended by officers of justice. He was once before in an asylum.

Name and Medical Designation, Alex Smith M.D.

Place of Abode, Castle Street Forfar

DATED this twenty sixth day of July One thousand eight hundred and sixty five

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MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, *or an* insane person, *or an* idiot, *or a* person of unsound mind.

I, the undersigned, William Letter Murray
being a (1) L. R. C. S. Edr.
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 Forfar in the County of Forfar separately from any other Medical Practitioner, visited and personally examined (4) Mr James Gordon residing at Castle Street Forfar and that the said James Gordon is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Patient very nervous and melancholic, exceedingly reserved and taciturn.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) I have been told by his son that he is under great fear lest he should be apprehended by the Bl[illegible]

Name and Medical Designation, William Letter Murray

Place of Abode, 1 Little Causeway

DATED this Twenty seventh day of July One thousand eight hundred and sixty five

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) 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 Robertson Esq (1) Sheriff Substitute of the (2) County of Forfar having had produced to me, with a Petition at the instance of (3) William Gordon Writer in Forfar Certificates under the hands of Alexander Smith and Wilson Letts Murray, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) James Gordon and that the said James Gordon is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said James Gordon as a Patient into the (6) Crichton (Asylum of) Royal Institution Dumfries and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said James Gordon which accompanied the said Petition.

DATED this Twenty fourth day of July One thousand eight hundred and seventy five.

Alex Robertson

To the Superintendent of the (7) Public 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.

1011

James Gordon

27/9/65

Petition

of

William Gordon

Hannah Murray
Hospital Rose

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) County of Dumfries *and his Substitutes*—

The Petition of John Dinwoodie Inspector of Poor for the Parish of Dumfries.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Hannah Murray residing at Police Office your Petitioner's (3) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Hannah Murray to the Southern Counties Asylum and to sanction her admission into the the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

John Dinwoodie

DATED this Twentyninth (4) day of July One thousand eight hundred and Sixty five

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Hannah Murray
2. Sex and Age,	Female. 60 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
7. Place where Found and Examined,	— do —
8. Length of time Insane,	About a week or fortnight
9. Whether first Attack,	yes
10. Age (if known) on first Attack,	about 60 years
11. When and where previously under Examination and Treatment,	Dumfries
12. Duration of existing Attack,	about a week or fortnight
13. Supposed Cause,	not Known
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	Sometimes Violent
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dumfries
18. Date of becoming Chargeable,	29th July 1865
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	not Known
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	not Known

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Twentyninth day of July One thousand eight hundred and Sixty five

(To be signed by Party applying) John Dinwoodie Inspector

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Wm Marshall being a (1) Graduate of the Faculty of Physicians Glasgow & Surgeons Glasgow & Edinburgh College of Physicians & Surgeons and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Police Office Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Hannah Murray a Pauper and that the said Hannah Murray is (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 Describes herself as an Empress who desires to reign over this nation &c

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) The Constable with whom she has been states that she becomes dangerously violent

Name and Medical Designation, } Wm Marshall M.D.

Place of Abode, Buccleuch Street Dumfries

DATED this 29th day of July One thousand eight hundred and forty five Geo Scott

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MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Patrick Murray being a (1) Graduate of the University of Edinburgh and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Police Office Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Hannah Murray Pauper and that the said Hannah Murray pauper is (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) States that Smith the Keeper is her Brother & that she is to be Empress & that Hannah Murray is to live at Drayton Airds & that a Robin is sitting down from a tree

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) The person with whom she stays at Boghead states that she destroys in the house and threatened to stab a person

Name and Medical Designation, } P Murray M.D.

Place of Abode, Buccleuch Street Dumfries

DATED this 29th day of July One thousand eight hundred and forty five

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) 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 M'Cairn Trotter Esquire (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 of the Parish of Dumfries
Certificates under the hands of William Marshall
and Patrick Murray , being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
Hannah Murray, Police Office, Dumfries Burgh and that the said
Hannah Murray is a (5) Lunatic and a person
of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Hannah Murray 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 Hannah Murray which accompanied the said Petition.

DATED this Twenty ninth day of July One thousand eight hundred and Sixty five

John M'C Trotter

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

Hannah Murray

29 July 1865

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM **A**]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Shire *of* Dumfries *and his Substitutes,—*

The Petition of Joseph Welsh Inspector of Poor Troqueer humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Saddler Saddler Maxwelltown your Petitioner's (3) ~~Inspector of Poor Troqueer~~ Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said John Saddler to the Southern Counties Asylum and to sanction his admission into the the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

Joseph Welsh

DATED this Thirty First (4) day of July One thousand eight hundred and Sixty Five

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	John Saddler
2. Sex and Age,	Male 30 years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Married — Saddler
5. Religious Persuasion, so far as known,	Reformed Presbyterian
6. Previous Place of Abode,	67 Glasgow St Maxwelltown
7. Place where Found and Examined,	67 Do
8. Length of time Insane,	About 3 months
9. Whether first Attack,	First attack
10. Age (if known) on first Attack,	30 years
11. When and where previously under Examination and Treatment,	67 Glasgow St Maxwelltown
12. Duration of existing Attack,	About 3 months.
13. Supposed Cause,	Unknown
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Parish of Troqueer
18. Date of becoming Chargeable,	31st July 1865
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	William Saddler Friars Vennell 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 Thirty First day of July One thousand eight hundred and Sixty Five

(*To be signed by Party applying* Joseph Welsh Inspector of Poor Troqueer

P. p.

Admitted Thursday 27 July 1865

Maxwelltown

Alex: Thomson

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Alexander Thomson being a (1) Doctor of Medicine & Licentiate of the Fe[illegible] 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) 67 Glasgow Street Maxwelltown in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) John Saddler - pauper and that the said John Saddler is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Has had symptoms of cerebral disease for about two months or longer, and has gradually become worse. Is dozing and melancholy - thinks he can do nothing but attend to religious matters and latterly speaks very little - walks up and down [illegible] in a restless state - Appearance & manner entirely [illegible]

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Walks the house for hours together, as I am informed [illegible] wife. Sleeps little at night & frequently refuses [illegible] speaks very little now; but is more restless and irritable and more difficult to manage.

Name and Medical Designation, Alex Thomson MD: Sy[illegible]

Place of Abode, 14 Castle St - Dumfries

DATED this Twenty ninth day of July - One thousand eight hundred and sixty five years.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Patrick 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) 67 Glasgow Maxwelltown in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) John Saddler - Pauper and that the said John Saddler Pauper is a (5) Person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Is very melancholy & despondent; answers questions with great hesitation; sometimes refuses to answer; imagines that he has hope a chance of being saved; is constantly walking about from one room to another; will not speak to [illegible] or Brother [illegible]

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) His wife informs me that he often [illegible] food; also that he is becoming rapidly [illegible] (I may mention that I am of opinion he is suffering [illegible]

Cerebral disease

Name and Medical Designation, P. Murray M D

Place of Abode, Buccleuch St Dumfries

DATED this 29 day of July One thousand eight hundred and 1865

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) 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 Pitcairn Trotter Esquire (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Joseph Welsh, Inspector of Poor Maxwelltown
Certificates under the hands of Alexander Thomson
and Patrick Murray , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) John Saddler, Saddler, Maxwelltown a Pauper and that the said John Saddler is a (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 Saddler 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 Saddler which accompanied the said Petition.

DATED this First day of August One thousand eight hundred and Sixty five years

John P Trotter

To the Superintendent of the (7) Public
Asylum of Southern Counties Dumfries

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

John Saddler

1st. August 1865

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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,—*

Poor for Penninghame.

The Petition of William Henry Hughan Inspector humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that your Petitioner's (3) Sarah Garroway Pauper is at present in a state of Mental Derangement, and 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 Garroway 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.

W H Hughan

(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 August One thousand eight hundred and Sixty 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,	Sarah Garroway
2. Sex and Age,	A Female 30 years of age.
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Reed & out door Labourer,
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	~~Wigtown~~ Newton Stewart
7. Place where Found and Examined,	Newton Stewart
8. Length of time Insane,	Six weeks
9. Whether first attack,	Second.
10. Age (if known) on first Attack,	Twenty years
11. When and where previously under Examination and Treatment,	Newton Stewart; local Medical treatment
12. Duration of existing Attack,	Six weeks.
13. Supposed Cause,	Functional derangement of the Uterus
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,	Penninghame Parish
18. Date of becoming Chargeable,	Father a Pauper since 1849
19. Christian Name and Surname, and Place of Abode of nearest known 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 Garroway, Father of Patient, Newton Stewart and himself of weak mind.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this Seventh day of August One thousand eight hundred and Sixty Five.

(*To be signed by Party applying*) W H Hughan

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Fergus McKenna
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) Newtonstewart in the County of Wigtown separately from any other Medical Practitioner visited and personally examined (4) Sarah Garroway, a pa[illegible] and that the said Sarah Garroway 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) That she has made an attempt to commit suicide. Has threatened to destroy her attendants and inclines to run about in a state of nudity.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, Fergus McKenna

Place of Abode, Newtonstewart

DATED this Seventh day of August One thousand eight hundred and Sixty-five.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Samuel Grierson
being a (1) Member of the Royal College of Surgeons of England
and being in actual practice as a (2) Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) the Southern Counties Asylum, Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Sarah Garroway, a pa[illegible] and that the said Sarah Garroway is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Mind weak and slow – memory faulty and manner here[illegible] Her statement that she is "no verra well in he[illegible] appears to engross her whole attention and comes out in [illegible] questions often indirect.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) The Inspector tells me that she is subject to fits that during and subsequent to their occurrence she [illegible] very violent & and, further, that her removal to the [illegible] Counties Asylum had been ordered by the Commissioners in Lunacy

Name and Medical Designation, S. Grierson M.R.C.S.

Place of Abode, Southern Counties Asylum, Dum[illegible]

DATED this Eighth day of August One thousand eight hundred and Sixty-five

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, Fergus McKenna being (1) Licentiate of the Faculty of Physicians & Surgeons of Glasgow hereby certify, on soul and conscience, that I have this day, at (2) Newtonstewart in the County of Wigtown, seen and personally examined Sarah Garroway, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Fergus McKenna

DATED this Seventh day of August One thousand eight hundred and Sixty-five

(1) State medical qualification. L (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, John Pitcairn Trotter Esquire (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) William Henry Hughan Inspector of Poor for Penninghame Certificates under the hands of Fergus McKenna and Samuel 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) Sarah Garroway, Field worker Newton Stewart and that the said Sarah Garroway 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 Sarah Garroway as a Patient into the (6) Public Asylum of Southern Counties ~~Asylum~~ Dumfries and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Sarah Garroway which accompanied the said Petition. One word delete

DATED this ~~Ninth~~ Eleventh day of August One thousand eight hundred and Sixty five years – Two words delete –

John P. Trotter

To the Superintendent of the (7) Public *Asylum of* Southern Counties Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or 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 Garroway

8th August 1865.

N.B.—This FORM shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

20 & 21 *Vict., Cap.* 71, *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Shire *of* Dumfries *and his Substitutes,—*

High street Moffat

The Petition of James Proudfoot, mason, residing in humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Margaret Stewart Proudfoot, my 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 Stewart Proudfoot to the Southern Counties Asylum and to sanction her admission into the said Asylum.

(SIGNATURE) James Proudfoot

(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 August One thousand eight hundred and sixty 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 Stewart Proudfoot
2. Sex and Age,	Female. 22 years of age
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	House work
5. Religious Persuasion, so far as known,	Established Church of Scotland
6. Previous Place of Abode,	Moffat
7. Place where Found and Examined,	Moffat
8. Length of time Insane,	about a fortnight
9. Whether first attack,	First attack
10. Age (if known) on first Attack,	22
11. When and where previously under Examination and Treatment,	Never under treatment
12. Duration of existing Attack,	a fortnight
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 his Family known to be or to have been Insane,	James Proudfoot. Husband. Moffat 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.

(SIGNATURE)* *Name,* James Proudfoot

DATED this 17th day of August One thousand eight hundred and sixty five

* To be signed by the Party applying.

P.V.

Sheriff Honoraire
8th August 1865.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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) Doctor of Medicine of the University of Edinburgh & Licentiate of the Royal College
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Hyslop's Close Moffat in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Margaret Stewart Broadfoot wife of [illegible] Broadfoot, Mason and that the said Margaret Stewart 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.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
Talking incoherently, persistently refusing to take food, requiring physical restraint to be kept in bed.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Refusing to take food, knocking her head against the wall & tearing her clothes off - Told by her mother these facts

(SIGNED) *Name and Medical Designation,* James Munro M.D. Surg.

Place of Abode, Moffat

DATED this 17th day of Aug^st One thousand eight hundred and six by five.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Bruce
being a (1) Doctor of Medicine of University of Edinburgh & Licentiate of Royal College of Surgeons Edinburgh
and being in actual practice as a (2) Physician & Surgeon
hereby, certify, on soul and conscience, that I have this day, at (3) Henderson's Close High Street Moffat in the County of Dumfriesshire separately from any other Medical Practitioner visited and personally examined (4) Margaret Stewart Broadfoot wife of Hugh Broadfoot Mason and that the said Margaret Stewart 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.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Incoherent talking. Persistently refusing to take food. Requiring physical restraint to be kept in bed. Knocking her head violently against the wall.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
That she stands sometimes for an hour in one position either silent or talking incoherently. This told me by her Husband

(SIGNED) *Name and Medical Designation,* James Bruce M.D. Surg.

Place of Abode, Moffat

DATED this 17th day of August One thousand eight hundred and Sixty five

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period of twenty-four hours without the Order of the Sheriff, and shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a Second Medical Certificate and the Order of the Sheriff.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that is a (1) hereby further certify that the Case of the said is One of Emergency, and I recommend the immediate removal of the said to an Asylum accordingly.

Name, _____

Place of Abode, _____

DATED this day of One thousand eight hundred and

(1) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, John Pitgairn Trotter Esquire (2) Sheriff Substitute of the (3) County of Dumfries having had produced to me, with a Petition at the instance of (3) James Proudfoot Mason, residing in Moffat Certificates under the hands of James Munro and James Brims, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Stewart Proudfoot, wife of said James Proudfoot and that the said Margaret Stewart Proudfoot is a (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 Stewart Proudfoot as a Patient into the (6) Public Asylum of Southern Counties Dumfries and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Margaret Stewart Proudfoot which accompanied the said Petition.

(SIGNATURE) John P Trotter.

DATED this Eighteenth day of August One thousand eight hundred and Sixty five

To the Superintendent of the (7) Public *Asylum of* Southern Counties Dumfries

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, 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.

Margaret Stewart Roadfoot

18th August 1865.

7

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 Edinburgh and his Substitutes,—

The Petition of John Dinwoodie Inspector of Poor of Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Betsy Forsyth 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 Betsy Forsyth Wilson to the Southern Counties Asylum Dumfries and to sanction her admission into the the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

John Dinwoodie Inspector

(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 August One thousand eight hundred and Sixty five years.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Betsy Forsyth Wilson
2. Sex and Age,	female 38 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	none
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	24 Grenside Street Edinburgh
7. Place where Found and Examined,	~~Here~~ Covenant Close
8. Length of time Insane,	all her life
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,	no
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	Dumfries
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	James Innes a half brother
18. Date of becoming Chargeable,	Covenant Close Edinburgh
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	4th flat.
20. Special circumstances (if any) preventing the 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 August One thousand eight hundred and Sixty five

(To be signed by Party applying John Dinwoodie Inspector

P. P.

17/8/65

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, F. D. McCowan being a (1) M.D. 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) ~~24 Gifford Street~~ Edinr. City poorhouse in the County of Edinr. separately from any other Medical Practitioner visited and personally examined (4) Betsy Forsyth Wilson a pauper and that the said B. F. Wilson is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) General appearance & Behaviour of an Imbecile. From personal observation for many years

2. Other facts (if any) indicating Insanity communicated to me by others: (7) The statements of her late mother and her Brother

Name and Medical Designation, F. D. McCowan

Place of Abode, 23 Elder Street

DATED this 17 day of August One thousand eight hundred and sixty five

address and day of month altered F. D. McCowan M.D.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, *or* an insane person, *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 David Adams being a (1) Graduate of St Andrews University and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) No 5 Argyle Square in the County of Edinburgh separately from any other Medical Practitioner, ~~visited and~~ personally examined (4) Betsy Forsyth Wilson a pauper residing in Covenant Close Edinburgh and that the said Betsy Forsyth Wilson is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Her conversation and behaviour are indicative of Imbecility

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Her sister-in-law Mrs Innes informs me that she (Betsy Forsyth Wilson) has been weak minded from her childhood

Name and Medical Designation, William D Adams M.D.

Place of Abode, 5 Argyle Square

DATED this 17 day of August One thousand eight hundred and sixty five

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Frederick Wallard Sheriff Substitute (1)
of the (2) Shire of Edinburgh
having had produced to me, with a Petition at the instance of (3) John Dinwoodie Inspector of Poor Dumfries
Certificates under the hands of F. D. McCowan
and William D. Adams , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Betsy Forsyth Wilson a pauper and that the said Betsy Forsyth Wilson is a (5) person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Betsy Forsyth Wilson as a Patient into the Southern Counties Asylum 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 Betsy Forsyth Wilson which accompanied the said Petition.

DATED this twenty first day of August One thousand eight hundred and sixty five

Frederick Wallard

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.

Betsy Forsyth Wilson

24 August 1865

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 Anne Whinfield wife of W. A. Whinfield

y at 5 Albion Place South Shore humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that William Anthony Whinfield 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 Anthony Whinfield to the Crichton Royal Institution for Lunatics, and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

Anne Whinfield

(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 Sixty 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,	William Anthony Whinfield
2. Sex and Age,	Male
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Grocer
5. Religious Persuasion, so far as known,	Congregationalist
6. Previous Place of Abode,	Newcastle on Tyne
7. Place where Found and Examined,	Two months
8. Length of time Insane,	Second attack
9. Whether first attack,	1875 —
10. Age (if known) on first Attack,	
11. When and where previously under Examination and Treatment,	Dr. McIntosh, Bath Lane Newcastle
12. Duration of existing Attack,	Over employment
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,	Anne Whinfield 5 Albion Pl. Tynemouth Wife — None
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this 22 day of August One thousand eight hundred and 65

(*To be signed by Party applying*) Anne Whinfield

P. p.

Rule Petition Officers 21 August 1865

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g., Member of the Royal College of Physicians in Edinburgh.*

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Twentyman Lightfoot being a (1) Licentiate of the Royal College of Surg[illegible] in Edinbro — and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 5 Albion [illegible] New Castle upon Tyne — in the County [illegible] ~~Newcastle upon Tyne~~ — separately from any other Medical Practitioner visited and personally examined (4) William Anthony Whinfield [illegible] and the said William Anthony Whinfield is a (5) person of unsound mind — and a proper person to be detained under Care and Treatment, 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 paces the [illegible] nearly the whole day — refuses food and medicine he and his family are starving — that there is nothing in [illegible] but hand stale bread which he can neither swallow or [illegible] and that he has not had pass age in his bowels for 2 months

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) He considers both his wife and daughter insane — [illegible] is to be kept alive without food as a punishment [illegible] sins &c —

Name and Medical Designation, R. T. Lightfoot L. R. C. S. Ed.

Place of Abode, New Castle on Tyne

DATED this 22 day of August One thousand eight hundred and 65

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g., Member of the Royal College of Physicians in Edinburgh.*

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

I, the undersigned, Duncan Matheson being a (1) Member of the Royal College 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) 5 Albion Newcastle-on-Tyne in the County Northumberland separately from any other Medical Practitioner visited and personally examined (4) William Anthony Whinfield Grocer Pilgrim St Newcastle Tyne and the said William Anthony Whinfield is a (5) an insane person and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) His mind is [illegible] the influence of utter despair. He says that God [illegible] utterly forsaken him:— that no human or [illegible] means can do him any good:— that he can [illegible] swallow any nourishment &c &c

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) He [illegible] to his wife that he is completely [illegible] [illegible] of his family are starving &c

Name and Medical Designation, Duncan Matheson L. R. C. P. Ed. — L. F. P. S. Glasg

Place of Abode, Newcastle-on-Tyne

DATED this 22nd day of August One thousand eight hundred and sixty five.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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 Trowbridge Lightfoot Licentiate of Royal College of Surgeons Edinburgh being (1) hereby certify, on soul and conscience, that I have this day, at (2) 5 Albion Place in the County of Newcastle upon Tyne, seen and personally examined William Anthony Whinfield —, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

R. T. Lightfoot

DATED this 22d day of August One thousand eight hundred and sixty five

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Andrew Barrie Esqr (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Anne Whinfield 5 Albion Place Newcastle upon Tyne Certificates under the hands of Robert Trowbridge Lightfoot — and Duncan Matheson —, being two Medical Persons duly qualified in terms of an Act, intitaled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) William Anthony Whinfield grocer Newcastle upon Tyne and that the said William Anthony Whinfield is a (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 Anthony Whinfield as a Patient into the (6) Public Asylum of Crichton Royal Institution and I authorize his — Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said William Anthony Whinfield which accompanied the said Petition.

DATED this Twenty Sixth day of August One thousand eight hundred and Sixty five years

A Barrie

To the Superintendent of the (7) Public Asylum of Crichton Institution Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

No. Anthony Whinfield

~~19/7/65~~

24/8/65

F 50

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(*) Sheriff or Steward.
(*) Shire or Stewartry.

Unto the Honourable the (*) Sheriff ——— *of the* (*) Shire ———
of Dumfries ——— *and his Substitutes,*—

The Petition of Robert McLellan, residing in Annan, Inspector of Poor of the parish of Annan humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Margaret Barret, or O'Neill, a Pauper

(*) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

~~your Petitioner's (*)~~

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Margaret Barret or O'Neill ——— to the Southern Counties Asylum, near Dumfries and to sanction her admission into the said Asylum.

Robert McLellan, Insp^r. of Poor parish of Annan

(*) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this Twenty eighth (*) day of August ——— One thousand eight hundred and sixty five 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 Barret, or O'Neill
2. Sex and Age,	Female Sex, and aged about 40 Years.
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Wife of a Labourer
5. Religious Persuasion, so far as known,	Roman Catholic
6. Previous Place of Abode,	Scotts Street, in Annan
7. Place where Found and Examined,	Swordsmilbrae, near Annan and in parish of Annan
8. Length of time Insane,	About one week
9. Whether first attack,	Yes' First attack
10. Age (if known) on first Attack,	About 40 years of age
11. When and where previously under Examination and Treatment,	Swordsmilbrae aforesaid
12. Duration of existing Attack,	About one week
13. Supposed Cause,	Not Known
14. Whether subject to Epilepsy,	Not subject to Epilepsy
15. Whether Suicidal,	Not Suicidal
16. Whether Dangerous to others,	Not supposed to be dangerous but might in a fit be so
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Parish of Annan, Dumfries shire
18. Date of becoming Chargeable,	28th August 1865.
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Husband Michael O'Neill an Irishman a Labourer presently residing in Annan and Chargeable as a Pauper to said Parish
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this Twenty eighth day of August ——— One thousand eight hundred and sixty five

(*To be signed by Party applying*) Robert McLellan
Inspector of Poor of the parish of Annan
P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an Idiot, *or* a person of unsound mind.

I, the undersigned, John Dickson 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) Buccleuch Street Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Margaret O'Neill, labourer's wife and a pauper and that the said Margaret O'Neill is a (5) lunatic and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She is very depressed, and her mind full of delusions. She believes that she hears voices speaking to her & sees visions & hears things in the fire - that the fairies & the beasts also speak to her, - she also

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) has evil spirits in different forms.

Her sister corroborates the above delusions

Name and Medical Designation, John Dickson

Place of Abode, Buccleuch Street Dumfries

Dated this 28th day of August One thousand eight hundred and sixty five

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Everett being a (1) Licentiate of the Royal College of Surgeons in Edinburgh and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Shore Cottage, Irish Lawn, Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Margaret Burnett or O'Neill a pauper and that the said Margaret Burnett or O'Neill 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 general appearance, delusions about people stealing her Money and clothes &c.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Mother & others say that she is continually disturbing the other inmates of the House

Name and Medical Designation, Wm Everett, Surgeon

Place of Abode, Edward Street, Dumfries

Dated this 28th day of August One thousand eight hundred and Sixty five

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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 Dickson.
being (1) a Graduate of the Edinburgh University
hereby certify, on soul and conscience, that I have this day, at (2) Buccleuch Street
in the County of Dumfries, seen and personally examined
Margaret O'Neill, labourer Wife, and that the said
person is of unsound mind, and 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 Dickson

Dated this 28th day of August One thousand eight
hundred and sixty five

(1) 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 Hannay (3) Sheriff Substitute
of the (4) County of Dumfries
having had produced to me, with a Petition at the instance of (5) ~~John M'Clellan~~
Robert M'Clellan, residing in Annan, Inspector of Poor of the Parish of Annan
Certificates under the hands of John Dickson
and William Ewart, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (6)
Margaret Barret or O'Neill, Labourer's wife, Annan, a Pauper and that the said
Margaret Barret or Neill is a (7) Lunatic, a person of
unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Margaret Barret or O'Neill as a Patient into the (8) Public Asylum of Southern Counties Dumfries and I authorize Her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Margaret Barret or Neill which accompanied the said Petition. Two words delete

Dated this Thirtieth day of August One thousand eight
hundred and Sixty four

A. Hannay

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.

Margaret Barrel or O'Neill

28th August 1865.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) County *of* Dumfries *and his Substitutes,*

The Petition of George Espie S.S.C. Edinr

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Elizabeth Allan Donaldson residing Church St. Dumfries your Petitioner's (3) constituent & 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 Elizabeth Allan Donaldson to the Crichton Royal Institution Dumfries and to sanction her admission into the said Asylum.

George Factor & Commissioner of Patient

(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 thirtieth (4) day of August One thousand eight hundred and sixty 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,	Elizabeth Allan Donaldson
2. Sex and Age,	Female 47 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Gentlewoman
5. Religious Persuasion, so far as known,	Church of Scotland
6. Previous Place of Abode,	Buccleuch St. Dumfries
7. Place where Found and Examined,	Dumfries
8. Length of time Insane,	1 week
9. Whether first attack,	not first attack
10. Age (if known) on first Attack,	42 years
11. When and where previously under Examination and Treatment,	Crichton Institution Dumfries
12. Duration of existing Attack,	1 week
13. Supposed Cause,	unknown
14. Whether subject to Epilepsy,	Has had Epileptic fits.
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	none —
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	John Ure Donaldson Esq. of Auchans residing at Dreaden, only Brother of Patient — Miss Margaret Hunter Donaldson & Miss Helen Carmichael Donaldson only surviving sisters of Patient, 26 Walker St. Edinr at present in Clevedon Somersetshire — No other Member of the family known to have been insane — or 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 thirtieth day of August One thousand eight hundred and sixty five—

(*To be signed by Party applying*) George S.S.C. Edinr
Factor & Commissioner of Patient

P.P.

Margaret Hunter Donaldson
28th August 1865.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g., Member of the Royal College of Physicians in Edinburgh.*

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

I, the undersigned, John Dickson, 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) Buccleuch St Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Elizabeth Allan Donaldson gentlewoman, residing at Buccleuch St Dumfries and that the said Elizabeth Allan Donaldson 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) Great depression following upon a period of excitement. Incoherent, and her mind full of [illegible] e.g. that she is a Royal personage. That she is surrounded by Lords & ladies. Hears voices of absent [illegible]

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Her landlady Mrs Burnside informs me that she has talked of suicide. I confirm generally the above statements.

Name and Medical Designation, John Dickson

Place of Abode, Buccleuch Street.

DATED this 29th day of August One thousand eight hundred and sixty five

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g., Member of the Royal College of Physicians in Edinburgh.*

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Grainger Stewart 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) Dumfries Crichton Institution in the County of Dumfries, separately from any other Medical Practitioner visited and personally examined (4) Elizabeth Allan Donaldson gentlewoman residing in Buccleuch St Dumfries and that the said Elizabeth Allan Donaldson is a (5) person of unsound mind & a lunatic and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She is restless and in continual fear of something awful coming over her. She does not sleep at night fancies the police are after her & that her enemies are trying to make her a Roman Catholic. She was formerly twice in this [illegible]

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Informed by her attendant that she has been sleepless & in the same state for some days & nights.

Name and Medical Designation, H G Stewart M.D.

Place of Abode, Crichton Royal Institution [illegible]

DATED this 29th day of August One thousand eight hundred and sixty five

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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 Dickson,
being (1) a Graduate of the University of Edinburgh
hereby certify, on soul and conscience, that I have this day, at (2) Buccleuch Street
in the County of Dumfries, seen and personally examined
Miss Elizabeth Allan Donaldson, Gentlewoman, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Dated this 29th day of August One thousand eight
hundred and sixty five

(1) 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 Pitcairn Rotter (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) George Pope
S.S.C. Edinburgh
Certificates under the hands of John Dickson
and Hugh Granger 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)
Elizabeth Allan or Donaldson a gentlewoman and that the said
Elizabeth Allan or Donaldson is a (5) Person of unsound mind
and a Lunatic
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Elizabeth Allan or Donaldson 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 Allan or Donaldson which accompanied the said Petition.

Dated this Fourth day of September One thousand eight
hundred and sixty five years

John P. Rotter

To the Superintendent of the (7) Public Royal Institution
Asylum of Crichton
Dumfries

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

Aug. 29th 1865

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of Kyle Coy and Bute Coy and his Substitutes for the Stewartry of Kirkcudbright

The Petition of Joseph Welsh

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Patterson 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 Patterson to the Southern Counties Asylum and to sanction his admission into the said Asylum.

Joseph Welsh Inspector of Poors

(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 September One thousand eight hundred and Sixty five

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STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	John Patterson
2. Sex and Age,	Male age 47
3. Married, Single, or Widowed,	married
4. Condition of Life, and previous Occupation (if any),	Gamekeeper
5. Religious Persuasion, so far as known,	Established Church
6. Previous Place of Abode,	Terraughty
7. Place where Found and Examined,	Police Station Dunkeuabright
8. Length of time Insane,	about a month
9. Whether first attack,	yes
10. Age (if known) on first Attack,	first attack about a month ago
11. When and where previously under Examination and Treatment,	—
12. Duration of existing Attack,	Since about a month ago
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,	Kirkcudbright in the meantime
18. Date of becoming Chargeable,	This day
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Alexand Patterson a son about 12 months old Tenant at Carron Bridge near Moniaive
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this first day of September One thousand eight hundred and Sixty five

(To be signed by Party applying) Joseph Welsh Inspector of Poors

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.* Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Skae Fellow of Roy. Coll. of Physicians
being a (1)
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) the Police Office
in the County of
Kirkcudbright separately from any other Medical Practitioner,
visited and personally examined (4) John Paterson. Pauper
formerly Gamekeeper Terraughtery and that
the said John Paterson is a (5) person of
unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) — State of Melancholia - tending towards Christian Name called Religious - he expressed fear that he may commit suicide from a frequent urgent [illegible]

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Informed by Mr. Johnston Chief Constable that he had been found suspended by the neck with a tree in the 10 Acre of Carpet & that before he had made a second attempt with

Name and Medical Designation, John Skae M.D.

Place of Abode, Kirkcudbright

DATED this 1st day of September One thousand eight hundred and Sixty Two.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.* Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

I, the undersigned, William Cumming
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) the Police Office
Kirkcudbright in the County of
Kirkcudbright separately from any other Medical Practitioner,
visited and personally examined (4) John Paterson Pauper
formerly Gamekeeper Terraughtery and that
the said John Paterson is a (5) Lunatic
person of unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Restless, suspicious that he may commit suicide if left alone for a few days he has always been [illegible] but that it was noticed like something in [illegible] whom all his days dark and that took [illegible] great deal of abnormal

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Informed by Mr Johnston Chief Constable, that he had two attempts on his life, and also that he was found locked up by [illegible] when he found the suicidal [illegible] strong as he thought he might take away his own life if [illegible]

Name and Medical Designation, William Cumming M.D. C.M.

Place of Abode, Kirkcudbright

DATED this 1st day of September One thousand eight hundred and 62

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William Hyacinth Dunbar Esqre Steward Substitute of the (2) Stewartry of Kirkcudbright having had produced to me, with a Petition at the instance of (3) Joseph Welsh, Inspector of Poor for the Parish of Tongueen Certificates under the hands of Drs Shand and Cumming ~~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) John Patterson before designed and that the said John Patterson is a (5) Person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Joseph Patterson 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 John Patterson which accompanied the said Petition.

DATED this first day of September One thousand eight hundred and Sixty five years

W H Dunbar

To the Superintendent of the (7) Southern Counties
Asylum of Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

John Patterson
1st September
1865

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 Barbara Duncan residing at Auchinleck

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Elizabeth Duncan Teacher at Lugar your Petitioner's (3) daughter is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Elizabeth Duncan 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.

Barbara Duncan

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Second (4) day of September One thousand eight hundred and Sixty five 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 Duncan
2. Sex and Age,	Female aged 33 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Teacher
5. Religious Persuasion, so far as known,	Established Church of Scotland
6. Previous Place of Abode,	Lugar
7. Place where Found and Examined,	Auchinleck
8. Length of time Insane,	Four days
9. Whether first attack,	Second
10. Age (if known) on first Attack,	Twenty six
11. When and where previously under Examination and Treatment,	Garthavel asylum Thurseilburgh
12. Duration of existing Attack,	
13. Supposed Cause,	Having been reposed to rain
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,	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,	Barbara Duncan Schoolhouse Auchinleck 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 Second day of September One thousand eight hundred and Sixty five years.

(*To be signed by Party applying*) Barbara Duncan

P. p.

John Patterson
1st September
1865

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Grainger Stewart being a (1) Graduate of the University of Edinburgh and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Crichton Royal Institution Dumfries in the County Dumfries separately from any other Medical Practitioner visited and personally examined (4) Elizabeth Duncan Teacher Resident at Sugar near Auchinleck and that the said Elizabeth Duncan is a (5) Lunatic and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She is incoherent and excited. Says that hear mad is full of beasts and are crawling round her ears & over her face. Is suffering from Mania. Cannot rest for a moment is dead of her clothes and has an exhausted appearance.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Informed by Mrs Conroy who brought her here that she had been very violent at home & had tried to injure her mother. That she had been formerly insane & confined in Gartnavel Asylum Glasgow.

Name and Medical Designation, H. Stewart M.D.

Place of Abode, Crichton Royal Institution

DATED this Second day of September One thousand eight hundred and sixty five years.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, James Farquharson being a (1) Graduate in Medicine of Aberdeen University and being in actual practice as a (2) general Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Auchinleck Ayr in the County of separately from any other Medical Practitioner visited and personally examined (4) Elizabeth Duncan and that the said Eliz. Duncan 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 — sleeplessness — melancholic —

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, J. Farquharson M.D.

Place of Abode, Cumnock

DATED this Second day of Septr One thousand eight hundred and sixty five.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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 Grange Stewart
being (1) Graduate of the University of Edinburgh
hereby certify, on soul and conscience, that I have this day, at (2) Crichton Institution Dumfries,
in the County of Dumfries, seen and personally examined
Elizabeth Duncan, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

H G Stewart

Dated this Second day of September One thousand eight hundred and sixty four 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, Alexander Hannay (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Barbara Duncan
residing at Auchenleck
Certificates under the hands of Hugh Granges Stewart
and James Farquharson, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Duncan, Kacher at Lugar and that the said
Elizabeth Duncan is a (5) Lunatic

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Elizabeth Duncan as a Patient into the (6) Public Asylum of Crichton Institution Dumfries and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Elizabeth Duncan which accompanied the said Petition.

Dated this Sixth day of September One thousand eight hundred and Sixty four

A Hannay

To the Superintendent of the (7) Public Asylum of Crichton Institution Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

Elizabeth Duncan
Sept 2nd 1865

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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,—*

of the Parish of Penninghame

The Petition of William Henry Hughan Inspector

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Marion Kilpatrick

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your Petitioner's (3) Pauper

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Marion Kilpatrick to the Southern Counties Asylum and to sanction her admission into the said Asylum.

W H Hughan

(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 September One thousand eight hundred and Sixty Five

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STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Marion Kilpatrick
2. Sex and Age,	Female, 32
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Farmers (Small) Daughter
5. Religious Persuasion, so far as known,	Not Known
6. Previous Place of Abode,	Colfin Portpatrick
7. Place where Found and Examined,	Wigtown Stewart
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 ascertained
12. Duration of existing Attack,	Not Known
13. Supposed Cause,	Not Known
14. Whether subject to Epilepsy,	Not Known
15. Whether Suicidal,	Not Known
16. Whether Dangerous to others,	Not Known
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Portpatrick
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 his Family known to be or to have been Insane,	John Kilpatrick Father a Crofter at Colfin Kilpatrick. Family not Known as to insanity
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	Found wandering near Wigtown Stewart, alone, and not come to ascertain particulars

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this First day of September One thousand eight hundred and Sixty Five

(*To be signed by Party applying*) W H Hughan

P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Fergus McKenna being a (1) Licentiate of the Faculty of Physicians & Surgeons of Glasgow and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Northumberland Street Weybourn separately from any other Medical Practitioner, visited and personally examined (4) Marion Kilpatrick and that the said Marion Kilpatrick is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)
Under the delusion that She is entitled to a large sum of money from Rome

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Under the impression that the Blood flows externally from the breast a large stream

Name and Medical Designation, Fergus McKenna

Place of Abode, Northumberland Street

Dated this First day of Septr One thousand eight hundred and Sixty-five

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Samuel Gibson being a (1) Member of the Royal College of Surgeons of England and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) the Northern Counties Asylum Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Marion Kilpatrick the aforedesigned pauper and that the said Marion Kilpatrick is a (5) person of unsound mind and a proper person to be detained 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 demonstrative and urgent in her demands that the Emperor of Rome were present, and that an heir apparent can be introduced to Cabinet under various delusions

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
upon the possession of money or property &c. The Policeman accompanying her says during the past two days she has proved an annoyance and a source of anxiety to the Householders

Name and Medical Designation, J. Gibson M.D.

Place of Abode, Northern Counties Asylum

Dated this 20 day of September One thousand eight hundred and Sixty-five

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, Fergus McKenna being (1) Surgeon hereby certify, on soul and conscience, that I have this day, at (2) New Abbey in the County of Kirkcudbright, seen and personally examined Marion Kilpatrick, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum. Marion Kilpatrick

And I further certify that the case of the said person is one of Emergency.

Fergus McKenna

Dated this First day of Sept. One thousand eight hundred and Sixty-five

(1) 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 Hannay (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) William Henry Keighan, Inspector of Poor of the parish of Cummingham Certificates under the hands of Fergus McKenna Surgeon and Samuel Greirson 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) Marion Kilpatrick, Colfin Kilpatrick (a pauper) and that the said Marion Kilpatrick is a (5) person of unsound mind, and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Marion Kilpatrick 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 Marion Kilpatrick which accompanied the said Petition.

Dated this Fourth day of September One thousand eight hundred and sixty five years.

A. McHannay

To the Superintendent of the (7) Public Asylum of Southern Counties

Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

Marion Kilpatrick

2nd September

1865

20 & 21 *Vict. Cap.* 71, *Sect.* 37.

NOTICE OF ADMISSION.

I HEREBY GIVE NOTICE, That (1)

was received into this House as a (2)

Patient on the (3) day of

and I hereby transmit a Copy of the Order and Medical Certificates and Statement on which he was received.

Subjoined is a Report with respect to the mental and bodily condition of the above-named Patient.

(SIGNED) _____ *Superintendent.*

DATED at this (4) day of

one thousand eight hundred and

To the Secretary of the
General Board of Lunacy.

Sarah Campbell
2d September
1865

REPORT.

I HAVE this day (4) seen and personally examined

the Patient named in the above Notice,

and hereby report and certify, with respect to mental state, that (5)

and with respect to bodily health and condition, that (6)

(SIGNED) _____

(7) _____

DATED this day of one thousand eight hundred and

Marion Kilpatrick
2nd September
1865

(1) Name and Designation.
(2) Private or Pauper.
(3) Some day within fourteen days after the date of the Order of the Sheriff; or within twenty-one days, if the Order be granted by the Sheriff of Orkney and Shetland.
(4) Some day not less than two clear days after the admission of the Patient, and before the expiration of fourteen clear days after admission.
(5) Insert particulars.
(6) Insert particulars.
(7) Add Designation.

(*Copies.*)

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) County *of* Wigtownshire *and his Substitutes,—*

The Petition of James Henry Inspector of Poor humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Sarah Campbell Belmont is at present in a state of Mental Derangement, and 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 Campbell to the Dumfries Asylum and to sanction her admission into the said Asylum.

(SIGNED) James Henry Insp

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 31 (3) day of Aug one thousand eight hundred and sixty 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,	Sarah Campbell
2. Sex and Age,	Female, 86 years
3. Married, Single, or Widowed,	Widowed
4. Condition of Life, and previous Occupation (if any),	Householder
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Stranraer
7. Place where Found and Examined,	5 George Street
8. Length of time Insane,	about one month
9. Whether first Attack,	no
10. Age (if known) on first Attack,	68 years
11. When and where previously under Examination and Treatment,	not previously
12. Duration of existing Attack,	about one month
13. Supposed Cause,	Not Known
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	If excited
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Inch
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Sarah Irving or Minn 5 George St Sl daughter No member of family to have Insane
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(SIGNED)* *Name,* James Henry

DATED this 31st day of August one thousand eight hundred and sixty five

* To be Signed by the Party applying.

(Copies.)

MEDICAL CERTIFICATE, No. I.

, the undersigned, David Easton

ing a (1) Doctor of Medicine and a Licentiate of the Royal college of Surgeons of Edinburgh

d being in actual practice as a (2) General Practitioner

reby certify, on soul and conscience, that I have this day, at (3) George St Stranraer in the house of her son Mr Muir Shoemaker in the County of Wigtown separately from any other Medical Practitioner,

sited and personally examined (4) Sarah Campbell Belmont Stranraer a pauper and that

he said Sarah Campbell is a(5) of unsound mind and a proper Person to be detained

der Care and Treatment, and that I have formed this opinion upon the following

rounds, viz. :—

1. Facts indicating Insanity observed by myself; (6) She suffers from a variety of delusions, in constant terror of being injured or killed by some supposed individual who are constantly lying in wait for her about her house, but says she will do for them the first opportunity, and the first thing she felt hold of she will throw at them. She is very excited and very rarely quieted her whole conversation is of personal ill treatment, and she states herself to be an injured person. Yet she evinces no great dislike towards her nearest relations.

2. Other facts (if any) indicating Insanity communicated to me by others: (7) The above corroborated by her son Mr Muir. He says she is very much from when derived. changed against his wife & some supposed injury done to her. That she does not rest at night but frequently rises to drive away from her house the supposed villains. She purposes at one time a great deal of good which she will give to any one who may come to her. That she is very destructive to her own property & very extravagant in her remunerations.

(SIGNED) Name and Medical Designation, David Easton M.D.

Place of Abode, Stranraer

DATED this Twenty ninth day of August One thousand eight hundred and Sixty five

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and*

MEDICAL CERTIFICATE, No. II.

George Fleming

the undersigned,

ing a (1) Doctor of Medicine and Licentiate of the Royal College of Surgeons of Edinburgh

d being in actual practice as a (2) General Practitioner

reby certify, on soul and conscience, that I have this day, at (3) 6 George Street Stranraer, in the house of her Son in law Mr John Muir Shoemaker in the County of Wigtown separately from any other Medical Practitioner,

sited and personally examined (4) Sarah Campbell, Belmont Near Stranraer, a Pauper and that

he said Sarah Campbell 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

rounds, viz. :—

1. Facts indicating Insanity observed by myself: (6)

Appears highly excited and restless. Says she is troubled at night with a Variety of Noises. Has a swollen foot which she says was injured by the devil. Converses incoherently on most subjects and labours under various delusions, but manner, language & general deportment show the appearance of a person of unsound mind.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Mr John Muir Shoemaker, her Son-in-law informs me that about a month ago her manner became quite changed & she is becoming gradually more excited. She is easily irritated, must rest in bed at night, talks incessantly about people being hanged & murdered, being attacked by robbers &c, gives away her property indiscriminately to anyone who comes.

(SIGNED) Name and Medical Designation, George Fleming M.D. Stranraer

Place of Abode

DATED this Thirty first day of August one thousand eight hundred and Sixty five

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* 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 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. 1, hereto annexed, to the effect that
is a (1) hereby further certify that the Case
of the said is One of Emergency, and I recommend the immediate removal of the said
to an Asylum accordingly.

Name,

Place of Abode,

DATED this day of one thousand eight hundred and

(1) Lunatic, or an Insane person, or an Idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Peter MacKeary Sheriff Substitute (1)
of the (2) County of Wigtown
having had produced to me, with a Petition at the instance of (3) James Henry
Inspector of Poor for the parish of Inch
Certificates under the hands of David Easton
and Ebenezer Henry, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Campbell Belmont a pauper and that the said
Sarah Campbell is a (5) pauper of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Sarah Campbell as a Patient into the (6) public Asylum of Dumfries and I authorize Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Sarah Campbell which accompanied the said Petition.

(SIGNED) P MacKeary Sh Sub

DATED this first day of September one thousand eight hundred and sixty five.

To the Superintendent of the (7) Asylum of Dumfries

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(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, or Private.
(7) Public, District, or Private.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

20 & 21 *Vict., Cap.* 71, *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) County of Dumfriesshire and his Substitutes,—

The Petition of Wm Murphy Inspector of Poor of Ruthwell humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that William Keen 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 Keen to the Southern Counties Asylum and to sanction the admission into the said Asylum.

(Signature) Wm Murphy

(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 September One thousand eight hundred and Sixty-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,	William Keen
2. Sex and Age,	Male 56 years
3. Married, Single, or Widowed,	Widowed
4. Condition of Life, and previous Occupation (if any),	Labourer
5. Religious Persuasion, so far as known,	Established Church
6. Previous Place of Abode,	Kirkpatrick Fleming Cumberland Parish
7. Place where Found and Examined,	
8. Length of time Insane,	Many years imbecile
9. Whether first attack,	Yes
10. Age (if known) on first Attack,	56 years
11. When and where previously under Examination and Treatment,	Not previously
12. Duration of existing Attack,	Uncertain
13. Supposed Cause,	No assignable cause
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Ruthwell
18. Date of becoming Chargeable,	Summer 1864
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Father and Uncle are both said Whom been imbecile
20. Special circumstances (if any) 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, Wm Murphy

Dated this Second day of September One thousand eight hundred and Sixty-Five

* To be signed by the Party applying.

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, James Carruthers
being a (1) Licentiate of the Royal College of Surgeons of Edinburgh.
and being in actual practice as a (2) Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) the Union Poorhouse Kirkpatrick Fleming in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) William Keen, Union Poorhouse Kirkpatrick Fleming, a pauper and that the said William Keen is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) He says he is discontented and unhappy in his mind and cannot tell why, but sees imaginary objects molesting him.

2. Other facts (if any) indicating Insanity communicated to me by others: (7) The House Governor of above mentioned Poorhouse told me that the above Declarant William Keen instead of resting in bed at night walks about the room raging swearing and striking the wall

(SIGNED) *Name and Medical Designation,* James Carruthers L.R.C.S.E.

Place of Abode, Kirkpatrick Fleming

DATED this First day of September One thousand eight hundred and Sixty five

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MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house, if any, or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, John Turner M.D. (Edin.) and M.R.C.S.E.
being a (1) Physician & Surgeon
and being in actual practice as a (2) Dumfries
hereby certify, on soul and conscience, that I have this day, at (3) Kirkpatrick Fleming in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) William Keen, Union Poorhouse, Kirkpatrick Fleming, a pauper and that the said William Keen is a (5) person of unsound mind and a proper person to be detained 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 timorous, especially at night, with imaginary persons threatening to molest him, and other symptoms. These prevent his sleeping at night, & he walks about in a state of a

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Myself

(SIGNED) *Name and Medical Designation,* John Turner M.D. M.R.C.

Place of Abode, Dumfries Infirmary

DATED this day of
hundred and Sixty five. September One thousand eight

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period of twenty-four hours without the Order of the Sheriff, and shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a Second Medical Certificate and the Order of the Sheriff.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that
is a (1) bereby 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.

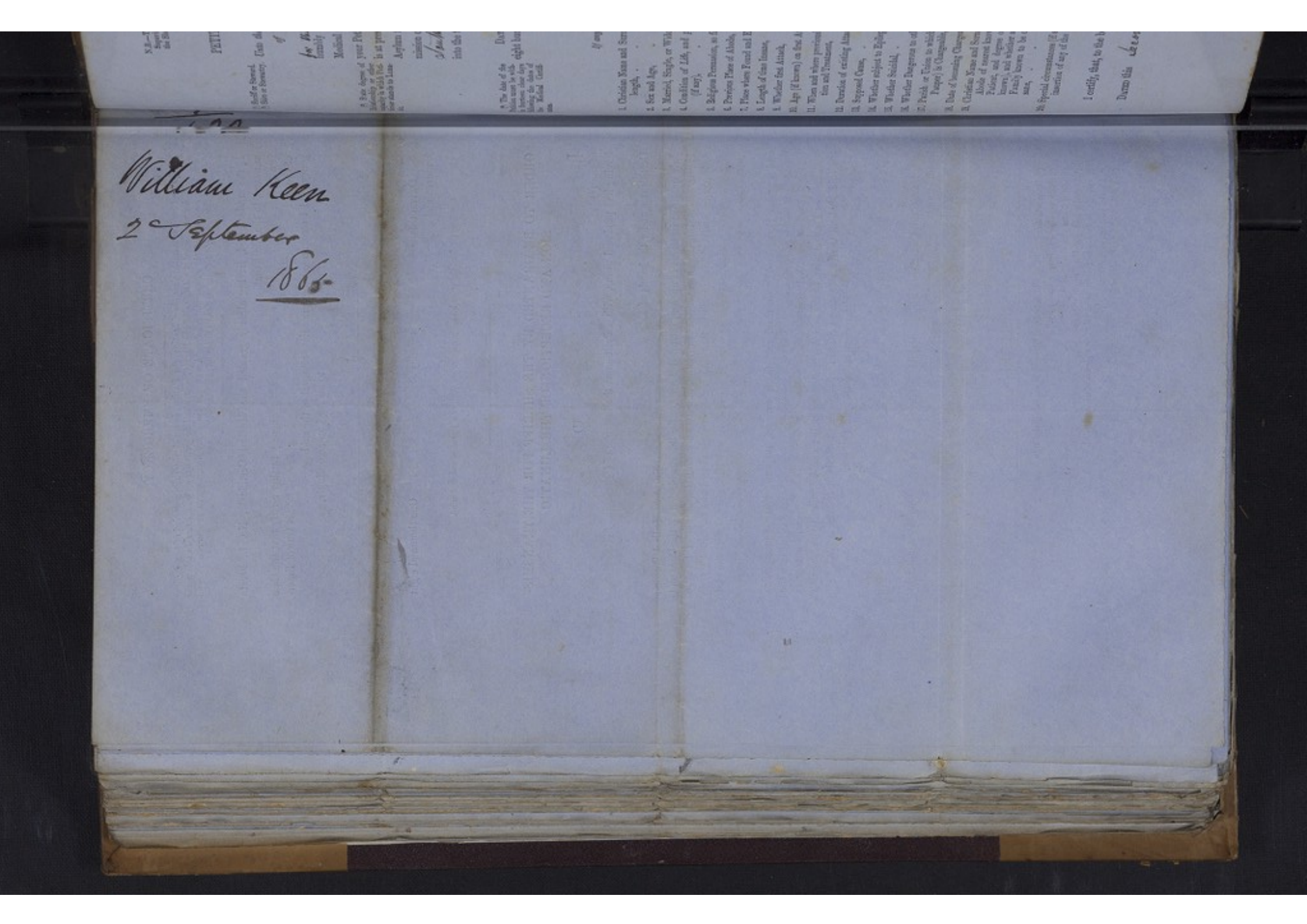
I, John Pitcairn Trotter Esquire (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) John Murphy Inspector of Poor Half merton
Certificates under the hands of James Carruthers
and John Turner , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
William Keen, Annan Poorhouse Kirkpatrick Fleming a Pauper and that the said
William Keen is a (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 Keen 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 William Keen which accompanied the said Petition.

(SIGNATURE) John P Trotter

DATED this Second day of September One thousand eight hundred and Sixty five

To the Superintendent of the (7) Public Asylum of Southern Counties Dumfries

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, or Private.
(7) Public, District, or Private.



N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) County of Dumfries *and his Substitutes,*—

The Petition of John Dinwoodie Inspector of Poor for the Parish of Dumfries.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Janet Carrie residing at Cherrytrees, Dumfries your Petitioner's (3) Pauper.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Janet Carrie to the Southern Counties Asylum and to sanction her admission into the 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 Second (4) day of September One thousand eight hundred and Sixtyfive

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STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Janet Carrie
2. Sex and Age,	Female— 43
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,	Cherrytrees, Dumfries
7. Place where Found and Examined,	do do
8. Length of time Insane,	about a year
9. Whether first Attack,	Second Attack
10. Age (if known) on first Attack,	about 41 years
11. When and where previously under Examination and Treatment,	Cherrytrees & S. C. Asylum
12. Duration of existing Attack,	more than a year but now worse
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,	Elizabeth Bell patients mother and Helen Carrie her sister are insane. Reside at Cherrytrees aforesaid.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Second day of September One thousand eight hundred and Sixtyfive

(*To be signed by Party applying* John Dinwoodie Inspector

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, William Marshall being a (1) 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) Cherry trees Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Janet Currie a pauper and that the said Janet Currie is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Talks incoherently believes her soul to be in danger and acts indecently &c

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Much the same as above

Name and Medical Designation, } W Marshall M.D.

Place of Abode, Buccleuch Street Dumfries

DATED this 2 day of Septr One thousand eight hundred and Sixty five years

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MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Samuel Grierson being a (1) Member of the Royal College of Surgeons of England and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) the Southern Counties Asylum, Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Janet Currie, a pauper, lately residing at Cherry trees, near Dumfries and that the said Janet Currie is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Great excitement and incoherence and indecency

(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 she has been unmanageable for three or four days, and refuse all food

Name and Medical Designation, } J. Grierson M.R.C.

Place of Abode Southern Counties Asylum

DATED this 2d day of September One thousand eight hundred and sixty-five

CERTIFICATE OF EMERGENCY.

(*This Certificate authorizes the detention 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 Physician and an actual practitioner of Medicine hereby certify, on soul and conscience, that I have this day, at (2) Cherry Bank in the County of Dumfries, seen and personally examined Janet Currie Grandmother, and that the said person is of unsound mind, and 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 2 day of September One thousand eight hundred and Sixty five 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, Alexander Hannay (3) Sheriff Substitute of the (4) County of Dumfries having had produced to me, with a Petition at the instance of (5) John Dinwoodie Inspector of Poor for the Parish of Dumfries Certificates under the hands of William Marshall M.D. and Samuel Grierson 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 (6) Janet Currie residing at Cherry Bank Dumfries a pauper and that the said Janet Currie 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 Currie as a Patient into the (8) Public Asylum of Southern Counties Dumfries and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Janet Currie which accompanied the said Petition.

DATED this Fourth day of September One thousand eight hundred and sixty five years.

Alex Hannay

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.

Janet Corrie

2nd September 1865

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

20 & 21 *Vict., Cap.* 71, *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Unto the Honourable the (1) Sheriff of the (2) County of Dumfries and his Substitutes,—

(1) Sheriff or Steward.
(2) Shire or Stewartry.

The Petition of Robert Broadfoot Merchant Maryhill humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Catherine Hannah Maryhill is at present in a state of Mental Derangement and 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 Hannah to the Crichton Institution and to sanction her admission into the said Asylum.

(SIGNATURE) Robt Broadfoot

(*) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 2 (*) day of Septr one thousand eight hundred and Sixty 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,	Catharine Hannah
2. Sex and Age,	Female - 73.
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Domestic Servant
5. Religious Persuasion, so far as known,	Reformed Presbyterian
6. Previous Place of Abode,	Mother of the Family
7. Place where Found and Examined,	at Home. Maryhill
8. Length of time Insane,	About six months
9. Whether First Attack,	Twice in Asylum before -
10. Age (if known) on First Attack,	About 50
11. When and where previously under Examination and Treatment,	In Crichton Institution
12. Duration of Existing Attack,	About six months
13. Supposed Cause,	No particular cause
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	Seem afraid of her committing Suicide
16. Whether Dangerous to others,	No.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Kirkpatrick
18. Date of becoming Chargeable,	—
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	William Hannah Carpet the Nephew
20. Special circumstances (if any) 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,* Rob Broadfoot

DATED this Second day of Sept one thousand eight hundred and Sixty five

* To be Signed by the Party applying.

P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts*

(7) *State the information, and from whom derived.*

I, the undersigned, Andrew Crichton Chrichtonmuir being a (1) Doctor of Medicine of Edinburgh & Licentiate of the Royal Colleges of Physicians of London & Edinburgh and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) North Bank Street in the County of Stirling separately from any other Medical Practitioner, visited and personally examined (4) Catherine Hannah and that the said Catherine Hannah is a (5) Lunatic & Person of Unsound Mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) She is mute & Impressed the Subject State of Melancholy: & unwilling & refuses to be persuaded to take Food or Medicine but from the Violence & Danger Insane in the case -

2. Other facts (if any) indicating Insanity communicated to me by others: (7) From Information & Statements given by Margaret Hannah Cousin & Neighbour Robert Hannah Brother of Catherine Hannah

(Signed) *Name and Medical Designation,* Andr. C. Chrichton

Place of Abode, Stirling

Dated this Second day of September One thousand eight hundred and Sixty five.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Description and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Andrew Lorimer being a (2) Doctor of Medicine 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) North Bank Street Stirling, in the County of Perthshire separately from any other Medical Practitioner, visited and personally examined (4) Catherine Hannah and that the said Catherine Hannah is a (5) person of Unsound Mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) Under great Nervous excitement and declares she has been Killed by taking opium pills. —

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Subject to fits of Melancholy and unwilling to see any person coming near her room

(Signed) *Name and Medical Designation,* And. Lorimer M.D.

Place of Abode Stirling

Dated this 4th day of Sept. one thousand eight hundred and Sixty five

CERTIFICATE OF EMERGENCY.

(This certificate authorizes the detention of a Patient in an Asylum for a period of twenty-four hours without the Order of the Sheriff, and shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a second Medical Certificate and the Order of the Sheriff.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that
is a (1) hereby further certify that the Case
of the said is one of Emergency, and I recommend the immediate removal of the said
to an Asylum accordingly.

Name,

Place of Abode,

DATED this day of One thousand eight hundred and

(1) Lunatic or an insane person, or an idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Alexander Hannay (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Robert Proudfoot Merchant Annandale
Certificates under the hands of Andrew Crichton Chalmers
and Andrew Lorimer , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Hannah, Annandale and that the said Catherine Hannah is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Catherine Hannah as a Patient into the (6) Public Asylum of Crichton 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 Catherine Hannah which accompanied the said Petition.

(SIGNATURE) Alex Hannay

DATED this Fifth day of September one thousand eight hundred and Sixty five

To the Superintendent of the (7) Public
Asylum of Crichton Institution
Dumfries

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, or Private.

Catherine Hannah
5th September
1865

Catherine Hannah
5th September
1865

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER 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) Wigton ~~of~~ and Kirkcudbright *and his Substitutes,—*

The Petition of Richard Hewat, Inspector of Kelton, humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Jean Edgar residing in the Parish of ~~your Petitioner's (3)~~ Borgue, one of the Poor on the Roll of the Parish of Kelton, is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Jean Edgar 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.

Rich Hewat

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this fourth (4) day of September One thousand eight hundred and sixty 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,	Jean Edgar
2. Sex and Age,	Female
3. Married, Single, or Widowed,	Widowed.
4. Condition of Life, and previous Occupation (if any),	Her husband was a labourer
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Rhonehouse in Kelton
7. Place where Found and Examined,	Kirkcudbright
8. Length of time Insane,	a few days
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.
12. Duration of existing Attack,	
13. Supposed Cause,	Unknown
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,	Parish of Kelton
18. Date of becoming Chargeable,	5th November 1861
19. Christian Name and Surname, and Place of Abode of nearest known 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 Edgar or Conning residing in Kirkcudbright, her daughter. No
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this fourth day of September One thousand eight hundred and sixty five

(*To be signed by Party applying*) Rich Hewat.

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate: e.g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Laidlaw,
being a (1) Licentiate of the Royal College of Surgeons in Edinb
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) Mrs Jane Edgar, High Street
Kirkcudbright and th
the said Mrs Jane Edgar 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 very disponde
passes sleepless nights, - Is afraid that she will
others, or that others will injure her, is anxious to be
under restraint. Is at times excitable, & harbours fr

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Her daughter Isabella Conning, tells me that
mother entertains most gloomy thoughts about
is restless - sleepless, excitable, & at times quite in

Name and Medical Designation, James Laidlaw, L.

Place of Abode, Castle Douglas

DATED this fourth day of September One thousand eigh
hundred and ~~sixty years~~ sixty five 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 Johnstone
being a (1) M.D. of the University of Edin. &c.
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 o
Kirkcudbright separately from any other Medical Practitioner
visited and personally examined (4) Mrs Jane Edgar, High Street
Kirkcudbright and tha
the said Mrs Jane Edgar is a (5) Person
of unsound mind and a proper person to be detaine
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) She is of a de
and gloomy state of mind, irritable an
unusual in temper, and is afraid of
injuring herself or others - sleepless

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
From her daughter - Mrs Conning's states
that she is very disponding about the
of her soul - also that she is anxious to be
restraint.

Name and Medical Designation, Wm Johnstone M.D.

Place of Abode, Kirkcudbright

DATED this fourth day of September One thousand eight
hundred and sixty five

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William Hyacinth Dunbar Esq (1) Steward Substitute
of the (2) Stewartry of Kirkcudbright
having had produced to me, with a Petition at the instance of (3) Richard Steward

Certificates under the hands of James Laidlaw
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)
Mrs Jane Edgar a Pauper, and that the said
Mrs Jane 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 Mrs Jane Edgar 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 Mrs Jane Edgar which accompanied the said Petition.

DATED this Fifth day of September One thousand eight hundred and Sixty five years

W H Dunbar

To the Superintendent of the (7) Southern Counties Asylum of Dumfries.

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an Idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

Jean Edgar
5th September
1865

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Shire *of* Dumfries *and his Substitutes,*—

The Petition of William Roy Esq 3 Observatory Place Maxwelltown humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Thomas Roy 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 Roy to the C. R. Institution and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

William Roy

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this 7th (4) day of September One thousand eight hundred and Sixty 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,	Thomas Roy
2. Sex and Age,	Male 45
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Gentleman
5. Religious Persuasion, so far as known,	Epis Church
6. Previous Place of Abode,	Maxwelltown
7. Place where Found and Examined,	Dumfries
8. Length of time Insane,	Doubtful
9. Whether first attack,	Has had several attacks
10. Age (if known) on first Attack,	
11. When and where previously under Examination and Treatment,	C. R. Institution
12. Duration of existing Attack,	Some days
13. Supposed Cause,	Constitutional
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Threatens
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 Roy Esq Father Maxwelltown None so far as known
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 7th day of September One thousand eight hundred and Sixty five.

(*To be signed by Party applying*) William Roy

P. p.

Jean Exgar
5th September
1865

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, John Dickson 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) Buccleuch Street Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Thomas Roy, gentleman and the said Thomas Roy. 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 been repeatedly in the Asylum for habitual intoxication, and is at present and has for some time been d

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
The attendant informs me that he has threatened violence to his father and others and has also talked of committing suicide. He informs me that when he is free from stimulants, his mental wealth and excitability are undue, subject to groundless fears, and dreading some calamity

Name and Medical Designation, John Dickson M.D.

Place of Abode, Buccleuch Street

DATED this 7th day of September One thousand eight hundred and sixty five

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Grange Stewart being a (1) Graduate of the University of Edinburgh and a Licentiate of the Royal College of Surgeons Edinburgh and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Crichton Royal Institution Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Thomas Roy Gentleman residing with his Father at 3 Observatory Place Dumfries and the said Thomas Roy 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 is of weak mind. He says he will drink himself to death and this he is resolved to do. He has been five times a patient in this Asylum

(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 been in terror of being injured by him who threatens to strike him if he attempts to exercise control over him.

Name and Medical Designation, H G Stewart M.D.

Place of Abode, Crichton Royal Institution

DATED this 4th day of September One thousand eight hundred and sixty five years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, John Dickson.
being (1) a Graduate of the Edinburgh University
hereby certify, on soul and conscience, that I have this day, at (2) Buccleuch Street
in the County of Dumfries, seen and personally examined
Thomas Roy. gentleman, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

John Dickson Md

DATED this 7th day of September One thousand eight hundred and Sixty five

(1) 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 Hannay (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) William Roy 3
Observatory Place Maxwelltown
Certificates under the hands of John Dickson
and Hugh Grainger 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)
Thomas Roy gentleman, Maxwelltown and that the said
Thomas Roy is a (5) Lunatic
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Thomas Roy as a Patient into the (6) Public Asylum of Crichton Royal Institution and I authorize the Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Thomas Roy which accompanied the said Petition.

DATED this Eighth day of September One thousand eight hundred and Sixty five

A. G. Hannay

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.

1076
Thomas Bay
2/9/65

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Shire *of* Dumfries *and his Substitutes,*—

The Petition of ~~William Purdie~~ William Purdie, Inspector of Poor Dornock ~~John Arnold~~ humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Elizabeth Arnold at Robgill your Petitioner's (3) ~~daughter~~ pauper is at present in a state of Mental Derangement, and 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 Arnold to the Southern Counties Asylum and to sanction her admission into the said Asylum. Four words delete.

Wm Purdie

(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 Seventh (4) day of September One thousand eight hundred and sixty five 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 Arnold
2. Sex and Age,	Female 13 years of age
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	no occupation
5. Religious Persuasion, so far as known,	not known
6. Previous Place of Abode,	
7. Place where Found and Examined,	Robgil cottage
8. Length of time Insane,	from Childhood
9. Whether first attack,	not first a
10. Age (if known) on first Attack,	about 3 years old
11. When and where previously under Examination and Treatment,	Not before
12. Duration of existing Attack,	about 10 years
13. Supposed Cause,	Not Known
14. Whether subject to Epilepsy,	Takes Fits
15. Whether Suicidal,	No
16. Whether Dangerous to others,	Suspected to be becoming dangerous
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dornock parish in the mean time
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known 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 Arnold, Robgil Cottage patients father
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	~~[illegible]~~ Inserted so far as known

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this Seventh day of September One thousand eight hundred and sixty five

(*To be signed by Party applying*) Wm Purdie

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Proper state so.*

(5) Lunatic, or an insane person, or an Idiot, or a person of unsound mind.

I, the undersigned, Thomas Williamson being a (1) Licentiate of the Royal college of Surgeons of Edinburgh and being in actual practice as a (2) general medical practi hereby certify, on soul and conscience, that I have this day, at (3) Robgill in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Elisabeth Arnold and that the said Elisabeth arnold is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Her appearance and manner that of an imbecile

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) I told by her father that she escapes frequently from home and at night, and has been found in dangerous situations. My her step mother threatened to keep her infant grandchild from her. I believe that she is incapable to take charge of it or to provide for it

Name and Medical Designation, Thomas Williamson Surgeon

Place of Abode, Annan

DATED this second day of September One thousand eight hundred and sixty five

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MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a proper state so.*

(5) Lunatic, or an insane person, or an Idiot, or a person of unsound mind.

I, the undersigned, Agnes Black Boyle being a (1) Physician of the Murray Royal Institution and being in actual practice as a (2) Physician, hereby certify, on soul and conscience, that I have this day, at (3) Robgill Cottage Dumfries in the County of separately from any other Medical Practitioner, visited and personally examined (4) Elisabeth Arnold, under at Robgill Cottage, and that the said Elisabeth Arnold, is ~~not~~ (5) Idiotic, and a proper person to be detained under Care and Treatment, 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, look and speech are quite Idiotic, she can read a few words, and write her name. She appears to be an Imbecile.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) From Father, Sister & Step Mother. I have in the present state from infancy. I understand from home when unhappily confined. Is occasionally violent, has threatened her father, I have stated her in

Name and Medical Designation, Agnes B. Boyle MD

Place of Abode, Miss Park, Annan

DATED this fourth day of September One thousand eight hundred and eighty five years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Alexander Hannay (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) William Burdie
Inspector of Poor Dornock
Certificates under the hands of Thomas Williamson Surgeon
and Agnew Black Bogie M.D. , being two Medical Persons
duly qualified in terms of an Act intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
Elizabeth Arnold and that the said
Elizabeth Arnold is a (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 Arnold 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 Arnold which accompanied the said Petition.

DATED this Seventh day of September One thousand eight hundred and Sixty five

Alex Hannay

To the Superintendent of the (7) Public
Asylum of Southern Counties Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or 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 Arnold
Gloucester
1865

PETIT

Date sh

1 Spell or Steward.
2 Spin or Spinster.

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Speddon
humbly

Medical

3 State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

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Asylum

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4 The date of the Petition must be within a fortnight clear days following the date of the Medical Certificates.

Date

eight hun

If any

1. Christian Name and Surn
length, .
2. Sex and Age,
3. Married, Single, or Widow
4. Condition of Life, and p
(if any),
5. Religious Persuasion, so f
6. Previous Place of Abode,
7. Place where Found and E
8. Length of time Insane,
9. Whether first attack,
10. Age (if known) on first At
11. When and where previously
tion and Treatment,
12. Duration of existing Attac
13. Supposed Cause,
14. Whether subject to Epilep
15. Whether Suicidal,
16. Whether Dangerous to oth
17. Parish or Union to which
Pauper) is Chargeable,
18. Date of becoming Charge
19. Christian Name and Surn
Abode of nearest know
Patient, and degree o
known), and whether a
Family known to be o
sane,
20. Special circumstances (if a
insertion of any of the

I certify, that, to the b

Dated this Nine

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(*) Sheriff or Steward.
(*) Shire or Stewartry.

Unto the Honourable the (*) Sheriff of the (*) Shire of Dumfries and his Substitutes,—

The Petition of Samuel Adamson, Scambrae, Speddoch humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Robert Kirkwood Adamson, mason your Petitioner's (*) Son is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Robert Kirkwood Adamson 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.

Samuel Adamson

(*) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this ninth (*) day of September One thousand eight hundred and sixty-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,	Robt Kirkwood Adamson
2. Sex and Age,	Male - 24 years of age
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Mason
5. Religious Persuasion, so far as known,	Member of Relief Church
6. Previous Place of Abode,	Scambrae, Speddoch.
7. Place where Found and Examined,	Scambrae, Speddoch
8. Length of time Insane,	About 3 Weeks
9. Whether first attack,	Yes
10. Age (if known) on first Attack,	24 years
11. When and where previously under Examination and Treatment,	Never
12. Duration of existing Attack,	about ~~eight days~~ 3 weeks.
13. Supposed Cause,	Anxiety about work.
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	Supposed to be
16. Whether Dangerous to others,	Not yet
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Holywood
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known 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 Adamson, Labourer Scambrae, Speddoch, his 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 ninth day of September One thousand eight hundred and Sixty-five

(*To be signed by Party applying*) Samuel Adamson

P. P.

MEDICAL CERTIFICATE, No. I.

I, the undersigned, James Murray McCulloch M.D.
being a (1) Graduate of the University of Edinburgh
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) My own house
in Castle Street, Dumfries in the County
of Dumfries separately from any other Medical Practitioner
visited and personally examined (4) Robert Kirkwood Adamson
from Scarbrae, Spiddoch
and that
the said Robert Kirkwood 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.:—

1. Facts indicating Insanity observed by myself: (6) Insane expression
of the eyes; raving about religion principally
incapacity, apparently, of expressing his ideas co

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Restlessness, sleeplessness, raving about
subjects, gradual loss of memory & attention
sitting & going about the house.

Name and Medical Designation, James Mc McCulloch M.

Place of Abode, 38 Castle Street, Dumfries

Dated this 9th day of September One thousand eight
hundred and sixty five 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, Samuel Grierson
being a (1) Member of the Royal College of Surgeons
of England
and being in actual practice as a (2) Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) the Middle
Counties Asylum, Dumfries in the County of
Dumfries separately from any other Medical Practitioner
visited and personally examined (4) Robert Kirkwood Adamson
Mason, from Scarbray Spiddoch and that
the said Robert Kirkwood Adamson is a (5) person of
unsound mind and a proper person to be detained
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
with moaning and cries of Penitence, penitence,
penitence - Want of attention, and questions
with a stupid vacant stare & an incoherent wa

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
His father says he will throw off his c
and run about in a state of nudity at
inconvenient seasons

Name and Medical Designation, S. Grierson M.R.C.S.

Place of Abode, Middlesex Counties Asylum

Dated this Ninth day of September One thousand eight
hundred and Sixty five

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or 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 Murray McCulloch, M.D. &c.
being (1) a Graduate of the University of Edinburgh
hereby certify, on soul and conscience, that I have this day, at (2) Dumfries
in the County of Dumfries, seen and personally examined Robert Kirkwood Adamson
Lawson, and that the said Robert Kirkwood
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

Not prid — James Murray McCulloch M.D. &c.

Dated this 9th day of September One thousand eight hundred and Sixty five 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, Alexander Hannay Esq (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Samuel Adamson
Seaurbrae Speddoch
Certificates under the hands of James Murray McCulloch
and Samuel 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) Robert Kirkwood Adamson Seaurbrae and that the said Robert Kirkwood Adamson is a (5) Lunatic and a person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Robert Kirkwood Adamson 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 Robert Kirkwood Adamson which accompanied the said Petition.

Dated this Eleventh day of September One thousand eight hundred and Sixty five

A McHannay

To the Superintendent of the (7) Public Asylum of Southern Counties Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or 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 Kirkwood
Hannah
9th September 1865

PETIT

Unto the

of

Robert Kirkwood

Medical C

your Petit

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Asylum fo

mission of

into the

Date

eight hund

If any

1. Christian Name and Surna
length, .

2. Sex and Age,

3. Married, Single, or Widow

4. Condition of Life, and p
(if any),

5. Religious Persuasion, as fa

6. Previous Place of Abode,

7. Place where Found and B

8. Length of time Insane,

9. Whether first attack,

10. Age (if known) on first At

11. When and where previously
tion and Treatment,

12. Duration of existing Attac

13. Supposed Cause,

14. Whether subject to Epilep

15. Whether Suicidal,

16. Whether Dangerous to oth

17. Parish or Union to which
Pauper) is Chargeable,

18. Date of becoming Charge

19. Christian Name and Surna
Abode of nearest know
Patient, and degree o
known), and whether a
Family known to be o
sane,

20. Special circumstances (if a
insertion of any of the

I certify, that, to the b

Dated this 11

Robert Kirkwood
Alanson
9th September 1865

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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,—*

Town Street Carlisle The Petition of Thomas Carruthers of No 15 humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Thomas Johnston Clerk 28 Ettrby St. 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 Thomas Johnston 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.

Dumfries

Thos Carruthers

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 11th (4) day of September One thousand eight hundred and sixty 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,	Thomas Johnston
2. Sex and Age,	Male 50.
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Clerk.
5. Religious Persuasion, so far as known,	Church of England
6. Previous Place of Abode,	28 Ettrby Street Glasgow
7. Place where Found and Examined,	28 Ettrby St
8. Length of time Insane,	Ten days
9. Whether first attack,	yes
10. Age (if known) on first Attack,	—
11. When and where previously under Examination and Treatment,	—
12. Duration of existing Attack,	Ten days
13. Supposed Cause,	not known
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	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,	John Johnston (Brother) Wm Brock, Leather Mercht Edinburgh. no
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 11th day of September One thousand eight hundred and sixty five

(*To be signed by Party applying*) Thos Carruthers

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g., Member of the Royal College of Physicians in Edinburgh.*

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

I, the undersigned, Robert Brown being a (1) member of the College of Surgeons of England and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 28 Etterb[illegible] Stanwix in the County Cumberland separately from any other Medical Practitioner visited and personally examined (4) Thomas Johnston and that the said Thomas Johnston is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

Refuses to answer questions; Believes some is proceeding against him, & that he will be ruined

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Has twice attempted suicide. once by violently r[illegible] against a marble Chimney piece & a second tim[illegible] by throwing himself down stairs — on each occ[illegible]

Com[illegible] by Mr Henderson
Etterby Street

Name and Medical Designation, Robert Brown Surgeon

Place of Abode, 4 Devonshire St Carli[illegible]

DATED this 11 day of Sep[illegible] One thousand eight hundred and sixty five

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MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g., Member of the Royal College of Physicians in Edinburgh.*

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

I, the undersigned, Stewart Lockie being a (1) Doctor of Medicine (Edinburgh) and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) 28 Etterb[illegible] Stanwix in the County of Cumberland separately from any other Medical Practitioner visited and personally examined (4) Thomas Johnston and that the said Thomas Johnston is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Is sullen, for the most part refuses to answer qu[illegible] moans incessantly, ~~[illegible]~~ and assigns no [illegible]

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Is frequently so violent as to requ[illegible] three men to take charge of him.

Mr Brown

Name and Medical Designation, Stewart Lockie, M[illegible]

Place of Abode, 5 Devonshire Street, Ark[illegible]

DATED this 11th day of September One thousand eight hundred and sixty five

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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 Brown being (1) a ~~[illegible]~~ member of the College of Surgeons Eng^d, hereby certify, on soul and conscience, that I have this day, at (2) 28 Etterby Street Stanwix in the County of Cumberland, seen and personally examined Thomas 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.

Robert Brown

DATED this 11 day of September One thousand eight hundred and sixty five

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Andrew Barrie Esquire (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Thomas Carruthers of No 15 West Tower Street Carlisle Certificates under the hands of Robert Brown and Stewart Lockie, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Johnston, Clerk, 28 Etterby Street, Stanwix, Carlisle, and that the said Thomas Johnston is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Thomas Johnston as a Patient into the (6) Public Asylum of Crichton Institution Dumfries and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Thomas Johnston which accompanied the said Petition.

DATED this Twelfth day of September One thousand eight hundred and Sixty five

A Barrie

To the Superintendent of the (7) Public *Asylum of* Crichton Institution Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1017

Thos. Johnston

11/9/65

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

20 & 21 *Vict.* Cap. 71, *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Unto the Honourable the (1) Sheriff of the (2) Wigton & Kirkcudbright *and his Substitutes,—*

(1) Sheriff or Steward.
(2) Shire or Stewartry.

The Petition of George Drysdale Inspctr of Poor Parish of Whithorn humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Jane Burnie residing in the Row in the Burgh of Whithorn is at present in a state of Mental Derangement and 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 Burnie to the Southern Counties asylum Dumfries and to sanction her admission into the said Asylum.

(SIGNATURE) George Drysdale Inspr. of Poor Parish of Whithorn

(*) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Seventh (*) day of September one thousand eight hundred and Sixty 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,	Jane Burnie
2. Sex and Age,	Female age about 28 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,	in the neighbourhood of Maybole
7. Place where Found and Examined,	Whithorn
8. Length of time Insane,	about 8 Days
9. Whether First Attack,	has an attack in Feb of 1860
10. Age (if known) on First Attack,	about 26 years
11. When and where previously under Examination and Treatment,	Maybole
12. Duration of Existing Attack,	about 8 Days
13. Supposed Cause,	not known
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,	Whithorn
18. Date of becoming Chargeable,	September 1863
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	William Burnie Father Resides in Whithorn 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.

(SIGNATURE)* Name George Drysdale Inspr of Poor Parish of Whithorn

DATED this Seventh day of September one thousand eight hundred and Sixty five

* To be Signed by the Party applying.

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Robert Broadfoot Surgeon being a (1) Licentiate of the Royal College of Surgeons of Edi[illegible]

and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Whithorn, in the Street called "the Raw" in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) Jane Burnie Spinster, a pauper, and residing in the said street called "the Raw" and that the said Jane Burnie is a (5) Lunatic and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts*

1. Facts indicating Insanity observed by myself: (6) Her generally wild violent and absurd demeanour. Sometimes she lau[illegible] or scolds or sings, alternately, or spits at her nurses. she accuses them of stealing from her a thousand, or a golden crown &c &c.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) He[illegible] chief nurse states that without any appare[illegible] object she has repeatedly, almost in nudity run the street and several times broken her skylight [illegible] in attempts to leap out of it. &c &c.

(SIGNED) *Name and Medical Designation,* Robert Broadfoot Su[illegible]

Place of Abode, Whithorn

DATED this seventh day of September One thousand eight hundred and sixty five.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 McMillan Surgeon being a (1) Licentiate of the Royal College of Surgeons Edinburgh

and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Whithorn in the Street called the Raw in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) Jane Burnie Spinster a Pauper and residing in the said street called the Raw and that the said Jane Burnie 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) Wild Furor in her Eyes la[illegible] immoderately or Singing or dancing being quite unmanageable without strait jacket indeed quite furiously mad.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) The Nurse and others say she talks Obscenely swears profanely at[illegible] to throw herself out of a Garret window where she might have be[illegible] killed on the spot and all the Neighbourhood disturbed night and [illegible] with the hideous noise she incessantly makes

(SIGNED) *Name and Medical Designation,* Alexander McMillan Surgeon

Place of Abode Whithorn

DATED this Seventh day of September one thousand eight hundred and sixty five

CERTIFICATE OF EMERGENCY.

(This certificate authorizes the detention of a Patient in an Asylum for a period of twenty-four hours without the Order of the Sheriff, and shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a second Medical Certificate and the Order of the Sheriff.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that
is a (1) hereby further certify that the Case
of the said is one of Emergency, and I recommend the immediate removal of the said
to an Asylum accordingly.

Name,

Place of Abode,

DATED this day of One thousand eight hundred and

(1) Lunatic or an insane person, or an idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Thomas Murray Esquire Sheriff Substitute
of the (2) County of Wigtown
having had produced to me, with a Petition at the instance of (3) George Drysdale Inspector of Poor parish of Whithorn
Certificates under the hands of Robert Broadfoot Surgeon
and Alexander Mc Millan 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)
Jane Burnie pauper residing in Whithorn and that the said
Jane Burnie is a (5) Lunatic

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Jane Burnie 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 Burnie which accompanied the said Petition.

(SIGNATURE) Thos Murray

DATED this ninth day of September one thousand eight hundred and sixty five.

To the Superintendent of the (7) Southern Counties Asylum of Dumfries

Thos. Murray

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, 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.

Jane Burnie
12th September
1865
E

N.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) Shire — of Dumfries — *and his Substitutes,—*

The Petition of Robert McLellan, residing in Annan Inspector of Poor of the Parish of Annan humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Elizabeth Smith 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 Elizabeth Smith — to the Southern Counties asylum near 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 McLellan, Inspector of Poor, of Annan

(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 September — One thousand eight hundred and sixty five 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 Smith
2. Sex and Age,	Female Sex and aged about 17 Years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	
5. Religious Persuasion, so far as known,	Protestant Presbyterian Church of Scotland
6. Previous Place of Abode,	Port Street in Annan
7. Place where Found and Examined,	Port Street, in Annan
8. Length of time Insane,	About Nine weeks.
9. Whether first attack,	Yes:- First attack
10. Age (if known) on first Attack,	about 17 Years of age
11. When and where previously under Examination and Treatment,	Port Street, in Annan about Nine weeks
12. Duration of existing Attack,	
13. Supposed Cause,	
14. Whether subject to Epilepsy,	not subject to Epilepsy
15. Whether Suicidal,	not Suicidal
16. Whether Dangerous to others,	not supposed to be dangerous to others
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Parish of Annan, Dumfries-shire
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Thomas Smith, Draper with Messrs Waugh and Porter, Annan, and residing in Nicholson Place, Port Street in Annan Failed only Brother his Parents being deceased
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this Twelfth day of September — One thousand eight hundred and sixty five Years

(*To be signed by Party applying*) Robert McLellan, Inspector of Poor of the Parish of Annan, Dumfries-shire

P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Allen Everett being a (1) Licentiate of the Royal College of Physicians Edinburgh and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Portland Annan Dumfries in the County separately from any other Medical Practitioner visited and personally examined (4) Elizabeth Smith, a pauper and that the said Elizabeth Smith is a (5) person of unsound Mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Her general appearance, vacant & stupid Expression of Countenance, and refusing to speak or answer questions.

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Mother informs me that she has not slept for a week, and will not speak to any body that she is told.

Name and Medical Designation, Allen Everett, Physician

Place of Abode, Edward Street, Annan

DATED this eleventh day of September One thousand eight hundred and eighty five.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, A Proctor Physician & 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) Portland Annan Dumfries in the County of separately from any other Medical Practitioner visited and personally examined (4) Elizabeth Smith, Pauper and that the said Elizabeth Smith is a (5) person of Unsound Mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) General appearance is that of deep Melancholy. Refuses to speak, up or more than desired. Her gait is unsteady she cannot balance herself in sitting posture.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Is at times irritable when she strikes him (her) sometimes Laughs and sometimes weeps suddenly without any apparent cause.

Per Mother.

Name and Medical Designation, A Proctor M.D. Physician & Surgeon.

Place of Abode, Friars Park, Annan

DATED this Ninth day of September One thousand eight hundred and eighty five.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

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, Andrew Barrie Esqure (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Robert McLellan Inspector of Poor of the Parish of Annan —
Certificates under the hands of William Ewart
and Agnew Black Boggis , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Smith a Pauper — and that the said
Elizabeth 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 Elizabeth Smith 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 Smith — which accompanied the said Petition.

DATED this Twelfth day of September One thousand eight hundred and Sixty four

A Barrie

To the Superintendent of the (7) Public Asylum of Southern Counties Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or 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 Smith
12th September
1863

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PET

Unto

* Sheriff or Steward.
† Shire or Stewartry.

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following the date of
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1. Christian Name and Su
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2. Sex and Age,
3. Married, Single, or W
4. Condition of Life, an
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5. Religious Persuasion, w
6. Previous Place of Abod
7. Place where Found and
8. Length of time Insane,
9. Whether first attack,
10. Age (if known) on first
11. When and where previo
tion and Treatment,
12. Duration of existing At
13. Supposed Cause,
14. Whether subject to Epi
15. Whether Suicidal,
16. Whether Dangerous to
17. Parish in Union to pa
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18. Date of beginning Charg
19. Christian Name and Su
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Patient, and degree
known), and whether
Family known to N
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20. Special circumstances
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N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) Shire of Dumfries and his Substitutes,—

The Petition of John Bell Inspector of Poor of Moffat humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Aitchison residency at Boghs your Petitioner's (3) one of the Paupers of the Parish of Moffat is at present in a state of Mental Derangement, and 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 Aitchison 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 Bell Inspector of Poor Moffat

(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 September One thousand eight hundred and Sixty five 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 Aitchison
2. Sex and Age,	Male 33 years of age
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	originally a Shepherd & lately labourer
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Boghs Moffat
7. Place where Found and Examined,	Ditto
8. Length of time Insane,	
9. Whether first attack,	Second Attack
10. Age (if known) on first Attack,	29 years of age
11. When and where previously under Examination and Treatment,	Southern Counties Asylum Dumfries about Nine months
12. Duration of existing Attack,	
13. Supposed Cause,	
14. Whether subject to Epilepsy,	
15. Whether Suicidal,	
16. Whether Dangerous to others,	
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Parish of Moffat.
18. Date of becoming Chargeable,	Has been getting temporary Aid since 31 Decem 1864 and has been under observation since that 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,	Name Aitchison or Boghs Boghs Moffat his Mother with whom he resides — No other Member of the family have been Insane
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Twelfth day of September One thousand eight hundred and Sixty five years

(*To be signed by Party applying*) John Bell Inspector of Poor of Parish of Moffat

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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) Graduate of the University of Edinburgh & Licentiate of the Royal College of Surgeon Ed and being in actual practice as a (2) Physician & Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Bogue h Moffat in the County Dumfries separately from any other Medical Practitione visited and personally examined (4) John Aitchison. Bogue Moffat. Pauper and th the said John Aitchison is a (5) person of Unsound Mind and a proper person to be detaine under Care and Treatment, and that I have formed this opinion upon the followin grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) he persistently refuses to work. alleging that he has made money enough to live upon. but cannot tell in wh hands it is - that he has been poisoned by Doctor

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Writing letters to the Sheriff, the Minister the Parish &c about this money. by Mr. Pa Inspector of Poor. Moffat

Name and Medical Designation, James Munro M D & Surg

Place of Abode, Moffat

DATED this 12th day of September One thousand eight hundred and sixty five

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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: being a (1) Graduate of the University of Edinburgh and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) the Southern County's Asylum Dumfries in the County of separately from any other Medical Practitioner visited and personally examined (4) John Aitchison, pauper and that the said John Aitchison, pauper is a (5) lunatic and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Says that the Ap Paul visited his father & he & described his state; that Sheriff Trotter & many others owe him money & that wont work as he has plenty & is rich if we pay he

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Writes to & claims money from various pa such as, Dr. McVicar, Sheriff Trotter &c. wont w

Name and Medical Designation, James M: McCulloch M:

Place of Abode, 38 Castle Street, Dumfries

DATED this 12th day of September One thousand eight hundred and sixty five years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, James M: McCulloch M: D: &c being (1) a physician hereby certify, on soul and conscience, that I have this day, at (2) the Southern Counties in the County of Dumfries, seen and personally examined John Aitchison, 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 M: McCulloch M: D: &c

DATED this 12th day of September One thousand eight hundred and sixty five 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, Alexander Hannay (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) John Bell Inspector of Poor, Moffat Certificates under the hands of James Munro and James M. McCulloch, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) John Aitchison, residing at Boghead Moffat, a Pauper and that the said John Aitchison is a (5) person of unsound mind, and a lunatic and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said John Aitchison 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 Aitchison which accompanied the said Petition.

DATED this Thirteenth day of September One thousand eight hundred and Sixty five

A. Hannay

To the Superintendent of the (7) Public *Asylum of* Southern Counties Dumfries

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

John Hutchison
12th September
1857

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(if any),

5. Religious Persuasion, so fa

6. Previous Place of Abode,

7. Place where Found and H

8. Length of time Insane,

9. Whether first attack,

10. Age (if known) on first At

11. When and where previously
tion and Treatment,

12. Duration of existing Attack

13. Supposed Cause,

14. Whether subject to Epileps

15. Whether Suicidal,

16. Whether Dangerous to othe

17. Parish or Union to which
Pauper) is Chargeable,

18. Date of becoming Chargeab

19. Christian Name and Surna
Abode of nearest known
Patient, and degree of
known), and whether an
Family known to be in
case,

20. Special circumstances (if a
insertion of any of the a

I certify, that, to the be

Dated this fifte

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 Catherine Auld residing in Parkhill Cottage humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that William Park presently residing at Parkhill Cottage 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 Park 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.

Catherine Auld

(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 September One thousand eight hundred and Sixty five

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STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	William Park
2. Sex and Age,	Male, and about 60
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	formerly Ship Agent, Greenock
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Greenock
7. Place where Found and Examined,	Parkhill
8. Length of time Insane,	1 year or 18 months
9. Whether first attack,	
10. Age (if known) on first Attack,	
11. When and where previously under Examination and Treatment,	
12. Duration of existing Attack,	
13. Supposed Cause,	
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	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,	The Petitioner & other Sister Park or Ross are his Sisters & no Members of the Family was 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 fifteenth day of September One thousand eight hundred and Sixty five

(*To be signed by Party applying*) Catherine Auld

P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, John Campbell & Fellow of the F
being a (1) Doctor of Medicine
of Physician & Surgeon Glasgow.
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Burnfoot in
Parish of Largs in the County
separately from any other Medical Practition
visited and personally examined (4) Mr William Park Boatm
at Greenock & now residing at Burnfoot and th
the said Mr William Park 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)
loss of memory, judgment & power of reasoning;
utterly unable to take care of himself —
dotage.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
In a state of dementia — often attempts
leave the house undressed — Informed by
Mr & Mrs Daniel Miller with whom he

Name and Medical Designation, John Campbell M. D

Place of Abode, Largs Ayrshire

DATED this Seventh day of September One thousand eigh
hundred and sixty four.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Kirkwood
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) Burnfoo
Fairlie in the parish of Largs in the County
Ayr separately from any other Medical Practitione
visited and personally examined (4) William Park some
ship Agent Greenock & now residing at Burnfoot Fairlie and th
the said William Park is a (5) person
of unsound mind and a proper person to be detaine
under Care and Treatment, and that I have formed this opinion upon the followin
grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Expression
vacant unable to comprehend & answer
the simplest questions; memory gone;
laughs meaningfully & without cause;
& paralytic.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Mrs Daniel Miller Burnfoot Fairlie with
Mr Park has been some time resident informs me that
Park is unable to attend to himself that he requires the dress
undressed that he is habitually inattentive to the calls of nature
his judgment & memory are
quite gone

Name and Medical Designation, Robert Kirkwood

Place of Abode, Largs Ayrshire

DATED this Seventh day of September One thousand eight
hundred and sixty four years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) 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 Hannay (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Catherine Auld residing at Partick, Glasgow
Certificates under the hands of John Campbell
and Robert Kirkwood , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) William Park, formerly Ship Agent, Greenock, now residing at Dumfries and that the said William Park is a (5) person of unsound mind

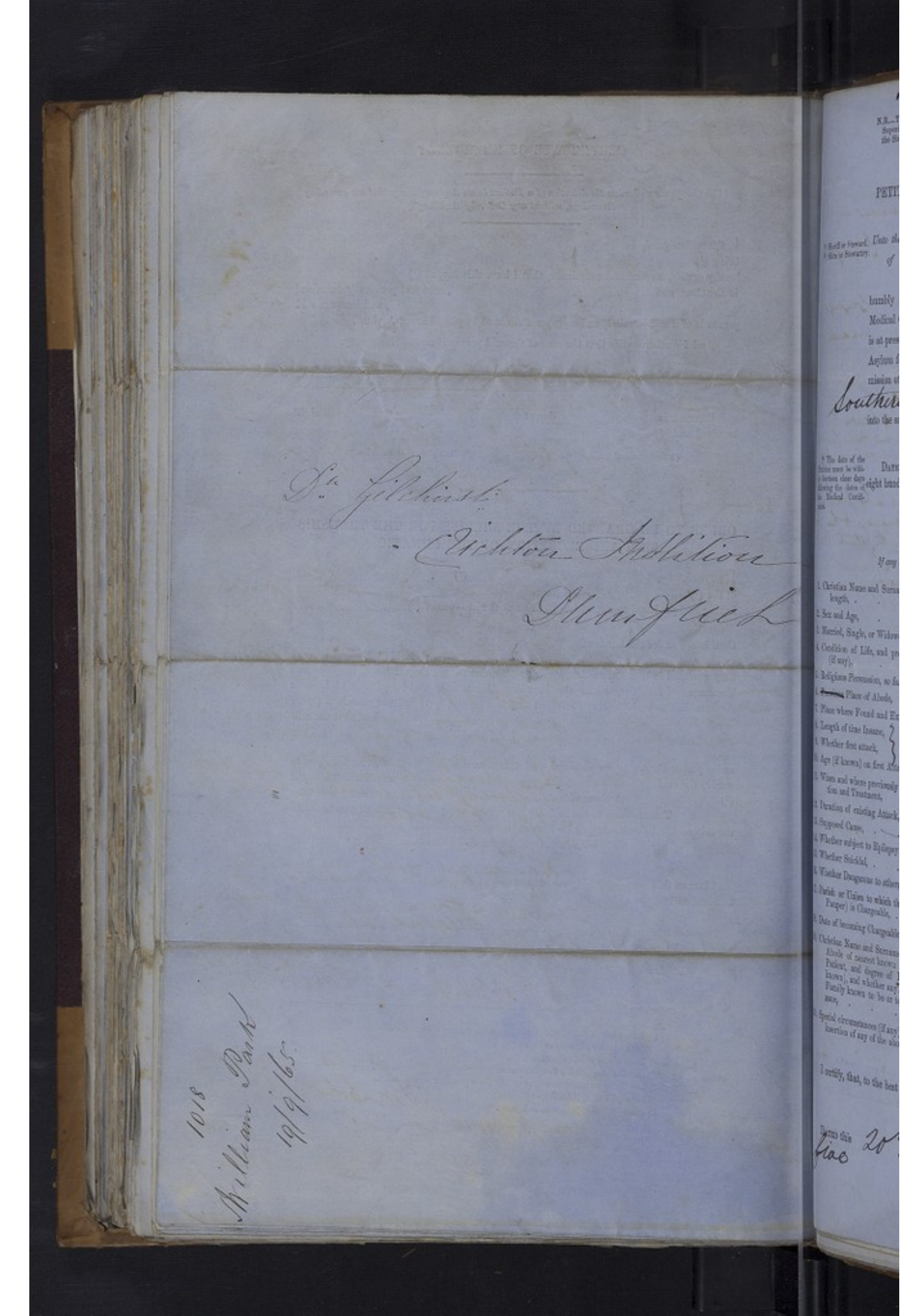
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said William Park as a Patient into the (6) Public Asylum of Crichton Institution Dumfries and I authorize the Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said William Park which accompanied the said Petition.

DATED this Twenty first day of September One thousand eight hundred and Sixty four

Alex Hannay

To the Superintendent of the (7) Public Asylum of Crichton Institution Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.



Dr. Gilchrist

Crichton Institution

Dumfries

1018

William Park

19/9/65

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form **A**]

20 & 21 *Vict. Cap.* 71 *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Shire *of* Dumfries *and his Substitute,*—

The Petition of John Stark Insp of Poor of Johnston humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Isabella Armstrong or Buck is at present in a state of Mental Derangement, and 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 Armstrong or Buck to the Southern Counties Asylum Dfrie and to sanction her admission into the said Asylum.

(Signed) John Stark

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this 20th (3) day of September One thousand eight hundred and sixty 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,	Isabella Armstrong or Buck
2. Sex and Age,	Female
3. Married, Single, or Widowed,	Widow
4. Condition of Life, and previous Occupation (if any),	Farm Worker — House Servant
5. Religious Persuasion, so far as known,	Estab. Ch. of Scotland
6. ~~Previous~~ Place of Abode,	Grayrigg
7. Place where Found and Examined,	Do
8. Length of time Insane,	Has shown symptoms more or less for last five years
9. Whether first attack,	
10. Age (if known) on first Attack,	39 her age at present being 44
11. When and where previously under Examination and Treatment,	Has always been at home and at work till within last 8 weeks
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,	Has as yet never assaulted any person but has confined herself to threats
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Johnstone Dumfriesshire
18. Date of becoming Chargeable,	22nd August 1865
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Father's name Alexr Armstrong Mother — May Brown or Armstrong Grayrigg — 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.

(Signed)* *Name,* John Stark

Dated this 20th day of September One thousand eight hundred and sixty five

* To be signed by the Party applying.

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or an* insane person, *or an* idiot, *or a* person of unsound mind.

I, the undersigned, William Sanders 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) Greyrigg in the County of Parish of Johnstone Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Isabella Buck Greyrigg Pauper and that the said Isabella Buck is a (5) insane and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Says her mother insane and is afraid she takes it into her head to poison her. Says that a dread of water or Blood rushes up her side and round her neck to the back of her head comes down again puts her jaws out of joint and two fingers falls down

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Will not take food unless it is previously tasted in her presence by her mother or some other person. Uses abusive language to her father & mother. This information I derived from Mrs Armstrong the patients mother

(SIGNED) *Name and Medical Designation,* William Sanders Surgeon

Place of Abode, Wamphray

DATED this Thirteenth day of September One thousand eight hundred and Sixty five

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MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, *or an* insane person, *or an* idiot, *or a* person of unsound mind.

I, the undersigned, John Ferguson being a (1) Doctor of Medicine and Licentiate of the Royal College of Surgeons, Edinburgh and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Greyrigg in the Parish of Johnstone Dumfries in the County of separately from any other Medical Practitioner visited and personally examined (4) Isabella Buck, Pauper at Greyrigg and that the said Isabella Buck is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, 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 subject to various delusions regarding the state of her health imagining that she is the victim of disease which soon to terminate her life and her description of [illegible] is preposterous in the extreme. Notwithstanding this appears well and all her bodily functions are [illegible]

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) From her father & mother I learn that she is in constant suspicion of being poisoned by them and refuses food in consequence. From Mrs Brown neighbour I learn besides the above facts that she is in constant dread of death, wanders about with [illegible]

(SIGNED) *Name and Medical Designation,* John Ferguson

Place of Abode, Lochmaben

DATED this 13th day of September One thousand eight hundred and Sixty five 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

(2) 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, Mark Napier Esquire (1) Sheriff ~~Substitute~~ of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) John Stark Inspector of poor of the parish of Johnstone Certificates under the hands of William Sanders and John 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) Isabella Armstrong or Buck Greyrigg (a pauper) and that the said Isabella Armstrong or Buck 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 Isabella Armstrong or Buck 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 Isabella Armstrong or Buck which accompanied the said Petition. one word delete —

(SIGNED) Mark Napier

DATED this Twenty second day of September One thousand eight hundred and Sixty five

To the Superintendent of the (7) public *Asylum of* Southern Counties Dumfries

---

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, 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.

Isabella Armstrong
or Buck
22 September
1865.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap. 54, Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(*) Sheriff or Steward.
(*) Shire or Stewartry.

Unto the Honourable the (*) Sheriff — *of the* (*) Shire of Dumfries — and his Substitutes,—

The Petition of Robert McKellan, residing in Annan Inspector of Poor of the parish of Annan, Dumfries-shire humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Robert Thomson (~~was Pauper~~) 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 Robert Thomson to the Southern Counties Asylum, Dumfries and to sanction his admission into the the said Asylum.

(*) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

Robert McKellan, Inspector of Poor of Annan

(*) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this Twenty first (*) day of September One thousand eight hundred and sixty five 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 Thomson
2. Sex and Age,	Male Sex:- aged 32 yrs.- Born in Sept. 1833
3. Married, Single, or Widowed,	Married:- Was a Travelling Dealer, in England
4. Condition of Life, and previous Occupation (if any),	Protestant
5. Religious Persuasion, so far as known,	Howpill Burn near Annan
6. Previous Place of Abode,	do do
7. Place where Found and Examined,	about two weeks
8. Length of time Insane,	No:- Had an attack about July Last 1863
9. Whether first Attack,	about 32 years
10. Age (if known) on first Attack,	Howpill, near Annan
11. When and where previously under Examination and Treatment,	Two weeks
12. Duration of existing Attack,	Not Known
13. Supposed Cause,	Not subject to Epilepsy
14. Whether subject to Epilepsy,	Not supposed to be Suicidal
15. Whether Suicidal,	Not Dangerous to others
16. Whether Dangerous to others,	Parish of Annan Dumfries-shire
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	21st September 1865
18. Date of becoming Chargeable,	Father Robert Thomson Sailor, Howpill near Annan:- Has a Brother, Hope Thomson a patient in the Asylum & previously had a Sister Janet Thomson in said Asylum but who was discharged Cured sometime ago.
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	
20. Special circumstances (if any) preventing the 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 September One thousand eight hundred and sixty five Years

(*To be signed by Party applying*) Robert McKellan, Inspector of Poor parish of Annan, Dumfries shire

P. P.

Medical Certificates 22 September 1865

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Miller Ewart
being a (1) Licentiate of the Royal College of Surgeons in Edinburgh
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Annfield, in the Parish of Annan in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Robert Thomson a pauper and that the said Robert 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) His general appearance, incoherent talk, and religious delusions

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Wife and other relatives complain of his unsettled state, and that he believes he

Name and Medical Designation, Miller Ewart. Surgeon

Place of Abode, Edinburgh St. Annan

DATED this 20th day of Septr One thousand eight hundred and Sixty five

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MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

From patients Wife.

I, the undersigned, Andrew Black Borgis
being a (1) Physician & Surgeon of Edinburgh University & 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) Annfield in the Parish of Annan in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Robert Thomson, a pauper residing at Annfield and that the said Robert 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) His appearance is wild and excited, his conversation is incoherent bearing about religion. Has constantly religious delusions.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Refuses food for days together, Raves constantly about religion & the loss of his Soul. He was much taken up with Rivavalism. Has also been to Church ministers.

Name and Medical Designation, Andrew Black Borgis M.D. Edin. Surgeon

Place of Abode, Annan Park. Annan

DATED this 21st day of September One thousand eight hundred and Sixty five.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) 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 Kennedy (1) Sheriff Substitute
of the (2)
having had produced to me, with a Petition at the instance of (3) Robert M'Lellan, Inspector of Poor, of the Parish of Penninan
Certificates under the hands of William Ewart
and Agnew Black Boger, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Thomson, residing at Howgill a Pauper and that the said Robert 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 Robert Thomson as a Patient into the (6) Public Asylum of Southern Counties Dumfries and I authorize the Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Robert Thomson which accompanied the said Petition.

DATED this Twenty first day of September One thousand eight hundred and Sixty four

Alex Kennedy

To the Superintendent of the (7) Public Asylum of Southern Counties Dumfries

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or 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 Thomson
21 September
1865.

20 & 21 *Vict., Cap.* 71. *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) County *of* Dumfries *and his Substitutes,—*

The Petition of James Wilkie Moir, Inspector of Poor, Keir.

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Margaret Laurie, 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 Margaret Laurie to the Southern Counties Asylum and to sanction her admission into the said Asylum.

(SIGNED) James Wilkie Moir Inspector of Poor, Parish of Keir.

(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 September one thousand eight hundred and sixty-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 Laurie.
2. Sex and Age,	Female: 36 years.
3. Married, Single, or Widowed,	Single.
4. Condition of Life, and previous Occupation (if any),	Pauper: no previous occupation.
5. Religious Persuasion, so far as known,	Presbyterian.
6. Previous Place of Abode,	Has lived always in Keir.
7. Place where Found and Examined,	Keir Village.
8. Length of time Insane,	Seventeen days.
9. Whether first Attack,	Yes.
10. Age (if known) on first Attack,	36 years.
11. When and where previously under Examination and Treatment,	Never before under Treatment.
12. Duration of existing Attack,	Seventeen days.
13. Supposed Cause,	Weakness of intellect.
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	No.
16. Whether Dangerous to others,	Yes: During Menstrual periods.
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Parish of Keir.
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 Black, residing at Keir Village, is her uncle: no member of his family have ever been insane.
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(SIGNED)* *Name,* James Wilkie Moir

DATED this 22nd day of September one thousand eight hundred and sixty five.

* To be Signed by the Party applying.

Lunacy Board,—Dec.—37.—1893.

Robert Thomson
21 September 1865.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *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 Fogan
being a (1) Fellow of Aberdeen & 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) Keir Village parish of Keir Dumfries in the County
separately from any other Medical Practitioner visited and personally examined (4) Margaret Laurie, a pauper residing at Keir Village and that the said Margaret Laurie is a (5) a person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) General appearance behaviour and conversation

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Has been imbecile since birth, and is subject to attacks of mental excitement during the menstrual periods, when she attempts to injure herself

(SIGNED) *Name and Medical Designation,* Thomas Fogan M.D. & Surg.

Place of Abode, Penpont Dumfriesshire

DATED this twenty-fifth day of September One thousand eight hundred and sixty-five 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, Andrew Crichton Shadforth
being a (1) Doctor of Medicine of the University of Edinburgh & Licentiate of the Royal 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) Keir Village Dunscore
in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Margaret Laurie, pauper residing at Keir Village and that the said Margaret 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.:—

1. Facts indicating Insanity observed by myself: (6) Name Laurie, fifteen years as a person of weak intellect that difficult to manage, which has increased Since her fourteenth or fifteenth year

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) James Black This info was from the Parents, upon during the Menstruation period she difficult to manage & with Weak intellect & Violent, & that she is a dangerous Person

(SIGNED) *Name and Medical Designation,* Andrew C Shadforth M.D.

Place of Abode Thornhill

DATED this 21st day of September one thousand eight hundred and sixty five

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 Margaret Laurie is a (1) person of unsound mind hereby further certify that the Case of the said Margaret Laurie is One of Emergency, and I recommend the immediate removal of the said Margaret Laurie to an Asylum accordingly.

Name, Thomas Logan M.D.

Place of Abode, Penpont, Dumfriesshire

DATED this twentieth day of September one thousand eight hundred and sixty five Years

(1) Lunatic, or an insane person, or an Idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Alexander Haywood (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) James Wilkie Movi Inspector of Poor Keir Certificates under the hands of Thomas Logan and Andrew Crichton Chalmers, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Margaret Laurie residing in Keir Village, a pauper and that the said Margaret 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 Margaret Laurie as a Patient into the (6) Public Asylum of Southern Counties Dumfries and I authorize Lex Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Margaret Laurie which accompanied the said Petition.

(SIGNED) A. Haywood

DATED this twenty Seven day of September one thousand eight hundred and Sixty five

To the Superintendent of the (7) Public *Asylum of* Southern Counties Dumfries

---

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, 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.

Margaret Laurie
22 September
1765

I

I HEREBY GIVE NOTICE

Pati

and I hereby transmit

which he was receive

Subjoined is a D

named Patient.

(SIGNAT

DATED at

To the Secretary
General

I HAVE this day (*) v

and hereby report such

and with respect to

(Sig

DATED this

hundred and

(*) Name and Designati
(†) Private or Pauper.
(‡) Some day within fo
the Order be gra
(*) Some day not less th
two clear days
(†) Insert particulars.
(†) Insert particulars.
(†) Add Designation.

Lunacy Board.—Dec.—17

20 & 21 *Vict., Cap.* 71, *Sect.* 37.

NOTICE OF ADMISSION.

I HEREBY GIVE NOTICE, That (1)

was received into this House as a (2)

Patient on the (3) day of

and I hereby transmit a Copy of the Order and Medical Certificates and Statement on which he was received.

Subjoined is a Report with respect to the mental and bodily condition of the above-named Patient.

(SIGNED) _____ *Superintendent.*

DATED at this (4) day of

one thousand eight hundred and

To the Secretary of the
General Board of Lunacy.

REPORT.

I HAVE this day (4) seen and personally examined

the Patient named in the above Notice,

and hereby report and certify, with respect to mental state, that (5)

and with respect to bodily health and condition, that (6)

(SIGNED) _____

(7) _____

DATED this day of one thousand eight hundred and

---

(1) Name and Designation.
(2) Private or Pauper.
(3) Some day within fourteen days after the date of the Order of the Sheriff; or within twenty-one days, if the Order be granted by the Sheriff of Orkney and Shetland.
(4) Some day not less than two clear days after the admission of the Patient, and before the expiration of fourteen clear days after admission.
(5) Insert particulars.
(6) Insert particulars.
(7) Add Designation.

Lunacy Board.—Dec.—37.—1266.

(*Copies.*)

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) ~~Sheriff of the~~ (2) Stewartry and of Wigtown and his Substitutes,—

The Petition of The Inspector of Poor of Minnigaff humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Hyslop 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 John Hyslop to the Southern Counties Asylum and to sanction his admission into the said Asylum.

(SIGNED) William Henry Inspector

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this twenty eighth (3) day of September one thousand eight hundred and Sixty 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 Hyslop.
2. Sex and Age,	Male – said to be 22 years of
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Assistant Gamekeeper
5. Religious Persuasion, so far as known,	Not known
6. Previous Place of Abode,	Bayreman Toll. in Minnigaff Parish
7. Place where Found and Examined,	
8. Length of time Insane,	3 days
9. Whether first Attack,	Unknown
10. Age (if known) on first Attack,	———
11. When and where previously under Examination and Treatment,	———
12. Duration of existing Attack,	3 days
13. Supposed Cause,	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,	Minnigaff till his own is found
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Samuel Hyslop, Father Morningside, Wishaw
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	Party a Stranger – only 2 months in this district

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(SIGNED)* *Name,* William Henry

DATED this Twenty Eighth day of September one thousand eight hundred and Sixty five years.

* To be Signed by the Party applying.

(Copies.)

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.* Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, being a (1) Licentiate of the 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) Bargeman ~~Kirkcudbright~~ Kirkcudbrightshire in the County of separately from any other Medical Practitioner, visited and personally examined (4) John Hyslop Pauper Bargeman Toll, Minnigaff and that the said John Hyslop is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) his Conduct and Conversation are not those of a person of sound mind

2. Other facts (if any) indicating Insanity communicated to me by others: (7) his Wife Margaret Alexander — Attendant — Five words deleted

(SIGNED) Name and Medical Designation, James Clark, Surgeon.

Place of Abode, Newton Stewart

DATED this 27th day of Sept One thousand eight hundred and Sixty five 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) Doctor of Medicine - University of Glasgow. and being in actual practice as a (2) ~~Doctor~~ Doctor of Medicine hereby certify, on soul and conscience, that I have this day, at (3) Bargeman Toll, Minnigaff. ~~Kirkcudbright~~ Kirkcudbright in the County of separately from any other Medical Practitioner, visited and personally examined (4) John Hyslop - Pauper - Bargeman Toll, Minnigaff and that the said John Hyslop is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)

Conduct - not that of a sane man.

Conversation - One moment Incoherent, the next devoutly religious

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Margaret Alexander - No attempted violence on her person.

Janet McCulloch - His habits of late are completely changed.

= Wanders about on the road at night, praying in a loud voice.

(SIGNED) Name and Medical Designation, James G. Dickson M.D (Ed. Med. Doctor)

Place of Abode Newton Stewart

DATED this ~~twenty~~ seventh day of September One thousand eight hundred and Sixty five.

(Copies.)

CERTIFICATE OF EMERGENCY.

(This Certificate shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a Second Medical Certificate.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that
is a (1) hereby further certify that the Case
of the said is One of Emergency, and I recommend the immediate removal of the said
to an Asylum accordingly.

Name,

Place of Abode,

DATED this day of one thousand eight hundred and

(1) Lunatic, or an Insane person, or an Idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, William Hyacinth Dunbar (1) Sheriff Substitute
of the (2) Stewartry of Kirkcudbright
having had produced to me, with a Petition at the instance of (3) William Henry
Certificates under the hands of James Clark
and James Dickson, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
John Hyslop and that the said
John Hyslop is a (5) person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said John Hyslop as a Patient into the (6) Dumfries Asylum of Dumfries and I authorize the Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said John Hyslop which accompanied the said Petition.

(SIGNED) W. H. Dunbar

DATED this twenty eighth day of September one thousand eight hundred and Sixty five

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.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Unto the Honourable the (1) Sheriff *of the* (2) Shire of Dumfries *and his Substitutes.*

(1) Sheriff or Steward.
(2) Shire or Stewartry.

The Petition of Robert Kirkpatrick residing at Auchencallop humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Kirkpatrick residing at Kirkpatrick 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 James Kirkpatrick to the Southern Counties Asylum and to sanction his admission into the said Asylum.

Robert Kirkpatrick

(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 Thirtieth (4) day of September One thousand eight hundred and Sixty four 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 Kirkpatrick
2. Sex and Age,	Thirty four Male
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Slow Driver formerly Shoemaker
5. Religious Persuasion, so far as known,	Free Church
6. Previous Place of Abode,	Kirkpatrick
7. Place where Found and Examined,	Do
8. Length of time Insane,	Some 20 months. rather the same years 1863
9. Whether first attack,	Yes
10. Age (if known) on first Attack,	His present age is 37 I think the ailment began upwards of three years ago 1863
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,	Archibald Kirkpatrick 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 Thirtieth day of Septr One thousand eight hundred and Sixty four years

(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 Boyd 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) Kirkpatrick in the Parish of Closeburn in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) James Kirkpatrick and that the said James Kirkpatrick is a (5) Lunatic and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Yes quite confused, believes that he has direct com from God communicated to him by plants and other objects, that he is judge of the world, &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, T B Grierson Lic

Place of Abode, Thornhill

DATED this 30th day of September One thousand eight hundred and sixty five.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Gilchrist MD being a (1) Fellowship of the University of Edinburgh and being in actual practice as a (2) physician hereby certify, on soul and conscience, that I have this day, at (3) Southern Counties Asylum Dumfries in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) James Kirkpatrick of Kirkpatrick Closeburn Dyker and that the said James Kirkpatrick is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) is restless and excitable and talks incoherently

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, J Gilchrist MD

Place of Abode, Crichton House Dumfries

DATED this Second day of October One thousand eight hundred and sixty five

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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) A Licentiate of the Royal College of Surgeons of Edinburgh hereby certify, on soul and conscience, that I have this day, at (2) Kirkpatrick in the County of Dumfries, seen and personally examined James Kirkpatrick, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

T B Grierson

DATED this 31st day of September One thousand eight hundred and Sixty five

(1) 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) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Robert Kirkpatrick residing at Closeburn Village. Certificates under the hands of Thomas Boyle Grierson and Gilchrist, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) James Kirkpatrick residing at Kirkpatrick and that the said James Kirkpatrick is a (5) Lunatic and a person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said James Kirkpatrick as a Patient into the (6) Public Asylum of Southern Counties and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said James Kirkpatrick which accompanied the said Petition.

DATED this Fifth day of October One thousand eight hundred and sixty five

John C Erskine

To the Superintendent of the (7) Public Asylum of Southern Counties Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane person, or an Idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1413

James Kirkpatrick
30 Feb 1865

PET

[1] Sheriff or Steward.
[2] Shire or Stewartry.

[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.

1. Christian Name and Surname in full length, . .
2. Sex and Age, .
3. Married, Single, or Widow(er), .
4. Condition of Life, and Occupation (if any), .
5. Religious Persuasion, so far as known, .
6. Previous Place of Abode, .
7. Place where Found and Apprehended, .
8. Length of time Insane, .
9. Whether first Attack, .
10. Age (if known) on first Attack, .
11. When and where previously under Medical Treatment, 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 Pauper [or Pauper] is Chargeable, .
18. Date of becoming Chargeable, .
19. Christian Name and Surname in full, Abode of nearest kin, Relationship, Patient, and degree of Consanguinity known), and whether Pauper or Family known to be chargeable, .
20. Special circumstances (if any) requiring insertion, if any of the above, .

I certify, that, to the

Dated this

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff — of the (2) County of Dumfries — and his Substitutes,—

The Petition of John Dinwoodie, Inspector of Poor, Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that George Blunt, Shoemaker, 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 George Blunt to the Southern Counties Asylum Dumfries and to sanction his admission into the the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

John Dinwoodie

(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 Sixty five years.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	George Blunt.
2. Sex and Age,	Aged 39 years. Male.
3. Married, Single, or Widowed,	Married.
4. Condition of Life, and previous Occupation (if any),	Shoemaker
5. Religious Persuasion, so far as known,	Roman Catholic
6. Previous Place of Abode,	Dumfries
7. Place where Found and Examined,	Dumfries
8. Length of time Insane,	Several months - precise time not known -
9. Whether first Attack,	Yes.
10. Age (if known) on first Attack,	39 years
11. When and where previously under Examination and Treatment,	Never. Nowhere.
12. Duration of existing Attack,	Not known
13. Supposed Cause,	Not known
14. Whether subject to Epilepsy,	Yes, when very young.
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,	4 Oct. 1865.
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	John Blunt, Father, St Michael Street Dumfries — 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 Fourth — day of October — One thousand eight hundred and Sixty five

(*To be signed by Party applying* John Dinwoodie

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *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 Wm Scott Ralb being a (1) Graduate of the Faculty of Physicians & Surgeons Glasgow and College of Physicians and Surgeons 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) George Blount a pauper and that the said George Blount 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) Saith, that he is now suffering on a charge of Culpable Homicide, State declares he wants out of prison immediately & that he will burn Dumfries, all of whom he will do in a few

2. Other facts (if any) indicating Insanity communicated to me by others: (7) The Governor states that he has to be watched during the day, for beating his

Name and Medical Designation, Wm Scott Ralb M.D.

Place of Abode, Dumfries

Dated this 4th day of October One thousand eight hundred and Sixty four 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 Scott being a (1) Graduate of the University of Edin and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) the Prison D in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) George Blount a pauper and that the said George Blount is a (5) Lunatic and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) He is now here declares the sun to be his medicine adviser: is annoyed with delusion of women

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) The Governor of the Prison says he has been in the above state since he was admitted

Name and Medical Designation, Wm Scott M.D.

Place of Abode, Dumfries

Dated this 4th day of October One thousand eight hundred and Sixty five

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) 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 Wearn Troller Esqure (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) John Winwood
Inspector of Poor of the Parish of Dumfries
Certificates under the hands of William Marshall
and William Scott , being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
George Blunt, Shoemaker, Dumfries, a Pauper and that the said
George Blunt is a (5) Lunatic

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said George Blunt as a Patient into the (6) Public Asylum of Southern Counties Dumfries and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said George Blunt which accompanied the said Petition.

DATED this Fourth day of October One thousand eight hundred and Sixty one years

John W. Troller

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

George Blunt
4 October
1865

PETITIO

Unto the Ho

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Medical Cert

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Asylum for t

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DATED

eight hundre

If any

Christian Name and Surname

length,

Sex and Age,

Married, Single, or Widowed,

Condition of Life, and previo

(if any),

Religious Persuasion, so far as

Previous Place of Abode,

Place where Found and Exam

Length of time Insane,

Whether first Attack,

Age (if known) on first Attack

When and where previously un

tion and Treatment,

Duration of existing Attack,

Supposed Cause,

Whether subject to Epilepsy,

Whether Suicidal,

Whether Dangerous to others,

Parish or Union to which the

Pauper) is Chargeable,

Christian Name and Surname

Abode of nearest known

Patient, and degree of

known), and whether any

Family known to be or t

sane,

Special circumstances (if any)

insertion of any of the ab

I certify, that, to the best

DATED this

[4]

20 & 21 *Vict., Cap.* 71. *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) County *of* Dumfries *and his Substitutes,*—

The Petition of Adam McLellan Farmer

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Catherine Lyall or McLellan my wife is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Catherine Lyall or McLellan to the Crichton Royal Institution Dumfries and to sanction his admission into the said Asylum.

(SIGNED) A McLellan

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this tenth (3) day of October one thousand eight hundred and sixty 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,	Catherine Lyall or McLellan
2. Sex and Age,	38
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Comfortable
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Abbotsburn Paisley
7. Place where Found and Examined,	Knockdon Farm — Maybole
8. Length of time Insane,	Three weeks.
9. Whether first Attack,	First
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,	Unknown
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No.
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	—
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	Adam McLellan Husband Knockdony Maybole, no member of his family ever known to have been insane.
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	—

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(SIGNED)* Name, A McLellan

DATED this tenth day of October one thousand eight hundred and sixty five

* 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, David Taylor
being a (1) Graduate 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) Knockdon Ayrshire near Maybole Ayr in the County of separately from any other Medical Practitioner visited and personally examined (4) Mrs Adam McLellan wife of Mr Adam McLellan and the said Mrs Adam 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) Fancies that she is filled with Electricity and prompted to act by this agent. Restless walking about the room undressed. Suspicious of every

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Husband reports that she escaped through window in a naked state, and was found in a wood nearly a quarter of a mile from her house —

(SIGNED) *Name and Medical Designation,* David Taylor

Place of Abode, 17 St James Place Pa

DATED this Seventh day of October One thousand eight hundred and Sixty five 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 Kay
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) Knockdon near Maybole — in the County of Ayr separately from any other Medical Practitioner visited and personally examined (4) Mrs Adam McLellan wife of Mr Adam McLellan and the said Mrs Adam 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) Fancies that she is filled with Electricity is prompted to act by this agent, restless walking about the room undressed, very suspicious of every one

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Husband reports that she escaped through open window in a naked state & caught in a wood a quarter of a mile from the house

(SIGNED) *Name and Medical Designation,* William Kay

Place of Abode Maybole

DATED this ninth day of October one thousand eight hundred and sixty five 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, Andrew Barrie Esqure (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Adam McLellan Farmer Knockdow Maybole
Certificates under the hands of David Taylor
and William Kay , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Catheryne Lyall or McLellan wife of said Adam McLellan and that the said Catherine Lyall or McLellan is a (5) person of unsound mind

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Catherine Lyall or McLellan as a Patient into the (6) Public Asylum of Crichton Institution Dumfries and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Catherine Lyall or McLellan which accompanied the said Petition.

(SIGNED) A Barrie

DATED this Tenth day of October one thousand eight hundred and Sixty five years

To the Superintendent of the (7) Public
Asylum of Crichton Institution
Dumfries

---

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, or Private.
(7) Public, District, or Private.

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Caleb Gladwell Allen
10/10/65

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b Clerk of Stewartry.

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† The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

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3. Married, Single, or W
4. Condition of Life, an
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5. Religious Persuasion,
6. Previous Place of Abo
7. Place where Found an
8. Length of time Insane,
9. Whether first attack,
10. Age (if known) on firs
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12. Duration of existing A
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15. Whether Suicidal, .
16. Whether Dangerous to
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Dated this 9

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

20 & 21 *Vict., Cap.* 71, *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) County *of* Dumfries *and his Substitutes,*

The Petition of William Graham, Rowanburn Cannobie ~~& others~~ humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Graham my 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 Graham to the Southern Counties and to sanction his admission into the said Asylum.

(SIGNATURE) William Graham

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 9th (3) day of Octo One thousand eight hundred and 65

STATEMENT.

If any 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 Graham
2. Sex and Age,	male
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Free Church
5. Religious Persuasion, so far as known,	Rowanburn
6. Previous Place of Abode,	do
7. Place where Found and Examined,	do
8. Length of time Insane,	about 13 years
9. Whether first attack,	33
10. Age (if known) on first Attack,	Rowanburn
11. When and where previously under Examination and Treatment,	about One Month
12. Duration of existing Attack,	partly Hereditary but suffered
13. Supposed Cause,	from Concussion of the
14. Whether subject to Epilepsy,	Brain by an accident
15. Whether Suicidal,	about a twelve month before
16. Whether Dangerous to others,	first attack
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dangerous to others
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	William Graham Rowanburn / Brother Cannobie
20. Special circumstances (if any) 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,* William Graham

DATED this 9th day of October One thousand eight hundred and 65

* To be signed by the Party applying.

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Thomas Macauley being a (1) Member of the College of Surgeons of Glasgow and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Rutherglen Canalbie Dumfries in the County of separately from any other Medical Practitioner, visited and personally examined (4) John Graham Pauper Rutherglen and that the said John Graham is a (5) person of Unsound Mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) Wild incoherent staring incoherent talking: a belief that parties at... visiting Canada by a new route but him from... his work.

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Constantly talking in a wild rambling incoherent & unintelligible manner to his relations — The information derived from his brother in law.

(SIGNED) *Name and Medical Designation,* Thomas Macauley Surgeon Rutherglen

Place of Abode,

DATED this 14th day of October One thousand eight hundred and Sixty four

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MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, James Gilchrist M.D being a (1) Graduate of the University of Edinburgh and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Dalbeattie Corsegillum Dumfries in the County of separately from any other Medical Practitioner, visited and personally examined (4) John Graham Cooper Rowanburn Canonbie and that the said John Graham is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) He is restless timid and nervous Hearing his name and speech confused — Believes that parties who are desirous to befriend him are attempting to defraud him

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Cannot attend to his work walks about during the night

(SIGNED) *Name and Medical Designation,* J. Gilchrist M.D

Place of Abode, Crichton House Dumfries

DATED this Fifteenth day of October One thousand eight hundred and Sixty Five

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period of twenty-four hours without the Order of the Sheriff, and shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a Second Medical Certificate and the Order of the Sheriff.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that John Graham Rowanburn is a (1) person of unsound mind hereby further certify that the Case of the said John Graham, Rowanburn is One of Emergency, and I recommend the immediate removal of the said John Graham to an Asylum accordingly.

Name, Aneas Macaulay

Place of Abode, Kirkbank

DATED this 14th day of October One thousand eight hundred and Sixty five

(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, Andrew Barrie Esquire (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) William Graham Rowanburn Canonbie Certificates under the hands of Aneas Macaulay and James Gilchrist, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Graham Dogger, Rowanburn, Canonbie and that the said John Graham is a (5) person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said John Graham as a Patient into the (6) Public Asylum of Southern Counties Dumfries and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said ~~William~~ John Graham which accompanied the said Petition. one word delete

(SIGNATURE) A Barrie

DATED this Sixteenth day of October One thousand eight hundred and Sixty five

To the Superintendent of the (7) Public *Asylum of* Southern Counties Dumfries

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, or Private.
(7) Public, District, or Private.

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N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *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) Wigton or any of them, and Kirkcudbright and his Substitutes,—for Wigtownshire

The Petition of William Henry Hughan

humbly sheweth: that it appears from the subjoined Statement and accompanying Medical Certificates, that Susan McAnnally 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 Susan McAnnally to the Southern Counties Asylum and to sanction her admission into the said Asylum.

W H Hughan, Inspector of Poor of Penninghame

(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 October One thousand eight hundred and Sixty 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,	Susan McAnnally
2. Sex and Age,	A female, 28 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,	Roman Catholic
6. Previous Place of Abode,	Newton Stewart
7. Place where Found and Examined,	Newton Stewart
8. Length of time Insane,	Three 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,	
12. Duration of existing Attack,	Three weeks
13. Supposed Cause,	Insanity in the family
14. Whether subject to Epilepsy,	Not Subject
15. Whether Suicidal,	Not Suicidal
16. Whether Dangerous to others,	Not dangerous to others
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Wigtown Parish
18. Date of becoming Chargeable,	11th " October 1865
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of her Family known to be or to have been Insane,	Susan McAnnally Mother to Patient. Father & Brother of Patient insane.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this Fourteenth day of October One thousand eight hundred and Sixty five

(*To be signed by Party applying*) W H Hughan
Inspector of Poor
P. p.
of Penninghame

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Fergus McKenna L.F.P.S.
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) Newtonstewart
Wigtown in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) Susan McAnnally
and that the said Susan McAnnally is a (5) Person
of unsound mind and a proper person to be detained 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 imagines she is being poisoned by her attendants & 2ndly imagining she is a prisoner waiting her execution on the scaffold

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Her Father died insane & her Brother is at present a patient in Dumfries Asylum

Name and Medical Designation, Fergus McKenna

Place of Abode, Newtonstewart

DATED this 14th day of October One thousand eight hundred and 65

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, 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 Ewart M.R.C.S.L.
being a (1) Member of the Royal College of Surgeons of Eng.
and being in actual practice as a (2) Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Newtonstewart
Wigtown in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) Susan McAnnally
and that the said Susan McAnnally is a (5) person
of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:— That she is labouring under Mo delusions.

1. Facts indicating Insanity observed by myself: (6) That any One is conspiring to poison & otherwise injure her

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Her Father died insane - She has a Brother also at present a patient in Dumfries Lunatic Asylum

Name and Medical Designation, John Ewart Surgeon

Place of Abode. Newtonstewart

DATED this 14th day of October One thousand eight hundred and 65

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) 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 Cymie (1) advocate Sheriff Substitute
of the (2) County of Wigtown
having had produced to me, with a Petition at the instance of (3) William Henry Rutherford Inspector of Poor of the Parish of Penninghame
Certificates under the hands of Fergus McKenna Surgeon
and John Ewart 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)
Susan Mc Annally pauper — and that the said
Susan Mc Annally — is a (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 Mc Annally — 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 Susan Mc Annally — which accompanied the said Petition.

DATED this fourteenth day of October One thousand eight hundred and sixty five

M. R. Rhind

To the Superintendent of the (7) Southern Counties
Asylum of Dumfries.

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1/148

Swan Mc Annally

16/10/65

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) Shire of Dumfries and his Substitutes,—

The Petition of Robert McLellan residing in Amman and Inspector of the Poor of the Parish of Amman humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Isabella Neilson (~~the Petitioner~~) (3) a poor person residing in Amman is at present in a state of Mental Derangement, and 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 Neilson to the Southern Counties Asylum, Dumfries and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

Robert McLellan Inspr of Poor
Parish of Amman, Dumfriesshire.

(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 October One thousand eight hundred and sixty five 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 Neilson.
2. Sex and Age,	Female: aged 27. Years.
3. Married, Single, or Widowed,	Single.
4. Condition of Life, and previous Occupation (if any),	Dressmaker.
5. Religious Persuasion, so far as known,	Protestant Presbyterian Church
6. Previous Place of Abode,	Port Street, in Amman, Dumfriesshire
7. Place where Found and Examined,	Do Do Do
8. Length of time Insane,	Four Years
9. Whether first attack,	Yes: First attack
10. Age (if known) on first Attack,	aged 23 Years when first attacked.
11. When and where previously under Examination and Treatment,	Port Street, in Amman aforesaid
12. Duration of existing Attack,	Four Years
13. Supposed Cause,	Not known:- Supposed to be Religious (rumors)
14. Whether subject to Epilepsy,	not subject to Epilepsy.
15. Whether Suicidal,	Not suicidal
16. Whether Dangerous to others,	Has threatened to do injury to her Friends & Relations
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Parish of Amman, Dumfriesshire
18. Date of becoming Chargeable,	16th October 1865.
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Mrs Agnes Neilson residing in Port Street in Amman Patients Mother, with whom she has always resided:- There never was a Relative or Member of the Family known at any time 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 October One thousand eight hundred and

(*To be signed by Party applying*) Robert McLellan
Inspector of Poor, Parish of Amman
P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Ewart
being a (1) Licentiate of the Royal College of Surgeons in Edinb.
and being in actual practice as a (2) General Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Port Street Annan in the County of Dumfries separately from any other Medical Practitioner visited and personally examined (4) Isabella Wilson, a pauper and that the said Isabella 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) Her vacant expression of countenance, and occasional rambling talk

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Mother and others state that she is sometimes very violent, and attempts to injure them by throwing any article at them & otherwise that

Name and Medical Designation, Wm Ewart. Surgeon

Place of Abode, Edinburgh Street, Annan

DATED this 17th day of Oct. One thousand eight hundred and sixty five.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, James Little
being a (1) Doctor of Medicine & Licentiate of the Royal College of Surgeons Edinb.
and being in actual practice as a (2) Medical Practitioner
hereby certify, on soul and conscience, that I have this day, at (3) Port Street Annan in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Isabella Wilson and that the said Isabella 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) Her expression of countenance, violence and her rambling, incoherent talk. told me that her friends had poisoned her.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Was told by her Mother and by their neighbours that she frequently strikes her friends & threatens to murder them and that she makes use of violent & obscene language.

Name and Medical Designation, James Little M.D. L.R.C.S.E.

Place of Abode, Bridge Place. Annan

DATED this 14th day of October One thousand eight hundred and sixty five.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Andrew Barrie (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Robert McLellan Inspector of Poor Annan
Certificates under the hands of William Ewart
and James Little , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Isabella Neilson Port street Annan (a pauper) and that the said Isabella 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 Isabella Neilson 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 Neilson which accompanied the said Petition.

DATED this Seventeenth day of October One thousand eight hundred and sixty five

A Barrie

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

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Isabella Mellon

17/10/65

N.B.—
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PET

* Sheriff or Steward.
† Mayor or Secretary. Unto

Richard
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Mellon

* State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

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* The date of the Petition must be within fourteen clear days following the date of the Medical Certificates.

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1. Christian Name and Su
length, .
2. Sex and Age, .
3. Married, Single, or Wi
4. Condition of Life, and
(if any), .
5. Religious Persuasion, w
6. Previous Place of Abod
7. Place where Found and
8. Length of time Insane,
9. Whether first Attack,
10. Age (if known) on first
11. When and where previo
tion and Treatment,
12. Duration of existing At
13. Supposed Cause, .
14. Whether subject to Epi
15. Whether Suicidal, .
16. Whether Dangerous to
17. Parish or Union to wh
Pauper) is Chargeab
18. Date of becoming Charg
19. Christian Name and Su
Abode of nearest kn
Patient, and degree
known), and whether
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N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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,—*

Lochanbriggs The Petition of George Anderson, Quarryman humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Thomas Anderson, quarryman 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 Thomas Anderson 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.

George Anderson

DATED this twenty third day of October One thousand eight hundred and sixty five

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Thomas Anderson
2. Sex and Age,	Male — years
3. Married, Single, or Widowed,	married
4. Condition of Life, and previous Occupation (if any),	Quarryman
5. Religious Persuasion, so far as known,	Member of the Free Church of Scotland
6. Previous Place of Abode,	Lochanbriggs
7. Place where Found and Examined,	Lochanbriggs
8. Length of time Insane,	Two days
9. Whether first Attack,	~~First attack~~ once before he suffered
10. Age (if known) on first Attack,	similarly.
11. When and where previously under Examination and Treatment,	he ~~[illegible]~~ Dumfries Asylum about ~~in~~ the year 1840
12. Duration of existing Attack,	Two days
13. Supposed Cause,	Religious excitement
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	~~yet~~ greatly 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,	George Anderson, Quarryman, Lochanbriggs, Eldest son. No member of the family known to have suffered from insanity
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this twenty third day of October One thousand eight hundred and sixty five

(*To be signed by Party applying* George Anderson

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, James Murray McCulloch M.D. &c.
being a (1) Graduate of the University of Edinburgh &c.
and being in actual practice as a (2) Physician
hereby certify, on soul and conscience, that I have this day, at (3) Locharbriggs
in the County of Dumfries
separately from any other Medical Practitioner,
visited and personally examined (4) Thomas Anderson, Quarryman
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.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Lies in bed with h[is] shut, his arms stretched stiffly down by his sides & [his] his fingers rapidly moved but refuses to speak or answer questions when he does he replies by a monosyllable fiercely & stares wildly [his] his eyes &c.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Raves religious matters asserts his having a call to convert [the] strikes, breaks dishes, lies, (in his shirt), upon the floor having come on after attending the routine of a family called [to]

Name and Medical Designation, James M. McCulloch M.D. &c.

Place of Abode, 38 Castle Street Dumfries.

DATED this 23rd day of October One thousand eight hundred and sixty five 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 of Edinburgh
being a (1) Doctor of Medicine of the University and Licentiate of the Faculty of Physicians Surgeons &c.
and being in actual practice as a (2) Physician & Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Locharbriggs in the parish of Dumfries
in the County of Dumfries
separately from any other Medical Practitioner,
visited and personally examined (4) Thomas Anderson Quarryman
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.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) When seen yesterday talked in a continuous and incoherent manner about religion — supposes he must renounce it as a teacher of men and that he received a call from the Lord: snaps his fingers — gesticulates and claps his hands. Today refuses to converse, and when he does answer is irritable. Lies in bed moaning his fingers as if counting

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) his wife & sons have told me that his manner changed after hearing voices [in] Wesleyan meeting in Dumfries — sleeps little and hardly at all for the last three nights — Exs. p. frenzy — strong — claps his hands — mutters — thinks he has received a call to be a teacher of men — is now silent & irritable — [and] if interfered with — orders those attending him out of the room, and throws himself at them — was lying on the floor during the night —

Name and Medical Designation, Alex Thomson M.D. & Surg.

Place of Abode, 14 Castle Street Dumfries

DATED this Twenty third day of October One thousand eight hundred and sixty five years.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, James M: McCulloch M: D: &c being (1) a Physician &c. hereby certify, on soul and conscience, that I have this day, at (2) Lochabriggs 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.

James M: McCulloch

DATED this 23: day of October One thousand eight hundred and sixty five 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, John Pearson Trotter Esquire (3) Sheriff Substitute of the (4) County of Dumfries having had produced to me, with a Petition at the instance of (5) Georg Anderson Dunrryman Lochabriggs Certificates under the hands of James Murray McCulloch 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) Thomas Anderson, Dunrryman, Lochabriggs and that the said Thomas Anderson is a (7) insane person, a person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Thomas Anderson as a Patient into the (8) 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 Thomas Anderson which accompanied the said Petition.

DATED this Twenty fourth day of October One thousand eight hundred and Sixty four

John P. Trotter

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.

Thomas Anderson
23° October
1865

Thomas Anderson
23° October
1865

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Country of Dumfries *and his Substitutes,*—

The Petition of William Traill Surgeon Arbroath humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Helen Traill your Petitioner's (3) daughter is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Helen Traill to the Crichton Asylum Dumfries and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

Wm Traill

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this 24 (4) day of October One thousand eight hundred and sixty five

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STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Helen Traill
2. Sex and Age,	Female thirty two
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Governess for some time
5. Religious Persuasion, so far as known,	Episcopalian
6. Previous Place of Abode,	London -
7. Place where Found and Examined,	Arbroath
8. Length of time Insane,	Probably several 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,	Imminent degree six days.
13. Supposed Cause,	Hard on attack of nervous fever six years ago
14. Whether subject to Epilepsy,	No & since she has been excitable
15. Whether Suicidal,	Yes
16. Whether Dangerous to others,	Probably 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,	William Traill Surgeon Arbroath Her mother has been in Crichton 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 24 day of October One thousand eight hundred and sixty five

(*To be signed by Party applying*) Wm Traill

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 John Hill
being a (1) Licentiate of the College of Surgeons Edinburgh
and being in actual practice as a (2) Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Portobello
Inch Abbotsville Terrace in the County of
separately from any other Medical Practitioner
visited and personally examined (4) Helen Boyle daughter of
residing with William Hill Surgeon and that
the said Helen 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)
Restlessness. — Incoherent speech inconsistent with my ideas of sound mind. —

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
attempting the life of her Doctor. &c

Name and Medical Designation, C. J. Hill Surgeon

Place of Abode, Kinicemuir

DATED this twenty first day of October One thousand eight
hundred and eighty five

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Traill
being a (1) Fellow of the Royal College of Surgeons of Edinburgh
and being in actual practice as a (2) Physician and Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) Portobello
Street of Arbroath in the County
separately from any other Medical Practitioner
visited and personally examined (4) Helen Traill daughter of
William Traill Surgeon Arbroath and
the said Helen Traill is a (5) Person
of unsound mind and a proper person to be detained
under Care and Treatment, 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 for years been in a restless & excitable state of mind — almost that she has contemplated Suicide

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Made an attack on her sister after some trifling altercation

Name and Medical Designation, Wm Traill F.R.C.S.

Place of Abode, Hill Terrace Arbroath

DATED this 24 day of October One thousand eight
hundred and Eighty five

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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 Traill being (1) a Fellow of the Royal College of Surgeons hereby certify, on soul and conscience, that I have this day, at (2) Arbroath in the County of Forfar, seen and personally examined Helen Traill, and that the said person is of unsound mind, and 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 Traill

DATED this 24 day of October One thousand eight hundred and Sixty five.

(1) 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 Delcairn Scott Esquire (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) William Traill Surgeon Arbroath Certificates under the hands of Charles John Mill and John Traill, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Traill, the Petitioners daughter and that the said Helen Traill is a (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 Traill as a Patient into the (6) Public Asylum of Crichton Institution Dumfries and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Helen Traill which accompanied the said Petition.

DATED this Twenty Sixth day of October One thousand eight hundred and Sixty five years

J. Del. Scott

To the Superintendent of the (7) Public Asylum of Crichton Institution Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

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Helen Traill
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I certify, that, to the

Dated this 31

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 Wylie Inspector of Poor for Kirkmichael humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Edward Moffat, Shoemaker and Pauper 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 Edward Moffat to the Southern Counties Asylum and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

J Stirling Hyslop

(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 Oct- One thousand eight hundred and 65-

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STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Edward Moffat
2. Sex and Age,	30 years - Male -
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Shoemaker & Labourer
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Langholm Dumfs -
7. Place where Found and Examined,	—
8. Length of time Insane,	— about 4 or 5 years -
9. Whether first attack,	— not first - attacks
10. Age (if known) on first Attack,	— about 25 -
11. When and where previously under Examination and Treatment,	— at Crichton -
12. Duration of existing Attack,	— about - one month -
13. Supposed Cause,	Not yet observed
14. Whether subject to Epilepsy,	Appearently not +
15. Whether Suicidal,	Not +
16. Whether Dangerous to others,	Not +
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Kirkmichael
18. Date of becoming Chargeable,	about 14 days ago
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	James Moffat - Mother & Langholm - do James Moffat - Brother - Shoemaker Dumfries - do
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	about 14 years ago when about 26 years old

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 31st. day of Oct- One thousand eight hundred and 65-

(*To be signed by Party applying*) J Stirling Hyslop

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, John Dickson M.D being a (1) Graduate of the Edinburgh University & Physician and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Southern County Asylum Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Edward Moffat - pauper Kirkmichael and that the said Edward Moffat 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) Absence and confusion of mind. Suspicion of those about him. State, that he hears voices at night which prevent him from sleeping on & keep his mind continually occupied

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) The Medical Officer of the Institution confirm the above observations

Name and Medical Designation, John Dickson M.D

Place of Abode, Buccleuch Street Dumfries

DATED this 31st day of October One thousand eight hundred and sixty five.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Gibson being a (1) Member of the Royal College of Surgeons of England and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) the Southern Counties Asylum, Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Edward Moffat, a pauper on the roll of the Kirkmichael Parish and that the said Edward Moffat is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) An anxious and confused manner, and obtuse and suspicious mind — fancies everybody is either speaking disparagingly of him or plotting for his hurt. He is subject to [illegible] and is irritable and restless.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) The Inspector tells me that on more than one occasion he has either from stupidity or design nearly run over him & endangered his life by placing himself needlessly in the way of the engines on the Caledonian railway or its dependencies. He had a brother who died in Lochside Asylum and Medical Designation, } Physician M.R.C.S. Eng.

Place of Abode, Southern Counties Asylum Dumfries

DATED this thirty first day of October One thousand eight hundred and sixty five.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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 Dickson being (1) a Graduate of the Edinburgh University hereby certify, on soul and conscience, that I have this day, at (2) Southern Counties Asylum in the County of Dumfries, seen and personally examined Edward Moffat Pauper - Kirkmichael, and that the said person is of unsound mind, and 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 Dickson M.D.

DATED this 31st day of October One thousand eight hundred and sixty five

(1) 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 Pitcairn Trotter Esquire, (1) Advocate Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) James Wyslop Inspector of poor of the parish of Kirkmichael Certificates under the hands of John Dickson and Samuel 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) Edward Moffat Shoemaker, Kirkmichael Pauper and that the said Edward Moffat 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 Edward Moffat as a Patient into the (6) Public Asylum of Southern Counties Dumfries and I authorize this Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Edward Moffat which accompanied the said Petition.

DATED this First day of November One thousand eight hundred and sixty five years.

John C. Trotter

To the Superintendent of the (7) Public Asylum of Southern Counties Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

Edward Moffat
31st October
1865

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tion and Treatment,
12. Duration of existing Attack
13. Supposed Cause,
14. Whether subject to Epilepsy
15. Whether Suicidal,
16. Whether Dangerous to othe
17. Parish or Union to which
Pauper) is Chargeable,
18. Date of becoming Chargeab
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Abode of nearest know
Patient, and degree of
known), and whether an
Family known to be o
sane,
20. Special circumstances (if a
insertion of any of the

I certify, that, to the be

Dated this

N.B.—This FORM shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Shire of Dumfries *and his Substitutes,*—

The Petition of Jacob Milligan, Inspector of Poor of the Parish of Dunscore humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Mary Bell - wife of James Johnstone, tailor Dunscore 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 Mary Bell 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.

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this third (4) day of November One thousand eight hundred and Sixty five

Jacob Milligan Inspector

STATEMENT.

If any 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 Bell or Johnstone
2. Sex and Age,	Female, aged 47 years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Formerly a servant - now wife of a tailor
5. Religious Persuasion, so far as known,	Member of the Free church
6. Previous Place of Abode,	Gateside, Dunscore
7. Place where Found and Examined,	Gateside, Dunscore & Dumfries
8. Length of time Insane,	A few weeks
9. Whether first attack,	First attack
10. Age (if known) on first Attack,	47 years
11. When and where previously under Examination and Treatment,	Nowhere & never
12. Duration of existing Attack,	a few 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,	Dunscore
18. Date of becoming Chargeable,	3d November 1865
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	James Johnstone, tailor, Gateside Dunscore, her husband. Had a brother some time in the Asylum
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this third day of November One thousand eight hundred and Sixty five

(*To be signed by Party applying*) Jacob Milligan Inspector

P.P.

Edward Moffat
31st October
1865

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or an insane person, or an idiot, or a person of unsound mind.*

I, the undersigned, James Murray McCulloch M.D. [illegible] 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) High St Dumfries in the County of Dumfries, separately from any other Medical Practitioner visited and personally examined (4) Mrs Mary Bell or Johnstone a pauper from Dunscore parish. and that the said Mrs Mary Bell or Johnstone 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) Muttering, [illegible] and restless;— at times moaning; will [illegible] and utterly irrelevent language

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Violent, at times screaming continuously attempts to get out of, and break the [illegible] restless, sleepless, raving, and violent [illegible]

Name and Medical Designation, James M. McCulloch M.D.

Place of Abode, 38 Castle Street, Dumfries.

DATED this third day of November One thousand eight hundred and sixty five 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 Grierson being a (1) Member of the Royal College of Surgeons of England and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) the Southern Counties Asylum Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Mary Bell or Johnstone wife James Johnston tailor — a pauper — and that the said Mary Bell 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) Great distress [illegible] anxiety of mind, with much restlessness moaning, and medherent self accusations of brought ruin on her family, on the world [illegible]

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) The Inspector & her husband state that in [illegible] fury she will break and destroy ~~[illegible]~~ whatever comes most readily to hand and will strike [illegible] injure such as attempt to interfere with her [illegible] her doings

Name and Medical Designation, S. Grierson M.R.C.S.

Place of Abode, Southern Counties Asylum D[illegible]

DATED this third day of November One thousand eight hundred and sixty-five.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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 Murray McCulloch being (1) Graduate of the University of Edinburgh hereby certify, on soul and conscience, that I have this day, at (2) High Street, Dumfries in the County of Dumfries, seen and personally examined Mrs Mary Bell 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.

James Mr McCulloch

DATED this third day of November One thousand eight hundred and sixty five 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, Alexander Hannay Esqr (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Jacob Milligan Inspector of Poor of the Parish of Dunscore Certificates under the hands of James Murray McCulloch and Samuel 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 Bell or Johnstone wife of James Johnstone Tailor Dunscore and that the said Mary Bell or Johnstone is a (5) Lunatic and a person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Mary Bell 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 Mary Bell or Johnstone which accompanied the said Petition.

DATED this Fourth day of November One thousand eight hundred and Sixty five

Alex Hannay

To the Superintendent of the (7) Public *Asylum of* Southern Counties Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

Mary Bell or Johnstone
3rd November
1865

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Sheriff or Steward,
Shire or Stewartry.

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The date of the Petition must be within fourteen clear days following the date of the Medical Certificates.

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2. Sex and Age,
3. Married, Single, or Wi
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5. Religious Persuasion, a
6. Previous Place of Abod
7. Place where Found and
8. Length of time Insane,
9. Whether first attack,
10. Age (if known) on first
11. When and where previ
tion and Treatment,
12. Duration of existing A
13. Supposed Cause,
14. Whether subject to Epi
15. Whether Suicidal,
16. Whether Dangerous to
17. Parish or Union to wh
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18. Date of becoming Char
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N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM 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 (*) Shrouff of the (*) County of Wigtown and his Substitutes,—

The Petition of William Hmmingham

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Elizabeth Brown your Petitioner's (*) Sister in Law

(*) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Elizabeth Brown to the Southern Counties Asylum and to sanction her admission into the said Asylum.

William Hmmingham

(*) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Sixth (*) day of November One thousand eight hundred and Sixty 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,	Elizabeth Brown
2. Sex and Age,	Female . 25
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Housekeeper to her Father
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Fromlochan village
7. Place where Found and Examined,	Wigtown Row Newton Stewart
8. Length of time Insane,	Two weeks
9. Whether first attack,	First
10. Age (if known) on first Attack,	25
11. When and where previously under Examination and Treatment,	First attack
12. Duration of existing Attack,	Two Weeks
13. Supposed Cause,	Unknown
14. Whether subject to Epilepsy,	Not subject
15. Whether Suicidal,	Suicidal
16. Whether Dangerous to others,	Yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Mr William Hmmingham Farmer Newton Stewart
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Anthony Brown, Engineer Counties of Galloway. a Maternal Uncle
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Sixth day of November One thousand eight hundred and Sixty Five.

(*To be signed by Party applying*) William Hmmingham

P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or an* insane person, *or an* idiot, *or a* person of unsound mind.

I, the undersigned, Fergus McKenna being a (1) Licentiate of the Faculty of Physicians & Surgeons of Glasgow and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Wigtown Rou Newtonstewart in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) Elizabeth Brown and that 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 imagines she has committed some great sin & that she is to be tortured for it at the stake.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) She attempted committing suicide & when prevented from doing so she asked the attendant to take away her life by any

Name and Medical Designation, Fergus McKenna

Place of Abode, Newtonstewart

DATED this Sixth day of November One thousand eight hundred and Sixty Five

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MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, *or an* insane person, *or an* idiot, *or a* person of unsound mind.

I, the undersigned, Robert Forsyth being a (1) Graduate of the University of Glasgow and being in actual practice as a (2) as Doctor of Medicine hereby certify, on soul and conscience, that I have this day, at (3) Wigtown Rou Newton Stewart in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) Elizabeth Brown and that 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 thinks she is a great sinner and that Christ has forsaken her & that she is to bed to us and tortured for her sins

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) She was going to cut her throat & when prevented she wished others to do so or by any other means to take away her life today she wished to go to the street naked.

Name and Medical Designation, Robert Forsyth M.D.

Place of Abode. Newton Stewart

DATED this Sixth day of November One thousand eight hundred and Sixty Five

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) 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 Murray Esquire (1) Sheriff Substitute
of the (2) County of Wigtown
having had produced to me, with a Petition at the instance of (3) William Cunningham
Certificates under the hands of Fergus M'Kemmie Surgeon
and Robert Forsyth Doctor of Medicine, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Elizabeth Brown
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) Southern Counties Asylum of Lumfries and 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 sixth day of November One thousand eight hundred and sixty five years

Thos. Murray

To the Superintendent of the (7) Southern Counties Asylum of Lumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or 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 Brown

Feb. Quarter 1915

N.B.—
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† Sheriff or Steward.
† Mayor or Secretary.

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† State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

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* The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

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1. Christian Name and length, .
2. Sex and Age,
3. Married, Single, or W
4. Condition of Life, an (if any),
5. Religious Persuasion,
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15. Whether Suicidal,
16. Whether Dangerous
17. Parish or Union to w Pauper) is Charge
18. Date of becoming Ch
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20. Special circumstance insertion of any o

I certify, that, to t

Dated this

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(*) Sheriff or Steward.
(*) Shire or Stewartry.

Unto the Honourable the (*) Sheriff of the (*) County of Dumfries and his Substitutes,—

The Petition of John Dinwoodie Inspector of Poor for the Parish of Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Alexander Wise Wilson. Dumfries Prison 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 Alexander Wise Wilson to the Southern Counties Asylum and to sanction his admission into the the said Asylum.

(*) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

John Dinwoodie

(*) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this Seventh (*) day of November One thousand eight hundred and Sixtyfive

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STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Alexander Wise Wilson
2. Sex and Age,	Male - 35
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	not Known
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Dumfries
7. Place where Found and Examined,	— do —
8. Length of time Insane,	since Yesterday
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 Asylum
12. Duration of existing Attack,	since Yesterday
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,	7 Nov 1865
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	John Wilson, father No 1 Kensington Terrace Aye Not Known —
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	Not Known

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this Seventh day of November One thousand eight hundred and Sixtyfive

(*To be signed by Party applying*) John Dinwoodie, 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 Cook M.D. being a (1) Graduate of the University of Edinburgh and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) 16 Brow in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Alexander Wise Wilson Dumfries a Pauper and that the said Alexander Wise Wilson is a (5) Lunatic and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He is expectes has delusions. talks incoherently &c

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

has lately a Patient in the Crichton Institution for my own

Name and Medical Designation, William Cook M.D

Place of Abode, Dumfries

Dated this 14th day of November One thousand eight hundred and Sixty five

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MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

I, the undersigned, John Dickson 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 Prison Dumfries Dumfries in the County of separately from any other Medical Practitioner, visited and personally examined (4) Alexander Wise Wilson and that the said Alexander Wise Wilson is a (5) Lunatic and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) I have seen him during the last month, in a restless & excited condition talking incoherently - and doing extravagant things He has delusions of various kinds

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, John Dickson M.D

Place of Abode, Buccleuch Street Dumfries

Dated this 14th day of November One thousand eight hundred and Sixty five

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) 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 Pitcairn Trotter Esquire (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 of the Parish of Dumfries
Certificates under the hands of William Scott
and John Dickson , being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Alexander Wise Wilson in Dumfries Prison, a Pauper and that the said Alexander Wise Wilson is a (5) Lunatic

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Alexander Wise Wilson 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 Wise Wilson which accompanied the said Petition.

DATED this Seventh day of November One thousand eight hundred and Sixty five years

John C Trotter

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1021

Alexander Wind Wilson

7/11/65

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 Mary Bird residing at Thorpe Barton Westmoreland humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Joseph Bird of Thorpe in the parish of Barton Westmoreland your Petitioner's (3) husband is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Joseph Bird 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.

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this 8th (4) day of November One thousand eight hundred and sixty five

Mary Bird

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Joseph Bird
2. Sex and Age,	male
3. Married, Single, or Widowed,	married
4. Condition of Life, and previous Occupation (if any),	Farmer
5. Religious Persuasion, so far as known,	Wesleyan Methodist
6. Previous Place of Abode,	Barrock end in the parish of Hesket, Cumberland
7. Place where Found and Examined,	Thorpe, Barton, Westmoreland
8. Length of time Insane,	about a month
9. Whether first attack,	first attack
10. Age (if known) on first Attack,	56
11. When and where previously under Examination and Treatment,	—
12. Duration of existing Attack,	a month
13. Supposed Cause,	imagines that the Cattle plague will be his ruin
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 Bird, his wife, Thorpe Barton Westmoreland — one of his brothers has been in an Asylum, but is now well
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	—

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 8th day of November One thousand eight hundred and sixty five

(*To be signed by Party applying*) Mary Bird

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Pearson being a (1) Doctor of Medicine of the University of Edinburgh a Member of the Royal College of Surgeons of England and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Thorpe, Barton Westmoreland in the County of Westmoreland separately from any other Medical Practitioner visited and personally examined (4) Joseph Bird, Farmer Thorpe, Barton aforesaid and that the said Joseph Bird 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)

Imagines that he is ruined, that God has forsaken him and has attempted suicide by his throat

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

John Goulding his brother in law tells me that he imagines his cattle & every thing belonging to him must die & be destroyed

Name and Medical Designation, Robert Pearson Wtch

Place of Abode, Shucklandgate Penrith

DATED this 8th day of November One thousand eight hundred and sixty five

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MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, *or an* insane person, *or an* idiot, *or a* person of unsound mind.

I, the undersigned, Joseph Wickham being a (1) Doctor of Medicine of the University of Edinburgh and a Fellow of the Royal College of Surgeons of England and being in actual practice as a (2) Physician and Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Thorpe Barton in the County of Westmoreland separately from any other Medical Practitioner, visited and personally examined (4) Joseph Bird, Farmer Thorpe, Barton and that the said Joseph Bird 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)

Great depression of spirits; falsely imagining that all is going to wreck and ruin.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

John Goulding informs me that he is frequently excessively depressed and that he attempted to commit suicide on the 2nd of this month.

Name and Medical Designation, Joseph Wickham M.D.

Place of Abode, Friar St. Penrith

DATED this eighth day of November One thousand eight hundred and sixty five

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, Andrew Barrie
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Andrew Barrie (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Mary Bird, residing at Thorpe Barton Westmoreland Certificates under the hands of Robert Pearson and Joseph Wilkham, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Joseph Bird residing at Thorpe aforesaid and that the said Joseph Bird is a (5) a insane person and a Lunatic and proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Joseph Bird as a Patient into the (6) Public Asylum of Crichton Royal Institution and I authorize this Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Joseph Bird which accompanied the said Petition.

R.S.

DATED this Ninth day of November One thousand eight hundred and sixty five year

A Barrie

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.

1022
Joseph Bird
9/11/65

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form 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* (*) Shire ~~Stewartry~~ of Dumfries *and his Substitutes,—*

The Petition of Charles Thomlinson of Botcherby near Carlisle humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that William Horsley your Petitioner's (*) Brotherin 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 Horsley to the Carlisle Asylum or Institution and to sanction his admission into the said Asylum.

Chas Thomlinson

(*) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(*) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this Eighth (*) day of November One thousand eight hundred and Sixty five -

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STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	William Horsley
2. Sex and Age,	Male, aged 45 years -
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	In a comfortable condition of life as shuttle manufacturer -
5. Religious Persuasion, so far as known,	Church of England
6. Previous Place of Abode,	Botcherby near Carlisle -
7. Place where Found and Examined,	Botcherby near Carlisle.
8. Length of time Insane,	Has shown symptoms of insanity for the past 6 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,	Perhaps about 6 months -
13. Supposed Cause,	Has had various illnesses such as albuminuria sleeping paralysis
14. Whether subject to Epilepsy,	no -
15. Whether Suicidal,	no -
16. Whether Dangerous to others,	no -
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Jane Thomlinson his sister - not known
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this Eighth day of November One thousand eight hundred and Sixty five

(*To be signed by Party applying*) Charles Thomlinson -

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Reeves being a (1) Member of the Royal College of Surgeons of England and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Botcherby near Carlisle in the County of Cumberland separately from any other Medical Practitioner, visited and personally examined (4) William Horsley Slaemaker Botcherby Carlisle and that the said William Horsley is a (5) person of Unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

Incessant restlessness & over estimation of his intellectual [illegible] sleeplessness & incapacity for any attention to business.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

A tendency to destroy & burn clothing & books & great [illegible] of language of [illegible]. This was communicated to me by his sister — Mrs Thomlinson.

Name and Medical Designation, William Reeves. Member of the Royal College of Surgeons of England

Place of Abode, 5 The Crescent — Carlisle

DATED this eighth day of November One thousand eight hundred and sixty five.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Dalemain Wheatley being a (1) Doctor of Medicine in 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) Botcherby Carlisle in the County of Cumberland separately from any other Medical Practitioner, visited and personally examined (4) William Horsley of Botcherby Carlisle and that the said William Horsley is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Sleeplessness, incessant restlessness, incoherence, delusions regarding persons and things —

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

All the above also a tendency to destructiveness

Name and Medical Designation, Thomas Dalemain Wheatley M.D.

Place of Abode, Crescent Carlisle

DATED this eighth day of November One thousand eight hundred and sixty five.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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 Reeves being (1) a Surgeon hereby certify, on soul and conscience, that I have this day, at (2) Dumfries in the County of Dumfries, seen and personally examined Wm Horsley, and that the said person is of unsound mind, and 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 Reeves. Surgeon &c.

DATED this 10th day of November One thousand eight & sixty five hundred and

(1) 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 Pitcairn Trotter Esquire (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Charles Thomlinson of Botcherby near Carlisle Certificates under the hands of William Reeves and Thomas Dalemain Wheatley, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Horsley, Botcherby near Carlisle and that the said William Horsley is a (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 Horsley as a Patient into the (6) Public Asylum of Crichton Institution Dumfries and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said William Horsley which accompanied the said Petition.

DATED this Eleventh day of November One thousand eight hundred and Sixty five

R.S.

John P Trotter

To the Superintendent of the (7) Public Asylum of ~~Crichton~~ 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.

CARLISLE A NO 9 65

The Medical Superintendent
Crichton Institution
Dumfries

Asylum

DUMFRIES NO 9 65

1023
William Horsley
10/11/65

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 Thomas Shaw Draper in Sanquhar humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Isabella Lawson Wilson in Sanquhar 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 Isabella Lawson Wilson — to the Crichton Royal Asylum — and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

Thomas Shaw

(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 Sixty five —

Thomas Shaw

STATEMENT.

If any 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 Lawson Wilson
2. Sex and Age,	Female — Thirty three years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	No particular occupation
5. Religious Persuasion, so far as known,	United Presbyterian
6. Previous Place of Abode,	Biggar Lanarkshire
7. Place where Found and Examined,	Sanquhar
8. Length of time Insane,	about nine months
9. Whether first attack,	Yes
10. Age (if known) on first Attack,	
11. When and where previously under Examination and Treatment,	
12. Duration of existing Attack,	about nine months —
13. Supposed Cause,	Seclusion, and want of proper employment.
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	no
16. Whether Dangerous to others,	Not usually unless crossed
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 Elizabeth Morris Widow Albert Lister — None
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this fourth day of May One thousand eight hundred and Sixty five years (*To be signed by Party applying*) Thomas Shaw

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g., Member of the Royal College of Physicians in Edinburgh.*

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Forrester Craig being a (1) Doctor of Medicine (Registered) and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) the house of Thomas Shaw Main Street Sanquhar in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Isabella Lawson Wilson Sanquhar and that the said Isabella Lawson 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) Delusions manifested by patient during conversation with me.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Change and peculiarity of behaviour, communicated to me by Thomas Shaw

Name and Medical Designation, Andrew Forrester Craig

Place of Abode, Sanquhar

DATED this Fourth day of May One thousand eight hundred and Sixty five

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MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g., Member of the Royal College of Physicians in Edinburgh.*

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

I, the undersigned, William Smith Kerr being a (1) Doctor of medicine & Licentiate of the Royal College of Surgeons, Edinburgh and being in actual practice as a (2) Medical Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Isabella Lawson Wilson and that the said Isabella Lawson 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) Delusions as to her being the Authoress of Mr Stowe's works and as to the loss of her manuscripts at an age 12 — and other insane fancies —

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Mr Skaw says she has long been weak minded that being Authoress is her principal delusion that she becomes at times outrageous & threatening

Name and Medical Designation, William S Kerr M.D.

Place of Abode, Buccleuch St. Dumfries

DATED this Fifth day of May One thousand eight hundred and Sixty five.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) 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 Pitcairn Trotter Esquire (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Thomas Shaw Draper in Sanquhar
Certificates under the hands of Andrew Forrester Craig
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) Isabella Lawson Wilson and that the said Isabella Lawson Wilson is a (5) person of unsound mind

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Isabella Lawson Wilson as a Patient into the (6) Public Asylum of Crichton Institution Dumfries and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Isabella Lawson Wilson which accompanied the said Petition.

RS

DATED this Fifth day of May One thousand eight hundred and Sixty five

John P. Trotter.

To the Superintendent of the (7) Public
Asylum of Crichton Institution
Dumfries

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

Isabella Lawson Wilson

5/5/65.

Transferred to F.E.A.

25 11/11/65

No. 1/155

1000 . 999

Isabella Lawson Wilson

5/5/65

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honorable the (1) Sheriff *of the* (2) Shire of Dumfries *and his Substitutes,*

The Petition of Isabella Chambers. 18 Castle Street Carlisle

humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Joseph Chambers your Petitioner's (3) husband is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Joseph Chambers to the Crichton Royal Institution and to sanction his admission into the said Asylum.

Isabella Chambers

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

DATED this sixth (4) day of May One thousand eight hundred and sixty-five.

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Joseph Chambers.
2. Sex and Age,	Male. Aged 35 Years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Master Dyer. Never may Also Occupation
5. Religious Persuasion, so far as known,	Church of England
6. Previous Place of Abode,	Penrith.
7. Place where Found and Examined,	At home. in Castle St. Carlisle
8. Length of time Insane,	About 5 months.
9. Whether first attack,	Yes.
10. Age (if known) on first Attack,	—
11. When and where previously under Examination and Treatment,	About 5 months
12. Duration of existing Attack,	Easily excited by drink. though not a drunkard
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,	Wife; Isabella Chambers. Castle St Carlisle
19. Christian Name 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. —
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 May One thousand eight hundred and Sixty-five.

(To be signed by Party applying) Isabella Chambers

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Geo: Tempsley being a (1) Member of the Royal Coll: of Surgeons of Lond & Lic: of the Apothecaries Society. — and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Castle Street in the County of Carlisle Cumberland separately from any other Medical Practitioner, visited and personally examined (4) Joseph Chambers. Master Castle St Carlisle and that the said Joseph Chambers — is a (5) person of unsound mind and a proper person to be detained 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 first called Mr Chambers about four months ago. I found him seated the dark room of his house — & without the aid of a Officer was utterly unable to prevail upon him to come from his the way sometimes humming tunes & airs — sometimes talking in the incoherent manner. since that time he has been more or less excited

2. Other facts (if any) indicating Insanity communicated to me by others: (7) & for His wife informs me that she is afraid of violence at his hands. a he has not yet attempted anything serious in that way: he sits & works in of friends at the present time: demands money frightens & the threatens the most foolish use of it — his mentally confiding & may soon be changed into a disposition. he fancies & sits out of bed to ascertain, that an electric machine is a

Name and Medical Designation, Geo: Tempsley. Surgeon

Place of Abode, Castle Carlisle. —

DATED this 5th day of May One thousand eight hundred and sixty five

months the 3rd. he leaves home, walks considerable distances without aim or purpose. —

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Robert Elliot Mem: Roy: Coll: Phys: Edin being a (1) Doctor of Medicine of the Edinburgh Univ and being in actual practice as a (2) Physician in Carlisle hereby certify, on soul and conscience, that I have this day, at (3) No Castle St Carlisle Cumberland in the County of separately from any other Medical Practitioner, visited and personally examined (4) Mr Joseph Chambers Master Roger Whitrow Yeoman and that the said Joseph Chambers is a (5) person of unsound mind and a proper person to be detained 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 wary; his conversation absurd, argumentative and op on all points, and frequently very inconsistent with itself and temper irritable; his countenance & demeanour all his time restless, objects to daily walks for exercise. Refuses to

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) He has closed his business here & has taken Mar days, take Railway tickets for the trip and left home for himself for days before he was found. Irritable and hasty and his memory bad at times. Has delusions as to electric machine.

Name and Medical Designation, Robert Elliot Mem: Roy: Coll: Phys: Edin

Place of Abode, Carlisle

DATED this 5th day of May One thousand eight hundred and sixty five

* Yet he may be often encountered walking his home and lounging about, away from his business. —

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Andrew Barrie Esquire (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) Isabella Chambers
18 Castle Street Carlisle
Certificates under the hands of George Templeley
and Robert Elliot , being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Joseph Chambers Master Dyer Carlisle and that the said Joseph Chambers is a (5) person of unsound mind

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Joseph Chambers as a Patient into the (6) Public Asylum of Crichton Institution Dumfries and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Joseph Chambers which accompanied the said Petition.

DATED this Eighth day of May One thousand eight hundred and Sixty four

A Barrie

To the Superintendent of the (7) Public
Asylum of Crichton Institution
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1001 . 1000

Joseph Chamber

8/5/65.

Transferred to

F.C.A.

11/11/65

No. 1/154

Joseph Chamber

8/5/65

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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,—*

G. Anderson

The Petition of William Reekie Rose Lane humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Christina Reekie 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 Christina Reekie to the Southern Counties Asylum and to sanction her admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

William Reekie

(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 Novr One thousand eight hundred and sixty 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,	Christina Reekie
2. Sex and Age,	Female - 30 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Tradesman's daughter + house servant
5. Religious Persuasion, so far as known,	Baptist
6. Previous Place of Abode,	St Andrews - Fife
7. Place where Found and Examined,	Dumfries
8. Length of time Insane,	about one year
9. Whether first attack,	First
10. Age (if known) on first Attack,	29
11. When and where previously under Examination and Treatment,	no where
12. Duration of existing Attack,	one year
13. Supposed Cause,	Can't tell
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 the Family known to be or to have been Insane,	William Reekie - Father Rose Lane, St Andrews 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 Eleventh day of Novr One thousand eight hundred and sixty five

(*To be signed by Party applying*) William Reekie

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned John Dickson MD being a (1) Graduate of the University of Edinburgh and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Crichton St Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Christina Reekie and that the said Christina Reekie 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) Deep depression & despondency. Talks vaguely of going away but has no definite idea as her object in so doing.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Dr Gilchrist describes her as continually in the same condition – lethargic, and utterly incapable of work.

Name and Medical Designation, John Dickson MD

Place of Abode, Buccleuch Street Dumfries

DATED this 10th day of November One thousand eight hundred and sixty five.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Gilchrist MD being a (1) Graduate of the University of Edinburgh and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Crichton House Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Christina Reekie Domestic servant Crichton House and that the said Christina Reekie is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Deep and persistent despondency and great lethargy – inaptitude for work & wishes to leave the work

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Spends much of her time in bed and works only under strong inducement as stated by her fellow [illegible]

Name and Medical Designation, J Gilchrist MD

Place of Abode, Crichton House Dumfries

DATED this eleventh day of Novr One thousand eight hundred and sixty five

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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 Dickson M.D
being (1) a Graduate of the University of Edinburgh
hereby certify, on soul and conscience, that I have this day, at (2) Dickson House
in the County of Dumfries, seen and personally examined
Christina Reekie, and that the said
person is of unsound mind, and 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 Dickson M.D

DATED this 10th day of November One thousand eight
hundred and Sixty five.

(1) 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 Pitcairn Trotter Esquire (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) William Reekie
Rose Lane St Andrews
Certificates under the hands of John Dickson
and James Gilchrist, being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Reekie the Petitioners daughter
and that the said Christina Reekie is a (5) Lunatic and a person
of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Christina Reekie as a Patient into the (6) Public Asylum of Southern Counties Dumfries and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Christina Reekie which accompanied the said Petition.

R.S.

DATED this Eleventh day of November One thousand eight
hundred and Sixty five years

John S. Trotter

To the Superintendent of the (7) Public
Asylum of Southern Counties
~~Dumfries~~

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(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

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Christina Reekie

11. November

1865

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM 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 William Cubbon, Circular Road Douglas humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Robert Cubbon 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 Robert Cubbon to the Southern Counties Asylum Dumfries and to sanction his admission into the said Asylum.

(†) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

William Cubbon

(‡) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this 14th (‡) day of November One thousand eight hundred and sixty 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,	Robert Cubbon
2. Sex and Age,	Male 40 years
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Lately provision dealer, but for many years dependent upon his friends.
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Douglas, Isle of man
7. Place where Found and Examined,	
8. Length of time Insane,	
9. Whether first attack,	not the first attack
10. Age (if known) on first Attack,	28 years
11. When and where previously under Examination and Treatment,	Under treatment six months at Royal Asylum Liverpool
12. Duration of existing Attack,	About two months
13. Supposed Cause,	After a time of sobriety again falling into drinking habits.
14. Whether subject to Epilepsy,	
15. Whether Suicidal,	Doubtful not to be depended on.
16. Whether Dangerous to others,	yes 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,	Mrs ~~Ann~~ Mary Anne Cubbon No 15 Bath Road Douglas Isle of Man.
20. Special circumstances (if any) preventing the 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 sixty five

(*To be signed by Party applying*) William Cubbon

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or an* insane person, *or an* idiot, *or a* person of unsound mind.

I, the undersigned, William Smith Kerr being a (1) Doctor of Medicine and Lic. of Royal Coll. Surgeons Edin. and being in actual practice as a (2) Medical Practitioner 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) Robert Cubbon, Provision Dealer Backs Road, Isle of Man. and that the said Robert Cubbon is a (5) Lunatic and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

His great incoherency. His restless & cited manner. and delusions on various subjects

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

He believes his brother to have been twice dead & brought to life again by his mean. He is often violent & threatening.

Name and Medical Designation, William S Kerr M.D.

Place of Abode, Dumfries

DATED this 14th day of November One thousand eight hundred and sixty five

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MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, *or an* insane person, *or an* idiot, *or a* person of unsound mind.

I, the undersigned, Gilchrist M.D. being a (1) Graduate of the University of Edinburgh and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Southern Counties Asylum in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Robert Cubbon Provision Dealer from the Isle of Man and that the said Robert Cubbon is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Injury excited & talks incoherently

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Name and Medical Designation, Gilchrist M.D.

Place of Abode, Crichton House Dum

DATED this fifteenth day of Nov. One thousand eight hundred and sixty five

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, William Smith Kerr being (1) Doctor of Medicine and Licentiate of the Royal Coll. of Surgeons Edin. hereby certify, on soul and conscience, that I have this day, at (2) Southern Counties Asylum in the County of Dumfries, seen and personally examined Robert Cubbon, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

William S Kerr MD

DATED this 14th day of November One thousand eight hundred and Sixty Five

(1) 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 Alexander Trotter Esqre (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) William Cubbon Circular Road, Douglas Certificates under the hands of William Smith Kerr and James Gilchrist, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Cubbon, Provision Dealer, Isle of Man and that the said Robert Cubbon is a (5) Lunatic and a person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Robert Cubbon 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 Cubbon which accompanied the said Petition.

R.S.

DATED this Fifteenth day of November One thousand eight hundred and Sixty five

John A Trotter

To the Superintendent of the (7) Public Asylum of Southern Counties Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or 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 Cubbon
14 November
1865

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 Thomas Bruce Slogarie Castle Douglas humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Margaret Gule 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 Gule 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.

Thos Bruce

(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 February One thousand eight hundred and sixty four

STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Margaret Gule
2. Sex and Age,	Female Oct 50 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Boarding House Keeper
5. Religious Persuasion, so far as known,	United Presbyterian Church
6. Previous Place of Abode,	1 Gillespie St Gilmore place Edinburgh
7. Place where Found and Examined,	Slogarie Castle Douglas
8. Length of time Insane,	Six weeks
9. Whether first attack,	second attack
10. Age (if known) on first Attack,	26 years
11. When and where previously under Examination and Treatment,	Slogarie
12. Duration of existing Attack,	six weeks
13. Supposed Cause,	unknown
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	
18. Date of becoming Chargeable,	
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Elizabeth Bruce sister Slogarie Castledouglas.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 24th day of Feby One thousand eight hundred and Sixty four

(*To be signed by Party applying*) Thos Bruce

Slogarie
Castle Douglas.

P. P.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or an insane person, or an idiot, or a person of unsound mind.*

I, the undersigned, John Dickson M.D being a (1) Graduate of the University of Edinburgh and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Crichton Institution Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Margaret Yule gentlewoman from Johnston Place Edinburgh and that the said Margaret Yule is a Lunatic and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)
Extreme depression, taciturnity, almost complete abstinence from food & consequent emaciation, peregrinations.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Her keepers informing me that she has been in her present condition for four days, but has been in a state of melancholy for at least 20

Name and Medical Designation, John Dickson M.D

Place of Abode, Buccleuch Street Dumfries

DATED this 24th day of February One thousand eight hundred and sixty four

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Anderson being a (1) Licentiate of the Royal College of Surgeons in Ed and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Sloganie in the County of Kirkcudbright separately from any other Medical Practitioner, visited and personally examined (4) Margaret Yule, gentlewoman from Gillespie Street Belmont Place Edinburgh and that the said Margaret Yule 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) the appearance of mania indicative insanity. I spent a considerable time with her, but she would not enter into conversation of any kind on the question. she talked about constantly in a rattling, hysterical manner. occasionally uttering unmeaning cries & shrieks

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Her Sister and Niece informed me that for sometime she has been in a despondent and melancholy condition evidently displaying a diseased state of her mind. for the last two days she has been restless and excitable. will neither take food nor rest

Name and Medical Designation, Patrick Anderson

Place of Abode, Castle Douglas S.P.C.S. Edin

DATED this 23rd day of February One thousand eight hundred and sixty four.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned, John Dickson MD being (1) a Graduate of the University of Edinburgh hereby certify, on soul and conscience, that I have this day, at (2) Creighton Institution in the County of Dumfries seen and personally examined Margaret Yule Gentlewoman Gilmore Place Edinburgh, and that the said person is of unsound mind, and 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 Dickson MD.

DATED this 24th day of February One thousand eight hundred and sixty four.

(1) 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 Ritchie Rotten Esquire (1) Advocate Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Thomas Bruce Hogarth Castle Douglas Certificates under the hands of John Dickson MD and Patrick Anderson MD, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Yule Gilmore Place Edinburgh and that the said Margaret Yule is as (5) the above person and a Lunatic and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Margaret Yule as a Patient into the (6) Public Asylum of Creighton Institution and I authorize her Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Margaret Yule which accompanied the said Petition.

DATED this twenty sixth day of February One thousand eight hundred and sixty four

John R. Rotten

RS.

To the Superintendent of the (7) Public Asylum of ~~Southern~~ Dumfries Creighton Institution Dumfries

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

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Margaret Cole
24/2/64
Tamworth
W.C.
14/11/65
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N.B.—
Sup
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PE

(1) Sheriff or Steward.
(2) Mayor or Secretary.

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(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

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(4) The date of the Petition must be within fourteen clear days following the date of the Medical Certificates.

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2. Sex and Age, .
3. Married, Single, or Wid
4. Condition of Life, and
(if any), .
5. Religious Persuasion, so
6. Previous Place of Abode
7. Place where Found and
8. Length of time Insane,
9. Whether first Attack,
10. Age (if known) on first
11. When and where previo
tion and Treatment,
12. Duration of existing At
13. Supposed Cause, .
14. Whether subject to Epil
15. Whether Suicidal, .
16. Whether Dangerous to
17. Parish or Union to wh
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18. Date of becoming Char
19. Christian Name and Su
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20. Special circumstances (
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I certify, that, to the

Dated this Eight

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(*) Sheriff or Steward.
(*) Shire or Stewartry.

Unto the Honourable the (*) Sheriff of the (*) County of Dumfries and his Substitutes,

The Petition of John Dunwoodie Inspector of Poor for the Parish of Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Helen Carrie residing in Dumfries your Petitioner's (*) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said Helen Carrie to the Southern Counties Asylum and to sanction her admission into the the said Asylum.

(*) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

John Dunwoodie

(*) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Eighteenth (*) day of November One thousand eight hundred and Sixty 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,	Helen Carrie
2. Sex and Age,	Female. 49 years
3. Married, Single, or Widowed,	Married —
4. Condition of Life, and previous Occupation (if any),	Housewife
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Dumfries
7. Place where Found and Examined,	— do —
8. Length of time Insane,	Not known
9. Whether first Attack,	No —
10. Age (if known) on first Attack,	About 45 years
11. When and where previously under Examination and Treatment,	Dumfries & S. C. Asylum
12. Duration of existing Attack,	About a week
13. Supposed Cause,	Use of strong 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,	Dumfries
18. Date of becoming Chargeable,	18th Nov. 1865
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	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 Eighteenth day of November One thousand eight hundred and Sixty five

(*To be signed by Party applying* John Dunwoodie Inspector

F. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, William Marshall being a (1) Graduate of the Faculty of Physicians and Surgeons in Glasgow and being in actual practice as a (2) Physician and College of St Andrews hereby certify, on soul and conscience, that I have this day, at (3) Police Office Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Helen Currie a Pauper and that the said Helen Currie ~~Pauper~~ is a (5) Lunatic and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Talks incoherently Declares that she lives with her brother in law at Exeter and that she is shortly to be made Queen

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) The Police describe her as being in a most outrageous state and a terror to her neighbours

Name and Medical Designation, } Marshall Dist &c

Place of Abode, Buccleuch St Dfrs

DATED this 18th day of November One thousand eight hundred and sixty five years

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MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Patrick Murray being a (1) Graduate of the University of Edinburgh and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) Police Office Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) Helen Currie Pauper and that the said Helen Currie Pauper is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Raves incessantly cannot talk coherently, imagines that Sir W. Brown, Dr McCulloch, & the Mayor Dublin are trying to defend her, stamps &c

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) The Police state that she was very outrageous, and was a terror to the neighbours

Name and Medical Designation, } P. Murray M.D.

Place of Abode, Buccleuch St Dumfries

DATED this 6th day of November One thousand eight hundred and 6 1/5

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) 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 Pitcairn Trotter Esquire (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) John Dinwoodie Inspector of Poor for the Parish of Dumfries
Certificates under the hands of William Marshall
and Patrick Murray , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Helen Corrie, residing in Dumfries (a Pauper) and that the said Helen Corrie is a (5) Lunatic and a person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Helen Corrie 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 Helen Corrie which accompanied the said Petition.

DATED this Eighteenth day of November One thousand eight hundred and Sixty five years

John P. Trotter

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

~~159~~ 159

Helen Corrie

November

1865.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE 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 Thomas Morley, Manager of Manufactory 69 Castle Street Carlisle humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Morley 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 Morley 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.

Thomas Morley

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this 24th (4) day of November One thousand eight hundred and sixty 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 Morley
2. Sex and Age,	Male 25
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Engineer
5. Religious Persuasion, so far as known,	Church of England
6. Previous Place of Abode,	69 Castle Street Carlisle
7. Place where Found and Examined,	69 Castle St
8. Length of time Insane,	about a fortnight
9. Whether first attack,	no
10. Age (if known) on first Attack,	20
11. When and where previously under Examination and Treatment,	Northumberland House
12. Duration of existing Attack,	a fortnight
13. Supposed Cause,	not known
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	is 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,	Thomas Morley. Father 69 Castle Street Carlisle — no insanity in Family
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	—

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this 24th day of Nov One thousand eight hundred and

(*To be signed by Party applying*) Thomas Morley

P. p.

Helen Coorie
November
1865.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate: e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Brown being a (1) Fellow 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) 69 Castle Street Carlisle in the County of Cumberland separately from any other Medical Practitioner, visited and personally examined (4) John Morley Engineer 69 Castle Street Carlisle and that the said John Morley is a (5) person of unsound mind. and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

Believes he is a detective, is very violent. Says he caught an eel in the north pole, but it has run away home to its wife & family —

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

His Father states that he believes himself to have power over the material & immaterial world.

Name and Medical Designation, Robert Brown Surgeon

Place of Abode, 4 Devonshire Street Carlisle

DATED this 24th day of November One thousand eight hundred and sixty five.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate: e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

I, the undersigned, Cornelius S. Hall being a (1) Surgeon a Member of the Royal College of Surgeons of London and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) 69 Castle Street Carlisle in the County of Cumberland separately from any other Medical Practitioner, visited and personally examined (4) John Morley Engineer 69 Castle Street Carlisle and that the said John Morley is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, 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 he has been Sir John Franklin relieved ~~just the~~ just the neighbouring street "~~Castle Street~~ ~~does not belong to me~~ Letter of his proceedings

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Sent his father the following Telegram "Castle Street does not belong to me. Take care of him for a week or two. He has Whately (a warder) handy. Rather good that

Name and Medical Designation, C. S. Hall Surgeon

Place of Abode, 16 Castle Street Carlisle

DATED this 24 day of November One thousand eight hundred and Sixty five.

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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 Grainger Stewart being (1) Graduate of the University of Edinburgh hereby certify, on soul and conscience, that I have this day, at (2) Crichton Institution Dumfries in the County of Dumfries, seen and personally examined John Morley lately residing at Carlisle, and that the said person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

H G Stewart

DATED this 24th day of November One thousand eight hundred and sixty five.

(1) State medical qualification. (2) State place of examination.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

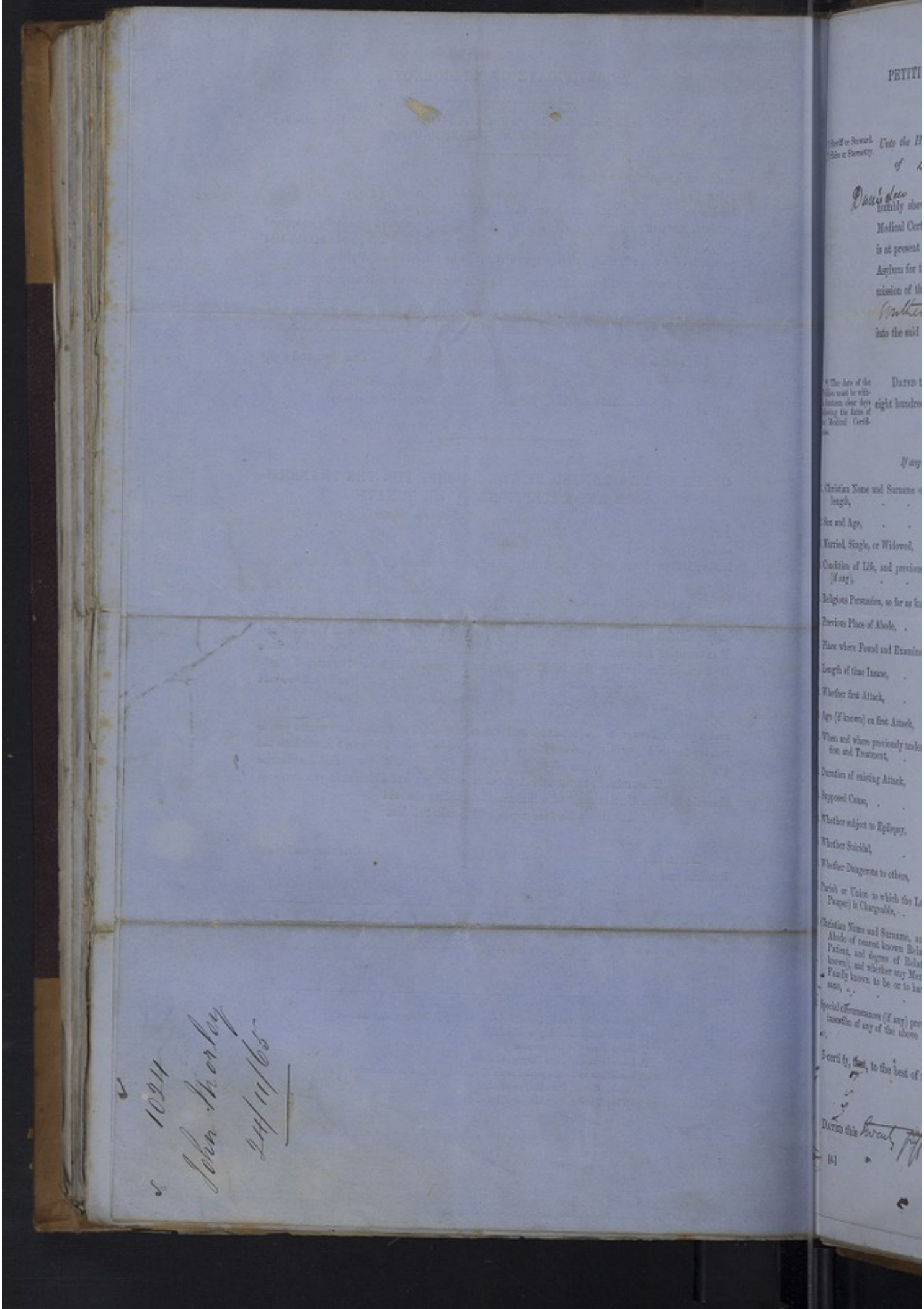
I, John Pitcairn Trotter Esqr. (1) Sheriff-Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Thomas Morley Manager of Manufactory 69 Castle St Carlisle Certificates under the hands of Robert Brown Surgeon and Cornelius S. Hall Surgeon, being two 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) John Morley Engineer 69 Castle St Carlisle and that the said John Morley is a (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 Morley as a Patient into the (6) Public Asylum of Crichton Royal Institution and I authorize this Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said John Morley which accompanied the said Petition.

DATED this twenty fifth day of November One thousand eight hundred and sixty five years.

[illegible]

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.



20 & 21 *Vict., Cap.* 71. *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) Shire of Dumfries, *and his Substitutes,*—

The Petition of Thomas Davidson Inspector of Poor Davidson humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Thomas Corson, labourer, and 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 Thomas Corson to the Southern Counties Asylum, Dumfries, and to sanction his admission into the said Asylum.

(SIGNED) Thomas Davidson Inspector of Poor

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this twenty fifth (3) day of November one thousand eight hundred and sixty 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,	Thomas Corson
2. Sex and Age,	Male - about 40
3. Married, Single, or Widowed,	single
4. Condition of Life, and previous Occupation (if any),	Labourer
5. Religious Persuasion, so far as known,	Established church of Scotland
6. Previous Place of Abode,	Farthing bank, Durrisdeer
7. Place where Found and Examined,	Farthing bank, Durrisdeer
8. Length of time Insane,	all his life
9. Whether first Attack,	
10. Age (if known) on first Attack,	
11. When and where previously under Examination and Treatment,	about sixteen or seventeen years ago he was under treatment in this asylum
12. Duration of existing Attack,	about twelve month
13. Supposed Cause,	
14. Whether subject to Epilepsy,	no
15. Whether Suicidal,	no
16. Whether Dangerous to others,	no
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Durrisdeer
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,	Sarah + Catherine Corson, sisters, one at Farthing bank, Durrisdeer, and the other at Cumnock, Ayr.
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,* Thomas Davidson, Inspector of Poor

DATED this twenty fifth day of November one thousand eight hundred and sixty five

* 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 Saddam Milligan
being a (1) Doctor of Medicine. Licentiate of the Roy[al]
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) Farthingloan
Parish of Durisdeer. in the County
Dumfries separately from any other Medical Practitioner
visited and personally examined (4) Thomas Corson - pauper
the said Thomas Corson and is a (5) Idiot. Epileptic
and requiring from dementia and a proper Person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6)
Presents all the marks of congenital idiotcy, viz.
as the physiognomy of the face and other stigmal signs
and said person absolutely refusing to answer any
question and all vacant staring in reply.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
The said person known & his own wife
has for the last 2 nights slept in the open air as
absolutely refuse to stay in house and very violent when

(Signed) Name and Medical Designation, } Edmd Wm Jno Milligan

Place of Abode, Thornhill

Dated this 13th day of November One thousand eight
hundred and 65

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Samuel Fierson
being a (1) member of the Royal College of Surgeons
England
and being in actual practice as a (2) Surgeon
hereby certify, on soul and conscience, that I have this day, at (3) the Northern
Counties Asylum, Dumfries in the County
Dumfries separately from any other Medical Practitioner
visited and personally examined (4) Thomas Corson, a pauper lun[atic]
Burgh of the parish and th[e]
the said Thomas Corson is a (5) person of
unsound mind and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following
grounds, viz. :—

1. Facts indicating Insanity observed by myself: (6) Considerable
excitement, and wild suspicious manner which
precludes the possibility of getting relevant or other
answers to the simplest questions.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
Was formerly an inmate of the Dumfries
Asylum.

(Signed) Name and Medical Designation, } S. Fierson M.R.C.S.

Place of Abode Northern Counties Asylum

Dated this twenty fifth day of November one thousand eight
hundred and Sixty-five

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 Thomas Corson, Farthing bank, Durrisdeer is a (1) Congenital idiot hereby further certify that the Case of the said Thomas Corson is One of Emergency, and I recommend the immediate removal of the said to an Asylum accordingly.

Name, John L. Milligan M. D. &c

Place of Abode, Thornhill

DATED this 24th day of November one thousand eight hundred and 65

(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, John Pitcairn Trotter Esquire (1) Sheriff Substitute of the (2) County of Dumfries having had produced to me, with a Petition at the instance of (3) Thomas Davidson Inspector of Poor, Durrisdeer Certificates under the hands of John Landlaw Milligan ~~and~~ and Samuel 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) Thomas Corson, Labourer, Farthing bank, Durrisdeer, a pauper and that the said Thomas Corson is ~~a (5)~~ an Idiot, and a person of unsound mind and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Thomas Corson 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 Thomas Corson which accompanied the said Petition.

(SIGNED) John P. Trotter

R.S.

DATED this Twenty eighth day of November one thousand eight hundred and Sixty five

To the Superintendent of the (7) Public *Asylum of* Southern Counties Dumfries

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(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, or Private.
(7) Public, District, or Private.

160

Thomas Corson
25th November
1865

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Sheriff or Steward.
Shire or Stewartry.

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*) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

*) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

If an

1. Christian Name and Sur
length,
2. Sex and Age,
3. Married, Single, or Widow
4. Condition of Life, and p
(if any),
5. Religious Persuasion, so f
6. Previous Place of Abode,
7. Place where Found and
8. Length of time Insane,
9. Whether first attack,
10. Age (if known) on first A
11. When and where previous
tion and Treatment,
12. Duration of existing Att
13. Supposed Cause,
14. Whether subject to Epil
15. Whether Suicidal,
16. Whether Dangerous to
17. Parish or Union to wh
Pauper) is Chargeab
18. Date of becoming Charg
19. Christian Name and Su
Abode of nearest k
Patient, and degree
known), and whethe
Family known to b
sane,
20. Special circumstances (
insertion of any of t

I certify, that, to th

Dated this

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form **A**]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Shire *of* Dumfries *and his Substitutes,—*

The Petition of James Smith, residing at Nith Cottage Kirkmahoe humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that William Smith, Tenant of Forresthead Kirkmahoe 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 Smith 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 Smith

(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 December One thousand eight hundred and sixty 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,	William Smith
2. Sex and Age,	male – sixty 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,	Established Church
6. Previous Place of Abode,	Forresthead
7. Place where Found and Examined,	Three Crowns Inn Queensberry St. Dumfries
8. Length of time Insane,	About Three months
9. Whether first attack,	First attack
10. Age (if known) on first Attack,	About Sixty eight years
11. When and where previously under Examination and Treatment,	—
12. Duration of existing Attack,	About Three months
13. Supposed Cause,	Embarassment of affairs
14. Whether subject to Epilepsy,	Not known to be so
15. Whether Suicidal,	Yes
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Kirkmahoe.
18. Date of becoming Chargeable,	From this date (4th Dec 1865)
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	James Smith above designed Brother – No member of William Smith's family known to be or have been insane.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	—

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this Fourth day of December One thousand eight hundred and sixty five

(*To be signed by Party applying*) + James Smith

P. p.

160
Thomas Corson
25th November
1865

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or an* insane person, *or an* idiot, *or a* person of unsound mind.

I, the undersigned, William Scott being a (1) Graduate of the University of Edinburgh and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) The Crown Inn Queensberry St Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) William Smith Farmer Torrest head Kirkmaker and that the said William Smith 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 as to impending Starvation from the supposed loss of his means – he is restless & sleepless.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His sister in law Mrs James Smith says he has threatened to hang himself &c

Name and Medical Designation, } Wm Scott M D

Place of Abode, Dumfries

DATED this 4th day of December One thousand eight hundred and sixty five

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 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) Three Crown Inn Queensberry St Dumfries in the County of Dumfries separately from any other Medical Practitioner, visited and personally examined (4) William Smith Farmer and that the said William Smith 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) Imagines that he is starving, that his pieces are in poison him, is restless, irritable, and does not sleep &c &c

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Mrs Smith states that he attempted to commit suicide, thinks that Mrs Smith wishes to cut his throat &c

Name and Medical Designation, } P Murray M D

Place of Abode, Buccleuch Dumfries

DATED this 4th day of December One thousand eight hundred and 65

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) 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 Ogeavie Trotter Esquire (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) James Smith residing at Nith Cottage, Kirkmahoe
Certificates under the hands of William Scott
and Patrick Murray , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) William Smith Tenant of Forresthead Kirkmahoe and that the said William Smith is a (5) Lunatic

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said William Smith as a Patient into the (6) Public Asylum of 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 William Smith which accompanied the said Petition.

DATED this Fourth day of December One thousand eight hundred and Sixty four

John O. Trotter

To the Superintendent of the (7) Public Asylum of Southern Counties Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

161 1865

William Smith
4th December
1865

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

20 & 21 *Vict., Cap.* 71, *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

Unto the Honourable the (1) Sheriff of the (2) County of Wigtown and his Substitutes,—

(1) Sheriff or Steward.
(2) Shire or Stewartry.

The Petition of Duncan Malcolm Macfarlane Inspector of Poor humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Hannah Shields, residing at Mochrum is at present in a state of Mental Derangement and 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 Shields to the Southern Counties Asylum and to sanction her admission into the said Asylum.

(SIGNATURE) D. McMacfarlane

(*) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this Second (*) day of December one thousand eight hundred and sixty 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,	Hannah Shields
2. Sex and Age,	Female. 22 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,	Church of Scotland
6. Previous Place of Abode,	Sandhenock — Mochrum
7. Place where Found and Examined,	Mochrum Village
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,	—
12. Duration of Existing Attack,	about a week
13. Supposed Cause,	Had an illegitimate child about 2 years ago - Had promised marriage - Refused
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No - but probable tendency
16. Whether Dangerous to others,	occasionally
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Mochrum - Wigtownshire
18. Date of becoming Chargeable,	30th September 1865
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of his Family known to be or to have been Insane,	John Shields Mochrum. Father who has himself been under treatment 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.

(SIGNATURE)* *Name,* D. McMacfarlane Insp.

DATED this Second day of December one thousand eight hundred and sixty five

* To be Signed by the Party applying.

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or an insane person, or an idiot, or a person of unsound mind.*

I, the undersigned, James McCormick being a (1) Master of Surgery of the University of Glasgow and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) Mochrum village, in the parish of Mochrum, in the County of Wigtown, separately from any other Medical Practitioner, visited and personally examined (4) Hannah Shields, Mochrum village, pauper and that the said Hannah Shields is a (5) person of unsound mind and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

She was labouring under melancholia, type religious, she would scarcely speak to me but could not converse without introducing scripture; she was restless, & said that her neighbours were persecuting her.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

Her mother informed me that she has been in this state since Tuesday, although it was slightly noticeable before. She had an illegitimate child 12 months or so ago, the [illegible] promised to marry her, but did not [illegible]

(SIGNED) Name and Medical Designation, James McCormick

Place of Abode, Portwilliam

DATED this 2nd day of December One thousand eight hundred and sixty five.

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Moir being a (1) Licentiate of the Royal Colleges of Physicians & 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 village of Mochrum, parish of Mochrum in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) Hannah Shields, parish of Mochrum, pauper and that the said Hannah Shields is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

On being asked a question could not answer, without quoting long passages of scripture, her conversation being also of the same type; imagined the neighbours especially her mother to be persecuting her; she saw visions, & was supported by heavenly messengers, every now & laughing hysterically, then praying or repeating passages of scripture.

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

Her mother & others told me it seemed to be coming on her since the m[illegible] of September last, but became confirmed last Tuesday, she was m[illegible]choly, but more for the sins of the wicked people around her than own, & said that her hour was nearly come, as she could not live an[illegible] such wicked people, had an illegitimate child, the father breaking his pro[illegible] to marry her, is the probable cause of her insanity

(SIGNED) Name and Medical Designation, John Moir L.R.C.P.E., L.R.C.S.E.

Place of Abode Port William

DATED this second day of December one thousand eight hundred and sixty five

CERTIFICATE OF EMERGENCY.

(This certificate authorizes the detention of a Patient in an Asylum for a period of twenty-four hours without the Order of the Sheriff, and shall be granted only in cases in which the urgency of the symptoms renders hazardous the delay necessary to procure a second Medical Certificate and the Order of the Sheriff.)

I, the undersigned, having already granted the Medical Certificate, No. I., hereto annexed, to the effect that
is a (1) hereby further certify that the Case is one of Emergency, and I recommend the immediate removal of the said
of the said to an Asylum accordingly.

Name,

Place of Abode,

Dated this day of One thousand eight hundred and

(1) Lunatic or an insane person, or an Idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Thomas Murray Esquire (2) Sheriff Substitute
of the (3) County of Ross
having had produced to me, with a Petition at the instance of (3) Duncan Malcolm Macfarlane Inspector of Poor
Certificates under the hands of James Mc Cormick Surgeon
and John Mair Physician , being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Hannah Shields, pauper. Hannah Shields is a (5) Person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Hannah Shields 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 Hannah Shields which accompanied the said Petition.

(Signature) Thos Murray

Dated this fourth day of December one thousand eight hundred and sixty five

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.

Petition
for
Duncan Malcolm
Macfarlane Inspector
of Poor of Parish
of Mochrum

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Hannah Shields
7th December
1865

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) County *of* Dumfries *and his Substitutes,—*

The Petition of John Dalton Farmer, Bankend Appleby Westmoreland humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Walter Dalton, Farm Labourer 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 Walter Dalton to the Crichton Institution and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

John Dalton

(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 December One thousand eight hundred and 65

STATEMENT.

If any 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 Walter Dalton
2. Sex and Age,	Male 23
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Farm Labourer
5. Religious Persuasion, so far as known,	Church of England
6. Previous Place of Abode,	Bank End Appleby Westmoreland
7. Place where Found and Examined,	Appleby & Penrith
8. Length of time Insane,	Month
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,	Month
13. Supposed Cause,	Weakness
14. Whether subject to Epilepsy,	—
15. Whether Suicidal,	~~[illegible]~~ 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,	John Dalton Bankend Appleby. 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 8th day of December One thousand eight hundred and 65

(*To be signed by Party applying*) John Dalton

P. p.

162
Hannah Shields
7th December
1865

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, *or* an insane person, *or* an idiot, *or* a person of unsound mind.

I, the undersigned, Fergus Armstrong being a (1) Graduate of the University of Edinburgh & Licentiate of the Royal College of Surgeons Edinburgh and being in actual practice as a (2) General Practitioner Bank hereby certify, on soul and conscience, that I have this day, at (3) Bank End — Appleby in the County of Westmorland separately from any other Medical Practitioner, visited and personally examined (4) John Waller Dalton of Bank End. Farm Labourer and that the said John Waller Dalton 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 morbidly distressed by having sold an old horse, for which he now professes a most extravagant affection, he has [illegible] of fury, tearing his hair, and knocking his brain against the walls

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) as above, - from his father & mother

Name and Medical Designation, Fergus Armstrong M.D.

Place of Abode, Appleby Westmorland

DATED this 8th day of December One thousand eight hundred and 65

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Pearson being a (1) Doctor of Medicine of the University of Edinburgh a Member of the Royal College of Surgeons and being in actual practice as a (2) Surgeon hereby certify, on soul and conscience, that I have this day, at (3) the Railway Station Penrith in the County of Cumberland separately from any other Medical Practitioner, visited and personally examined (4) John Waller Dalton of Bank end nea. Appleby Farm Labourer and that the said John W. Dalton 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 he has acted in a highly improper manner by selling a horse, is moody & melancholy at other times restless & uneasy & expresses a desire

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) die His mother says that sometimes he is very unmanageable & scarcely ever sleeps

Name and Medical Designation, Robert Pearson M.D.

Place of Abode, Thicklandgate Penrith

DATED this 8th day of Decr One thousand eight hundred and sixty five

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) 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 Hannay (1) Sheriff Substitute
of the (3) County of Dumfries
having had produced to me, with a Petition at the instance of (4) John Dalton Farmer
Bankend, Appleby, Westmorland
Certificates under the hands of Fergus Armstrong
and Robert Pearson , being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment 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 Waller Dalton, Farm Labourer, Bankend aforesaid and that the said John Waller Dalton is a (5) Lunatic

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said John Waller Dalton as a Patient into the (6) Public Asylum of Crichton Institution Dumfries, and I authorize you to Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said John Waller Dalton which accompanied the said Petition.

DATED this Eighth day of December One thousand eight hundred and Sixty four

Alex Hannay

To the Superintendent of the (7) Public
Asylum of Crichton Institution
Dumfries

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

1026
John Tallie Dallow
Dec 8th
1865

() Sheriff or Steward.
() Clerk or Secretary.

3. State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

your

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Asylu

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4. The date of the Petition must be within fourteen clear days following the date of the Medical Certificate.

eight

1. Christian Name and length,
2. Sex and Age,
3. Married, Single, or W
4. Condition of Life, (if any),
5. Religious Persuasion,
6. Previous Place of Ab
7. Place where Found
8. Length of time Insan
9. Whether first attack,
10. Age (if known) on fi
11. When and where pre tion and Treatme
12. Duration of existing
13. Supposed Cause,
14. Whether subject to
15. Whether Suicidal,
16. Whether Dangerous
17. Parish or Union to Pauper) is Charg
18. Date of becoming C
19. Christian Name and Abode of nearest Patient, and de known), and wh Family known
20. Special circumstanc insertion of any

I certify, that, to

Dated this

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff — *of the* (2) Sheriffdom of Wigtown & Kirkcudbright *and his Substitutes,—for the County of Wigtown.*

The Petition of William Henry Hughan humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that your Petitioner's (3) Alexander McClymont Pauper is at present in a state of Mental Derangement, and 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 McClymont 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.

W H Hughan
Inspector of Poor for Penninghame

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this Eleventh (4) day of December One thousand eight hundred and Sixty 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,	Alexander McClymont
2. Sex and Age,	Male ; 50 years of age.
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Farmer for 20 years
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Killiemore Farm
7. Place where Found and Examined,	Wigtown Prison
8. Length of time Insane,	Two years since his mind began to wander
9. Whether first attack,	First time declared to be of unsound mind.
10. Age (if known) on first Attack,	48 years
11. When and where previously under Examination and Treatment,	Never previously under medical treatment for insanity
12. Duration of existing Attack,	Four Months
13. Supposed Cause,	Unknown
14. Whether subject to Epilepsy,	No.
15. Whether Suicidal,	Yes.
16. Whether Dangerous to others,	Yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	If a Pauper — Penninghame claiming
18. Date of becoming Chargeable,	Relief of Wigtown; 11th December 1865
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	Mina McDonald or McClymont mother of Patient, Forhouse near Wigtown; and Sarah Frazier or McClymont wife of Patient, Killiemore Kirkcowan, Aunt of Patient's Mother was insane
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this Eleventh day of December One thousand eight hundred and Sixty Five

(*To be signed by Party applying*) W H Hughan

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Robt D. Rose 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) The Prison of Haystoun in the County of Haystoun separately from any other Medical Practitioner, visited and personally examined (4) Alexander McClymont Farmer pauper Prisoner in Haystoun Prison and that the said Alexander McClymont is a (5) person of Unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(7) *State the facts.*

1. Facts indicating Insanity observed by myself: (7) Very erratic in Conversation shows extreme irritability of temper, labours under delusions of persecution—imagines Lords Lindsay & Balcarres are dressed & disguised & conspiring against him.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) His wife informs me that the said Alexr McClymont her husband threatened to murder some of the family & on one occasion drew a knife to destroy his boy, & said he would take away his own life & then proceeded to cut away his own throat himself

Name and Medical Designation, Robt D. Rose Surgeon

Place of Abode, Haystoun

DATED this eleventh day of December One thousand eight hundred and sixty three years

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Samuel Snowden being a (1) Doctor of Medicine of the University of Edinburgh and being in actual practice as a (2) Physician hereby certify, on soul and conscience, that I have this day, at (3) the Prison of Haystoun in the County of Haystoun separately from any other Medical Practitioner, visited and personally examined (4) Alexander McClymont Pauper and that the said Alexander McClymont is a (5) person of Unsound Mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(7) *State the facts.*

1. Facts indicating Insanity observed by myself: (7) He talks very incoherently at times & gets very excited—He considers the Prison Authorities to be a humbug & that he has been commissioned by God to perform a work for him—He considers Christ to be a personage he converses with daily & hourly upon different subjects &c

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others:—(7) Mr McWhirter has informed me that the said Alexr McClymont has on several occasions expressed an intention to make away with himself & for that purpose generally carried a rope & a Razor with him—

Name and Medical Designation, Samuel Snowden M.D.

Place of Abode, Haystoun

DATED this fourth day of December One thousand eight hundred and sixty three years

get the head warder to get a suitable place & dig a hole & keep him upon it

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes 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 D. Rose~~ —
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) 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 (1)
of the (2) County of Wigtown
having had produced to me, with a Petition at the instance of (3) William Henry Ruskan Inspector of Poor
Certificates under the hands of Robert Duncan Rose Surgeon
and Samuel Snowdon 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 McClymont pauper and that the said
Alexander McClymont is a (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 McClymont — as a Patient into the (6) Southern Counties Asylum of Dumfries — and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Alexander McClymont which accompanied the said Petition.

DATED this twelfth day of December One thousand eight hundred and sixty five

M. Rhind

To the Superintendent of the (7) Southern Counties Asylum of Dumfries —

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an Idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

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Alexander McElymont

13th December

1865

PET

(*) Sheriff or Steward.
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(*) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

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1. Christian Name and Surn
length,

2. Sex and Age,

3. Married, Single, or Widow

4. Condition of Life, and p
(if any),

5. Religious Persuasion, so f

6. Previous Place of Abode,

7. Place where Found and

8. Length of time Insane,

9. Whether first Attack,

10. Age (if known) on first At

11. When and where previous
tion and Treatment,

12. Duration of existing Atta

13. Supposed Cause,

14. Whether subject to Epilep

15. Whether Suicidal,

16. Whether Dangerous to oth

17. Parish or Union to whic
Pauper) is Chargeable,

18. Christian Name and Surn
Abode of nearest kno
Patient, and degree
known), and whether
Family known to be
sane,

19. Special circumstances (if
insertion of any of the

I certify, that, to the

Dated this Eight

[8]

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) Shires of Wigton & Kirkcudbright *and his Substitutes,*—

The Petition of Thomas Kennedy Inspector humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that James Booth is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said James Booth to the Crichton Asylum and to sanction his admission into the said Asylum.

(SIGNED) Thomas Kennedy Inspector of Poor Stony Kirk

(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 December one thousand eight hundred and sixty 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,	James Booth
2. Sex and Age,	Male about 46 years
3. Married, Single, or Widowed,	Widower
4. Condition of Life, and previous Occupation (if any),	Agricultural Labourer
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Sandhill Stony Kirk
7. Place where Found and Examined,	Stranraer
8. Length of time Insane,	Shewing symptoms two or three weeks confirmed a few days ago
9. Whether first Attack,	Was in Asylum before
10. Age (if known) on first Attack,	Not certain
11. When and where previously under Examination and Treatment,	Crichton Asylum
12. Duration of existing Attack,	Some weeks
13. Supposed Cause,	Not known
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	Not simply speaking
16. Whether Dangerous to others,	Yes
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Stony Kirk
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,	Full sister — Never known when Insane
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	None

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

(SIGNED)* Name, Thomas Kennedy Inspector of Poor Stony Kirk

DATED this fifteenth day of Decr one thousand eight hundred and sixty five

* To be Signed by the Party applying.

[4.]

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Alexander McClymont
13th December
1865

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, 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 Muirhead Ross being a (1) Doctor of Medicine and Licentiate of the Royal College of Surgeons of Edinburgh and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Queen Street Stranraer Wigtown in the County of separately from any other Medical Practitioner visited and personally examined (4) James Booth and that the said James Booth Pauper is a (5) Lunatic and a proper Person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6)
General appearance - Obscene conversation - and rambling - singing at times and in fine minutes crying - requiring restraint - &c. - Secondary Hernia of the Colon under-[illegible]

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Above facts substantiated - besides lying in State Room - in Byres &c. in appearance to his own house - & by lodgings Invalide &c.

(SIGNED) *Name and Medical Designation,* C. M. Ross M.B.

Place of Abode Stranraer

DATED this Fifteenth day of December One thousand eight hundred and Sixty five -

MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, David Easton being a (1) Doctor of Medicine and a Licentiate of the Royal College of Surgeons of Edinburgh and being in actual practice as a (2) General Practitioner hereby certify, on soul and conscience, that I have this day, at (3) Queen street Stranraer Wigtown in the County of separately from any other Medical Practitioner, visited and personally examined (4) James Booth and that the said James Booth Pauper is a (5) Lunatic and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) His general appearance indicates insanity, his conversation is incoherent and rambling, and most obscene ~~at times he is most blasphemous with the most disgusting hand~~ - and at times he is most furious and outrageous, requiring to be bound, ~~hand & foot~~ - & present injury to [illegible] &c.

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
The above corroborated by Mr Kennedy Inspector Stonykirk & Others Mc Kenzie Queen Street -

(SIGNED) *Name and Medical Designation,* David Easton M.D.

Place of Abode Stranraer

DATED this Fifteenth day of December one thousand eight hundred and Sixty five -

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 is One of Emergency, and I recommend the immediate removal of the said
of the said to an Asylum accordingly.

Name,

Place of Abode,

DATED this day of one thousand eight hundred and

(1) Lunatic, or an insane person, or an Idiot, or a person of unsound mind.

ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, Macduff Rhind Esqre Advocate Sheriff Substitute
of the (2) County of Wigtown (3)
having had produced to me, with a Petition at the instance of (3) Thomas Kennedy Inspector of Poor
Certificates under the hands of Charles Morland Roy M.D.
and David Easton M.D. —, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
James Booth pauper — and that the said
James Booth — is a (5) Lunatic —

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said James Booth — as a Patient into the (6) Crichton Asylum of Dumfries — and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said James Booth which accompanied the said Petition.

(SIGNED) M. Rhind

DATED this Sixteenth day of December one thousand eight hundred and Sixty four.

To the Superintendent of the (7) Crichton Asylum of Dumfries. 3

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(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an Insane Person, or an Idiot, or a Person of unsound mind.
(6) Public, District, or Private.
(7) Public, District, or Private.

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James Roodt

18. December

1866

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward. (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of ~~the~~ (2) Wigton and Kirkcudbright and his Substitutes,—

The Petition of George Drysdale, Inspector of Poor Parish of Whithorn humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Georgina McCulloch residing in Main Street in the Burgh of Whithorn 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 Georgina McCulloch 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.

George Drysdale, Inspector of Poor

(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 December One thousand eight hundred and Sixty five

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STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Georgina McCulloch
2. Sex and Age,	Female, Age 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,	Sorbie Village In the Burgh of Whithorn.
7. Place where Found and Examined,	Since 20th October 1865
8. Length of time Insane,	First Attack.
9. Whether first attack,	36 years.
10. Age (if known) on first Attack,	
11. When and where previously under Examination and Treatment,	Since 20th October 1865
12. Duration of existing Attack,	Cause not known
13. Supposed Cause,	no.
14. Whether subject to Epilepsy,	yes.
15. Whether Suicidal,	not considered dangerous, but would
16. Whether Dangerous to others,	Scratch & Strike her attendant, if not Watchful
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Parish of Whithorn.
18. Date of becoming Chargeable,	October 30th 1865. This application was withdrawn. And again made to Parochial Board on 28 November 1865
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	David McCulloch, Brother residing in Whithorn An elder Sister has manifested symptoms of Insanity.
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

Dated this Fourteenth day of December One thousand eight hundred and Sixty five.

(*To be signed by Party applying*) George Drysdale

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 Broadfoot Surgeon 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) Whithorn in the main Street in the County of Wigtown separately from any other Medical Practitioner visited and personally examined (4) Georgina Mc Culloch, Spinster, a pauper residing at Whithorn and that the said Georgina Mc Culloch is a (5) Lunatic and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Her absurd remarks such as "I am sometimes in the world and sometimes in the lower regions". "You are not Dr B. he is dead long ago". "I poison myself sometimes, and sometimes get it from those in the [illegible]" "My stomach has left its place, and I have no place for food, and I need no [illegible]

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Mrs Mc Culloch and Miss Henderson say, "She has had a great aversion to food for the last ten days from the fear of poison" "Her manner is occasionally excited, violent, and mischievous she would strike and tear those around her, if they were not on the [illegible]

Name and Medical Designation, } Ro Broadfoot Surgeon

Place of Abode, Whithorn

DATED this twelfth day of December One thousand eight hundred and sixty five

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MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.,* Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, Alexander Mc Millan Surgeon 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) Whithorn in the main Street in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) Georgina Mc Culloch spinster a Pauper residing at Whithorn and that the said Georgina Mc Culloch is a (5) Lunatic and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Her Eyes indicate insanity she maintains an obstinate silence a symptom of being insane when [illegible] did speak she said her stomach was out of its place down in her bowels and it was of no use to take food as she had no stomach to receive it [illegible] had fasted for a long time in consequence of these notions

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) Mrs Mc Culloch her sister in Law says she always imagines she hears the sound of a Carriage coming with the Devil to take [illegible] away that she requires constant watching night and day and thinks [illegible] to [illegible] her

Name and Medical Designation, } Mexr Mc Millan Surgeon

Place of Abode, Whithorn

DATED this twelfth day of December One thousand eight hundred and sixty five

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) 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 Erskine advocate Sheriff Substitute (1)
of the (2) County of Wigtown
having had produced to me, with a Petition at the instance of (3) George Drysdale Inspector of Poor parish of Whithorn
Certificates under the hands of Robert Broadfoot Surgeon
and Alexander Mc Millan 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)
Georgina Mc Culloch, pauper and that the said
Georgina Mc Culloch is a (5) Lunatic
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Georgina Mc Culloch as a Patient into the (6) Southern Counties Asylum of Dumfries and I authorize Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Georgina Mc. Mc Culloch which accompanied the said Petition.

DATED this fifteenth day of December One thousand eight hundred and sixty one

M. Rhind

To the Superintendent of the (7) Southern Counties Asylum of Dumfries.

3

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

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Georgina McCulloch

18. December

1865

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[Form **A**]

20 & 21 *Vict. Cap.* 71 *Sect.* 34.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff *of the* (2) Shire *of* Dumfries *and his Substitutes,*—

The Petition of John Charteris, Inspector of Poor Wamphray humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Elspeth Goldie your Petitioner's 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 Elspeth Goldie to the Southern Counties Asylum and to sanction her admission into the said Asylum.

(Signed) John Charteris Inspector of Poor Wamphray

(3) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

Dated this 7th (3) day of December One thousand eight hundred and sixty five

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STATEMENT.

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	Elspeth Goldie, M. S. Johnstone
2. Sex and Age,	Female 71
3. Married, Single, or Widowed,	Married
4. Condition of Life, and previous Occupation (if any),	Wife of a Labourer
5. Religious Persuasion, so far as known,	Protestant – Free Church
6. Previous Place of Abode,	Bield, Wamphray
7. Place where Found and Examined,	Bield do
8. Length of time Insane,	about 2 years since signs of insanity began
9. Whether first attack,	Yes
10. Age (if known) on first Attack,	69
11. When and where previously under Examination and Treatment,	No where
12. Duration of existing Attack,	2 years
13. Supposed Cause,	not known
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	sometimes threatened
16. Whether Dangerous to others,	sometimes threatened
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Wamphray
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 his Family known to be or to have been Insane,	James Goldie, her husband Bield Wamphray 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.

(Signed)* *Name,* John Charteris

Dated this 7th day of December One thousand eight hundred and sixty five

* To be signed by the Party applying.

P. p.

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Georgina McCulloch
18 December
1865

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, 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 L. Mc Millan Medical Surgeon of the being a (1) Surgeon and L.F.P.S. Glasgow University of Glasgow

and being in actual practice as a (2) Surgeon &c.

hereby certify, on soul and conscience, that I have this day, at (3) Bield in the Parish of Wamphray in the County of Dumfries separately from any other Medical Practitioner,

visited and personally examined (4) Elspeth Goldie a Pauper and that

the said Elspeth Goldie is a (5) person

of unsound mind and a proper person to be detained

under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) Rambling and incoherent talk, excitement of manner and appearance, continuous accusation against her husband of ill treatment and attempts to threaten her, a wish to show me marks of violence upon her neck which do not exist &c.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) Imagining the domestic Cat not to be the devil, and sometimes when coming into the house to lay eggs, threatening to run away, and to burn down the house and her husband in it, with a view of causing another interval of Confinement apart from her neighbours, Mrs Brown and Mrs Scott

(SIGNED) Name and Medical Designation, } J. Mc Millan Surgeon L.F.P.S. Glas.

Place of Abode, Wamphray (Nether Cote)

DATED this Seventh day of December One thousand eight hundred and Sixty five

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MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e.g.*, Member of the Royal College of Physicians in Edinburgh.

(2) *Physician or Surgeon, or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) *Lunatic, or an insane person, or an idiot, or a person of unsound mind.*

I, the undersigned, William Landers

being a (1) Licentiate of the Faculty of Physicians & Surgeons

and being in actual practice as a (2) Surgeon

hereby certify, on soul and conscience, that I have this day, at (3) Bield in the Parish of Wamphray in the County of Dumfries separately from any other Medical Practitioner,

visited and personally examined (4) Elspeth Goldie a Pauper and that

the said Elspeth Goldie is a (5) person

of unsound mind and a proper person to be detained

under Care and Treatment, 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 her husband has torn her clothes & beaten her with a stick. appears very excited in her manner and talks incessantly

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)

She says that the Cat lays eggs. threatens to burn the house & her husband in it. says that everything in the house belongs to the mother, and refuses to take food. - Learned from Mrs Brown & Mrs Scott

(SIGNED) Name and Medical Designation, } William Landers

Place of Abode, Wamphray Bridge

DATED this Seventh day of December One thousand eight hundred and Sixty five

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 (2) 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, John Ffearn Trotter Esquire (1) Sheriff Substitute
of the (2) County of Dumfries
having had produced to me, with a Petition at the instance of (3) John Charteris
Inspector of Poor Wamphray
Certificates under the hands of John Liddle M'Nicholas
and William Sanders , being two Medical Persons
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4)
Elspeth Goldie, Bald Wamphray, a Pauper and that the said
Elspeth Goldie is a (5) person of unsound mind
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Elspeth Goldie as a Patient into the (6) Public Asylum of Southern Counties Dumfries 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 Elspeth Goldie which accompanied the said Petition.

(SIGNED) John F Trotter

DATED this Fourteenth day of December One thousand eight hundred and Sixty four

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, or Private.
(7) Public, District, or Private.

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward, (2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) County of Dumfries and his Substitutes,—

The Petition of John Dinwoodie Inspector of Poor for the Parish of Dumfries humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that Hugh Reid residing at Gaptown 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 Reid to the Southern Counties Asylum and to sanction his admission into the the said Asylum.

John Dinwoodie, Inspector

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

DATED this Twenty fifth (4) day of December One thousand eight hundred and Sixty five.

(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,	Hugh Reid
2. Sex and Age,	Male. 27 years
3. Married, Single, or Widowed,	Single
4. Condition of Life, and previous Occupation (if any),	Single. Stockingmaker
5. Religious Persuasion, so far as known,	Protestant
6. Previous Place of Abode,	Gaptown
7. Place where Found and Examined,	do
8. Length of time Insane,	About a fortnight
9. Whether first Attack,	yes
10. Age (if known) on first Attack,	27 years
11. When and where previously under Examination and Treatment,	Gaptown
12. Duration of existing Attack,	about a fortnight
13. Supposed Cause,	Religion
14. Whether subject to Epilepsy,	No
15. Whether Suicidal,	No
16. Whether Dangerous to others,	No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	Dumfries Meantime
18. Date of becoming Chargeable,	25th Dec. 1865
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane,	James Reid. Gaptown his father is also very imaginative—
20. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify, that, to the best of my knowledge, the above particulars are correctly stated.

DATED this Twenty fifth day of December One thousand eight hundred and Sixty five

(*To be signed by Party applying*) John Dinwoodie

P. P.

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Edgar Sc. Lodge
14 December
1865

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, 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 Campbell
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) Gartcosh
Grangemouth
Stirlingshire
in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) Hugh Reid
and that
the said Hugh Reid is a (5) person of
Unsound Mind
and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) States that Wife
had travelled on a pilgrimage to Grafton &c
he gave altogether satisfactory answers to the Lord Provost
Bailies and did not appear [illegible]

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7)
Information received by myself & wife
Which the Lunacy Act requires

Name and Medical Designation, William Campbell M.D.

Place of Abode, Grangemouth

DATED this 25th day of December One thousand eight hundred and Sixty four years

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MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, *or otherwise, as the case may be.*

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

(6) *State the facts.*

(7) *State the information, and from whom derived.*

I, the undersigned, Patrick Cumin
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) Gartcosh
Grangemouth
Stirlingshire
in the County of
separately from any other Medical Practitioner,
visited and personally examined (4) Hugh Reid Pauper
and that
the said Hugh Reid Pauper is a (5) person of
Unsound mind
and a proper person to be detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself: (6) States that
the Medicines were taken in the 25th that
he communicated by Christ & prayed that if
he had faith in his Lawful Enticements
for [illegible]

2. Other Facts (if any) indicating Insanity communicated to me by others: (7)
The Parish being near them, I [illegible]
that there was [illegible] from some [illegible]
I went down to Gartcosh [illegible]
and [illegible] and [illegible]
was [illegible]
a necessary to do

Name and Medical Designation, P. Cumin M.D.

Place of Abode, Rugbeck & Denny

DATED this 29th day of December One thousand eight hundred and

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) 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 Pitcairn Trotter Esquire (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 of the Parish of Dumfries
Certificates under the hands of William Marshall
and Patrick Murray, being two Medical Persons duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland," setting forth that they had separately visited and examined (4) Hugh Reid, Gasstown, a Pauper and that the said Hugh Reid is a (5) person of unsound mind

and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to receive the said Hugh Reid as a Patient into the (6) Public Asylum of Southern Counties Dumfries and I authorize his Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said Hugh Reid which accompanied the said Petition.

DATED this Twenty Sixth day of December One thousand eight hundred and Sixty five

John P. Trotter

To the Superintendent of the (7) Public
Asylum of Southern Counties
Dumfries

(1) State whether Sheriff, Sheriff Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

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Hugh Reid
26th December
1865

N.B.—This Form shall remain in the keeping of the Superintendent of the Asylum, after the Order of the Sheriff is obtained.

[FORM A]

25 & 26 *Vict., Cap.* 54, *Sect.* 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE RECEPTION OF A PATIENT INTO AN ASYLUM.

(1) Sheriff or Steward.
(2) Shire or Stewartry.

Unto the Honourable the (1) Sheriff of the (2) County of Wigtown and his Substitute,—

The Petition of Henry Watt Insp^r of Poor Stranraer humbly sheweth that it appears from the subjoined Statement and accompanying Medical Certificates, that John Mc Williams, Sheriff Officer, Stranraer your Petitioner's (3) Pauper is at present in a state of Mental Derangement, and a proper person for treatment in an Asylum for the Insane. May it therefore please your Lordship to authorize the transmission of the said John Mc Williams to the Crichton Institution, Dumfries and to sanction his admission into the said Asylum.

(3) State degree of Relationship or other capacity in which Petitioner stands to Lunatic.

(4) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.

DATED this twenty fifth (4) day of December One thousand eight hundred and sixty 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 Mc Williams
2. Sex and Age, ... Male 73
3. Married, Single, or Widowed, ... Married
4. Condition of Life, and previous Occupation (if any), ... Sheriff Officer
5. Religious Persuasion, so far as known, ... Catholic
6. Previous Place of Abode, ... Stranraer for 30 years
7. Place where Found and Examined, ... Town Hall
8. Length of time Insane, ... About 4 weeks
9. Whether first attack, ... First
10. Age (if known) on first Attack, ... 73
11. When and where previously under Examination and Treatment, ... "
12. Duration of existing Attack, ... 4 weeks
13. Supposed Cause, ... Injury of head, & fear of want
14. Whether subject to Epilepsy, ... No takes fits
15. Whether Suicidal, ... No
16. Whether Dangerous to others, ... No
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable, ... Stranraer
18. Date of becoming Chargeable, ... 30th December 1865
19. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any Member of Family known to be or to have been Insane, ... David his Brother, in Belfast; his wife is living with him. Mary Mc Lauchlan or Mc Williams
20. Special circumstances (if any) preventing the 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 December day of One thousand eight hundred and sixty five

(*To be signed by Party applying*) H. Watt Insp^r of Poor

P. p.

MEDICAL CERTIFICATE, No. I.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a Pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, John Orgill 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) Strawmer St John's in the County of Wigtown separately from any other Medical Practitioner, visited and personally examined (4) John McWilliam sheriff officer St John's Strawmer a pauper and that the said John McWilliam is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) He is sometimes outrageous & incoherent, having nothing to do. believes himself to be always on business as a sheriff officer, and is always preparing to go on business to Glasgow or Edinburgh, one week lately he kept several miles on the way to Glasgow, before he was found & brought back.

(7) *State the information, and from whom derived.*

2. Other facts (if any) indicating Insanity communicated to me by others: (7) This party says he sleeps very little, and is always preparing to go out about his business, and becomes violent when prevented, often struck and bitten her; and evidently knows not what he does. The weather about all days, on business as he says, and can be restrained only by force. Mrs McQueen corroborates this in every respect.

Name and Medical Designation, John Orgill L.R.P.S.G.

Place of Abode, Strawmer

DATED this 25th day of Dec One thousand eight hundred and sixty five

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MEDICAL CERTIFICATE, No. II.

(1) *Set forth the qualification entitling the person certifying to grant the certificate; e. g.*, Member of the Royal College of Physicians in Edinburgh.

(2) Physician or Surgeon, or otherwise, as the case may be.

(3) *Insert the street, and number of the house (if any), or other like particulars.*

(4) *Insert Designation and Residence, and if a pauper state so.*

(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

I, the undersigned, David Easton being a (2) 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) St Johns in the County of separately from any other Medical Practitioner, visited and personally examined (4) John McWilliam. and that the said John McWilliam is a (5) person of unsound mind and a proper person to be detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6) That he believes he has been employed by the government to take people to different parts of the country, as Glasgow, Ayr &c that he often talks incoherently, and becomes outrageous on being interfered with &c

(7) *State the information, and from whom derived.*

2. Other Facts (if any) indicating Insanity communicated to me by others: (7) His family he does not restrain saying that he often sets out and has the property of taking prisoners & being beaten & found in possession & becomes outrageous and will strike her with anything he can lay hold of. That he has frequently gone out during the night & on the morning on a supposed journey to different parts of the country &c

Name and Medical Designation, David Easton M.D.

Place of Abode, Strawmer

DATED this 25th day of December One thousand eight hundred and sixty five —

CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days, without any Order by the Sheriff.)

I, the undersigned,
being (1)
hereby certify, on soul and conscience, that I have this day, at (2)
in the County of , seen and personally examined
, and that the said
person is of unsound mind, and a proper Patient to be placed in an Asylum.

And I further certify that the case of the said person is one of Emergency.

DATED this day of One thousand eight hundred and

(1) 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 Murray Esquire Sheriff Substitute (1)
of the (2) County of Wigtown
having had produced to me, with a Petition at the instance of (3) Henry Watt Inspector of Poor Stranraer
Certificates under the hands of John Orgill Surgeon
and David Easton 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)
John Mc William, pauper and that the said
John McWilliam is a (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 Mc William as a Patient into the (6) Crichton Asylum of Dumfries and I authorize this Transmission to the said Asylum accordingly; and I transmit you herewith the said Medical Certificates, and a Statement regarding the said John Mc William which accompanied the said Petition.

DATED this twenty seventh day of December One thousand eight hundred and sixty five

Thos Murray

To the Superintendent of the (7) Crichton Asylum of Dumfries

(1) State whether Sheriff, Sheriff-Substitute, Steward, or Steward-Substitute.
(2) State whether a County or Stewartry.
(3) Insert Name and Designation.
(4) Describe him, and if a Pauper, state so.
(5) Lunatic, or an insane person, or an idiot, or a person of unsound mind.
(6) Public, District, Parochial, or Private.
(7) Public, District, Parochial, or Private.

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John Mc. William

30/12/65