15 4/6

NOTICE OF ADMISSION,

To be forwarded to the Commissioners in Lunacy within one clear day *from the Patient's reception.*

THE RETREAT, NEAR YORK.

I hereby give you Notice, That _____

_____

was admitted into this (*a*) _____ as a Private Patient, on the _____ Day of _____ 187 , and I hereby transmit a Copy of the Order and Medical Certificates on which he was received (*b*).

(*a*) House or hospital.

(*b*) *If a private patient be received upon one certificate only, the special circumstances which have prevented the patient from being examined by two medical practitioners to be here stated, as in the statement accompanying the order for admission.*

Signed, _____

(*c*) _____

_____

(*c*) Superintendent or proprietor of ———.

Dated this _____ Day of _____

One Thousand Eight Hundred and Seventy

To the Commissioners in Lunacy.

Lunatics 1.

(15 & 17 Vict. c. 96, Sched. C. s. 24.)
(25 & 26 Vict. c. 111.)

Private Patient.

LONDON:
SHAW AND SONS,
Fetter Lane.

16766—10-76.

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT

Sched. (A.) No. 1. Sects. 4, 8.

I, the undersigned, hereby request you to receive Jane Uleal

whom I last saw at 60 Cowper Street, Chapeltown Road, Leeds

on the First day of May – 1886 (a)

a (b) Person of unsound mind as a Patient into your House.

(a) Within one month previous to the date of the order.

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

Subjoined is a Statement respecting the said Jane Ueal

Signed, Name, George Dalby

Occupation (if any), Nil

Place of Abode 60 Cowper St. Chapeltown Rd. Leeds

Degree of Relationship (if any), or other circumstances of connection with the Patient. } Step-daughter's Husband (Step-daughter nearest living relative)

Dated this First day of May

One Thousand Eight Hundred and ~~Seventy~~ Eighty-six

To Dr. Baker

THE RETREAT, NEAR YORK.

STATEMENT.

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

Name of Patient, with Christian Name at length	Jane Ueal
Sex and Age	Female – 78
Married, Single, or Widowed	Widowed
Condition of Life, and previous Occupation (if any)	Milliner before marriage
Religious Persuasion, as far as known	Wesleyan
Previous Place of Abode	Briggate Leeds
Whether First Attack	yes
Age (if known) on First Attack	~~Sixty~~ – 75
When and where previously under Care and Treatment	At Home
Duration of existing Attack	3 yrs
Supposed Cause	Not Known
Whether subject to Epilepsy	No
Whether Suicidal	No
Whether Dangerous to others	No
Whether found Lunatic by Inquisition, and Date of Commission or Order for Inquisition	No
Special Circumstances (if any) preventing the Patient being examined, before Admission, separately by Two Medical Practitioners	None
Name and Address of Relative to whom Notice of Death to be sent	George Dalby – 60 Cowper Street, Chapeltown Road Leeds.

(c) Where the person signing the statement is not the person who signs the order, the following particulars concerning the person signing the statement are to be added.

Signed, Name, (c) George Dalby

Occupation (if any), Nil

Place of Abode, 60 Cowper Street, Chapeltown Road. Leeds

Degree of Relationship (if any), or other circumstances of connection with the Patient. } Step-daughter's husband

MEDICAL CERTIFICATE.—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

I, the undersigned, George Herbert Rowe

(a) Here 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.

being a (a) member of the Royal College of Surgeons of England

(b) Physician, surgeon, or apothecary, as the case may be.

and being in actual practice as a (b) Surgeon

hereby certify, that I, on the First Day of May 1886

(c) Here insert the street and number of the house (if any), or other like particulars.

at (c) 60 Cowper Street, Chapeltown Road, Leeds

in the County of York separately from any other Medical Practitioner

personally examined Jane Neal (widow)

(d) Insert residence and profession, or occupation (if any) of the patient.

of (d) 60 ~~Ref~~ Cowper St, Chapeltown Road, Leeds and that

the said Jane Neal

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

is a (e) person of unsound mind and a proper Person to be taken charge of and detained under Care and Treatment, and that I have formed this opinion upon the following grounds; viz.:—

(f) Here state the facts.

1. Facts indicating Insanity observed by myself (f)

Patient says she is going for a walk with another young lady of about her own age — about 14 or 15 yrs —. Says she has never been married but when asked how long her husband has been dead answers about 6 yrs. Cannot tell me how many days in the week there are. Says she is going home to her mother with whom she says she lives. Says she met her mother in the street yesterday.

(g) Here state the information, and from whom.

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

By Mrs Hannah Dalby patient's step-daughter — Patient tries to run away. Reads newspapers, books & other articles. Cries & laughs a great deal sometimes. Constantly talks about going home to her mother (who I am told has been dead 21 years)

Signed, Name, G. Herbert Rowe

Place of abode, Hillary Place, Leeds

Dated this First Day of May One Thousand Eight Hundred and ~~Seventy~~ Eighty-six.

2

MEDICAL CERTIFICATE.—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

I, the undersigned, Charles. Montague Chadwick:

(a) Here 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.

being a (a) Bachelor of Medicine of the University of Cambridge & Member of the Royal College of Physicians London

and being in actual practice as a (b) Physician

(b) Physician, surgeon, or apothecary, as the case may be.

hereby certify, that I, on the thirtieth Day of april 1886.

(c) Here insert the street and number of the house (if any), or other like particulars.

at (c) 60. Cooper Street Chapeltown Road Leeds

in the County of York: separately from any other Medical Practitioner

personally examined Jane Neal (Widow)

(d) Insert residence and profession, or occupation (if any) of the patient.

of (d) 60 Cooper Street Chapeltown Road Leeds, and that

the said Jane Neal

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

is a (e) person of unsound mind and a proper Person to be taken charge of and detained under Care and Treatment, and that I have formed this opinion upon the following grounds; viz.:—

(f) Here state the facts.

1. Facts indicating Insanity observed by myself (f)

She says that her age is 15 –
That she has never been married.
Does not know her married name.
Does not know the name of her step-daughter with whom she lives –
Has never heard of her husband –

(g) Here state the information, and from whom.

2. Other facts (if any) indicating Insanity communicated to me by others (g) Her Step-daughter Mrs Hannah Dalby – states – that patient is destructive – wanders away if she can – when excited says that she is ill used – Cannot remember things for a minute together – Does not know how to put her clothes on – to knit – or sew –

Signed Name, Charles. Montague Chadwick

Place of Abode, 3. Park Square Leeds

Dated this 30th Day of April One Thousand Eight Hundred and ~~Seventy~~ Eighty six.

1577

NOTICE OF ADMISSION,

To be forwarded to the Commissioners in Lunacy within one clear day *from the Patient's reception.*

THE RETREAT, NEAR YORK.

I hereby give you Notice, That _____

_____

(a) House or hospital.

was admitted into this (a) _____ as a Private Patient, on the _____ Day of _____ 187 , and I hereby transmit a Copy of the Order and Medical Certificates on which he was received (b).

(b) *If a private patient be received upon one certificate only, the special circumstances which have prevented the patient from being examined by two medical practitioners to be here stated, as in the statement accompanying the order for admission.*

Signed, _____

(c) Superintendent or proprietor of ———.

(c) _____

_____

Dated this _____ Day of _____

One Thousand Eight Hundred and Seventy

To the Commissioners in Lunacy.

Lunatics 1.
(16 & 17 Vict. c. 96, Sched. C. s. 24.)
(25 & 26 Vict. c. 111.)
Private Patient.

LONDON:
SHAW AND SONS,
Fetter Lane.
16766—10-76.

3

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT

Sched. (A.) No. 1. Sects. 4, 8.

I, the undersigned, hereby request you to receive Marian Miller of Bramerton Norfolk whom I last saw at Bramerton at Fathers House on the 5th day of May (a) a person of unsound mind as a Patient into your House.

(a) Within one month previous to the date of the order.

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

Subjoined is a Statement respecting the said Marian Miller

Signed, *Name,* Francis Miller

Occupation (if any), Fruit Grower

Place of Abode Bramerton near Norwich

Degree of Relationship (if any), or other circumstances of connection with the Patient. Father

Dated this 5th day of May One Thousand Eight Hundred and ~~Seventy~~ Eighty six.

To Robert Baker M.D.
THE RETREAT, NEAR YORK.

STATEMENT.

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

Name of Patient, with Christian Name at length	Marian Miller
Sex and Age	Female in 26th year – 8th Sept 1860 –
Married, Single, or Widowed	Single
Condition of Life, and previous Occupation (if any)	Living with parents – previously a teacher, – lastly Friends companion –
Religious Persuasion, as far as known	Society of Friends
Previous Place of Abode	Croydon – Surrey
Whether First Attack	First attack at Croydon
Age (if known) on First Attack	Twenty three
When and where previously under Care and Treatment	October 1883 at Croydon
Duration of existing Attack	Attacks frequent since Xmas last
Supposed Cause	Overwork on changing employment – with sensitive mind previously disturbed
Whether subject to Epilepsy	Not subject that I am aware of –
Whether Suicidal	Not apparently
Whether Dangerous to others	Threatening to be dangerous
Whether found Lunatic by Inquisition, and Date of Commission or Order for Inquisition	Not by Inquisition
Special Circumstances (if any) preventing the Patient being examined, before Admission, separately by Two Medical Practitioners	None
Name and Address of Relative to whom Notice of Death to be sent	Francis Miller – Bramerton – Norwich –

(c) *Where the person signing the statement is not the person who signs the order, the following particulars concerning the person signing the statement are to be added.*

Signed, *Name,* (c) Francis Miller

Occupation (if any), Fruit Grower

Place of Abode, Bramerton near Norwich

Degree of Relationship (if any), or other circumstances of connection with the Patient. Father

MEDICAL CERTIFICATE.—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

I, the undersigned, Fredric Bateman

being a (a) Doctor of Medicine, and Fellow of the Royal College of Physicians of London

and being in actual practice as a (b) Physician

hereby certify, that I, on the fifth Day of May 1886

at (c) the house of her father, at Bramerton

in the County of Norfolk separately from any other Medical Practitioner

personally examined Marian Miller

of (d) Bramerton, governess and that

the said Marian Miller

is a (e) person of unsound mind and a proper Person to be taken charge of and detained under Care and Treatment, and that I have formed this opinion upon the following grounds; viz.:—

(a) Here 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.

(b) Physician, surgeon, or apothecary, as the case may be.

(c) Here insert the street and number of the house (if any), or other like particulars.

(d) Insert residence and profession, or occupation (if any) of the patient.

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

(f) Here state the facts.

1. Facts indicating Insanity observed by myself (f)

General incoherence of conversation. Laughs in a childish manner at almost every question put to her.

(g) Here state the information, and from whom.

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

Her mother informs me that she is destructive, has thrown shots on the fire lately, and has thrown glasses and cups at her sister, and she (the mother) fears she will do some bodily harm to her relatives. A year ago, in a fit of passion, she cut her hair quite short, and for some months her mother has been obliged to keep scissors from her, owing to a propensity to destroy her clothes.

Signed, Name, Fredric Bateman MD, FRCP

Place of abode, Norwich.

Dated this fifth Day of May One Thousand Eight Hundred and ~~Seventy~~ eighty six.

4

MEDICAL CERTIFICATE.—**Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.**

I, the undersigned, George Gillett

being a (a) Member of the Royal College of Surgeon and a Licentiate of the Apothecaries Company, London —

and being in actual practice as a (b) Surgeon. &c

hereby certify, that I, on the Sixth Day of May

at (c) her Father's House, in Blamerston

in the County of Norfolk separately from any other Medical Practitioner

personally examined Marian Miller

of (d) Blamerston Governess and that

the said Marian Miller

is a (e) Person of unsound Mind and a proper Person to be taken charge of and detained

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

~~Mental delusion. Incoherent Conversation and Excited Conduct~~

1. Facts indicating Insanity observed by myself (f)

Mental delusion; Incoherent Conversation and Excited Condition. —

Fancies her Sisters and others are trying to rob her of her goods; consequently is not easy unless she is always looking after them — —

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

Her Mother states that she is at times very excitable and unmanageable and destructive to any thing that comes in her way. Her Father states that ~~she~~ has been obliged to restrain her from using violence to her Mother & Sisters.

Signed Name, George Gillett

Place of Abode, Brooke, Norfolk

Dated this Sixth Day of May One Thousand Eight Hundred and ~~Seventy~~ Eighty six —

(a) *Here 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.*

(b) Physician, surgeon, or apothecary, *as the case may be.*

(c) *Here insert the street and number of the house (if any), or other like particulars.*

(d) *Insert residence and profession, or occupation (if any) of the patient.*

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

(f) *Here state the facts.*

(g) *Here state the information, and from whom.*

Mr Gillett should specify one of these "delusions"

1578.

NOTICE OF ADMISSION.

To be forwarded to the Commissioners in Lunacy within one clear day *from the Patient's reception.*

THE RETREAT, NEAR YORK.

I hereby give you Notice, That Joseph Speciall was admitted into this (*a*) _____ as a Private Patient, on the _____ Day of _____ 188 , and I hereby transmit a Copy of the Order and Medical Certificates on which he was received (*b*).

(*a*) House *or* hospital.

(*b*) *If a private patient be received upon one certificate only, the special circumstances which have prevented the patient from being examined by two medical practitioners to be here stated, as in the statement accompanying the order for admission*

Signed, _____

(*c*) _____

(*c*) Superintendent *or* proprietor of———.

Dated this 31st day of May One Thousand Eight Hundred and Eighty Sixe

To the Commissioners in Lunacy.

Lunatics 1.
(16 & 17 Vict. c. 95, Sched. C. s. 24.)
(25 & 26 Vict. c. 111.)
Private Patient.

LONDON
SHAW AND SONS,
Fetter Lane.
D.B.—5-80.)

5

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT.

Sched. (A.) No. 1. Sects. 4, 8.

I, the undersigned, hereby request you to receive Joseph Speciall whom I last saw at York Renevello House Burton on the thirty first day of May 1886 (a) a (b) person of unsound mind as a Patient into your House.

(a) *Within one month previous to the date of the order.*

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

Subjoined is a Statement respecting the said Joseph Speciall

Signed, *Name,* Thos Wellbanna

Occupation (if any), Merchant

Place of Abode Hanhope Road Darlington

Degree of Relationship (if any), or other circumstances of connection with the Patient. Nephew

Dated this thirty first day of May

One Thousand Eight Hundred and Eighty six

To Dr Baker

THE RETREAT, NEAR YORK.

STATEMENT.

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

Name of Patient, with Christian Name at length	Joseph Speciall
Sex and Age	male 69 years
Married, Single, or Widowed	widower
Condition of Life, and previous Occupation (if any)	formerly schoolmaster
Religious Persuasion, as far as known	Society of Friends
Previous Place of Abode	Lewes, Sussex
Whether First Attack	yes
Age (if known) on First Attack	69
When and where previously under Care and Treatment	No
Duration of existing Attack	about one month
Supposed Cause	Unknown to me
Whether subject to Epilepsy	Not that I know of
Whether Suicidal	Has made one attempt
Whether Dangerous to others	Think not
Whether found Lunatic by Inquisition, and Date of Commission or Order for Inquisition	No
Special Circumstances (if any) preventing the Patient being examined, before Admission, separately by Two Medical Practitioners	None
Name and Address of Relative to whom Notice of Death to be sent	Caroline Speciall Southover Lewes

(c) *Where the person signing the statement is not the person who signs the order, the following particulars concerning the person signing the statement are to be added.*

Signed, *Name,* (c) Thos Wellbanna

Occupation (if any),

Place of Abode,

Degree of Relationship (if any), or other circumstances of connection with the Patient.

Thos Powell Fawlows

MEDICAL CERTIFICATE,—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

(a) *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.*

(b) Physician, surgeon, *or* apothecary, *as the case may be.*

(c) *Here insert the street and number of the house (if any) or other like particulars.*

(d) *Insert residence and profession or occupation (if any) of the patient.*

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

(f) *Here state the facts.*

(g) *Here state the information, and from whom.*

I, the undersigned, Arthur Shepherd

being a (a) Fellow of the Royal College Surgeons Edinb

and being in actual practice as a (b) Surgeon

hereby certify, that I, on the 30 day of May 1886

at (c) Renovello Boarding House Buxton

in the County of Derby separately from any other Medical Practitioner,

personally examined Joseph Speciall

of (d) Lewes. Sussex. Gentleman and that

the said Joseph Speciall

is a (e) Lunatic and a proper Person to be taken charge of and detained

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

1. Facts indicating Insanity observed by myself (f) He has an insane expression — weeps copiously thinks his nephews are going to bury him alive this afternoon — says they send me to torment him in his last moments — is doomed to Eternal punishment

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

~~[illegible]~~ his nephew tells me Wm Thos Powell Fawcus. K

he has delusions on the subjects of his money matters —

a port night ago. he attempted to cut his throat with a knife. in the attempt he wounded himself severely

Signed, Name, Arthur Shepherd

Place of Abode, Buxton

Dated this 30 day of May One Thousand Eight Hundred and eighty five

6

MEDICAL CERTIFICATE.—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

(a) 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.*

(b) Physician, surgeon, *or* apothecary, *as the case may be.*

(c) Here insert the street and number of the house (if any), or other like particulars.

(d) Insert residence and profession, or occupation (if any) of the patient.

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

(f) Here state the facts.

(g) Here state the information, and from whom.

I, the undersigned,

being a (*a*)

and being in actual practice as a (*b*)

hereby certify, that I, on the day of

at (*c*)

in the County of separately from any other Medical Practitioner,

personally examined

of (*d*) and that

the said

is a (*e*) and a proper Person to be taken charge of and detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself (*f*)

2. Other facts (if any) indicating Insanity communicated to me by others (*g*)

Signed, *Name,*

Place of Abode,

Dated this day of One Thousand Eight Hundred and

MEDICAL CERTIFICATE.—Sched. (A.) No. 2, Sects. 4 5, 8, 10, 11, 12 13.

I, the undersigned, Frederick Turner

being a (a) Member of the Royal College of Surgeons England

and being in actual practice as a (b) Surgeon

hereby certify, that I, on the thirtieth Day of May 1886

at (c) The Renovello Boarding House Higher Buxton

in the County of Derby separately from any other Medical Practitioner

personally examined Joseph Speciall

of (d) Lewes, Sussex, Gentleman and that

the said Joseph Speciall

is a (e) person of unsound mind and a proper Person to be taken charge of and detained

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

(a) *Here 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.*

(b) Physician, surgeon, *or* apothecary, *as the case may be.*

(c) *Here insert the street and number of the house (if any), or other like particulars.*

(d) *Insert residence and profession, or occupation (if any) of the patient.*

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

(f) *Here state the facts.*

1. Facts indicating Insanity observed by myself (f)

He tells me that his nephews are going to bury him alive; He tells me that he has no money to pay for anything, and that he is a pauper. At the same time shews me a receipt from his lawyers of certain shares or securities in his name. This he has torn up.

I have attended him after a determined attempt to commit suicide by cutting his throat.

(g) *Here state the information, and from whom.*

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

Mr Thomas Powell Fawens, his nephew, tells me that he labours under delusions as to his pecuniary position and his relations conspiring to put him in the workhouse

Signed, *Name,* Frederick Turner

Place of abode, Grafton House, Buxton

Dated this thirtieth Day of May One Thousand Eight Hundred and Eighty six.

7

MEDICAL CERTIFICATE.—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

I, the undersigned, _____

(a) *Here 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.*

being a (a) _____

_____

and being in actual practice as a (b) _____

(b) Physician, surgeon, *or* apothecary, *as the case may be*

hereby certify, that I, on the _____ Day of _____

(c) *Here insert the street and number of the house (if any), or other like particulars.*

at (c) _____

in the County of _____ separately from any other Medical Practitioner

personally examined _____

(d) *Insert residence and profession, or occupation (if any) of the patient.*

of (d) _____ and that

the said _____

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

is a (e) _____ and a proper Person to be taken charge of and detained

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

(f) *Here state the facts.*

1. Facts indicating Insanity observed by myself (f)

(g) *Here state the information, and from whom.*

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

Signed *Name,* _____

Place of Abode, _____

Dated this Day of One Thousand Eight Hundred and Eighty

1549

NOTICE OF ADMISSION.

To be transmitted within ONE CLEAR DAY from the day of the Patient's Reception.

I hereby give you Notice, That

(a) House or hospital.

was admitted into this (a) as a Private Patient, on the day of 18 , and I hereby transmit a Copy of the Order and Medical Certificates on which he was received (b)

(b) *If a private patient be received upon one certificate only, the special circumstances which have prevented the patient from being examined by two medical practitioners to be here stated, as in the statement accompanying the order for admission.*

Signed,

(c)

(d)

(c) Superintendent or proprietor of——

(d) Full address.

Dated this day of

One Thousand Eight Hundred and

To the Commissioners in Lunacy.

Lunatics 1.

(16 & 17 Vict. c. 96, Sched. C. s. 24.)

(25 & 26 Vict. c. 111.)

Private Patient.

LONDON:
SHAW AND SONS,
Fetter Lane, E.C.

(1—11-85.)

8

ORDER
FOR THE RECEPTION OF A PRIVATE PATIENT.

Sched. (A.) No. 1, Sects. 4, 8.

I, the undersigned, hereby request you to receive Miss Frances Maria Swanton.

whom I last saw at Kingsgate Street Winchester

on the sixteenth day of July 1869 (a)

a (b) person of unsound mind as a Patient into your House.

Subjoined is a Statement respecting the said Frances Maria Swanton

(a) *Within one month previous to the date of the order.*
(b) Lunatic, *or* an idiot, *or* a person of unsound mind.

Signed, *Name,* Charles Wreeton

Occupation (if any), Rector of St Mary's Bedford

Place of Abode, Rectory of St Mary's Bedford

Degree of Relationship (if any) or other circumstances of connection with the Patient. Cousin, nearest of kin by desire of her father the Revd F. Swanton

Dated this sixteenth day of July

One Thousand Eight Hundred and sixty nine

To D Forbes Winslow

(c) Proprietor *or* superintendent of ——
(d) *Describing the house or hospital by situation and name, if any.*

(c) Proprietor of (d) Brandenburgh House Hammersmith

STATEMENT.

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

Name of Patient, with Christian Name at length	Frances Maria Swanton
Sex and Age	Female aged 35
Married, Single, or Widowed	Single
Condition of Life, and previous Occupation (if any)	Only daughter of the Revd F Swanton, Vicar of St Johns Winchester & Barton Stacey near Winchester no occupation. Communicant of the Church of England
Religious Persuasion, as far as known	
Previous Place of Abode	56 Kingsgate St. Winchester
Whether First Attack	No
Age (if known) on First Attack	Unsoundness of mind was of gradual progress up to 1863
When and where previously under Care and Treatment	Was under the care of D Forbes Winslow from Feb 10 1863 to Aug 1 1866.
Duration of existing Attack	~~She was somewhat improved in 1866, but after her return home has become worse rather up to present date~~
Supposed Cause	I cannot say
Whether subject to Epilepsy	No
Whether Suicidal	No
Whether Dangerous to others	No
Whether found Lunatic by Inquisition, and Date of Commission or Order for Inquisition	No
~~Special Circumstances (if any) preventing the Patient being examined, before Admission, separately by Two Medical Practitioners~~	
Name and Address of Relative to whom Notice of Death to be sent	Revd F. Swanton Winchester

(e) *Where the person signing the statement is not the person who signs the order, the following particulars concerning the person signing the statement are to be added.*

Signed, *Name,* (e) Charles Wreeton

Occupation (if any), Rector of St Mary's Bedford

Place of Abode, Rectory of St Mary's Bedford

Degree of Relationship (if any), or other circumstances of connection with the Patient. Cousin of the patient, by the desire of her father whose weak state of health prevented his making out this statement

TRANSFER OF PRIVATE PATIENT.

16 & 17 Vict., Cap. 96, § 20.

CONSENT.

We, the undersigned, Commissioners in Lunacy, hereby consent to the removal, on or before the 8th day of June 1886, of Frances Maria Swanton a Private Patient in Brandenburgh House, Hammersmith, to The Friends' Retreat, near York.

Given under our hands this 24th day of May in the year of Our Lord One Thousand Eight Hundred and Eighty-six.

James Wilkes
Reginald Southey
} Commissioners in Lunacy.

ORDER.

I,* Charles Brereton the undersigned, having Authority to discharge Frances Maria Swanton a Private Patient in Brandenburgh House, Hammersmith, hereby order and direct that the said Frances Maria Swanton be removed therefrom to The Friends' Retreat, near York.

Given under my hand this* 25th day of May in the year of Our Lord One Thousand Eight Hundred and Eighty-six.

(Signed) Charles Brereton

Place of Abode St. Mary's Rectory, Welford

* Note.—This order must be signed and dated *subsequently* to the consent of the Commissioners; and it must be signed by—

1. The person *who signed the order* for the Patient's admission:
2. If such person be incapable (by reason of insanity, or absence from England, or otherwise), or if he be dead, then by the *Husband or Wife* of the Patient:
3. If there be no Husband or Wife, then by the Patient's *Father:*
4. If there be no Father, then by the Patient's *Mother:*
5. If there be no Father or Mother, then by any *one* of the Patient's *nearest of kin:* Or by the person *who made the last payment* on the Patient's account.

R & S (8268) 2000 7—83

9

MEDICAL CERTIFICATE,—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

(a) 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.

(b) Physician, surgeon, or apothecary, as the case may be.

(c) Here insert the street and number of the house (if any) or other like particulars.

(d) Insert residence and profession or occupation (if any) of the patient.

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

(f) Here state the facts.

(g) Here state the information, and from whom.

I, the undersigned, Charles Thomas Wickham being a (a) Member of the College of Surgeons of England and a Licentiate of the Apothecaries Company and being in actual practice as a (b) Surgeon hereby certify, that I, on the sixteenth day of July at (c) 5-6 Kingsgate St, Winchester in the County of Southampton separately from any other Medical Practitioner, personally examined Frances Maria Swanton of (d) 5-6 Kingsgate St Winchester and that the said Frances Maria Swanton is a (e) person of unsound mind and a proper Person to be taken charge of and detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself (f) Miss Swanton's whole manner is that of a person of unsound mind when asked questions by myself never answers but desires to go out of the room. At times when I have been in the house I have heard loud and angry talking from her room, there being no person near, on one occasion a policeman called at the door to know the cause of the disturbance produced by her loud talking.

2. Other facts (if any) indicating Insanity communicated to me by others (g) I am informed by Sarah Harding that Miss Swanton for a fortnight did not go to bed causing great personal inconvenience to herself, which same thing has occurred frequently. On one occasion Miss Swanton struck Sarah Harding in the face without any provocation. I am informed that her delusions are mainly that she is under the command of others in the exercise of her eccentricity

Signed, Name, Charles Thomas Wickham

Place of Abode, St Thomas St, Winchester

Dated this 16th day of July One Thousand Eight Hundred and sixty nine.

10

MEDICAL CERTIFICATE.—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

(a) *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.*

(b) Physician, surgeon, *or* apothecary, *as the case may be.*

(c) *Here insert the street and number of the house (if any), or other like particulars.*

(d) *Insert residence and profession, or occupation (if any) of the patient.*

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

(f) *Here state the facts.*

(g) *Here state the information, and from whom.*

I, the undersigned, Frederick John Butter
being a (a) Licentiate of the Apothecaries Company
and being in actual practice as a (b) Surgeon
hereby certify, that I, on the sixteenth day of July
at (c) 5-6 Kingsgate Street
in the County of Southampton, separately from any other Medical Practitioner,
personally examined Frances Maria Swanton
of (d) Kingsgate St. Winchester and that
the said Frances Maria Swanton
is a (e) person of unsound mind and a proper Person to be taken charge of and detained
under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself (f) Obstinate sullenness and refusal to answer any questions. When approached endeavours to escape and hide herself. utterly unmanageable

2. Other facts (if any) indicating Insanity communicated to me by others (g)
her father & Sarah Harding her maid state that for more than two years has refused to go outside the house being in good health. fancies everybody is conspiring against her talks vehemently to herself or some imaginary person at times disturbing the neighbourhood. sits up half the night doing nothing &c. &c.

Signed, Name, F. J. Butter

Place of Abode, Winchester.

Dated this sixteenth day of July One Thousand Eight Hundred and sixty nine.

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT.

Sched. (A.) No. 1. Sects. 4, 8.

I, the undersigned, hereby request you to receive Harriet Smare

whom I last saw at 30 Louisa Street Darlington

on the Twelfth 12 day of June 1886 (a)

a (b) Person of unsound mind Patient into your House.

Subjoined is a Statement respecting the said Harriet Smare

(a) *Within one month previous to the date of the order.*

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

Signed, *Name,* William Smare

Occupation (if any), Smith

Place of Abode 30 Louisa Street Darlington

Degree of Relationship (if any), or other circumstances of connection with the Patient. Husband

Dated this Twelfth 12 day of June ~~1886~~

One Thousand Eight Hundred and Eighty Six ~~1886~~

To Dr Baker

THE RETREAT, NEAR YORK.

STATEMENT.

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

Name of Patient, with Christian Name at length	Harriet Smare
Sex and Age	~~Female~~ 49 years Female
Married, Single, or Widowed	Married
Condition of Life, and previous Occupation (if any)	At home School Mistress
Religious Persuasion, as far as known	Member of the Society of Friends
Previous Place of Abode	Leeds 161 ~~Meanwood R~~ Meanwood Road
Whether First Attack	yes
Age (if known) on First Attack	47½ years
When and where previously under Care and Treatment	30 Louisa St Darlington
Duration of existing Attack	1½ years
Supposed Cause	unknown
Whether subject to Epilepsy	no
Whether Suicidal	yes
Whether Dangerous to others	no
Whether found Lunatic by Inquisition, and Date of Commission or Order for Inquisition	no
Special Circumstances (if any) preventing the Patient being examined, before Admission, separately by Two Medical Practitioners	none
Name and Address of Relative to whom Notice of Death to be sent	William Smare

(c) *Where the person signing the statement is not the person who signs the order, the following particulars concerning the person signing the statement are to be added.*

Signed, *Name,* (c) William Smare

Occupation (if any), Smith

Place of Abode, 30 Louisa Street Darlington

Degree of Relationship (if any), or other circumstances of connection with the Patient. Husband

1580

NOTICE OF ADMISSION.

To be forwarded to the Commissioners in Lunacy within one clear day *from the Patient's reception.*

THE RETREAT, NEAR YORK.

I hereby give you Notice, That _____

_____

(a) House or hospital.

was admitted into this (*a*) _____ as a Private Patient, on the _____ Day of _____ 188 , and I hereby transmit a Copy of the Order and Medical Certificates on which he was received (*b*).

(b) *If a private patient be received upon one certificate only, the special circumstances which have prevented the patient from being examined by two medical practitioners to be here stated, as in the statement accompanying the order for admission*

Signed, _____

(c) _____

_____

(c) Superintendent or proprietor of———.

Dated this _____ day of _____

One Thousand Eight Hundred and Eighty

To the Commissioners in Lunacy.

Lunatics 1.
(16 & 17 Vict. c. 95, Sched. C. s. 24.)
(25 & 26 Vict. c. 111.)
Private Patient.

LONDON
SHAW AND SONS,
Fetter Lane.
D.H.—5-80.)

MEDICAL CERTIFICATE.—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

I, the undersigned, Francis Henry Weekes

Here set forth the qualification entitling the person being to practise as a physician, surgeon, or apothecary, viz.:—Fellow of the College of Physicians London, Licentiate of the Apothecaries Company, or as the case may be.

being a (a) F.R.C.S. Eng.

and being in actual practice as a (b) Surgeon

(b) Physician, surgeon, or apothecary, as the case may be

hereby certify, that I, on the 18th Day of June 1886

(c) Here insert the street and number of the house (if any), or other like particulars.

at (c) 3 St Leonards - York

in the County of York separately from any other Medical Practitioner

personally examined Harriet Smare

(d) Insert residence and profession, or occupation (if any) of the patient.

of (d) 30 Louisa St - Harlington wife of Wm Smare and that

the said Harriet Smare

(e) Lunatic, or an idiot, or person of unsound mind.

is a (e) person of unsound mind and a proper Person to be taken charge of and detained under Care and Treatment, and that I have formed this opinion upon the following grounds; viz.:—

(f) Here state the facts.

1. Facts indicating Insanity observed by myself (f) Patient informs me that some people (the Irish National union) have combined to defame her character - That these people employ crowds to watch & spy upon her - She is very voluble, but ~~talk~~ talks in a rambling fashion -

(g) Here state the information and from whom.

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

Signed Name, F. H. Weekes

Place of Abode, 3 St. Leonards - York

Dated this 18th Day of June One Thousand Eight Hundred and Eighty 6

12

MEDICAL CERTIFICATE.—Sched. (A.) No. 2, Sects. 4 5, 8, 10, 11, 12 13.

I, the undersigned, _____

being a (a _____

_____

and being in actual practice as a (b) _____

hereby certify, that I, on the _____ Day of _____

at (c) _____

in the County of _____ separately from any other Medical Practitioner

personally examined _____

of (d) _____ and that

the said _____

is a (e) _____ and a proper Person to be taken charge of and detained

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

(a) *Here 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.*

(b) Physician, surgeon, *or* apothecary, *as the case may be.*

(c) *Here insert the street and number of the house (if any), or other like particulars.*

(d) *Insert residence and profession, or occupation (if any) of the patient.*

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

(f) *Here state the facts.*

1. Facts indicating Insanity observed by myself (f)

(g) *Here state the information, and from whom.*

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

Signed, *Name,* _____

Place of abode, _____

Dated this _____ Day of _____ One Thousand Eight Hundred and Eighty

MEDICAL CERTIFICATE.—Sched. (A.) No. 2, Sects. 4 5, 8, 10, 11, 12 13.

I, the undersigned, Richard Taylor Mauson

being a (a) Licentiate of the Royal College of Physicians of Edinburgh

and being in actual practice as a (b) Physician

hereby certify, that I, on the ninth Day of June 1886

at (c) 30 Louisa St. Darlington

in the County of Durham separately from any other Medical Practitioner

personally examined Harriet Smare

of (d) 30 Louisa St. Darlington, wife of William Smare, and that

the said Harriet Smare

is a (e) person of unsound mind and a proper Person to be taken charge of and detained

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

(a) *Here 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.*

(b) Physician, surgeon, *or* apothecary, *as the case may be.*

(c) *Here insert the street and number of the house (if any), or other like particulars.*

(d) *Insert residence and profession, or occupation (if any) of the patient.*

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

(f) *Here state the facts.*

1. Facts indicating Insanity observed by myself (f)

In conversation with her she informed me that she did not go out because she was watched by enemies; that she did not go to chapel because the preachers made public allusion to misconduct she was falsely charged with; that her enemies had trained crows to fly about & watch her & that two chimneys had been used for the same purpose & that the engines on the line whistled about her

(g) *Here state the information, and from whom.*

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

Her husband states that she has a delusion that persons of all kinds are in a conspiracy to defame her & charge her with all sorts of evil

Signed, Name, R. Taylor Mauson, L.R.C.P.E.

Place of abode, 12 Skinnergate, Darlington

Dated this Ninth Day of June One Thousand Eight Hundred and Eighty Six

13

MEDICAL CERTIFICATE.—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

I, the undersigned, Charles Andrew Ironside

being a (a) Bachelor of Medicine & Master of Surgery (Aberdeen)

and being in actual practice as a (b) Physician

hereby certify, that I, on the 12th Day of June 1886

at (c) 30 Louisa Street Darlington

in the County of Durham separately from any other Medical Practitioner

personally examined Harriet Smare

of (d) of 30 Louisa Street Darlington wife of William Smare and that

the said Harriet Smare

is a (e) Person of unsound mind and a proper Person to be taken charge of and detained

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

(a) *Here 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.*

(b) Physician, surgeon, *or* apothecary, *as the case may be*

(c) *Here insert the street and number of the house (if any), or other like particulars.*

(d) *Insert residence and profession, or occupation (if any) of the patient.*

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

(f) *Here state the facts.*

1. Facts indicating Insanity observed by myself (f) During conversation she told me that a number of people, including myself had conspired to make her out an immoral woman & that a number of crows & birds had been employed to watch her report her doings, also that to the Salvation Army she was a marked woman, & she could not go out because the people in the street stared much at her & passed remarks about her being an immoral woman, & that the whistlings of urchins were intended to direct people's attention to her.

(g) *Here state the information, and from whom.*

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

Her husband states that she believes people have said she is an immoral woman, that she writes letters to that effect, & that at night she comes crying to him & implores him not to believe any such stories.

Signed Name, Charles Andrew Ironside

Place of Abode, Brookside Darlington

Dated this Twelfth Day of June One Thousand Eight Hundred and Eighty Six.

1581

NOTICE OF ADMISSION.

To be forwarded to the Commissioners in Lunacy within one clear day *from the Patient's reception.*

THE RETREAT, NEAR YORK.

I hereby give you Notice, That James Hargreaves

was admitted into this (*a*) _____ as a Private Patient, on the _____ Day of _____ 188 , and I hereby transmit a Copy of the Order and Medical Certificates on which he was received (*b*).

(*a*) House or hospital.

(*b*) *If a private patient be received upon one certificate only, the special circumstances which have prevented the patient from being examined by two medical practitioners to be here stated, as in the statement accompanying the order for admission*

Signed, _____

(*c*) _____

(*c*) Superintendent or proprietor of———.

Dated this _____ day of _____

One Thousand Eight Hundred and Eighty

To the Commissioners in Lunacy.

Lunatics I.
(16 & 17 Vict. c. 96, Sched. C. s. 24.)
(25 & 26 Vict. c. 111.)
Private Patient.

LONDON
SHAW AND SONS,
Fetter Lane.
D.B.—5-80.)

19

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT.

Sched. (A.) No. 1. Sects. 4, 8.

I, the undersigned, hereby request you to receive James Hargreaves, whom I last saw at St Stephens Place Blackwood on the 16th day of June 1886. (a) a (b) person of unsound mind as a Patient into your House.

(a) *Within one month previous to the date of the order.*

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

Subjoined is a Statement respecting the said James Hargreaves

Mary Elizabeth Hargreaves

Signed, Name, M. E. Hargreaves

Occupation (if any), No occupation

Place of Abode Eswald Thorpe Bradford Yorks.

Degree of Relationship (if any), or other circumstances of connection with the Patient. Sister

Dated this 19th day of June

One Thousand Eight Hundred and Eighty 6.

To Dr Baker

THE RETREAT, NEAR YORK.

STATEMENT.

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

Name of Patient, with Christian Name at length	James Hargreaves
Sex and Age	Male 26.
Married, Single, or Widowed	Single
Condition of Life, and previous Occupation (if any)	Son of Manufacturer
Religious Persuasion, as far as known	Church of England
Previous Place of Abode	St Stephens Place Blackwood
Whether First Attack	Yes.
Age (if known) on First Attack	About 20.
When and where previously under Care and Treatment	No where
Duration of existing Attack	About 5 years
Supposed Cause	Unknown
Whether subject to Epilepsy	No.
Whether Suicidal	No.
Whether Dangerous to others	No.
Whether found Lunatic by Inquisition, and Date of Commission or Order for Inquisition	No.
Special Circumstances (if any) preventing the Patient being examined, before Admission, separately by Two Medical Practitioners	None
Name and Address of Relative to whom Notice of Death to be sent	Mrs E. Hargreaves address as below. Mary Elizabeth

John Kearnes tells me that [illegible] Entrement, [illegible] lie in his [illegible] lost himself [illegible] by the police [illegible] a stack of [illegible] very slight [illegible] John [illegible] [illegible] 80

(c) *Where the person signing the statement is not the person who signs the order, the following particulars concerning the person signing the statement are to be added.*

Signed, Name, (c) M. E. Hargreaves

Occupation (if any), None

Place of Abode, Eswald Thorpe Bradford Yorks

Degree of Relationship (if any), or other circumstances of connection with the Patient. Sister

MEDICAL CERTIFICATE.—Sched. (A.) No. 2, Sects. 4 5, 8, 10, 11, 12 13.

I, the undersigned, Francis Henry Weekes

being a (a) Fellow of the Royal College of Surgeons. Engd

and being in actual practice as a (b) Surgeon

hereby certify, that I, on the 20th Day of June

at (c) Mr. John Rushforth's 13 Belle Vue st Heslington Road - York

in the County of York separately from any other Medical Practitioner

personally examined James Hargreaves, no occupation

of (d) St. Stephen's Place - Fleetwood and that

the said James Hargreaves

is a (e) Person of unsound mind and a proper Person to be taken charge of and detained

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

(a) Here 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.

(b) Physician, surgeon, or apothecary, as the case may be.

(c) Here insert the street and number of the house (if any), or other like particulars.

(d) Insert residence and profession, or occupation (if any) of the patient.

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

(f) Here state the facts.

1. Facts indicating Insanity observed by myself (f)

The patient is untidy in his dress
The patient tells me that he reads the newspapers a good deal but he is unable to tell me the names of the Queen or Prime minister; & he is quite ignorant of the Home Rule question
The patient seemed to be reading a book when I examined him, but was unable to tell me anything about its contents -
The patient is not deaf, but seems unable to understand simple questions, until they have been asked several times

(g) Here state the information, and from whom.

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

John Kennedy who has lived with him as attendant for the last 5 months tells me that James Hargreaves is dirty in his habits, that he soils his clothes with excrement; & that he often passes water in front of women - That he would do it indeed all day if he were not forced to get up - That he has several times lost himself within half a mile of home, & has had to be brought home by the police - That James Hargreaves about once a month is subject to attacks of great excitement during which he will strike people upon very slight provocation - That 3 weeks ago, he several times struck John Kennedy with an umbrella ~~into~~ on the head, for requesting him to go home -

Signed, Name, Francis Henry Weekes

Place of abode, 3 St Leonards York

Dated this 21st Day of June One Thousand Eight Hundred and Eighty Six

15

MEDICAL CERTIFICATE.—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

I, the undersigned, Henry Oglesby

(a) Here 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.

being a (a) Member of the Royal College of Surgeons of England

and being in actual practice as a (b) Surgeon

(b) Physician, surgeon, or apothecary, as the case may be

hereby certify, that I, on the 21st Day of ~~Ju~~ June

(c) Here insert the street and number of the house (if any), or other like particulars.

at (c) 13 Belle Vue St, Heslington Road, York

in the County of York separately from any other Medical Practitioner

personally examined James Hargreaves,

(d) Insert residence and profession, or occupation (if any) of the patient.

of (d) St Stephen's Place, Fleetwood. and that

the said James Hargreaves

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

is a (e) person of unsound mind and a proper Person to be taken charge of and detained under Care and Treatment, and that I have formed this opinion upon the following grounds; viz.:—

(f) Here state the facts.

1. Facts indicating Insanity observed by myself (f)

He is evidently a person of defective mental development, and, judging from his appearance, manners, and conversation, he is unable properly to guide himself through life; the assistance of some kind control being necessary for his welfare.

(g) Here state the information, and from whom.

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

John Kennedy who has been James Hargreaves' attendant during the last 5 months, informs me that James Hargreaves has attacks of excitement about every month, during one of which such attacks he entered the servants' bedroom at 6 o'clock in the morning, and struck at Dr John Dunset of Fleetwood, in whose house he was living, with a stick.

John Kennedy also tells me that James Hargreaves soils the bed linen with his motions, that he does indecent actions before women, and that he has several times wandered about the house in a naked state.

Signed Name, Henry Oglesby

Place of Abode, Nunnery Lane, York

Dated this 22nd Day of June One Thousand Eight Hundred and Eighty six

1582

NOTICE OF ADMISSION.

To be forwarded to the Commissioners in Lunacy within one clear day *from the Patient's reception.*

The Friends' Retreat

~~LAWRENCE HOUSE~~, YORK.

I hereby give you Notice, That Patrick Higgins

was admitted into this (*a*) _____ as a Private Patient, on the 2nd day of July 1886, and I hereby transmit a Copy of the Order and Medical Certificates on which he was received (*b*)

(*a*) House *or* hospital.

(*b*) *If a private patient be received upon one certificate only, the special circumstances which have prevented the patient from being examined by two medical practitioners to be here stated, as in the statement accompanying the order for admission.*

Signed, _____

(*c*) _____

(*c*) Superintendent *or* proprietor of——

Dated this _____ day of _____

One Thousand Eight Hundred and Eighty

To the Commissioners in Lunacy.

Lunatics 1.

(16 & 17 Vict. c. 96, Sched. C. s. 24.)

(25 & 26 Vict. c. 111.)

Private Patient.

LONDON:
SHAW AND SONS,
Fetter Lane, E.C.

(2—5·84.)

16

ORDER
FOR THE RECEPTION OF A PRIVATE PATIENT.

Sched. (A.) No. 1, Sects. 4, 8.

I, the undersigned, hereby request you to receive Patrick Higgins

whom I last saw at My House 14 Ramsden Terrace

on the 2nd day of July 1886 (a) Leeds

a (b) person of ~~unsound mind~~ Patient into your House.

Subjoined is a Statement respecting the said Patrick Higgins

(a) *Within one month previous to the date of the order.*
(b) Lunatic, *or* an idiot, *or* a person of unsound mind.

Signed, *Name,* Thomas Higgins

Occupation (if any); Potato & fruit Merchant

Place of Abode, 14 Ramsden terrace Leeds

Degree of Relationship (if any) or other circumstances of connection with the Patient. Father

Dated this 2nd day of July

One Thousand Eight Hundred and Eighty ~~Nine~~

To Dr. ~~SWANSON,~~ Robt. Baker

Superintendent ~~Proprietor~~ of (c) the ~~Lawrence House~~ Friends' Retreat, York.

(c) Superintendent *or* proprietor of——
(d) *Describing the house or hospital by situation and name, if any.*

STATEMENT.

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

Name of Patient, with Christian Name at length	Patrick Higgins
Sex and Age	Male 25 Years
Married, Single, or Widowed	Single
Condition of Life, and previous Occupation (if any)	Gentleman ~~Student~~ in holy order
Religious Persuasion, as far as known	Roman Catholic
Previous Place of Abode	St. Joseph's Seminary Leeds
Whether First Attack	Yes first attack
Age (if known) on First Attack	~~twenty~~ five years
When and where previously under Care and Treatment	Not anywhere
Duration of existing Attack	Since last Sunday 27th June 1886
Supposed Cause	over ~~study~~
Whether subject to Epilepsy	No
Whether Suicidal	Never made any ~~attempt~~
Whether Dangerous to others	Yes violent
Whether found Lunatic by Inquisition, and Date of Commission or Order for Inquisition	No
Special Circumstances (if any) preventing the Patient being examined, before Admission, separately by Two Medical Practitioners	No
Name and Address of Relative to whom Notice of Death to be sent	Thomas Higgins 14 Ramsden Terrace Leeds

Correct date

(e) *Where the person signing the statement is not the person who signs the order, the following particulars concerning the person signing the statement are to be added.*

Signed, *Name,* (e) Thomas Higgins

Occupation (if any),

Place of Abode,

Degree of Relationship (if any), or other circumstances of connection with the Patient. Father

MEDICAL CERTIFICATE,—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

I, the undersigned, Thomas Richard Jessop

being a (a) Fellow of the Royal College of Surgeons London

and being in actual practice as a (b) Surgeon

hereby certify, that I, on the first day of July 1886

at (c) 14 Ramsden Terrace. Leeds

in the County of York separately from any other Medical Practitioner

personally examined Patrick Higgins deacon in the Roman Catholic Church

of (d) 14 Ramsden Terrace. Leeds and that

the said Patrick Higgins

is a (e) person of unsound mind and a proper Person to be taken charge of and detained

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

(a) Here 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.

(b) Physician, surgeon, or apothecary, as the case may be.

(c) Here insert the street and number of the house (if any) or other like particulars.

(d) Insert residence and profession or occupation (if any) of the patient.

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

1. Facts indicating Insanity observed by myself:

(f) Here state the facts.

(f) A general vagueness. Tells me his father desires an opportunity of shooting him, & merely desires me to pronounce him lunatic in order that he may be justified in taking his life. Tells me that he constantly hears voices in the next room talking to & about him.

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

(g) Here state the information, and from whom.

(g) His father informs me that he often tries to escape from their control at his home. That he has attempted to escape by the window. That he is at times violent, threatening himself (the father) and his (the patient's) sisters with bodily harm.

Signed, Name, T. R. Jessop F.R.C.S.

Place of Abode, Leeds

Dated this 2nd day of July One Thousand Eight Hundred and Eighty-six

17

MEDICAL CERTIFICATE.—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

I, the undersigned, Francis Edward Cane.

(a) *Here 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.*

being a (a) Licentiate of the Royal College of Physicians & Surgeons of Edinburgh.

(b) Physician, surgeon, *or* apothecary, *as the case may be.*

and being in actual practice as a (b) Physician and Surgeon.

hereby certify, that I, on the first day of July 1886.

(c) *Here insert the street and number of the house (if any), or other like particulars.*

at (c) 14 Ramsden Terrace — Leeds.

in the County of York separately from any other Medical Practitioner

personally examined Patrick Higgins. Deacon in the Catholic Church

(d) *Insert residence and profession, or occupation (if any) of the patient.*

of (d) 14 Ramsden Terrace. Leeds and that

the said Patrick Higgins.

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

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

1. Facts indicating Insanity observed by myself:

(f) *Here state the facts.*

(f) ~~He came to my house yesterday morning at 6½.~~ He is in a state of extreme restlessness and excitement. He has visited people, who were calling him, who were not in the house or near my house. He suddenly rushed out of my house by a back way, scaling a wall. ~~He left it & I could not injure himself or others. I have seen him at home~~ He is in a state of wild excitement and violence. His face is drawn in expression and his pupils are uneven. He speaks about being poisoned.

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

(g) *Here state the information, and from whom.*

(g) Got into St Anns Church, Leeds at two o'clock this morning and wanted to open a coffin remaining there for burial on the grounds that it contained the body of the Bishop of Leeds who is alive. Told me by Rev Canon Gordon. St Anns. Leeds. He jumped out of a window this morning in his own house and was only bruised after much trouble. Told me by his father.

Signed, Name, ~~Francis Edward Cane. LRCP. LRC~~

Place of Abode, 5 Brunswick St - Leeds.

Dated this 2nd day of July One Thousand Eight Hundred and Eighty Six.

NOTICE OF ADMISSION.

To be forwarded to the Commissioners in Lunacy within one clear day *from the Patient's reception.*

We hereby give you Notice, That Marie Beatrice Siordet was admitted into this (a) House as a Private Patient, on the 21st day of December 1885, and we hereby transmit a Copy of the Order and Medical Certificates on which she was received (b).

☞ (a) *House or Hospital.*

☞ (b) If a Private Patient be received upon one certificate only, the special circumstances which have prevented the Patient from being examined by two medical practitioners to be here stated, as in the statement accompanying the order for admission.

Signed, _____

(c) PROPRIETORS OF

BRISLINGTON HOUSE.

☞ (c) *Superintendent or proprietor of*——

Dated this 22nd day of December

One Thousand Eight Hundred and Eighty five

To the Commissioners in Lunacy.

Lunatics 1.
(8 & 17 Vict. c. 96, Sched. C. s. 24.)
(25 & 26 Vict. c. 111.)
Private Patient.

I hereby certify that this is an accurate Copy of the Original Certificate upon which Mrs Siordet was admitted into the Brislington House — Charles Henry Fox. M.D.

July 17. 1886

16

ALL NAMES SHOULD

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT.

Sched. (A.) No. 1. Sects. 4, 8.

I, the undersigned, hereby request you to receive Marie Beatrice Siordet whom I last saw at The Star Hotel, Manchester on the 21st day of December 1885 (a) a (b) person of unsound mind as a Patient into your House.

(a) Within one month previous to the date of the order.

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

Subjoined is a Statement respecting the said Marcet Beatrice Siordet.

Signed, Name George Crosbie Siordet

Occupation (if any) Manufacturer

Place of Abode The Larches, Eccles & Mr

Degree of Relationship (if any), or other circumstances of connection with the Patient ... Husband

Dated this 21st day of December

One Thousand Eight Hundred and Eighty 5.

To Drs. CHARLES & BONVILLE FOX,

(c) Proprietors of (d) Brislington House, near Bristol.

(c) Proprietor or superintendent of——

(d) Describing the house or hospital by situation and name (if any).

STATEMENT.

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

Name of Patient, with Christian Name at length	Marie Beatrice Siordet
Sex and Age	female twenty eight
Married, Single, or Widowed	Married
Condition of Life and previous Occupation (if any)	Lady
Religious Persuasion, as far as known	Protestant
Previous Place of Abode	15 Bath Street Southport
Whether First Attack...	No
Age (if known) on First Attack ...	14 and 21
When and where previously under Care and Treatment	1st unknown 2d Farres N.B. in 1878
Duration of existing Attack	Six months
Supposed Cause	Childbirth
Whether subject to Epilepsy	No
Whether Suicidal	Yes
Whether Dangerous to others	No
Whether found Lunatic by Inquisition, and date of Commission or Order for Inquisition	No
Special Circumstances (if any) preventing the Patient being examined, before Admission, separately by Two Medical Practitioners	None
Name and Address of Relative to whom Notice of Death to be sent	G. C. Siordet The Larches Eccles

(e) Where the person signing the statement is not the person who signs the order, the following particulars concerning the person signing the statement are to be added.

Signed, Name (e) G. C Siordet

Occupation (if any)

Place of Abode

Degree of Relationship (if any), or other circumstances of connection with the Patient ...

TRANSFER OF PRIVATE PATIENT.

16 & 17 Vict., Cap. 96, § 20.

CONSENT.

We, the undersigned, Commissioners in Lunacy, hereby consent to the removal, on or before the 28th day of July 1886, of Marie Beatrice Siordet a Private Patient in Brislington House, near Bristol to The Retreat, York.

Given under our hands this 14th day of July in the year of Our Lord One Thousand Eight Hundred and Eighty-six

Reginald Northey
James Wilkes
} Commissioners in Lunacy.

ORDER.

I,* G. C. Siordet the undersigned, having Authority to discharge Marie Beatrice Siordet a Private Patient in Brislington House, near Bristol hereby order and direct that the said Marie Beatrice Siordet be removed therefrom to The Retreat, York

Given under my hand this Fifteenth day of July in the year of Our Lord One Thousand Eight Hundred and Eighty-six

(Signed) G. C. Siordet (Husband)

Place ~~of Abode~~ 14 Peel Street, Princes Park Liverpool

* NOTE.—This order must be signed and dated *subsequently* to the consent of the Commissioners; and it must be signed by—

1. The person *who signed the order* for the Patient's admission:
2. If such person be incapable (by reason of insanity, or absence from England, or otherwise), or if he be dead, then by the *Husband or Wife* of the Patient:
3. If there be no Husband or Wife, then by the Patient's *Father:*
4. If there be no Father, then by the Patient's *Mother:*
5. If there be no Father or Mother, then by any *one* of the Patient's *nearest of kin:* Or by the person *who made the last payment* on the Patient's account.

E & S (8268) 2000 7—83

19

E STATED IN FULL.

MEDICAL CERTIFICATE.

Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

I, the undersigned, Joshua John Cox

being a (a) Doctor of Medicine of Edinburgh University

resident at 54 Gildabrook Rd Eccles. Manchester

and being in actual practice as a (b) physician and surgeon

hereby certify, that I, on the 21st day of December 1885

at (c) The Star Hotel Deansgate Manchester

in the County of Lancaster separately from any other Medical Practitioner,

personally examined Mary Beatrice Siordet

of (d) 6 Bindloss Avenue, Eccles, wife of George Crosbie Siordet and that

the said Mary Beatrice Siordet

is a (e) person of unsound mind and a proper person to be taken charge of and

detained under Care and Treatment, and that I have formed this opinion upon the

following grounds, viz. :—

(a) Here 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.

(b) *Physician, surgeon, or apothecary*, as the case may be.

(c) Here insert the street, and number of the house (if any), or other like particulars.

(d) Insert residence and profession, or occupation (if any) of the patient.

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

(f) Here state the facts.

1. Facts indicating Insanity observed by myself (f). I saw her for the first time five months ago, one month after her confinement of her first and only child at which time she had well marked puerperal insanity with strong religious delusions and a tendency to commit suicide which the attempted one night during my attendance upon her. Her mental condition is now as it was then. She expresses freely her desire to commit suicide & has the same peculiar delusions common in subjects of puerperal mania. She says to-day that her recollection of what she has said & done has has taken away her right to live and that she ought to commit suicide

(g) Here state the information, **and from whom.**

2. Other facts (if any) indicating Insanity communicated to me by others (g). Mrs Siordet's sister Mrs Burkhardt 6 Windsor Avenue Eccles informed me a few days ago that Mrs Siordet (Mary Beatrice Siordet) attempted to procure chlorodyne from a chemist to do so commit suicide

Mary Griffith attendant upon Mary Beatrice Siordet informed me this morning that she would not leave Mary Beatrice Siordet alone for even a few minutes lest she might do harm to herself & that when at Southport last week with Mary Beatrice Siordet she had to watch her very closely lest Mary Beatrice Siordet would throw herself into the sea

Signed, Name Joshua J. Cox M.D.

Place of Abode 54 Gildabrook Rd Eccles

Dated this 21st day of December One Thousand

Eight Hundred and Eighty five

20

ALL NAMES SHOULD BE STATED IN FULL

MEDICAL CERTIFICATE.

Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

I, the undersigned, William Japp Sinclair

being a (a) Doctor of Medicine of the University of Marburg and resident at 260 Oxford Road, Manchester

and being in actual practice as a (b) Physician & Surgeon

hereby certify, that I, on the 21st day of December 1885

at (c) The Star Hotel Deansgate Manchester

in the County of Lancaster separately from any other Medical Practitioner,

personally examined Mary Beatrice Siordet

of (d) 6 Bindloss Avenue Eccles, wife of George Crosbie Siordet and that

the said Mary Beatrice Siordet

is a (e) person of unsound mind and a proper person to be taken charge of and

detained under Care and Treatment, and that I have formed this opinion upon the

following grounds, viz.:—

1. Facts indicating Insanity observed by myself (f). She has a fixed idea that owing to something she has said and done she has no right to live and she wishes to deprive herself of life. The history of the case is that of marked puerperal insanity.

2. Other facts (if any) indicating Insanity communicated to me by others (g). Mary Griffith her attendant says that Mary Beatrice Siordet has repeatedly attempted to commit suicide by taking poison by trying to strangle herself and by trying to get to the sea when residing at Southport. She speaks quietly of her attempts at suicide.

Signed, Name W. J. Sinclair

Place of Abode 260 Oxford Road Manchester

Dated this Twenty first day of December One Thousand

Eight Hundred and Eighty five

(a) Here 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.

(b) *Physician, surgeon, or apothecary*, as the case may be.

(c) Here insert the street, and number of the house (if any), or other like particulars.

(d) Insert residence and profession, or occupation (if any) of the patient.

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

(f) Here state the facts.

(g) Here state the information, and from whom.

– 1584 –

NOTICE OF ADMISSION.

To be forwarded to the Commissioners in Lunacy within one clear day *from the Patient's reception.*

THE RETREAT, NEAR YORK.

I hereby give you Notice, That _____

_____

(a) House or hospital.

was admitted into this (a) _____ as a Private Patient, on the _____ day of _____ 188 , and I hereby transmit a Copy of the Order and Medical Certificates on which he was received (b)

(b) *If a private patient be received upon one certificate only, the special circumstances which have prevented the patient from being examined by two medical practitioners to be here stated, as in the statement accompanying the order for admission.*

Signed, _____

(c) _____

(c) Superintendent or proprietor of——

_____

Dated this _____ day of _____

One Thousand Eight Hundred and Eighty _____

To the Commissioners in Lunacy.

Lunatics 1.
(16 & 17 Vict. c. 96, Sched. C. s. 24.)
(25 & 26 Vict. c. 111.)
Private Patient.

LONDON:
SHAW AND SONS
Fetter Lane, E.C.
(807 D.B.—6-86.)

21

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT.

Sched. (A.) No. 1, Sects. 4, 8.

I, the undersigned, hereby request you to receive Julia Louisa Fry

whom I last saw at 2 Belgrave Lodge, Camden Road, Bath

on the twenty second day of July 1886 (a)

a (b) person of unsound mind as a Patient into your House.

Subjoined is a Statement respecting the said Julia Louisa Fry

(a) Within one month previous to the date of the order.

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

Signed, Name, Julia Fry

Occupation (if any), no occupation

Place of Abode, 2 Belgrave Lodge, Camden Road, Bath

Degree of Relationship (if any) or other circumstances of connection with the Patient. Mother

Dated this twenty second day of July

One Thousand Eight Hundred and Eighty six

To Dr Baker

THE RETREAT, NEAR YORK.

STATEMENT.

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

Name of Patient, with Christian Name at length	Julia Louisa Fry
Sex and Age	Female aged 35 years
Married, Single, or Widowed	Single
Condition of Life, and previous Occupation (if any)	Residing with her parents.
Religious Persuasion, as far as known	Baptist
Previous Place of Abode	2 Belgrave Lodge, Camden Road, Bath
Whether First Attack	~~No~~ yes
Age (if known) on First Attack	23
When and where previously under Care and Treatment	In Kingsdown House Asyl. Bath from June 1874 to April 1876 and in the Retreat, York from April 1876 to April 1886
Duration of existing Attack	12 years
Supposed Cause	Hereditary
Whether subject to Epilepsy	No
Whether Suicidal	No
Whether Dangerous to others	No
Whether found Lunatic by Inquisition, and Date of Commission or Order for Inquisition	No
Special Circumstances (if any) preventing the Patient being examined, before Admission, separately by Two Medical Practitioners	None
Name and Address of Relative to whom Notice of Death to be sent	Julia Fry 2 Belgrave Lodge, Camden Rd, Bath

(c) Where the person signing the statement is not the person who signs the order, the following particulars concerning the person signing the statement are to be added.

Signed, Name, (c) Julia Fry

Occupation (if any), None

Place of Abode, 2 Belgrave Lodge Camden Road Bath

Degree of Relationship (if any), or other circumstances of connection with the Patient. Mother

MEDICAL CERTIFICATE,—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

(a) *Here 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.*

(b) Physician, surgeon, *or* apothecary, *as the case may be.*

(c) *Here insert the street and number of the house (if any) or other like particulars.*

(d) *Insert residence and profession or occupation (if any) of the patient.*

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

(f) *Here state the facts.*

(g) *Here state the information, and from whom.*

I, the undersigned, Isaac Mannell Williams

being a (a) M.R.C.S. Eng

and being in actual practice as a (b) Surgeon

hereby certify, that I, on the 23rd day of July 1886

at (c) 48 Micklegate York

in the County of York separately from any other Medical Practitioner,

personally examined Julia Louisa Fry, Spinster,

of (d) 2. Belgrave Lodge, Camden Rd. Bath and that

the said Julia Louisa Fry

is a (e) person of unsound mind and a proper Person to be taken charge of and detained

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

1. Facts indicating Insanity observed by myself (f)

Julia Louisa Fry is an Imbecile and unable to carry on any Coherent conversation. evidently needs to be under care and supervision.

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

Signed, *Name,* I M Williams.

Place of Abode, Micklegate York.

Dated this 23rd day of July One Thousand Eight Hundred and Eighty six.

MEDICAL CERTIFICATE.—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

I, the undersigned, William Hood.

being a (a) M. R. C. S. Eng. L. S. A. Lond.

and being in actual practice as a (b) Surgeon

hereby certify, that I, on the 23rd day of July 1886.

at (c) 38 Castlegate — York.

in the County of York separately from any other Medical Practitioner,

personally examined Julia Louisa Fry

of (d) 2 Belgrave Lodge, Camden Road, Bath. and that a Spinster

the said Julia Louisa Fry

is a (e) Lunatic — and a proper Person to be taken charge of and detained

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

1. Facts indicating Insanity observed by myself (f) She is manifestly imbecile, being quite unable to converse and not understanding what is said to her

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

Signed, Name, William Hood.

Place of Abode, 38 Castlegate = York. =

Dated this 23rd day of July One Thousand Eight Hundred and Eighty Six.

(a) *Here 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.*

(b) Physician, surgeon, *or* apothecary, *as the case may be.*

(c) *Here insert the street and number of the house (if any), or other like particulars.*

(d) *Insert residence, and profession, or occupation (if any) of the patient.*

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

(f) *Here state the facts.*

(g) *Here state the information, and from whom.*

- 1585 -

NOTICE OF ADMISSION.

To be forwarded to the Commissioners in Lunacy within one clear day *from the Patient's reception.*

THE RETREAT, NEAR YORK.

I hereby give you Notice, That _____

_____

(a) House or hospital.

was admitted into this (a) _____ as a Private Patient, on the _____ day of _____ 188 , and I hereby transmit a Copy of the Order and Medical Certificates on which he was received (b)

(b) *If a private patient be received upon one certificate only, the special circumstances which have prevented the patient from being examined by two medical practitioners to be here stated, as in the statement accompanying the order for admission.*

Signed, _____

(c) _____

(c) Superintendent or proprietor of ——

_____

Dated this _____ day of _____

One Thousand Eight Hundred and Eighty _____

To the Commissioners in Lunacy.

Lunatics 1.
(16 & 17 Vict. c. 96, Sched. C. s. 24.)
(25 & 26 Vict. c. 111.)
Private Patient.

LONDON:
SHAW AND SONS
Fetter Lane, E.C.
(807 D.B.—6-86.)

23

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT.

Sched. (A.) No. 1, Sects. 4, 8.

I, the undersigned, hereby request you to receive My Wife Hannah Laycock whom I last saw at My House on the Second day of August (a) Unsound mind as a Patient into your House.

(a) *Within one month previous to the date of the order.*

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

Subjoined is a Statement respecting the said Hannah Laycock

Signed, *Name,* James Laycock

Occupation (if any), Belinda Glass Works

Place of Abode, Hunslet Leeds

Degree of Relationship (if any) or other circumstances of connection with the Patient. Husband

Dated this Second day of August One Thousand Eight Hundred and Eighty six

To Dr Baker

THE RETREAT, NEAR YORK.

STATEMENT.

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

Name of Patient, with Christian Name at length	Hannah Laycock
Sex and Age	Female Aged 45
Married, Single, or Widowed	Married
Condition of Life, and previous Occupation (if any)	None
Religious Persuasion, as far as known	Church of England
Previous Place of Abode	Cawood
Whether First Attack	First
Age (if known) on First Attack	Three Months
When and where previously under Care and Treatment	Not any place
Duration of existing Attack	Three months
Supposed Cause	Jealousy
Whether subject to Epilepsy	No
Whether Suicidal	Doubtful
Whether Dangerous to others	No
Whether found Lunatic by Inquisition, and Date of Commission or Order for Inquisition	
Special Circumstances (if any) preventing the Patient being examined, before Admission, separately by Two Medical Practitioners	
Name and Address of Relative to whom Notice of Death to be sent	James Laycock

(c) *Where the person signing the statement is not the person who signs the order, the following particulars concerning the person signing the statement are to be added.*

Signed, *Name,* (c) James Laycock

Occupation (if any), Glass Bottle Manufacturer

Place of Abode, Ye Jay House Leeds

Degree of Relationship (if any), or other circumstances of connection with the Patient. Husband

MEDICAL CERTIFICATE,—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

(a) *Here 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.*

(b) Physician, surgeon, *or* apothecary, *as the case may be.*

(c) *Here insert the street and number of the house (if any) or other like particulars.*

(d) *Insert residence and profession or occupation (if any) of the patient.*

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

(f) *Here state the facts.*

(g) *Here state the information, and from whom.*

I, the undersigned, Thomas Richard Jessop

being a (a) Fellow of the Royal College of Surgeons in London

and being in actual practice as a (b) Surgeon

hereby certify, that I, on the 31st day of July 1886

at (c) De Grey House. De Grey Terrace. Leeds

in the County of York separately from any other Medical Practitioner,

personally examined Hannah Laycock wife of James Laycock

of (d) De Grey House. De Grey Terrace. Leeds and that

the said Hannah Laycock

is a (e) person of unsound mind and a proper Person to be taken charge of and detained

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

1. Facts indicating Insanity observed by myself (f) I found her slovenly attired with little shoe on than her right foot - wandering about the house. Immediately & without any questioning she began to abuse her Son, charging him with harbouring prostitutes & with violent assault upon herself in consequence of her interference. She informed me that she is in the habit of lying outside her Son's bed room for hours in the night listening to his conversation with bad women, & that on one occasion when refused admittance to his bed room she tried to set fire to the house. She declares that her Son should be poisoned & that I should take steps to have her husband looked up in gaol.

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

Her husband - James Laycock - informs me that she summons the Police in the middle of the night to strike him to prison - that she wanders with lighted pieces of chip - or paper - under the beds for concealed women - that she has tried to strangle herself - that she has violent outbursts of rage during which she breaks the furniture - Her Son - William Laycock - informs me that she burst into his bed room when he was in bed & searched all through his bed room for women - that she uses foul language & that on one occasion tried to poison him with the poise.

Signed, Name, T R C Jessop F.R.C.S.

Place of Abode, 32 Park Square. Leeds

Dated this 31st day of July One Thousand Eight Hundred and Eighty six.

MEDICAL CERTIFICATE.—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

(a) *Here 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.*

(b) Physician, surgeon, *or* apothecary, *as the case may be.*

(c) *Here insert the street and number of the house (if any), or other like particulars.*

(d) *Insert residence and profession, or occupation (if any) of the patient.*

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

(f) *Here state the facts.*

(g) *Here state the information, and from whom.*

I, the undersigned, Arthur William Mayo Robson

being a (a) Fellow of the Royal College of Surgeons of England

and being in actual practice as a (b) Surgeon

hereby certify, that I, on the Thirtieth day of July 1886

at (c) Dr Grey House, Dr Grey Terrace, Leeds

in the County of York separately from any other Medical Practitioner,

personally examined Mrs Hannah Laycock

of (d) Dr Grey House, Dr Grey Ter. Leeds and that

the said Mrs Hannah Laycock

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

1. Facts indicating Insanity observed by myself (f) She has taken a violent dislike to her husband & to her eldest son & accuses them both of keeping Mistresses wh. is not the case. She has broken & damaged her furniture & allowed the house to become filthy, whereas previously she was most tidy & clean. She goes about the house without proper clothing, constantly; whereas formerly she was proud of her appearance & always neat.

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

A charwoman Mrs Mary Greaves (aunt?), states that she attempted to set fire to the house & that she attempted to strangle herself with a sheet; she says that Mrs Laycock is extremely violent to her husband, striking him with a poker or anything handy & tearing his hair.

Mr Laycock, her husband, states that she is accusing him of acts wh. have never occurred & trying to take away the character of her son aged eighteen by saying that he associates with bad women, wh. is not the case: he says that she has twice tried to commit suicide, once by taking Laudanum & once by strangling herself: he says that she has twice tried to set the house on fire & that she has broken most of the furniture in the house.

Signed, Name, Arthur Mayo Robson

Place of Abode, Hillary Place, Leeds

Dated this Thirtieth day of July One Thousand Eight Hundred and Eighty Six.

1586.

NOTICE OF ADMISSION.

To be forwarded to the Commissioners in Lunacy within one clear day *from the Patient's reception.*

THE RETREAT, NEAR YORK.

I hereby give you Notice, That Walter Hammerton was admitted into this (*a*) _____ as a Private Patient, on the 2nd day of Aug 1886, and I hereby transmit a Copy of the Order and Medical Certificates on which he was received (*b*)

(*a*) House or hospital.

(*b*) *If a private patient be received upon one certificate only, the special circumstances which have prevented the patient from being examined by two medical practitioners to be here stated, as in the statement accompanying the order for admission.*

Signed, _____

(*c*) _____

(*c*) Superintendent or proprietor of ——

Dated this _____ day of _____

One Thousand Eight Hundred and Eighty _____

To the Commissioners in Lunacy.

Lunatics 1.
(16 & 17 Vict. c. 96, Sched. C. s. 24.)
(25 & 26 Vict. c. 111.)
Private Patient.

LONDON:
SHAW AND SONS
Fetter Lane, E.C.
(807 D.B.—6-86.)

25

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT.

Sched. (A.) No. 1, Sects. 4, 8.

I, the undersigned, hereby request you to receive Walter Hammerton whom I last saw at the Friends Retreat York on the 21st day of 7 mo: 1886 (a) a (b) person of unsound mind a Patient into your House.

(a) *Within one month previous to the date of the order.*

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

Subjoined is a Statement respecting the said Walter Hammerton

Signed, *Name,* Charles Hammerton

Occupation (if any), Outfitter

Place of Abode, × Maidstone Kent

× Esher Brown Mt: Road

Degree of Relationship (if any) or other circumstances of connection with the Patient. Brother

Dated this 21st day of 7 mo:

One Thousand Eight Hundred and Eighty six

To Dr Baker

THE RETREAT, NEAR YORK.

STATEMENT.

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

Name of Patient, with Christian Name at length	Walter Hammerton
Sex and Age	Male 33 years
Married, Single, or Widowed	Single
Condition of Life, and previous Occupation (if any)	Grocer
Religious Persuasion, as far as known	Church of England
Previous Place of Abode	~~West Boro~~ Maidstone
Whether First Attack	No
Age (if known) on First Attack	About 31 years
When and where previously under Care and Treatment	In Kent County Asylum Chartham Down 1884–5
Duration of existing Attack	About six months
Supposed Cause	Unknown
Whether subject to Epilepsy	No
Whether Suicidal	No
Whether Dangerous to others	No
Whether found Lunatic by Inquisition, and Date of Commission or Order for Inquisition	No
Special Circumstances (if any) preventing the Patient being examined, before Admission, separately by Two Medical Practitioners	None
Name and Address of Relative to whom Notice of Death to be sent	Chas: Hammerton

(c) *Where the person signing the statement is not the person who signs the order, the following particulars concerning the person signing the statement are to be added.*

Signed, *Name,* (c) Charles Hammerton

Occupation (if any), As above

Place of Abode,

Degree of Relationship (if any), or other circumstances of connection with the Patient.

MEDICAL CERTIFICATE,—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

(a) *Here 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.*

(b) Physician, surgeon, *or* apothecary, *as the case may be.*

(c) *Here insert the street and number of the house (if any) or other like particulars.*

(d) *Insert residence and profession or occupation (if any) of the patient.*

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

(f) *Here state the facts.*

(g) *Here state the information, and from whom.*

I, the undersigned, William Hood

being a (a) M. R. C. S. Eng. and L. S. A. London

and being in actual practice as a (b) Surgeon

hereby certify, that I, on the Second day of August 1886.

at (c) The Friends Retreat, Heslington Road. York.

in the County of York separately from any other Medical Practitioner,

personally examined Walter ~~Hamilton~~ Hammerton W.H.

of (d) West-Bow. Maidstone. — A Grocer. and that

the said Walter ~~Hamilton~~ Hammerton W.H.

is a (e) Lunatic and a proper Person to be taken charge of and detained

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

1. Facts indicating Insanity observed by myself (f) He is in my opinion in a condition of General paralysis of the Insane. He is emerging from an Epileptiform seizure; he only with difficulty is made to understand what is said to him, and cannot tell his own name or where he is residing. He has just passed his water in bed last night, "that he is all right".

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

Communicated by George Thomas Robinson, Head Attendant at the Retreat: "That Walter Hammerton has been a boarder in the Retreat for 5 months, that six weeks ago he had a series of Epileptiform seizures, he only recovered to a partial extent his mental condition, and that these seizures recurred on July 26. That Walter Hammerton is always in a confused condition. His left leg and arm are paralyzed, he has to be fed."

Signed, Name, William Hood

Place of Abode, 28 Castlegate. York

Dated this Second day of August One Thousand Eight Hundred and Eighty Six.

26

MEDICAL CERTIFICATE.—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

(a) *Here 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.*

(b) Physician, surgeon, *or* apothecary, *as the case may be.*

(c) *Here insert the street and number of the house (if any), or other like particulars.*

(d) *Insert residence and profession, or occupation (if any) of the patient.*

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

(f) *Here state the facts.*

(g) *Here state the information, and from whom.*

I, the undersigned, Hunter Ernest Tatsman

being a (a) MRCS Eng & LRCP Lond.

and being in actual practice as a (b) Surgeon

hereby certify, that I, on the 2nd day of August 1886

at (c) The Friends Retreat Heslington Road. York

in the County of York separately from any other Medical Practitioner,

personally examined Walter Hammerton

of (d) West Boro Maidstone and that

the said Walter Hammerton

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

1. Facts indicating Insanity observed by myself (f)

He is unable to say where he is, or how long he has been here: says he may be either 10 miles Maidstone; does not know when he was at Maidstone or what he was doing there. Says he has had some drinks but cannot remember anything he has had.
Appears in a dazed condition & when asked a question frequently ~~answers~~ gives a reply which has no connection whatever with the question; he has much loss of power of his left arm & leg.

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

Communicated by Geage Thomas Addison Headleddist at The Retreat that Walter Hammerton was attacked six weeks ago with heaviness in his left arm & leg & became in a stupid condition & refused food & had to be fed. The attack he passes in motion & lasts under hour: has had two attacks since, the intervals almost regaining his natural condition.

Signed, Name, Hunter Ernest Tatsman.

Place of Abode, 66 Micklegate York

Dated this 2nd day of August One Thousand Eight Hundred and Eighty Six

1587

NOTICE OF ADMISSION.

To be transmitted within ONE CLEAR DAY from the day of the Patient's Reception.

I hereby give you Notice, That Octavius Leatham

(a) House or hospital.

was admitted into this (a) as a Private Patient, on the 4th day of Aug 1886, and I hereby transmit a Copy of the Order and Medical Certificates on which he was received (b)

(b) *If a private patient be received upon one certificate only, the special circumstances which have prevented the patient from being examined by two medical practitioners to be here stated, as in the statement accompanying the order for admission.*

Signed, _____

(c) Superintendent or proprietor of——

(c) _____

(d) Full address.

(d) _____

Dated this day of

One Thousand Eight Hundred and

To the Commissioners in Lunacy.

Lunatics 1.
(16 & 17 Vict. c. 96, Sched. C. s. 24.)
(25 & 26 Vict. c. 111.)
Private Patient.

LONDON:
SHAW AND SONS
Fetter Lane, E.C.
(2—7-86.)

27

ORDER
FOR THE RECEPTION OF A PRIVATE PATIENT.
Sched. (A.) No. 1, Sects. 4, 8.

I, the undersigned, hereby request you to receive Octavius Leatham whom I last saw at Ilkley Wells House Ilkley on the Thirty first day of July 1886 (a) a (b) person of unsound mind as a Patient into your House.

Subjoined is a Statement respecting the said Octavius Leatham

(a) Within one month previous to the date of the order.

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

Signed, Name, Henry Leatham

Occupation (if any),

Place of Abode, Hemsworth Hall Pontefract

Degree of Relationship (if any) or other circumstances of connection with the Patient. Father

Dated this Third day of August One Thousand Eight Hundred and Eighty Six

To Dr Baker Superintendent of the Retreat - York

(c) Proprietor or superintendent of ——

(d) Describing the house or hospital by situation and name, if any.

(c) (d)

STATEMENT.

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

Name of Patient, with Christian Name at length	Octavius Leatham
Sex and Age	Male 32 years
Married, Single, or Widowed	Single
Condition of Life, and previous Occupation (if any)	Formerly Bank Manager
Religious Persuasion, as far as known	Church of England
Previous Place of Abode	Hemsworth Hall Pontefract
Whether First Attack	Not first attack
Age (if known) on First Attack	Thirty one
When and where previously under Care and Treatment	Munster House Fulham London in 1885
Duration of existing Attack	Two Months
Supposed Cause	Overexertion
Whether subject to Epilepsy	No
Whether Suicidal	No
Whether Dangerous to others	Yes
Whether found Lunatic by Inquisition, and Date of Commission or Order for Inquisition	
Special Circumstances (if any) preventing the Patient being examined, before Admission, separately by Two Medical Practitioners	
Name and Address of Relative to whom Notice of Death to be sent	W. H. Leatham Hemsworth Hall Pontefract

(e) Where the person signing the statement is not the person who signs the order, the following particulars concerning the person signing the statement are to be added.

Signed, Name, (e) Henry Leatham

Occupation (if any),

Place of Abode, Hemsworth Hall Pontefract

Degree of Relationship (if any), or other circumstances of connection with the Patient. Father

MEDICAL CERTIFICATE.—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

(a) *Here 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.*

(b) Physician, surgeon, *or* apothecary, *as the case may be.*

(c) *Here insert the street and number of the house (if any), or other like particulars.*

(d) *Insert residence and profession, or occupation (if any) of the patient.*

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

(f) *Here state the facts.*

(g) *Here state the information, and from whom.*

I, the undersigned, Thomas Scott

being a (a) Doctor of Medicine of the University of Edinburgh

and being in actual practice as a (b) Physician

hereby certify, that I, on the Third day of August 1886

at (c) Ilkley Wells House, Ilkley

in the County of York separately from any other Medical Practitioner,

personally examined Octavius Leatham

of (d) Ilkley Hall, Pontefract, Bank Manager and that

the said Octavius Leatham

is a (e) person of unsound mind and a proper Person to be taken charge of and detained

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

1. Facts indicating Insanity observed by myself (f)

Refuses to take food; is constantly endeavouring to get out of bed without any reason; does not recognise his friends.

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

Has been at times violent and endeavoured to strike attendants. Tore his shirt off several times

Communicated by Edward Benson Kitchen Companion to Octavius Leatham.

Signed, *Name,* Thomas Scott

Place of Abode, Wells House, Ilkley

Dated this Third day of August One Thousand Eight Hundred and Eighty six.

28

MEDICAL CERTIFICATE,—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

(a) *Here 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.*

(b) Physician, surgeon, *or* apothecary, *as the case may be.*

(c) *Here insert the street and number of the house (if any) or other like particulars.*

(d) *Insert residence and profession or occupation (if any) of the patient.*

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

(f) *Here state the facts.*

(g) *Here state the information, and from whom.*

I, the undersigned, Herbert Coddington, Major

being a (a) Doctor of Medicine of Edinburgh University

and being in actual practice as a (b) Physician

hereby certify, that I, on the Second day of August 1886

at (c) Ilkley Wells House, Ilkley

in the County of York separately from any other Medical Practitioner,

personally examined Octavius Leatham

of (d) Hemsworth Hall, Pontefract, Bank Manager and that

the said Octavius Leatham

is a (e) person of unsound mind and a proper Person to be taken charge of and detained

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

1. Facts indicating Insanity observed by myself (f)

His inability to recognise those about him, with whom he should be quite familiar. His inability to converse rationally, although conscious. His want of appreciation of his position and surroundings. His vacant manner and staring.

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

Nurse Emma Lockwood informs me that two days ago patient rise[illegible] on getting out of bed (to which he was confined for a Congestive Seizure (Cerebral)) and struggled violently with those who had to restrain him.

Signed, Name, Herbert C. Major M.D.

Place of Abode, 154 Manningham Lane, Bradford

Dated this 2nd day of August One Thousand Eight Hundred and eighty six.

- 1588 -

NOTICE OF ADMISSION.

To be transmitted within ONE CLEAR DAY from the day of the Patient's Reception.

I hereby give you Notice, That

(a) House or hospital.

was admitted into this (a) as a Private Patient, on the day of 18 , and I hereby transmit a Copy of the Order and Medical Certificates on which he was received (b)

(b) *If a private patient be received upon one certificate only, the special circumstances which have prevented the patient from being examined by two medical practitioners to be here stated, as in the statement accompanying the order for admission.*

Signed,

(c) Superintendent or proprietor of——

(d) Full address.

(c)

(d)

Dated this day of

One Thousand Eight Hundred and

To the Commissioners in Lunacy.

Lunatics 1.

(16 & 17 Vict. c. 96, Sched. C. s. 24.)

(25 & 26 Vict. c. 111.)

Private Patient.

LONDON:
SHAW AND SONS,
Fetter Lane, E.C.

(1-11-83.)

29

ORDER
FOR THE RECEPTION OF A PRIVATE PATIENT.

Sched. (A.) No. 1, Sects. 4, 8.

I, the undersigned, hereby request you to receive Mary Farrell

whom I last saw at Radley's Hotel Bridge Street Blackfriars London (a)

on the 29th July day of July 1870

a (b) person of unsound mind as a Patient into your House.

Subjoined is a Statement respecting the said Mary Farrell

Signed, Name, Henry Penfold

Occupation (if any), Surgeon

Place of Abode, Rainham Kent

Degree of Relationship (if any) or other circumstances of connection with the Patient. None. acting as a friend of the family by instructions received by telegraph at Berne

Dated this 29th day of July

One Thousand Eight Hundred and Seventy

To Dr Forbes Winslow

(c) Med Superintent. of (d) Brandenburgh House Hammersmith

(a) *Within one month previous to the date of the order.*
(b) Lunatic, or an idiot, or a person of unsound mind.
(c) Proprietor or superintendent of ——
(d) *Describing the house or hospital by situation and name, if any.*

STATEMENT.

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

Name of Patient, with Christian Name at length	Mary Farrell
Sex and Age	Female 64
Married, Single, or Widowed	Widow
Condition of Life, and previous Occupation (if any)	Gentlewoman
Religious Persuasion, as far as known	Unitarian.
Previous Place of Abode	Cummerwald près Berne Switzerland
Whether First Attack	Yes
Age (if known) on First Attack	64
When and where previously under Care and Treatment	Nowhere
Duration of existing Attack	4 months
Supposed Cause	Excitement of mind caused by the present war
Whether subject to Epilepsy	No
Whether Suicidal	Has spoken of it
Whether Dangerous to others	No
Whether found Lunatic by Inquisition, and Date of Commission or Order for Inquisition	No
Special Circumstances (if any) preventing the Patient being examined, before Admission, separately by Two Medical Practitioners	None
Name and Address of Relative to whom Notice of Death to be sent	Mr Geo Blackett Hill Green Stockbury Kent

(e) *Where the person signing the statement is not the person who signs the order, the following particulars concerning the person signing the statement are to be added.*

Signed, Name, (e) Henry Penfold

Occupation (if any), Surgeon

Place of Abode, Rainham Kent

Degree of Relationship (if any), or other circumstances of connection with the Patient. None

TRANSFER OF PRIVATE PATIENT.

16 & 17 Vict., Cap. 96, § 20.

CONSENT.

We, the undersigned, Commissioners in Lunacy, hereby consent to the removal, on or before the 24th day of August 1886, of Mary Farrell a Private Patient in Brandenburgh House, Hammersmith, to The Friends' ~~House~~ Retreat, near York.

Given under our hands this 9th day of August in the year of Our Lord One Thousand Eight Hundred and Eighty-six.

W. E. Fere.
W. Rhys Williams
} Commissioners in Lunacy.

ORDER.

I,* William George Laws the undersigned, having Authority to discharge Mary Farrell a Private Patient in Brandenburgh House, Hammersmith, hereby order and direct that the said Mary Farrell be removed therefrom to The Friends' Retreat, near York.

Given under my hand this* tenth day of August in the year of Our Lord One Thousand Eight Hundred and Eighty-six.

(Signed) W. G. Laws

Place of Abode 5 Winchester Terrace
Newcastle on Tyne

* Note.—This order must be signed and dated *subsequently* to the consent of the Commissioners; and it must be signed by—

1. The person *who signed the order* for the Patient's admission:
2. If such person be incapable (by reason of insanity, or absence from England, or otherwise), or if he be dead, then by the *Husband or Wife* of the Patient:
3. If there be no Husband or Wife, then by the Patient's *Father:*
4. If there be no Father, then by the Patient's *Mother:*
5. If there be no Father or Mother, then by any *one* of the Patient's *nearest of kin:* Or by the person *who made the last payment* on the Patient's account.

R & S (8268) 2000 7—83

MEDICAL CERTIFICATE,—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

(a) *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.*

(b) Physician, surgeon, *or* apothecary, *as the case may be.*

(c) *Here insert the street and number of the house (if any) or other like particulars.*

(d) *Insert residence and profession or occupation (if any) of the patient.*

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

(f) *Here state the facts.*

(g) *Here state the information, and from whom.*

I, the undersigned, Charles Henry Bennett being a (a) Doctor of Medicine of the University of St Andrews and a member of the Royal College of Surgeons England and being in actual practice as a (b) General Practitioner hereby certify, that I, on the first day of August 1870. at (c) 19 Rutland Square Mall Road Hammersmith in the County of Middlesex separately from any other Medical Practitioner, personally examined Mary Farrell of (d) No 4 Buckland Terrace Maidstone Kent Gentlewoman and that the said Mary Farrell is a (e) person of unsound mind and a proper Person to be taken charge of and detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself (f) There is a very unnatural expression of countenance generally – of the eyes in particular – great indisposition to speak – she declines to take food of any kind because her throat she tells me is quite closed up. there being no ground for the above statement as she can swallow very well

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

Her attendant Louisa Collard informs me that she has the greatest difficulty to induce her to take food as she states she wants to die. Louisa Collard also informs me that she masticated her food to day & then put it into her pocket

Signed, *Name,* CH Bennett

Place of Abode, College House Hammersmith

Dated this first day of August One Thousand Eight Hundred and seventy

MEDICAL CERTIFICATE.—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

(a) *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.*

(b) Physician, surgeon, *or* apothecary, *as the case may be.*

(c) *Here insert the street and number of the house (if any), or other like particulars.*

(d) *Insert residence and profession, or occupation (if any) of the patient.*

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

(f) *Here state the facts.*

(g) *Here state the information, and from whom.*

I, the undersigned, Edmund Henry Rudderforth being a (a) Fellow of the Royal College of Surgeons England and being in actual practice as a (b) Surgeon hereby certify, that I, on the twenty ninth day of July 1870 at (c) Radley Hotel Bridge St. Blackfriars in the County of Middlesex separately from any other Medical Practitioner, personally examined Mary Farrell of (d) 4 Buckland Terrace Maidstone Kent and that the said Mary Farrell is a (e) person of unsound mind and a proper Person to be taken charge of and detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself (f) Acute Melancholia Having the delusions of not being able to swallow food, the food remaining in her throat and that she has been dead several times

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

Signed, Name, E. H. Rudderforth

Place of Abode, 6 Air Street Piccadilly London

Dated this twenty ninth day of July One Thousand Eight Hundred and seventy

I certify the above to be a true copy of the order & certificates on which Eliza Mary Farrell was received into this house. Signed Chas Fuescier Brandenburgh H.

9. VIII 86.

15-89

NOTICE OF ADMISSION.

To be forwarded to the Commissioners in Lunacy within one clear day *from the Patient's reception.*

THE RETREAT, NEAR YORK.

I hereby give you Notice. That John Robertshaw

(a) House or hospital.

was admitted into this (a) _____ as a Private Patient, on the 17th day of August 1886, and I hereby transmit a Copy of the Order and Medical Certificates on which he was received (b)

(b) *If a private patient be received upon one certificate only, the special circumstances which have prevented the patient from being examined by two medical practitioners to be here stated, as in the statement accompanying the order for admission.*

Signed, _____

(c) Superintendent or proprietor of ——

(c) _____

Dated this _____ day of _____

One Thousand Eight Hundred and Eighty _____

To the Commissioners in Lunacy.

Lunatics 1.
(16 & 17 Vict. c. 96, Sched. C. s. 24.)
(25 & 26 Vict. c. 111.)
Private Patient.

LONDON:
SHAW AND SONS
Fetter Lane, E.C.
(807 D.B.—6-86.)

32

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT.

Sched. (A.) No. 1, Sects. 4, 8.

I, the undersigned, hereby request you to receive John Robertshaw whom I last saw at The alms House Harrogate on the Seventeenth day of August 1886 a (b) person of unsound mind as a Patient into your House.

(a) *Within one month previous to the date of the order.*

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

Subjoined is a Statement respecting the said John Robertshaw

Signed, *Name,* Leslie Walker

Occupation (if any), Wool Card Spinner

Place of Abode, Cullingworth

Degree of Relationship (if any) or other circumstances of connection with the Patient. Brother in Law

Dated this ~~Aug~~ 17 day of ~~Sept~~ August One Thousand Eight Hundred and Eighty ~~Six~~ 1

To Dr Baker

THE RETREAT, NEAR YORK.

STATEMENT.

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

Name of Patient, with Christian Name at length	John Robertshaw
Sex and Age	male 29
Married, Single, or Widowed	married
Condition of Life, and previous Occupation (if any)	Auctioneer and Surveyor
Religious Persuasion, as far as known	wesleyan
Previous Place of Abode	Thorn House Girlington Bradford
Whether First Attack	Second
Age (if known) on First Attack	23
When and where previously under Care and Treatment	1879 May Lawrence House York
Duration of existing Attack	three days
Supposed Cause	Injury to Head
Whether subject to Epilepsy	No
Whether Suicidal	No
Whether Dangerous to others	No
Whether found Lunatic by Inquisition, and Date of Commission or Order for Inquisition	No
Special Circumstances (if any) preventing the Patient being examined, before Admission, separately by Two Medical Practitioners	None
Name and Address of Relative to whom Notice of Death to be sent	Mrs Robertshaw Thorn House Girlington Bradford

Fill in

Since Date

(c) *Where the person signing the statement is not the person who signs the order, the following particulars concerning the person signing the statement are to be added.*

Signed, *Name,* (c) Leslie Walker

Occupation (if any), as above

Place of Abode,

Degree of Relationship (if any), or other circumstances of connection with the Patient.

MEDICAL CERTIFICATE,—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

I, the undersigned, Henry J. Hunt

being a (a) Member of the Royal College of Surgeons, and Licentiate of the Royal College of Physicians London

and being in actual practice as a (b) Surgeon

hereby certify, that I, on the Twentieth day of August 1886

at (c) Marsden's Farm Pannal Ash

in the County of York separately from any other Medical Practitioner,

personally examined John Robertshaw.

of (d) 55 Lyndhurst Street Bradford Surveyor and that

the said John Robertshaw

is a (e) person of unsound mind and a proper Person to be taken charge of and detained

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

(a) Here 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.

(b) Physician, surgeon, or apothecary, as the case may be.

(c) Here insert the street and number of the house (if any) or other like particulars.

(d) Insert residence and profession or occupation (if any) of the patient.

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

1. Facts indicating Insanity observed by myself (f) —

He asserts that he is the Inventor of the Telephone. That he is under the influence of poison. and that the Police of Bradford have arranged with the Chemists to poison him, and that his disease has been produced by poison.

(f) Here state the facts.

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

Mrs Earlew Wife, informs me that he persists in saying that he is poisoned, and that his wife Sarah is a woman of bad character. also that his mother is a woman of bad character

(g) Here state the information, and from whom.

Since her Christian name

Signed, Name, Henry Stewart Hunt

Place of Abode, Harrogate

Dated this Twentieth day of August One Thousand Eight Hundred and Eighty six

MEDICAL CERTIFICATE.—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

(a) *Here 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.*

(b) Physician, surgeon, *or* apothecary, *as the case may be.*

(c) *Here insert the street and number of the house (if any), or other like particulars.*

(d) *Insert residence and profession, or occupation (if any) of the patient.*

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

(f) *Here state the facts.*

(g) *Here state the information, and from whom.*

I, the undersigned, George Oliver

being a (a) Doctor of Medicine and Member of the Royal College of Physicians London

and being in actual practice as a (b) physician

hereby certify, that I, on the seventeenth day of August 1886

at (c) In Alms Houses Harrogate

in the County of York separately from any other Medical Practitioner,

personally examined John Robertshaw

of (d) 55 Tyrrel St Bradford. Worsted

and that the said John Robertshaw

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

1. Facts indicating Insanity observed by myself (f) Talks chiefly of poisoning and being deceived. Conversation confused & wildness. Manner elated says his father (who died lately) has been poisoned by the doctors & is now alive.

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

Calls his mother & other relatives by fond names and most wilful communicated by Mr James Jowett

Signed, *Name*, George Oliver

Place of Abode, Harrogate

Dated this 17th day of August One Thousand Eight Hundred and Eighty six

TRANSFER OF PRIVATE PATIENT.

16 & 17 Vict., Cap. 96, § 20.

CONSENT.

We, the undersigned, Commissioners in Lunacy, hereby consent to the removal, on or before the 24th day of November 1886, of John Robertshaw a Private Patient in the Friends' Retreat, York, to the South Yorkshire Asylum, Wadsley, Sheffield.

Given under our hands this 9th day of November in the year of Our Lord One Thousand Eight Hundred and Eighty-six.

James Wilkes
John D Clayton
} Commissioners in Lunacy.

ORDER.

I,* Lister Walker the undersigned, having Authority to discharge John Robertshaw a Private Patient in the Friends' Retreat, York, hereby order and direct that the said John Robertshaw be removed therefrom to the South Yorkshire Asylum, Wadsley, Sheffield

Given under my hand this* 10 day of November in the year of Our Lord One Thousand Eight Hundred and Eighty-six.

(Signed) Lister Walker

Place of Abode Ellar Carr Cullingworth

* Note.—This order must be signed and dated *subsequently* to the consent of the Commissioners; and it must be signed by—

1. The person *who signed the order* for the Patient's admission:
2. If such person be incapable (by reason of insanity, or absence from England, or otherwise), or if he be dead, then by the *Husband or Wife* of the Patient:
3. If there be no Husband or Wife, then by the Patient's *Father:*
4. If there be no Father, then by the Patient's *Mother:*
5. If there be no Father or Mother, then by any *one* of the Patient's *nearest of kin:* Or by the person *who made the last payment* on the Patient's account.

R & S (8268) 2000 7—83

1590.

NOTICE OF ADMISSION.

To be forwarded to the Commissioners in Lunacy within one clear day *from the Patient's reception.*

THE RETREAT, NEAR YORK.

I hereby give you Notice, That _____

_____

was admitted into this (*a*) _____ as a Private Patient, on the _____ day of _____ 188 , and I hereby transmit a Copy of the Order and Medical Certificates on which he was received (*b*)

(*a*) House *or* hospital.

(*b*) *If a private patient be received upon one certificate only, the special circumstances which have prevented the patient from being examined by two medical practitioners to be here stated, as in the statement accompanying the order for admission.*

Signed, _____

(*c*) _____

_____

(*c*) Superintendent *or* proprietor of ——

Dated this _____ day of _____

One Thousand Eight Hundred and Eighty _____

To the Commissioners in Lunacy.

Lunatics 1.
(16 & 17 Vict. c. 96, Sched. C. s. 24.)
(25 & 26 Vict. c. 111.)
Private Patient.

LONDON:
SHAW AND SONS
Fetter Lane, E.C.
(807 D.H.—6-86.)

35

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT.

Sched. (A.) No. 1, Sects. 4, 8.

I, the undersigned, hereby request you to receive Elizabeth Lockwood
whom I last saw at Swinegate Hull
on the 22nd day of August 1886 (a)
a (b) Person of unsound mind as a Patient into your House.
Subjoined is a Statement respecting the said Elizabeth Lockwood

(a) *Within one month previous to the date of the order.*

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

Signed, *Name,* Joseph Lockwood
Occupation (if any), Provision Merchant
Place of Abode, 72 Morpeth St. Hull
Degree of Relationship (if any) or other circumstances of connection with the Patient. Husband of the said Elizabeth Lockwood

Dated this Twenty second day of August
One Thousand Eight Hundred and Eighty six

To Dr. Baker
THE RETREAT, NEAR YORK.

STATEMENT.

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

Name of Patient, with Christian Name at length	Elizabeth Lockwood
Sex and Age	Female about 50 years
Married, Single, or Widowed	Married
Condition of Life, and previous Occupation (if any)	House Wife
Religious Persuasion, as far as known	Wesleyan Methodist
Previous Place of Abode	72 Morpeth Street Hull
Whether First Attack	2nd attack
Age (if known) on First Attack	50
When and where previously under Care and Treatment	not been under care before
Duration of existing Attack	three months
Supposed Cause	religious depression
Whether subject to Epilepsy	no
Whether Suicidal	no
Whether Dangerous to others	no
Whether found Lunatic by Inquisition, and Date of Commission or Order for Inquisition	
Special Circumstances (if any) preventing the Patient being examined, before Admission, separately by Two Medical Practitioners	none
Name and Address of Relative to whom Notice of Death to be sent	Joseph Lockwood 72 Morpeth Street Hull

(c) *Where the person signing the statement is not the person who signs the order, the following particulars concerning the person signing the statement are to be added.*

Signed, *Name,* (c) Joseph Lockwood
Occupation (if any), Provision Merchant
Place of Abode, 72 Morpeth Street Hull
Degree of Relationship (if any), or other circumstances of connection with the Patient. Husband

MEDICAL CERTIFICATE,—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

(a) Here 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.

(b) Physician, surgeon, or apothecary, as the case may be.

(c) Here insert the street and number of the house (if any) or other like particulars.

(d) Insert residence and profession or occupation (if any) of the patient.

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

(f) Here state the facts.

(g) Here state the information, and from whom.

I, the undersigned, John Joseph Mountain

being a (a) Licentiate of the Apothecaries Company

and being in actual practice as a (b) Apothecary

hereby certify, that I, on the Twenty first day of August

at (c) Holly Cottage, Swinegate, Hull

in the County of York separately from any other Medical Practitioner,

personally examined Elizabeth Lockwood

of (d) 72 Prospect Street, Hull and that

the said Elizabeth Lockwood

is a (e) person of unsound mind and a proper Person to be taken charge of and detained

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

1. Facts indicating Insanity observed by myself (f) ~~She has been suffering from Hypochondriasis for 12 months, the latter 3 months from Melancholia, and for the past fortnight totally under control by her nurses. Forehead low, complexion sallow. Tongue furred, appetite & nourishment therefore no appetite, digestion very much affected, bowels constipated~~ She has ~~delusions under influence~~, periods of great excitement alternating with depression & exhaustion, restlessness sleep disturbed & broken, delusions of a religious character ~~[illegible]~~ as being transformed into a beast for some sin

2. Other facts (if any) indicating Insanity communicated to me by others (g) Her sister Mrs Sample Shepherd who has been out of her attendants for the past 3 months informs me that there was entire absence of the last menstrual period. Her brother died of softening of Brain and one other sister had been in a low way. Also she affirms that she is cast out of God's presence eternally and treats everybody as deceiving her, and been the Devil's agents.

Signed, Name, J. Jos. Mountain

Place of Abode, Remayne House, Anlaby R Hull

Dated this Twenty first day of August One Thousand Eight Hundred and Eighty Eight

36

MEDICAL CERTIFICATE.—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

(a) *Here 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.*

(b) Physician, surgeon, *or* apothecary, *as the case may be.*

(c) *Here insert the street and number of the house (if any), or other like particulars.*

(d) *Insert residence and profession, or occupation (if any) of the patient.*

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

(f) *Here state the facts.*

(g) *Here state the information, and from whom.*

I, the undersigned, James McIntyre

being a (a) Doctor of Medicine St Andrews. Member of the College of Surgeons

and being in actual practice as a (b) Surgeon

hereby certify, that I, on the Twenty second day of August

at (c) Holly Cottage Swine gate Hessle

in the County of York separately from any other Medical Practitioner

personally examined Elizabeth Lockwood

of (d) 72 Morpeth Street. Hull and that

the said Elizabeth Lockwood

is a (e) lunatic and a proper Person to be taken charge of and detained

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

1. Facts indicating Insanity observed by myself (f) She is wild in manner incoherent in talk, fancying all manner of absurd conditions. Using indecent language & calling her attendants foul names.

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

Mrs Lydia Simeon and her Nurse (~~Mrs~~ Ann Haikes) tell me that she refuses all food Twill take it & throw it at them - She has lately shown a tendency to tear up clothing &c ~~Yesterday~~ The day before yesterday she would if not restrained have set the house on fire -

Signed, *Name,* James McIntyre MD

Place of Abode, Hessle

Dated this 22nd day of August One Thousand Eight Hundred and Eighty Six

– 1591 –

NOTICE OF ADMISSION.

To be forwarded to the Commissioners in Lunacy within one clear day *from the Patient's reception.*

THE RETREAT, NEAR YORK.

I hereby give you Notice. That _____

_____

(a) House or hospital.

was admitted into this (a) _____ as a Private Patient, on the _____ day of _____ 188 , and I hereby transmit a Copy of the Order and Medical Certificates on which he was received (b)

(b) *If a private patient be received upon one certificate only, the special circumstances which have prevented the patient from being examined by two medical practitioners to be here stated, as in the statement accompanying the order for admission.*

Signed. _____

(c) _____

(c) Superintendent or proprietor of ——

_____

Dated this _____ day of _____

One Thousand Eight Hundred and Eighty _____

To the Commissioners in Lunacy.

Lunatics 1.
(16 & 17 Vict. c. 96, Sched. C. s. 24.)
(25 & 26 Vict. c. 111.)
Private Patient.

LONDON:
SHAW AND SONS
Fetter Lane, E.C.
(807 D.B.—6·86.)

37

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT.

Sched. (A.) No. 1, Sects. 4, 8.

I, the undersigned, hereby request you to receive Agnes Burney whom I last saw at 94 Gloucester Street Newcastle on Tyne on the tenth day of October 1886 (a) a (b) person of unsound mind as a Patient into your House.

(a) Within one month previous to the date of the order.

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

Subjoined is a Statement respecting the said Agnes Burney.

Signed, Name, Charles Burney Catnach

Occupation (if any), Secretary

Place of Abode, 69 Holly Avenue Newcastle on Tyne

Degree of Relationship (if any) or other circumstances of connection with the Patient. Cousin

Dated this eleventh day of October One Thousand Eight Hundred and Eighty six

To Robert Baker. M.D

THE RETREAT, NEAR YORK.

STATEMENT.

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

Name of Patient, with Christian Name at length	Agnes Burney
Sex and Age	Female aged twenty eight
Married, Single, or Widowed	Single
Condition of Life, and previous Occupation (if any)	No occupation
Religious Persuasion, as far as known	Church of England then Plymouth Brethren
Previous Place of Abode	Alexandra Terrace Whitley by the Sea
Whether First Attack	Eccentric and strange in behaviour for the past twelve years
Age (if known) on First Attack	
When and where previously under Care and Treatment	At home
Duration of existing Attack	Fourteen months
Supposed Cause	Unknown
Whether subject to Epilepsy	no
Whether Suicidal	Not yet
Whether Dangerous to others	Not to be trusted
Whether found Lunatic by Inquisition, and Date of Commission or Order for Inquisition	no
Special Circumstances (if any) preventing the Patient being examined before Admission, separately by Two Medical Practitioners	— — —
Name and Address of Relative to whom Notice of Death to be sent	C Burney Catnach 69 Holly Avenue Newcastle on Tyne

(c) Where the person signing the statement is not the person who signs the order, the following particulars concerning the person signing the statement are to be added.

Signed, Name, (c) Charles Burney Catnach

Occupation (if any),

Place of Abode,

Degree of Relationship (if any), or other circumstances of connection with the Patient.

MEDICAL CERTIFICATE,—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

(a) *Here 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.*

(b) Physician, surgeon, *or* apothecary, *as the case may be.*

(c) *Here insert the street and number of the house (if any) or other like particulars.*

(d) *Insert residence and profession or occupation (if any) of the patient.*

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

(f) *Here state the facts.*

(g) *Here state the information, and from whom.*

I, the undersigned, Jonathan Dalgliesh,

being a (a) Member of the Royal College of Surgeons of England & L.S.A. London.

and being in actual practice as a (b) Surgeon

hereby certify, that I, on the 11th day of October

at (c) 94 Gloucester Street

in the County of Newcastle upon Tyne separately from any other Medical Practitioner,

personally examined Agnes Barney

of (d) 94 Gloucester Street and that

the said Agnes Barney

is a (e) Lunatic and a proper Person to be taken charge of and detained

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

1. Facts indicating Insanity observed by myself (f) Suffering from delusions such as that she is watched & conspired against by certain people; & that they are continually pulling at her head from behind.
at times violent and dangerous.
That a Telephone is in the wall of her bed room through which those conspiring against her annoy her.
The state of her bed, person & bed room.

2. Other facts (if any) indicating Insanity communicated to me by (g) Jam. Mackey, was delivered into my charge at 3 a.m. (Oct 9/86) by the Inspector of Police, Bow Street, London.
She had disappeared from her home and was found by the Police wandering & creating a disturbance.
Declares that they are watching & conspiring against her; that a tall man was in the corner of her room; she is continually writing & knitting her head.

Jam. Mackey resides at 9 Blandford St Newcastle upon Tyne

Signed, Name, Jonathan Dalgliesh

Place of Abode, 31 West Parade

Dated this 11th day of October One Thousand Eight Hundred and Eighty six

38

MEDICAL CERTIFICATE.—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

(a) *Here 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.*

(b) Physician, surgeon, *or* apothecary, *as the case may be.*

(c) *Here insert the street and number of the house (if any), or other like particulars.*

(d) *Insert residence and profession, or occupation (if any) of the patient.*

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

(f) *Here state the facts.*

(g) *Here state the information, and from whom.*

I, the undersigned, David Drummond

being a (a) Doctor of Medicine of the University of Dublin

and being in actual practice as a (b) Physician

hereby certify, that I, on the 11th day of October

at (c) 94 Gloucester Street

in the County of Newcastle-on-Tyne separately from any other Medical Practitioner,

personally examined Agnes Burney

of (d) 94 Gloucester Street and that

the said Agnes Burney

is a (e) person of unsound mind and a proper Person to be taken charge of and detained

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

1. Facts indicating Insanity observed by myself (f) Is restless, frequently looking over her shoulder in order to detect someone who is supposed to annoy her by pulling her hair: Asserts that some people are constantly watching her and listening to what she is saying by means of a telephone: She stated that she had placed a basket in her bed in order to lengthen it.

2. Other facts (if any) indicating Insanity communicated to me by others (g) From her Trustee: Mr Cutnach — That she burnt a library of books. Gave her money away without sufficient reason to various religious bodies, and went about in rags. That she has been violently excited from time to time. That she left her home without reason.

Signed, *Name,* David Drummond

Place of Abode, 7 Saville Place. Newcastle-on-Tyne

Dated this 11th day of October One Thousand Eight Hundred and Eighty 6.

- 1592 -

NOTICE OF ADMISSION.

To be forwarded to the Commissioners in Lunacy within one clear day *from the Patient's reception.*

THE RETREAT, NEAR YORK.

I hereby give you Notice, That Alfred Hill

was admitted into this (*a*) Hospital as a Private Patient, on the 14th day of October 1886, and I hereby transmit a Copy of the Order and Medical Certificates on which he was received (*b*)

(*a*) House or hospital.

(*b*) *If a private patient be received upon one certificate only, the special circumstances which have prevented the patient from being examined by two medical practitioners to be here stated, as in the statement accompanying the order for admission.*

Signed,

(*c*) pro Robert Baker M.D.
Medical Superintendent

(*c*) Superintendent or proprietor of ——

Dated this 14th day of October
One Thousand Eight Hundred and Eighty six

To the Commissioners in Lunacy.

Lunatics 1.
(16 & 17 Vict. c. 96, Sched. C. s. 24.)
(25 & 26 Vict. c. 111.)
Private Patient.

LONDON:
SHAW AND SONS
Fetter Lane, E.C.
(807 D.B.—6-86.)

39

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT.

Sched. (A.) No. 1, Sects. 4, 8.

I, the undersigned, hereby request you to receive Alfred Hill
Fishergate Villa York
whom I last saw at York
on the 14th day of October 1886
a (b) person of unsound mind as a Patient into your House.

(a) Within one month previous to the date of the order.

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

Subjoined is a Statement respecting the said Alfred Hill
~~Mary Ann Pagson~~

Signed, Name, Mary Ann Pagson

Occupation (if any),

Place of Abode, 14 Cambrian Terrace Leeds

Degree of Relationship (if any) or other circumstances of connection with the Patient. Mother

Dated this 14 day of October

One Thousand Eight Hundred and Eighty 6 six

To Dr Baker

THE RETREAT, NEAR YORK.

STATEMENT.

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

Name of Patient, with Christian Name at length	Alfred Hill
Sex and Age	Male Thirty Eight
Married, Single, or Widowed	Married
Condition of Life, and previous Occupation (if any)	Medical Man
Religious Persuasion, as far as known	Wesleyan
Previous Place of Abode	York
Whether First Attack	First Attack
Age (if known) on First Attack	Do
When and where previously under Care and Treatment	No
Duration of existing Attack	Six Weeks
Supposed Cause	Mental Pressure
Whether subject to Epilepsy	No
Whether Suicidal	No
Whether Dangerous to others	No
Whether found Lunatic by Inquisition, and Date of Commission or Order for Inquisition	
Special Circumstances (if any) preventing the Patient being examined, before Admission, separately by Two Medical Practitioners	None
Name and Address of Relative to whom Notice of Death to be sent	Mary Ann Pagson 14 Cambrian Terrace Leeds

(c) Where the person signing the statement is not the person who signs the order, the following particulars concerning the person signing the statement are to be added.

Signed, Name, (c) Mary Ann Pagson

Occupation (if any), 14 Cambrian Terrace Leeds

Place of Abode,

Degree of Relationship (if any), or other circumstances of connection with the Patient. Mother

MEDICAL CERTIFICATE,—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

(a) *Here 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.*

(b) Physician, surgeon, *or* apothecary, *as the case may be.*

(c) *Here insert the street and number of the house (if any) or other like particulars.*

(d) *Insert residence and profession or occupation (if any) of the patient.*

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

(f) *Here state the facts.*

(g) *Here state the information, and from whom.*

I, the undersigned, Henry Oglesby

being a (a) Member of the Royal College of Surgeons of England

and being in actual practice as a (b) Surgeon

hereby certify, that I, on the 13th day of October

at (c) Fishergate Villa, York

in the County of York separately from any other Medical Practitioner,

personally examined Alfred Hill

of (d) Fishergate Villa York — Surgeon and that

the said Alfred Hill

is a (e) person of unsound mind and a proper Person to be taken charge of and detained

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

1. Facts indicating Insanity observed by myself (f) He states that he has been poisoned by strychnine, and that a plot has been formed by the medical practitioners of York to perform an operation on his heart. He states that Mr. Brentnall, surgeon, intends to castrate him to-night whilst he is asleep. He states that the food which was on the table when I saw him, was poisoned. All these statements I know to be delusions.

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

His mother says that he believes that nearly every one many whom he sees is plotting against his life, and that for this reason he slept in another house all last night, and has refused food all day to-day.

Signed, Name, Henry Oglesby.

Place of Abode, 52 Nunnery Lane

Dated this 13th day of October One Thousand Eight Hundred and Eighty Six

MEDICAL CERTIFICATE.—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

(a) *Here 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.*

(b) Physician, surgeon, *or* apothecary, *as the case may be.*

(c) *Here insert the street and number of the house (if any), or other like particulars.*

(d) *Insert residence and profession, or occupation (if any) of the patient.*

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

I, the undersigned, Henry Ebenezer Spencer

being a (a) Licentiate of the Royal Colleges of Physicians and Surgeons of Edinburgh

and being in actual practice as a (b) Physician & Surgeon

hereby certify, that I, on the Twelfth day of October 1886

at (c) Fishergate Villa York

in the County of York separately from any other Medical Practitioner,

personally examined Alfred Hill

of (d) Fishergate Villa York Surgeon and that

the said Alfred Hill

is a (e) person of unsound mind and a proper Person to be taken charge of and detained

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

(f) *Here state the facts.*

1. Facts indicating Insanity observed by myself (f) Says that various persons are constantly poisoning his food. that he heard a person telling the landlady of an inn when he had a chop that there was strychnine in the chop. that some milk he had in his own house ~~was~~ also contained strychnine. these statements being obviously delusions. the deponent is in the last degree dejected and despondent. out of all proportion to his real anxieties. his conversation is vague and disconnected

(g) *Here state the information, and from whom.*

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

Amelia Hobson his housekeeper states that last night he refused to sleep in his own house because the relatives of his partner intended to poison him.

Mary Ann Pogson his mother says that this morning he accused her of conspiring with the housekeeper to burn him after he was poisoned & that he could then hear the crackling of the fire under his bed

Signed, Name, H. E. Spencer

Place of Abode, 23 Monkgate York

Dated this 13th day of Oct One Thousand Eight Hundred and Eighty Six.

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NOTICE OF ADMISSION.

To be forwarded to the Commissioners in Lunacy within one clear day *from the Patient's reception.*

THE RETREAT, NEAR YORK.

I hereby give you Notice, That _____

_____

House or hospital.

was admitted into this (*a*) _____ as a Private Patient, on the _____ day of _____ 188 , and I hereby transmit a Copy of the Order and Medical Certificates on which he was received (*b*)

(*b*) *If a private patient be received upon one certificate only, the special circumstances which have prevented the patient from being examined by two medical practitioners to be here stated, as in the statement accompanying the order for admission.*

Signed, _____

(*c*) _____

(*c*) Superintendent or proprietor of ——

_____

Dated this _____ day of _____

One Thousand Eight Hundred and Eighty _____

To the Commissioners in Lunacy.

Lunatics 1.
(16 & 17 Vict. c. 96, Sched. C. s. 24.)
(25 & 26 Vict. c. 111.)
Private Patient.

LONDON:
SHAW AND SONS
Fetter Lane, E.C.
(807 D.B.—6-86.)

41

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT.

Sched. (A.) No. 1, Sects. 4, 8.

I, the undersigned, hereby request you to receive Mary Elizabeth Croft whom I last saw at 3 St. Peters Terrace York on the Twenty seventh day of October 1886 (a) a (b) person of unsound mind as a Patient into your House.

(a) Within one month previous to the date of the order.

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

Subjoined is a Statement respecting the said Mary Elizabeth Croft

Signed, Name, Cecilia Isabella Croft

Occupation (if any), None

Place of Abode, 3 St Peter's Terrace, York

Degree of Relationship (if any) or other circumstances of connection with the Patient. Mother

Dated this 27th day of Octr

One Thousand Eight Hundred and Eighty six

To Robt. Baker Esq MD.

THE RETREAT, NEAR YORK.

STATEMENT.

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

Name of Patient, with Christian Name at length	Mary Elizabeth Croft
Sex and Age	32. female
Married, Single, or Widowed	Single
Condition of Life, and previous Occupation (if any)	Spinster None.
Religious Persuasion, as far as known	Church of England
Previous Place of Abode	3 St Peters Terrace York
Whether First Attack	Yes
Age (if known) on First Attack	32
When and where previously under Care and Treatment	No when
Duration of existing Attack	4 weeks
Supposed Cause	Overdoing herself
Whether subject to Epilepsy	No
Whether Suicidal	NO
Whether Dangerous to others	Doubtful
Whether found Lunatic by Inquisition, and Date of Commission or Order for Inquisition	No
Special Circumstances (if any) preventing the Patient being examined, before Admission, separately by Two Medical Practitioners	None
Name and Address of Relative to whom Notice of Death to be sent	Mrs Croft 3 St Peter's Terrace York

(c) Where the person signing the statement is not the person who signs the order, the following particulars concerning the person signing the statement are to be added.

Signed, Name, (c) Cecilia Isabella Croft

Occupation (if any), None

Place of Abode, 3 St Peter's Terrace, York

Degree of Relationship (if any), or other circumstances of connection with the Patient. Mother

MEDICAL CERTIFICATE,—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

(a) Here 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.

(b) Physician, surgeon, or apothecary, as the case may be.

(c) Here insert the street and number of the house (if any) or other like particulars.

(d) Insert residence and profession or occupation (if any) of the patient.

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

(f) Here state the facts.

(g) Here state the information, and from whom.

I, the undersigned, Frederick Shaum Member of the Royal College of Surgeons England

being a (a) Surgeon & Licentiate of the Royal College of Physicians London

and being in actual practice as a (b) Surgeon

hereby certify, that I, on the 27th day of October

at (c) No 3. St Peter's Terrace York

in the County of York separately from any other Medical Practitioner,

personally examined Mary Elizabeth Croft

of (d) 3. St Peter's Terrace, No occupation and that

the said Mary Elizabeth Croft

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

1. Facts indicating Insanity observed by myself (f) She talks constantly and incoherently. Is restless and mooving about in an aimless manner. Does not answer the simplest questions rationally. but wanders from one subject to another. sometimes being apparently under the impression that she is acting a part or mesmerising

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

I am told by Margaret Branchamp who has been in attendance upon her, that for some time she has talked almost incessantly. During the last fortnight she has imagined that she was dead, she has also imagined herself to be the Queen, the Prince of Wales, and various Scripture characters. During the last few days she has been violent and has refused to take food at times.

Signed, Name, Frederick Shaum

Place of Abode, 69. Petergate York

Dated this 27th day of October One Thousand Eight Hundred and Eighty six

MEDICAL CERTIFICATE.—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

(a) *Here 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.*

(b) Physician, surgeon, *or* apothecary, *as the case may be.*

(c) *Here insert the street and number of the house (if any), or other like particulars.*

(d) *Insert residence and profession, or occupation (if any) of the patient.*

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

(f) *Here state the facts.*

(g) *Here state the information, and from whom.*

I, the undersigned, Richard Hewetson

being a (a) Member of the Royal College of Surgeons, England

and being in actual practice as a (b) Surgeon

hereby certify, that I, on the Twenty Seventh day of October 1886

at (c) No 3 St. Peters Terrace, York

in the County of York separately from any other Medical Practitioner,

personally examined Mary Elizabeth Croft

of (d) No 3 St Peters Terrace, York, no occupation and that

the said Mary Elizabeth Croft

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

1. Facts indicating Insanity observed by myself (f) She talks without ceasing, but entirely without coherence. Thinks she is possessed of second sight & can foretell events which are to happen in this & other worlds. Is restless and suspicious in her manner. Refuses to take her food & takes great delight in throwing it about the bed & bed room. Believes she is the Queen. The Princess of Wales. St. Paul & other persons, and that she is married to several different people. also that she is dead.

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

Sarah Lambert, one of her nurses, has told me frequently that she is very excited & restless & rambling in her conversation and that during the last few days she has on several occasions struck her, though not with violence. Sarah Lambert also corroborates all the facts indicating insanity observed by myself.

Signed, *Name*, Richard Hewetson

Place of Abode, 36. Bootham York

Dated this Twenty Seventh day of October One Thousand Eight Hundred and Eighty Six.

- 1594 -

NOTICE OF ADMISSION.

To be forwarded to the Commissioners in Lunacy within one clear day *from the Patient's reception.*

THE RETREAT, NEAR YORK.

I hereby give you Notice. That _____

_____

(a) House or hospital.

was admitted into this (a) _____ as a Private Patient, on the _____ day of _____ 188 , and I hereby transmit a Copy of the Order and Medical Certificates on which he was received (b)

(b) *If a private patient be received upon one certificate only, the special circumstances which have prevented the patient from being examined by two medical practitioners to be here stated, as in the statement accompanying the order for admission.*

Signed. _____

(c) _____

(c) Superintendent or proprietor of ——

_____

Dated this _____ day of _____

One Thousand Eight Hundred and Eighty _____

To the Commissioners in Lunacy.

Lunatics 1.
(16 & 17 Vict. c. 96, Sched. C. s. 24.)
(25 & 26 Vict. c. 111.)
Private Patient.

LONDON:
SHAW AND SONS
Fetter Lane, E.C.
(807 D.B.—6-86.)

43

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT.

Sched. (A.) No. 1, Sects. 4, 8.

I, the undersigned, hereby request you to receive Henry Whiteley of Kirk Sandal whom I last saw at Kirk Sandal on the 6th day of November 1880 a (b) person of unsound mind as a Patient into your House.

Subjoined is a Statement respecting the said Henry Whiteley

(a) Within one month previous to the date of the order.

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

Signed, Name, Eliza Whiteley

Occupation (if any), his wife

Place of Abode, Kirk Sandall

Sandall Grove Farm

Degree of Relationship (if any) or other circumstances of connection with the Patient. his wife

Dated this 6 day of November

One Thousand Eight Hundred and Eighty Six

To Dr Baker

THE RETREAT, NEAR YORK.

STATEMENT.

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

Name of Patient, with Christian Name at length	Henry Whiteley
Sex and Age	Male . 74 yrs
Married, Single, or Widowed	Married
Condition of Life, and previous Occupation (if any)	Farmer
Religious Persuasion, as far as known	Wesleyan
Previous Place of Abode	Kirk Sandal
Whether First Attack	Yes
Age (if known) on First Attack	74
When and where previously under Care and Treatment	Home
Duration of existing Attack	10 wks
Supposed Cause	worry in business
Whether subject to Epilepsy	No
Whether Suicidal	Yes
Whether Dangerous to others	No
Whether found Lunatic by Inquisition, and Date of Commission or Order for Inquisition	No
Special Circumstances (if any) preventing the Patient being examined, before Admission, separately by Two Medical Practitioners	—
Name and Address of Relative to whom Notice of Death to be sent	Mrs Whiteley his wife, subscribed

(c) Where the person signing the statement is not the person who signs the order, the following particulars concerning the person signing the statement are to be added.

Signed, Name, (c) Eliza Whiteley

Occupation (if any), his wife

Place of Abode, Kirk Sandall

Degree of Relationship (if any), or other circumstances of connection with the Patient. his wife

MEDICAL CERTIFICATE,—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

(a) *Here 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.*

(b) Physician, surgeon, *or* apothecary, *as the case may be.*

(c) *Here insert the street and number of the house (if any) or other like particulars.*

(d) *Insert residence and profession or occupation (if any) of the patient.*

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

(f) *Here state the facts.*

(g) *Here state the information, and from whom.*

I, the undersigned, John Sykes

being a (a) M.D. Univ. Edin.:
F.R.C.P. London:

and being in actual practice as a (b) Physician

hereby certify, that I, on the 6th day of November 1886

at (c) The house of the said Henry Whitley Sandall Grove Farm
Kirk Sandal

in the County of York separately from any other Medical Practitioner,

personally examined Henry Whitley

of (d) the house of the said Henry Whitley Sandall Grove Farm
Kirk Sandal. Farmer. and that

the said Henry Whitley

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

1. Facts indicating Insanity observed by myself (f)

Says that he shall go off his head.
walks incessantly round his room & cannot
sit still. & invariably reverts to the worry
he has had in his business, which he says
he cannot dismiss from his thoughts.

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

Has frequently said that he must destroy
himself he is so miserable. Was found in
an outhouse yesterday with a rope
apparently arranging to hang himself.

By his daughter
Mary Whitley

Signed, *Name,* John Sykes

Place of Abode, 23 South Parade, Doncaster

Dated this 6th day of November One Thousand Eight Hundred and Eighty six.

MEDICAL CERTIFICATE.—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

(a) *Here 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.*

(b) Physician, surgeon, *or* apothecary, *as the case may be.*

(c) *Here insert the street and number of the house (if any), or other like particulars.*

(d) *Insert residence and profession, or occupation (if any) of the patient.*

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

(f) *Here state the facts.*

(g) *Here state the information, and from whom.*

I, the undersigned, Frederick Royston Fairbank

being a (a) M.D. Univ Heidelberg.
M.R.C.P. Edinboro

and being in actual practice as a (b) Physician

hereby certify, that I, on the 6th day of November 1886

at (c) The house of Said Henry Whiteley Sandall Grove Farm
Kirk Sandal

in the County of York separately from any other Medical Practitioner,

personally examined Henry Whiteley

of (d) The house of the said Henry Whiteley, Sandall Grove Farm
Kirk Sandal. Farmer and that

the said Henry Whiteley

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

1. Facts indicating Insanity observed by myself (f)

Tells me that he must destroy himself he cannot bear his life he is so miserable. Asks me to take his head off. Wanders about the room & cannot sit still for a moment together.

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

Has frequently said that he must drown himself & then he will be out of his misery. Yesterday he was found in an outhouse with a rope which he afterwards admitted he was arranging to hang himself with.

By his daughter
Mary Whiteley

Signed, Name, F. R. Fairbank

Place of Abode, Doncaster

Dated this 6 day of November One Thousand Eight Hundred and Eighty Six

- 1595 -

NOTICE OF ADMISSION.

To be forwarded to the Commissioners in Lunacy within one clear day *from the Patient's reception.*

THE RETREAT, NEAR YORK.

I hereby give you Notice. That _____

_____

(a) House or hospital.

was admitted into this (a) _____ as a Private Patient, on the _____ day of _____ 188 , and I hereby transmit a Copy of the Order and Medical Certificates on which he was received (b)

(b) *If a private patient be received upon one certificate only, the special circumstances which have prevented the patient from being examined by two medical practitioners to be here stated, as in the statement accompanying the order for admission.*

Signed. _____

(c) _____

(c) Superintendent or proprietor of ——

_____

Dated this _____ day of _____

One Thousand Eight Hundred and Eighty _____

To the Commissioners in Lunacy.

Lunatics 1.
(16 & 17 Vict. c. 96, Sched. C. s. 24.)
(25 & 26 Vict. c. 111.)
Private Patient.

LONDON:
SHAW AND SONS
Fetter Lane, E.C.
(807 D.B.—6-86.)

45

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT.

Sched. (A.) No. 1, Sects. 4, 8.

I, the undersigned, hereby request you to receive George Tindall - whom I last saw at Knapton Hall Rillington York on the Ninth day of November (a) a (b) 1886 person of unsound mind as a Patient into your House.

Subjoined is a Statement respecting the said George Tindall -

(a) Within one month previous to the date of the order.

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

Signed, Name, Edward Tindall

Occupation (if any), Landed Proprietor.

Place of Abode, Knapton Hall - Rillington York.

Degree of Relationship (if any) or other circumstances of connection with the Patient. - Cousin —

Dated this Ninth day of November One Thousand Eight Hundred and Eighty six.

To

THE RETREAT, NEAR YORK.

STATEMENT.

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

Name of Patient, with Christian Name at length	George Tindall.
Sex and Age	Male: Forty Five Yrs the 16th Sept 1886
Married, Single, or Widowed	Single
Condition of Life, and previous Occupation (if any)	Coffee Planter in Ceylon
Religious Persuasion, as far as known	Church of England.
Previous Place of Abode	Scarbro
Whether First Attack	No - the second attack
Age (if known) on First Attack	Forty Four
When and where previously under Care and Treatment	The Retreat - York (From April 17th 1886 to October 12th 1886 -
Duration of existing Attack	6 or 7 weeks.
Supposed Cause	From Jungle Fever in Ceylon
Whether subject to Epilepsy	No
Whether Suicidal	No
Whether Dangerous to others	I think not - but am not certain
Whether found Lunatic by Inquisition, and Date of Commission or Order for Inquisition	
Special Circumstances (if any) preventing the Patient being examined, before Admission, separately by Two Medical Practitioners	
Name and Address of Relative to whom Notice of Death to be sent	Edward Tindall. Rillington Knapton Hall York

(c) Where the person signing the statement is not the person who signs the order, the following particulars concerning the person signing the statement are to be added.

Signed, Name, (c) Edward Tindall

Occupation (if any), Landed Proprietor.

Place of Abode, Knapton Hall Rillington York

Degree of Relationship (if any), or other circumstances of connection with the Patient. Cousin

MEDICAL CERTIFICATE,—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

(a) *Here 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.*

(b) Physician, surgeon, *or* apothecary, *as the case may be.*

(c) *Here insert the street and number of the house (if any) or other like particulars.*

(d) *Insert residence and profession or occupation (if any) of the patient.*

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

(f) *Here state the facts.*

(g) *Here state the information, and from whom.*

I, the undersigned, John William Teale

being a (a) Fellow of the Royal College of Surgeons of England by Examination

and being in actual practice as a (b) Surgeon

hereby certify, that I, on the 5th day of November 1886

at (c) Knapton Hall Rillington York

in the County of York separately from any other Medical Practitioner,

personally examined George Tindall

of (d) residing at Knapton Hall, no occupation and that

the said George Tindall

is a (e) person of unsound mind and a proper Person to be taken charge of and detained

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

1. Facts indicating Insanity observed by myself (f) Wild excited & suspicious. Says people have a grudge against him. Has taken a dislike to his friend & cousin W. Edward Tindall where great he is.

2. Other facts (if any) indicating Insanity communicated to me by others (g) W. Edward Tindall tells me that George Tindall offers to fight him, declines any advice & guidance, goes out in the rain unprotected & clothed, is very excited in manner.

Signed, Name, John William Teale

Place of Abode, 28 Victoria Terrace Scarbro

Dated this 9th day of November One Thousand Eight Hundred and Eighty six.

46

× Complete address

MEDICAL CERTIFICATE.—Sched. (A.) No. 2, Sects. 4, 5, 6, 10, 11, 12, 13.

(a) *Here 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.*

(b) Physician, surgeon, *or* apothecary, *as the case may be.*

(c) *Here insert the street and number of the house (if any), or other like particulars.*

(d) *Insert residence and profession, or occupation (if any) of the patient.*

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

(f) *Here state the facts.*

(g) *Here state the information, and from whom.*

I, the undersigned, John William Taylor being a (a) Doctor of Medicine of the Univ. of St Andrews & a member of the Royal College of Surgeons of England &c &c and being in actual practice as a (b) General practitioner hereby certify, that I, on the Ninth day of November at (c) Knapton Hall Billington in the County of York separately from any other Medical Practitioner, personally examined George Tindall of (d) Knapton Hall (no occupation) and that the said George Tindall is a (e) person of unsound mind and a proper Person to be taken charge of and detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself (f)

He appears wild & excited, & declines to say anything, but is very suspicious. Thinks that people are plotting against him

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

Mr. Edmund Tindall tells me he is more like a wild man - that he never does anything - that he wanted to fight - appears always unsettled & restless -

Signed, *Name,* J. W. Taylor M.D. M.R.C.S. Eng. L.S.A. &c.

Place of Abode, Rothsay House, Scarboro -

Dated this Ninth day of November One Thousand Eight Hundred and Eighty six -

- 1596 -

NOTICE OF ADMISSION.

To be forwarded to the Commissioners in Lunacy within one clear day *from the Patient's reception.*

THE RETREAT, NEAR YORK.

I hereby give you Notice, That _____

_____

(a) House or hospital.

was admitted into this (a) _____ as a Private Patient, on the _____ day of _____ 188 , and I hereby transmit a Copy of the Order and Medical Certificates on which he was received (b)

(b) *If a private patient be received upon one certificate only, the special circumstances which have prevented the patient from being examined by two medical practitioners to be here stated, as in the statement accompanying the order for admission.*

Signed, _____

(c) _____

(c) Superintendent or proprietor of ——

_____

Dated this _____ day of _____

One Thousand Eight Hundred and Eighty _____

To the Commissioners in Lunacy.

Lunatics 1.
(16 & 17 Vict. c. 96, Sched. C. s. 24.)
(25 & 26 Vict. c. 111.)
Private Patient.

LONDON:
SHAW AND SONS
Fetter Lane, E.C.
(807 D.B.—6-86.)

47

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT.

Sched. (A.) No. 1, Sects. 4, 8.

I, the undersigned, hereby request you to receive Elizabeth Baldwin

whom I last saw at Hailgate Howden

on the 24th day of November 1886

a (b) a person of unsound mind as a Patient into your House.

(a) Within one month previous to the date of the order.

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

Subjoined is a Statement respecting the said Elizabeth Baldwin

Signed, Name, William Baldwin

Occupation (if any), Solicitor

Place of Abode, Hailgate Howden

Degree of Relationship (if any) or other circumstances of connection with the Patient. Husband

Dated this 24th day of November

One Thousand Eight Hundred and Eighty six

To E Baker

THE RETREAT, NEAR YORK.

STATEMENT.

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

Name of Patient, with Christian Name at length	Elizabeth Baldwin
Sex and Age	Female 26 years
Married, Single, or Widowed	Married
Condition of Life, and previous Occupation (if any)	E. Gentlewoman
Religious Persuasion, as far as known	Protestant.
Previous Place of Abode	Pontefract.
Whether First Attack	No
Age (if known) on First Attack	24.
When and where previously under Care and Treatment	Spring of 1885 - at home
Duration of existing Attack	two months.
Supposed Cause	Want of society & unsuitable neighbourhood
Whether subject to Epilepsy	No
Whether Suicidal	No
Whether Dangerous to others	No
Whether found Lunatic by Inquisition, and Date of Commission or Order for Inquisition	No
Special Circumstances (if any) preventing the Patient being examined, before Admission, separately by Two Medical Practitioners	None
Name and Address of Relative to whom Notice of Death to be sent	William Baldwin Howden

(c) Where the person signing the statement is not the person who signs the order, the following particulars concerning the person signing the statement are to be added.

Signed, Name, (c) William Baldwin

Occupation (if any), Solicitor

Place of Abode, Howden

Degree of Relationship (if any), or other circumstances of connection with the Patient.

MEDICAL CERTIFICATE,—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

(a) *Here 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.*

(b) Physician, surgeon, *or* apothecary, *as the case may be.*

(c) *Here insert the street and number of the house (if any) or other like particulars.*

(d) *Insert residence and profession or occupation (if any) of the patient.*

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

(f) *Here state the facts.*

(g) *Here state the information, and from whom.*

I, the undersigned, John Chestnutt

being a (a) Licentiate of the Royal College of Physicians, Edin.
& a Licentiate of the Royal College of Surgeons, Edin.

and being in actual practice as a (b) Physician & Surgeon

hereby certify, that I, on the nineteenth day of November 1886

at (c) Her residence, Hailgate Howden

in the County of York separately from any other Medical Practitioner,

personally examined Elizabeth Baldwin

of (d) Howden, married woman and that

the said Elizabeth Baldwin

is a (e) person of unsound mind and a proper Person to be taken charge of and detained

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

1. Facts indicating Insanity observed by myself (f) She imagines certain of her neighbours have a malign influence over her, that she is electrified or mesmerised by them; that she is turning to stone, & that her head was an amethyst. She thinks she is being poisoned by arsenic, & that she suffers from various diseases although she is in sound bodily health. She gets frequently into a listless moody state, & will not speak when spoken to.

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

Her husband has shown me several very incoherent ~~letters~~ letters written by her to various people, and can corroborate the facts observed by myself.

Signed, *Name,* J. Chestnutt

Place of Abode, Derwent House, Howden

Dated this twenty-third day of November One Thousand Eight Hundred and Eighty six

48

MEDICAL CERTIFICATE.—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

(a) *Here 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.*

(b) Physician, surgeon, *or* apothecary, *as the case may be.*

(c) *Here insert the street and number of the house (if any), or other like particulars.*

(d) *Insert residence and profession, or occupation (if any) of the patient.*

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

(f) *Here state the facts.*

(g) *Here state the information, and from whom.*

I, the undersigned, Thomas Clifford Albutt

being a (a) Fellow of the Royal College of Physicians Lond.

and being in actual practice as a (b) Physician

hereby certify, that I, on the twenty second day of November

at (c) 6 Park Square Leeds ~~Yorkshire~~ Yk

in the County of Yorks separately from any other Medical Practitioner,

personally examined Elizabeth Baldwin

of (d) Yk Hospital Sowden married woman and that

the said Elizabeth ~~Sowden~~ Baldwin Yk

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

1. Facts indicating Insanity observed by myself (f)

Utter incoherence while in my presence. Disposition bland but conversation on account of all sorts of varying delusions and delusions incoherent as they do not fit one another. I did not notice any fixed delusions nor any suicidal tendencies.

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

From her husband letters other relations those about Chesterfield, letters as incoherent as her conversation. Also that she has moody & melancholy states and mania is hereditary.

Signed, *Name,* Thos Clifford Albutt

Place of Abode, 6 Park Square Leeds

Dated this 23rd day of November One Thousand Eight Hundred and Eighty sey

1594

NOTICE OF ADMISSION.

To be forwarded to the Commissioners in Lunacy within one clear day *from the Patient's reception.*

THE RETREAT, NEAR YORK.

I hereby give you Notice, That _____

_____

(a) House or hospital.

was admitted into this (a) _____ as a Private Patient, on the _____ day of _____ 188 , and I hereby transmit a Copy of the Order and Medical Certificates on which he was received (b)

(b) *If a private patient be received upon one certificate only, the special circumstances which have prevented the patient from being examined by two medical practitioners to be here stated, as in the statement accompanying the order for admission.*

Signed, _____

(c) _____

(c) Superintendent or proprietor of ——

_____

Dated this _____ day of _____

One Thousand Eight Hundred and Eighty _____

To the Commissioners in Lunacy.

Lunatics 1.
(16 & 17 Vict. c. 96, Sched. C. s. 24.)
(25 & 26 Vict. c. 111.)
Private Patient.

LONDON:
SHAW AND SONS
Fetter Lane, E.C.
(807 D.S.—6-86.)

49

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT.

Sched. (A.) No. 1, Sects. 4, 8.

I, the undersigned, hereby request you to receive Eliza Hodgson whom I last saw at 14 Westgate Dewsbury on the 26th day of November 1886 a (b) person of unsound mind as a Patient into your House.

Subjoined is a Statement respecting the said Eliza Hodgson

(a) *Within one month previous to the date of the order.*

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

Signed, *Name,* Charles Hodgson

Occupation (if any), Jeweller

Place of Abode, 14 Westgate Dewsbury

Degree of Relationship (if any) or other circumstances of connection with the Patient. Husband

Dated this 26th day of November One Thousand Eight Hundred and Eighty ~~x~~ six

To Dr. Baker

THE RETREAT, NEAR YORK.

STATEMENT.

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

Name of Patient, with Christian Name at length	Eliza Hodgson
Sex and Age	Female 42 years
Married, Single, or Widowed	Married
Condition of Life, and previous Occupation (if any)	no occupation
Religious Persuasion, as far as known	Society of Friends
Previous Place of Abode	Dewsbury
Whether First Attack	First attack
Age (if known) on First Attack	42 years
When and where previously under Care and Treatment	Nowhere
Duration of existing Attack	8 months
Supposed Cause	Child Birth
Whether subject to Epilepsy	No
Whether Suicidal	yes
Whether Dangerous to others	No
Whether found Lunatic by Inquisition, and Date of Commission or Order for Inquisition	no
Special Circumstances (if any) preventing the Patient being examined, before Admission, separately by Two Medical Practitioners	None
Name and Address of Relative to whom Notice of Death to be sent	Charles Hodgson as above

(c) *Where the person signing the statement is not the person who signs the order, the following particulars concerning the person signing the statement are to be added.*

Signed, *Name,* (c) Charles Hodgson

Occupation (if any),

Place of Abode,

Degree of Relationship (if any), or other circumstances of connection with the Patient.

MEDICAL CERTIFICATE,—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

I, the undersigned, Edwin Lee

being a (a) Member of the Royal College of Surgeons of England

and being in actual practice as a (b) Surgeon

hereby certify, that I, on the 25th day of November

at (c) 14 Westgate, Dewsbury

in the County of York separately from any other Medical Practitioner,

personally examined Mrs Eliza Hodgson

of (d) 14 Westgate, Dewsbury and that

the said Mrs Eliza Hodgson

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

(a) *Here 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.*

(b) Physician, surgeon, *or* apothecary, *as the case may be.*

(c) *Here insert the street and number of the house (if any) or other like particulars.*

(d) *Insert residence and profession or occupation (if any) of the patient.*

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

1. Facts indicating Insanity observed by myself (f) Constant depression of spirits & fixed melancholy for a period of some months. She confessed to me that she has a strong desire to put an end to her existence, & that she is not so much subject to sudden impulses, but has a constant fixed idea to accomplish the same.

(f) *Here state the facts.*

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

She attempted to set herself on fire on Sunday last Novr 21st. Her own & her husband's information. Her clothes were partly burnt and she has a burn under the chin caused by the filling round her neck taking fire.

(g) *Here state the information, and from whom.*

Signed, Name, Edwin Lee, M.R.C.S.

Place of Abode, 1 Blenheim Ter, Dewsbury.

Dated this 25th day of Novr One Thousand Eight Hundred and Eighty Six.

50

MEDICAL CERTIFICATE.—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

(a) *Here 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.*

(b) Physician, surgeon, *or* apothecary, *as the case may be.*

(c) *Here insert the street and number of the house (if any), or other like particulars.*

(d) *Insert residence and profession, or occupation (if any) of the patient.*

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

(f) *Here state the facts.*

(g) *Here state the information, and from whom.*

I, the undersigned, William Frederick Watts

being a (a) Member of the Royal College of Surgeons of London

and being in actual practice as a (b) Surgeon

hereby certify, that I, on the twenty fifth day of November

at (c) 14 Westgate Dewsbury

in the County of York. separately from any other Medical Practitioner,

personally examined Eliza Hodgson

of (d) 14 Westgate Dewsbury and that

the said Eliza Hodgson

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

1. Facts indicating Insanity observed by myself (f) Dejected appearance says that she attempted suicide by setting fire to her clothes – that on previous occasions she ~~had~~ resisted the desire to destroy herself but that the impulse to self destruction is still present –

WFW

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

Attempted suicide on Sunday November the 21st her husband Charles Hodgson gave me the information

Signed, *Name*, William Frederick Watts

Place of Abode, 2 Milton Street Dewsbury

Dated this twenty fifth day of November One Thousand Eight Hundred and Eighty six

– 1598 –

NOTICE OF ADMISSION.

To be forwarded to the Commissioners in Lunacy within one clear day *from the Patient's reception.*

I hereby give you Notice, That _____

_____

(a) House or hospital.

was admitted into this (a) _____ as a Private Patient, on the _____ day of _____ 188 , and I hereby transmit a Copy of the Order and Medical Certificates on which he was received (b)

(b) *If a private patient be received upon one certificate only, the special circumstances which have prevented the patient from being examined by two medical practitioners to be here stated, as in the statement accompanying the order for admission.*

Signed, _____

(c) _____

_____

(c) Superintendent or proprietor of ——

Dated this _____ day of _____

One Thousand Eight Hundred and Eighty

To the Commissioners in Lunacy.

Lunatics 1.

(16 & 17 Vict. c. 96, Sched. C. s. 24.)

(25 & 26 Vict. c. 111.)

Private Patient.

LONDON:
SHAW AND SONS,
Fetter Lane, E.C.

(2—9·84.)

51

ORDER
FOR THE RECEPTION OF A PRIVATE PATIENT.

Sched. (A.) No. 1, Sects. 4, 8.

I, the undersigned, hereby request you to receive Charles Bentley whom I last saw at 66 St Marys Road Bradford on the Seventh day of December (a) a (b) person of unsound mind as a Patient into your House.

(a) Within one month previous to the date of the order.
(b) Lunatic, or an idiot, or a person of unsound mind.

Subjoined is a Statement respecting the said Charles Bentley

Signed, Name, Samuel Gill
Occupation (if any), Assurance Clerk
Place of Abode, 66 St Marys Rd Bradford
Degree of Relationship (if any) or other circumstances of connection with the Patient. Brother in law

Dated this Seventh day of December One Thousand Eight Hundred and Eighty six

To Dr Baker
(c) Friends (d) Retreat

(c) Superintendent or proprietor of——
(d) Describing the house or hospital by situation and name, if any.

STATEMENT.

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

Name of Patient, with Christian Name at length	Charles Bentley
Sex and Age	Male - Thirty one
Married, Single, or Widowed	Single
Condition of Life, and previous Occupation (if any)	Farmers Man
Religious Persuasion, as far as known	Friend Member
Previous Place of Abode	Catshaw Farm Wyersdale
Whether First Attack	no
Age (if known) on First Attack	9 mos ago - Thirty one
When and where previously under Care and Treatment	never
Duration of existing Attack	a week
Supposed Cause	Epilepsy
Whether subject to Epilepsy	Yes
Whether Suicidal	Yes
Whether Dangerous to others	Yes
Whether found Lunatic by Inquisition, and Date of Commission or Order for Inquisition	—
Special Circumstances (if any) preventing the Patient being examined, before Admission, separately by Two Medical Practitioners	None
Name and Address of Relative to whom Notice of Death to be sent	Samuel Gill.

(e) Where the person signing the statement is not the person who signs the order, the following particulars concerning the person signing the statement are to be added.

Signed, Name, (e) Samuel Gill
Occupation (if any), Assurance Clerk
Place of Abode, 66 St Marys Rd. Bradford
Degree of Relationship (if any), or other circumstances of connection with the Patient. Brother in law

MEDICAL CERTIFICATE,—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

I, the undersigned, Andrea Rabagliati

(a) Here 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.

being a (a) Graduate in medicine of the University of Edinburgh

(b) Physician, surgeon, or apothecary, as the case may be.

and being in actual practice as a (b) Surgeon

hereby certify, that I, on the sixth day of December 1886

(c) Here insert the street and number of the house (if any) or other like particulars.

at (c) 9 Walmer Villas, Bradford

in the County of Yorks, separately from any other Medical Practitioner

personally examined Charles Bentley

(d) Insert residence and profession or occupation (if any) of the patient.

of (d) 6 St. Mary's Road, Bradford, former U.R. and that

the said Charles Bentley

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

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

1. Facts indicating Insanity observed by myself:

(f) Here state the facts.

(f) Talks continually without stopping about religious things & the Divine manifestations & revelations to him. Told me he had been tempted to kill himself & took out & opened his pocket-knife for that purpose; but he added "nobler thoughts prevailed". Also told me he had considered the advisability of killing Mr Samuel Gill whom he described as his best friend, in order to send him to heaven as soon as possible; but he repented in case Mr Gill might not be quite fit to go.

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

(g) Here state the information, and from whom.

(g) Samuel Gill, Brother-in-law, tells me Charles Bentley kept springing out of bed on nights of 5–6 December (& on previous nights) shouting at the top of his voice messages from heaven for Madagascar & other places: also that he has great difficulty in inducing him to eat his food.

Signed, Name, Andrea Rabagliati MD

Place of Abode, 9 Walmer Villas, Bradford.

Dated this seventh day of December One Thousand Eight Hundred and Eighty six.

52

MEDICAL CERTIFICATE.—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

I, the undersigned, Herbert Coddington Major

being a (a) Doctor of Medicine of the University of Edinburgh

and being in actual practice as a (b) Physician

hereby certify, that I, on the Seventh day of December 1886

at (c) 66 St. Mary's Road, Manningham, Bradford

in the County of York separately from any other Medical Practitioner

personally examined Charles Bentley

of (d) 66 St. Mary's R. Manningham Bradford; a farmer and that

the said Charles Bentley

is a (e) person of unsound mind and a proper Person to be taken charge of and detained

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

(a) Here 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.

(b) Physician, surgeon, or apothecary, as the case may be.

(c) Here insert the street and number of the house (if any), or other like particulars.

(d) Insert residence and profession, or occupation (if any) of the patient.

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

1. Facts indicating Insanity observed by myself:

(f) His general strange and excited demeanour, which is evidently morbid. He obstinately refuses to reply, one at present saying he has only one doctor and that is the devil. He adopts various strange attitudes, and in a short time breaks out into loud, irrational singing.

(f) Here state the facts.

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

(g) Mrs. Gill, sister of patient, informs me that patient's present attack of excitement came on about a week ago after an epileptic fit and has continued since; that he has frequent bouts of noisy excitement; that he has visual hallucinations and talks almost constantly and irrationally on religious subjects.

(g) Here state the information, and from whom.

Signed, Name, Herbert C. Major M.D.

Place of Abode, 157 Manningham Lane. Bradford

Dated this Seventh day of December One Thousand Eight Hundred and Eighty six.

— 1599 —

NOTICE OF ADMISSION.

To be forwarded to the Commissioners in Lunacy within one clear day *from the Patient's reception.*

THE RETREAT, NEAR YORK.

I hereby give you Notice, That _____

_____

(a) House or hospital.

was admitted into this (a) _____ as a Private Patient, on the

_____ day of _____ 188 , and I hereby

transmit a Copy of the Order and Medical Certificates on which he was

received (b)

(b) *If a private patient be received upon one certificate only, the special circumstances which have prevented the patient from being examined by two medical practitioners to be here stated, as in the statement accompanying the order for admission.*

Signed, _____

(c) _____

(c) Superintendent or proprietor of ——

_____

Dated this _____ day of _____

One Thousand Eight Hundred and Eighty _____

To the Commissioners in Lunacy.

Lunatics 1.
(16 & 17 Vict. c. 96, Sched. C. s. 24.)
(25 & 26 Vict. c. 111.)
Private Patient.

LONDON:
SHAW AND SONS
Fetter Lane, E.C.
(407 D.B.—6-86.)

53

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT.

Sched. (A.) No. 1, Sects. 4, 8.

I, the undersigned, hereby request you to receive Henry Pool

whom I last saw at 87 Cemetery Road, Beeston Hill Leeds

on the 13th day of ~~Beeston Hill~~ December 1886

a (b) Person of unsound mind as a Patient into your House.

Subjoined is a Statement respecting the said Henry Pool

(a) Within one month previous to the date of the order.

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

Signed, Name, Jecima Pool

Occupation (if any), None

Place of Abode, 87 Cemetery Road, Beeston Hill Leeds

Degree of Relationship (if any) or other circumstances of connection with the Patient. Wife

Dated this 13th day of December

One Thousand Eight Hundred and Eighty Six

To Dr Baker

THE RETREAT, NEAR YORK.

STATEMENT.

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

Name of Patient, with Christian Name at length	Henry Pool
Sex and Age	Male Fifty three
Married, Single, or Widowed	Married
Condition of Life, and previous Occupation (if any)	Bolt & Nut Manufacturer
Religious Persuasion, as far as known	Church of England
Previous Place of Abode	87 Cemetery Road Beeston Hill Leeds
Whether First Attack	No
Age (if known) on First Attack	Eighteen
When and where previously under Care and Treatment	Last attack October 6th 1868 to Feby 2nd 1869
Duration of existing Attack	Three days
Supposed Cause	Extreme anxiety, caused by his Brothers
Whether subject to Epilepsy	No
Whether Suicidal	No
Whether Dangerous to others	No
Whether found Lunatic by Inquisition, and date of Commission or Order for Inquisition	No
Special Circumstances (if any) preventing the Patient being examined, before Admission, separately by Two Medical Practitioners	None
Name and Address of Relative to whom Notice of Death to be sent	Jecima Pool, 87 Cemetery Road Beeston Hill Leeds

(c) Where the person signing the statement is not the person who signs the order, the following particulars concerning the person signing the statement are to be added.

Signed, Name, (c) Jecima Pool

Occupation (if any), As above

Place of Abode,

Degree of Relationship (if any), or other circumstances of connection with the Patient.

MEDICAL CERTIFICATE,—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

(a) Here 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.

(b) Physician, surgeon, or apothecary, as the case may be.

(c) Here insert the s and number of the hous any) or other like partic

(d) Insert residence profession or occupatio any) of the patient.

(e) Lunatic, or an idiot, a person of unsound min

(f) Here state the

(g) Here state the inf tion, and from whom.

I, the undersigned, Thomas Scattergood

being a (a) Member of the Royal College of Surgeons of England and a Licentiate of the Apothecaries' Company

and being in actual practice as a (b) Surgeon

hereby certify, that I, on the Thirteenth day of December 1886

Leeds

y other Medical Practitioner,

ct and not manufactu

Leeds and that

taken charge of and detained

the following grounds, viz.:—

ppearance is wild

d sometimes incoher

violent gesticulation.

d in this and his

ange from his

me before. In

he suddenly stopped

imaginary person:

tervieus in a wild

by others (g)

What they were a few

other he has been often

the [illegible] hall of

shou[illegible] the Bolton

THE ASYLUM,
BOOTHAM,
YORK.

14 Dec 1886

Dear Dr Baker
Henry Pool was first admitted
30 july 1853. aet 19. 2nd attack. (1st at age of (8). restlessness, excitement, general want of self control. not suicidal not dangerous to others

	discharged recovered			26 Sep 1853
re adm 9 april '60	—	—		23 jy 60
" 28 Sept '64	—	—		8 Feb 65
" 4 jan 67	—	—		31 may 67
" 6 oct 68	—	—		2 Feb 69

his rate of payment was £21/- pr week

faithfully yours
C. K. Hitchcock.

(2) Communicated to me by Mr Morley of Malvern Road, a neighbour and friend of 16 years standing:
He has taken a marked dislike to her and her family with whom he has been so long intimate. He jumped out of bed last night when he was not watched, and tried to get out of the window. He has been violent and erratic, shouting loudly without cause, and talking to imaginary persons.

Signed, Name, Thomas Scattergood

Place of Abode, 41 Park Square Leeds

Dated this Thirteenth day of December One Thousand Eight Hundred and Eighty six.

55

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT.

Sched. (A.) No. 1, Sects. 4, 8.

I, the undersigned, hereby request you to receive Henry Pool

whom I last saw at 87 Cemetery Road, Beeston Hill Leeds

on the 13th day of December 1886

a (b) Person of unsound mind as a Patient into your House.

Subjoined is a Statement respecting the said Henry Pool

(a) Within one month previous to the date of the order.

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

Signed, Name, Decima Pool

Occupation (if any), None

d, Beestn Hill Leeds

nter

If any ... ited.

Name of Patient, w length.....

Sex and Age.....

Married, Single, or

Condition of Life, tion (if any)....

Religious Persuasic

Previous Place of

Whether First Atta

Age (if known) on

When and where and Treatment ..

Duration of existin

Supposed Cause ..

Whether subject to

Whether Suicidal..

Whe ngeron

Whe d Lu and Con Inquisition.....

Special Circumstan the Patient being mission, separat Practitioners...

Name and Address of Relative to whom Notice of Death to be sent.....

tner

d

m Hill Leeds

Feby 2nd 18

by his Brother

Road Beeston Hill Leeds

(c) Where the person signing the statement is not the person who signs the order, the following particulars concerning the person signing the statement are to be added.

Signed, Name, (c) Decima Pool

Occupation (if any), As above

Place of Abode,

Degree of Relationship (if any), or other circumstances of connection with the Patient.

MEDICAL CERTIFICATE,—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

(a) Here set forth the qualification entitling the person certifying to practise as a physician, surgeon or apothecary, *e.g.* gen.:—Fellow of the Royal College of Physicians in London, Licentiate of the Apothecaries' Company, *or as the case may be.*

(b) Physician, surgeon, *or* apothecary, *as the case may be.*

(c) Here insert the street and number of the house (if any) or other like particulars.

(d) Insert residence and profession or occupation (if any) of the patient.

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

(f) Here state the facts.

(g) Here state the information, and from whom.

I, the undersigned, Thomas Scattergood

being a (a) Member of the Royal College of Surgeons of England and a Licentiate of the Apothecaries' Company

and being in actual practice as a (b) Surgeon

hereby certify, that I, on the Thirteenth day of December 1886

at (c) 87 Cemetery Road, Holbeck, Leeds

in the County of York separately from any other Medical Practitioner,

personally examined Henry Pool, Bolt and Nut manufacturer

of (d) 87 Cemetery Road Holbeck Leeds and that

the said Henry Pool

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

1. Facts indicating Insanity observed by myself (f) His appearance is wild and excited: his conversation loud and sometimes incoherent and accompanied by incessant and often violent gesticulation. He talks incessantly and volubly, and in this and his excited manner, there is an entire change from his appearance and conduct as known to me before. In the middle of his conversation with me he suddenly stopped to turn and speak in a low tone to an imaginary person: he jumped in and out of bed during our interview in a wild and excited manner.

Refer to Asylum, York

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

(1) Communicated to me by his wife.
His manner and bearing are entirely different to what they were a few days ago: since his return from nursing his sick brother he has been often excited in his manner and bearing: kneeling down in the [illegible] hall of his house to pray loudly and even vehemently: sho[illegible] out the Psalms of the day

(2) Communicated to me by Mr. Morley of Malvern Road, a neighbour and friend of 16 years standing:
He has taken a marked and sudden aversion to her and her family with whom he has been so long intimate. He jumped out of bed last night when he was not watched, and tried to get out of the window. He has been violent and excited, shouting loudly without cause, and talking to imaginary persons.

Signed, Name, Thomas Scattergood

Place of Abode, 41 Park Square Leeds

Dated this Thirteenth day of December One Thousand Eight Hundred and Eighty six.

55

MEDICAL CERTIFICATE.—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

(a) *Here 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.*

(b) Physician, surgeon, *or* apothecary, *as the case may be.*

(c) *Here insert the street and number of the house (if any), or other like particulars.*

(d) *Insert residence and profession, or occupation (if any) of the patient.*

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

I, the undersigned, Alfred Edward Drury

being a (a) Licentiate of the Royal College of Surgeons and of Physicians of Edinburgh

and being in actual practice as a (b) Physician & Surgeon

hereby certify, that I, on the tenth day of December 1886

at (c) Ibsley Rectory near Ringwood

in the County of Hants separately from any other Medical Practitioner,

personally examined Henry Pool, Bolt and Nut manufacturer

of (d) 87 Cemetery Road, Beeston Hill, Leeds and that

the said Henry Pool

is a (e) person of unsound mind and a proper Person to be taken charge of and detained

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

(f) *Here state the facts.*

1. Facts indicating Insanity observed by myself (f) On the tenth of December Eighteen hundred & Eighty Six found him dancing & on the hearth rug I asked him what he was doing that for, he said he was dancing a hornpipe to please the Lord — his manner ever since has been most excited, and on the night of the twelfth Inst he attempted to jump out of the window,

(g) *Here state the information, and from whom.*

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

Information from his wife (Decima Pool) — Since his return from Ibsley he has been in a wild excited condition, stamping on the floor rapping on the table with his hands, singing the psalms in a very loud voice which is most unnatural to him

Information from Mrs Morley (Agnes Morley) of Malvern Road Leeds — who has been an intimate friend of his for over sixteen years — He uses most abusive language to

Signed, *Name,* Alfred Edward Drury

Place of Abode, Ringwood — Hampshire

Dated this Thirteenth day of December One Thousand Eight Hundred and Eighty Six

- 1600 -

Mr Hoare
(for copy to be
lodged by Dr Baker)

COPY

OF

ORDER AND CERTIFICATES.

Lunatics
(16 & 17 Vict., c. 96. sched. C.
s. 24.)
(25 & 26 Vict., c. 111.)
Private Patient.

R & S (18,000a) 500 8—86

56

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT.

Sched (A) No. 1, Sects. 4, 8.

I, the undersigned, hereby request you to receive Ellen Moorhouse whom I last saw at Reading on the 29th day of November 1879 (a) a (b) person of unsound mind, as a Patient into your House.

(a) Within one month previous to the date of the order.
(b) Lunatic, or an idiot, or a person of unsound mind.

Subjoined is a statement respecting the said Ellen Moorhouse.

Signed, Name S. Moorhouse

Occupation (if any) Corn Miller

Place of Abode 11 Virginia Rd Leeds

Degree of Relationship (if any), or other circumstances of connexion with the Patient } brother to patient

Dated this 5th Day of December One Thousand Eight Hundred and seventy nine

To E. Storer

(c) (d) 226 Kings Road Reading

(c) Proprietor or superintendent of —
(d) Describing the house or hospital by situation and name, if any.

STATEMENT.

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

Name of Patient, with Christian Name at length	Ellen Moorhouse
Sex and Age	Female aged 40 years
Married, Single, or Widowed	Single
Condition of Life, and previous Occupation (if any)	no occupation
Religious Persuasion, as far as known	Society of Friends
Previous Place of Abode	Leeds
Whether First Attack	has been eccentric for a number of years and got decidedly unsound mind the last few (say 6 years)
Age (if known) on First Attack	gradually developed after illness
When and where previously under Care and Treatment	under none before
Duration of existing Attack	cannot answer
Supposed Cause	Unsound mind aggravated by love affairs
Whether subject to Epilepsy	No
Whether Suicidal	No
Whether Dangerous to others	No
Whether found Lunatic by Inquisition, and Date of Commission or Order for Inquisition	No
Special Circumstances (if any) preventing the Patient being examined, before Admission, separately, by Two Medical Practitioners	None
Name and Address of Relative to whom Notice of Death to be sent	S. Moorhouse 11 Virginia Rd Leeds

(e) Where the person signing the statement is not the person who signs the order, the following particulars concerning the person signing the statement are to be added.

Signed, Name (e) S. Moorhouse

Occupation (if any)

Place of Abode

Degree of Relationship (if any), or other circumstances of connexion with the Patient

TRANSFER OF PRIVATE PATIENT.

16 & 17 Vict., Cap. 96, § 20.

CONSENT.

We, the undersigned, Commissioners in Lunacy, hereby consent to the removal, on or before the 24th day of Decr 1886, of Ellen Moorhouse a Private Patient in the charge of Mr Ernest Storer House, at No 240 King's Road Reading to the Retreat House, York

Given under our hands this 10th day of December in the year of Our Lord One Thousand Eight Hundred and Eighty-six

Charles Palmer Phillips
Francis Wilkes
} Commissioners in Lunacy.

ORDER.

I,* S. Moorhouse the undersigned, having Authority to discharge Ellen Moorhouse a Private Patient in the charge of Mr Ernest Storer House, at No 240 King's Road Reading hereby order and direct that the said Ellen Moorhouse be removed therefrom to the Retreat House, York.

Given under my hand this* 11th day of Decr in the year of Our Lord One Thousand Eight Hundred and Eighty-six

(Signed) S Moorhouse

Place of Abode 41 Sholebroke Avenue Leeds

* Note.—This order must be signed and dated *subsequently* to the consent of the Commissioners; and it must be signed by—

1. The person *who signed the order* for the Patient's admission:
2. If such person be incapable (by reason of insanity, or absence from England, or otherwise), or if he be dead, then by the *Husband or Wife* of the Patient:
3. If there be no Husband or Wife, then by the Patient's *Father:*
4. If there be no Father, then by the Patient's *Mother:*
5. If there be no Father or Mother, then by any *one* of the Patient's *nearest of kin:* Or by the person *who made the last payment* on the Patient's account.

R & S (8268) 2000 7—83

(a) *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.*

(b) Physician, Surgeon, *or* Apothecary, *as the case may be.*

(c) *Here insert the street and number of the house (if any), or other like particulars.*

(d) *Insert residence and profession, or occupation (if any), of the patient.*

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

MEDICAL CERTIFICATE.—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

I, the undersigned, Edward Wells M.D.
being a (a) Fellow of the Royal College of Physicians in London
and being in actual practice as a (b) Physician
hereby certify, that I, on the fifth day of December 1879. at (c) Luther Cottage, Eastern Avenue, Earley in the County of Berkshire separately from any other Medical Practitioner, personally examined Ellen Moorhouse of (d) 236 Kings Road Reading, Berkshire, spinster and that the said Ellen Moorhouse is a (e) person of unsound mind and a proper Person to be taken charge of and detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:

(f) *Here state the facts.*

1. Facts indicating Insanity observed by myself (f) A restless manner, incoherence of conversation. A delusion that certain young men from Leeds have followed her to Reading (which I have ascertained not to be the fact) and they are operating upon her to her detriment, by means of the Spirit (as she expresses it) without approaching her, thereby knowing her, and that they are injuring her health in consequence, and further that they have the power of giving her (by means of the Spirit) any diseases they may themselves suffer from - and other facts shewing that she is suffering from Erotic mania.

(g) *Here state the information and from whom.*

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

I am informed by Mrs Davis, wife of Mr Davis, Gentleman, residing at Luther Cottage Eastern Avenue, Earley, Berks. that Ellen Moorhouse is in the habit of moving the furniture in the night without reason, and of talking loud in the room by herself, as if to some one about men who she considers ought to marry her. She is also in the habit of turning on the Water taps in the house, and drenching herself with her clothes on, even in the winter.

Signed, Name, Edward Wells M.D. F.R.C.P.

Place of Abode, 15 Friar St. Reading Berks

Dated this sixth day of December One Thousand Eight Hundred and seventy nine

58

(a) *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.*

(b) Physician, Surgeon, *or* Apothecary, *as the case may be.*

(c) *Here insert the street and number of the house (if any), or other like particulars.*

(d) *Insert residence and profession, or occupation (if any), of the patient.*

(e) Lunatic, *or* an idiot, *or* a person of unsound mind.]

MEDICAL CERTIFICATE.—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

I, the undersigned, Henry George Armstrong being a (a) Member of the Royal College of Surgeons England and being in actual practice as a (b) Surgeon hereby certify, that I, on the 5th day of December at (c) Luther Cottage, Eastern Avenue Reading in the County of Berks separately from any other Medical Practitioner, personally examined Ellen Moorhouse of (d) 236 Kings Road Reading Berks and that the said Ellen Moorhouse is a (e) person of unsound mind and a proper Person to be taken charge of and detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:

(f) *Here state the facts.*

1. Facts indicating Insanity observed by myself (f) Talks incessantly and very rapidly - Says that she is being illtreated at the house where she is lodging - that there are two young men from Leeds, who have followed her to Reading wishing to get an influence for evil over her, & that she is searching for them constantly to get them to marry her -

(g) *Here state the information and from whom.*

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

Have been informed by Mrs Davis of Luther Cottage Eastern Avenue Reading that she is at times very abusive in her language without any cause - that she talks aloud in her bedroom as if addressing several men - and that she sponges herself all over with cold water even in the coldest weather, with all her clothes on.

Signed, Name, H.G. Armstrong M.R.C.S.

Place of Abode, 160 Friar St Reading

Dated this 6th day of December One Thousand Eight Hundred and Seventy nine -

– 1601 –

NOTICE OF ADMISSION.

To be forwarded to the Commissioners in Lunacy within one clear day *from the Patient's reception.*

THE RETREAT, NEAR YORK.

I hereby give you Notice, That _____

_____

(a) House or hospital.

was admitted into this (a) _____ as a Private Patient, on the _____ day of _____ 188 , and I hereby transmit a Copy of the Order and Medical Certificates on which he was received (b)

(b) *If a private patient be received upon one certificate only, the special circumstances which have prevented the patient from being examined by two medical practitioners to be here stated, as in the statement accompanying the order for admission.*

Signed, _____

(c) Superintendent or proprietor of ——

(c) _____

_____

Dated this _____ day of _____

One Thousand Eight Hundred and Eighty _____

To the Commissioners in Lunacy.

Lunatics 1.
(16 & 17 Vict. c. 96, Sched. C. s. 24.)
(25 & 26 Vict. c. 111.)
Private Patient.

LONDON:
SHAW AND SONS
Fetter Lane, E.C.
(807 D.B.—6-86.)

59

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT.

Sched. (A.) No. 1, Sects. 4, 8.

I, the undersigned, hereby request you to receive John William Robinson whom I last saw at my house 32 Francis St - Leeds on the fourth day of January 1880 (a) a (b) person of unsound mind as a Patient into your House.

Subjoined is a Statement respecting the said John William Robinson

(a) Within one month previous to the date of the order.

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

Signed, Name John Robinson

Occupation (if any), Agricultural Machine Maker

Place of Abode, 32 Francis St Newlands Leeds

Degree of Relationship (if any) or other circumstances of connection with the Patient. Father of the Patient

Dated this 4th day of January One Thousand Eight Hundred and Eighty-seven

To Dr Baker

THE RETREAT, NEAR YORK.

STATEMENT.

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

Name of Patient, with Christian Name at length	John William Robinson
Sex and Age	Male. 31 years
Married, Single, or Widowed	Married
Condition of Life, and previous Occupation (if any)	Salesman & Traveller at his Father
Religious Persuasion, as far as known	Protestant
Previous Place of Abode	66 Sholebrook Avenue Leeds
Whether First Attack	yes first attack
Age (if known) on First Attack	31
When and where previously under Care and Treatment	Nowhere
Duration of existing Attack	about 3 weeks
Supposed Cause	Cause not Known
Whether subject to Epilepsy	no
Whether Suicidal	No. ~~No~~ ~~Yes~~ Yes
Whether Dangerous to others	~~no~~ Yes.
Whether found Lunatic by Inquisition, and Date of Commission or Order for Inquisition	no
Special Circumstances (if any) preventing the Patient being examined, before Admission, separately by Two Medical Practitioners	None
Name and Address of Relative to whom Notice of Death to be sent	as above

(c) Where the person signing the statement is not the person who signs the order, the following particulars concerning the person signing the statement are to be added.

Signed, Name, (c) C. R. Illingworth

Occupation (if any), Surgeon

Place of Abode, Clayton le Moors

Degree of Relationship (if any), or other circumstances of connection with the Patient. Brother-in-law

MEDICAL CERTIFICATE,—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

(a) *Here 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.*

(b) Physician, surgeon, *or* apothecary, *as the case may be.*

(c) *Here insert the street and number of the house (if any) or other like particulars.*

(d) *Insert residence and profession or occupation (if any) of the patient.*

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

(f) *Here state the facts.*

(g) *Here state the information, and from whom.*

I, the undersigned, Thomas Richard Jessop

being a (a) Fellow of the Royal College of Surgeons in London

and being in actual practice as a (b) Surgeon

hereby certify, that I, on the 3rd day of January 1887

at (c) 32 Francis Street. New Leeds. Leeds

in the County of York separately from any other Medical Practitioner,

personally examined John William Robinson

of (d) 66 Sholebroke Avenue. Leeds Traveller or Salesman with his Father and that

the said John William Robinson

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

1. Facts indicating Insanity observed by myself (f) For several weeks his articulation has altered after the manner of a general Paralytic. Having always been modest and unassuming he has become boastful of his powers and of his means. projecting large and expensive measures. attempting beyond his reach.

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

His Father his mother and his wife informed me that on one occasion a few nights ago he suddenly awoke in the middle of the night. charged his wife with attempting to poison him. left his house, walked a distance to his Father's house, roused them all out of bed and remained in a very excited condition for many hours. The same relatives informed me that he has taken a Cab this day & gone from shop to shop making absurd & unnecessary purchases

Signed, Name, Thos Jessop F.R.C.S.

Place of Abode, Leeds

Dated this 3rd day of January One Thousand Eight Hundred and Eighty seven

66

MEDICAL CERTIFICATE.—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

(a) *Here 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.*

(b) Physician, surgeon, *or* apothecary, *as the case may be.*

(c) *Here insert the street and number of the house (if any), or other like particulars.*

(d) *Insert residence and profession, or occupation (if any) of the patient.*

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

(f) *Here state the facts.*

(g) *Here state the information, and from whom.*

I, the undersigned, Robert Turner Land

being a (a) Doctor of medicine of the University of Edinburgh

and being in actual practice as a (b) Physician

hereby certify, that I, on the fourth day of January 1884

at (c) 32 Francis St, New Leeds, Leeds.

in the County of York separately from any other Medical Practitioner,

personally examined John William Robinson

of (d) 66 Tholebroke Avenue, Leeds, (traveller or salesman with his father.) and that

the said John William Robinson

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

1. Facts indicating Insanity observed by myself (f) The expression of his face & general bearing. Thinks himself possessor of extraordinary powers, & contemplates & proposes things of a very unusual nature. On the 16th ultimo I was summoned in the middle of the night & found him in a dangerous state of excitement, having undressed & got out of bed & proceeded to his father's residence proclaiming that his wife had poisoned him. The alteration in his speech is also characteristic.

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

Believes will make all his relations wealthy by the sale of musical works, composed by himself. His temper unreliable, sleeps badly. His parents have communicated this to me, also that yesterday he took a cab from shop to shop in Leeds & purchased extravagantly many articles, not needed, & which had to be returned.

Signed, Name, Robt. T. Land

Place of Abode, Stanley House, New Leeds, Leeds.

Dated this Fourth day of January One Thousand Eight Hundred and Eighty seven

- 1602 -

NOTICE OF ADMISSION.

To be forwarded to the Commissioners in Lunacy within one clear day *from the Patient's reception.*

THE RETREAT, NEAR YORK.

I hereby give you Notice, That _____

was admitted into this (*a*) _____ as a Private Patient, on the _____ day of _____ 188 , and I hereby transmit a Copy of the Order and Medical Certificates on which he was received (*b*) _____

(*a*) House or hospital.

(*b*) *If a private patient be received upon one certificate only, the special circumstances which have prevented the patient from being examined by two medical practitioners to be here stated, as in the statement accompanying the order for admission.*

Signed, _____

(*c*) _____

(*c*) Superintendent or proprietor of ——

Dated this _____ day of _____

One Thousand Eight Hundred and Eighty

To the Commissioners in Lunacy.

Lunatics 1.

(16 & 17 Vict. c. 96, Schd. C. s. 24.)

(25 & 26 Vict. c. 111.)

Private Patient.

LONDON:
SHAW AND SONS
Fetter Lane, E.C.
(807 D.B.—6-86.)

61

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT.

Sched. (A.) No. 1, Sects. 4, 8.

I, the undersigned, hereby request you to receive Isabel Shepherd whom I last saw at Buckwood House Aiskew Redale on the 7th day of January 1887 (a) a (b) person of unsound mind as a Patient into your House.

Subjoined is a Statement respecting the said Isabel Shepherd

(a) Within one month previous to the date of the order.

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

Signed, Name, Edward Shepherd

Occupation (if any), Farmer &c.

Place of Abode, Buckwood House Aiskew Redale.

Degree of Relationship (if any) or other circumstances of connection with the Patient. Father

Dated this 7th day of January One Thousand Eight Hundred and Eighty ~~1887~~ Seven.

To Dr Baker.

THE RETREAT, NEAR YORK.

STATEMENT.

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

Name of Patient, with Christian Name at length	Isabel Shepherd
Sex and Age	Female - 31 years
Married, Single, or Widowed	Single
Condition of Life, and previous Occupation (if any)	Daughter of Edward Shepherd farmer
Religious Persuasion, as far as known	Church of England
Previous Place of Abode	Aiskew
Whether First Attack	Yes
Age (if known) on First Attack	31 years
When and where previously under Care and Treatment	~~At Wakefield Asylum~~ No where
Duration of existing Attack	Three months
Supposed Cause	Mental shock
Whether subject to Epilepsy	No
Whether Suicidal	No
Whether Dangerous to others	No
Whether found Lunatic by Inquisition, and Date of Commission or Order for Inquisition	No
Special Circumstances (if any) preventing the Patient being examined, before Admission, separately by Two Medical Practitioners	Gone.
Name and Address of Relative to whom Notice of Death to be sent	Edward Shepherd Buckwood House Aiskew Redale

(c) Where the person signing the statement is not the person who signs the order, the following particulars concerning the person signing the statement are to be added.

Signed, Name, (c) Edward Shepherd

Occupation (if any), Farmer &c.

Place of Abode, Aiskew

Degree of Relationship (if any), or other circumstances of connection with the Patient. Father

MEDICAL CERTIFICATE,—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

(a) *Here 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.*

(b) Physician, surgeon, *or* apothecary, *as the case may be.*

(c) *Here insert the street and number of the house (if any) or other like particulars.*

(d) *Insert residence and profession or occupation (if any) of the patient.*

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

(f) *Here state the facts.*

(g) *Here state the information, and from whom.*

I, the undersigned, Robert Fitzgill

being a (a) Member of the Royal College of Surgeons in England and a licentiate of the Apothecaries' Company

and being in actual practice as a (b) Surgeon & Apothecary

hereby certify, that I, on the tenth day of January

at (c) Aiskew

in the County of York separately from any other Medical Practitioner,

personally examined Isabel Shepherd

of (d) Aiskew (Beechwood House) and that

the said Isabel Shepherd

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

1. Facts indicating Insanity observed by myself (f) She is naturally of an hysterical or nervous temperament and is at times somewhat excitable, at other times depressed and occasionally somewhat stubborn and refuses to answer questions. At times she is subject to delusions and is incoherent in her speech.

2. Other facts (if any) indicating Insanity communicated to me by others (g) About 3 months ago when visiting at Wimbledon she had a sudden shock for which she was attended for some time by a Surgeon. She was then suffering from Hysteria first & afterwards from Hysterical Mania. She was at that time dangerous to herself & others and had to be constantly watched. This I have from Mr Cocklington of Wimbledon her Medical attendant

Signed, Name, Robt Fitzgill M.R.C.S. & L.S.A.

Place of Abode, Bedale Yorkshire

Dated this 10th day of January One Thousand Eight Hundred and Eighty seven.

62

MEDICAL CERTIFICATE.—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

I, the undersigned, Thomas Horsfall

being a (a) Member of the College of Surgeons of England & a licentiate of the Apothecaries' Company.

and being in actual practice as a (b) Surgeon

hereby certify, that I, on the 11th day of January 1887

at (c) ~~Dixon~~ Beechwood House, Aiken.

in the County of York separately from any other Medical Practitioner,

personally examined Isabella Shepherd,

of (d) Aiken and that

the said Isabella Shepherd

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

(a) *Here 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.*

(b) Physician, surgeon, *or* apothecary, *as the case may be.*

(c) *Here insert the street and number of the house (if any), or other like particulars.*

(d) *Insert residence and profession, or occupation (if any) of the patient.*

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

(f) *Here state the facts.*

1. Facts indicating Insanity observed by myself (f).

Excitable: Emotional: Stubborn: occasional delusions.

(g) *Here state the information, and from whom.*

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

Information derived from sister: viz. Miss S. Shepherd. = Information derived from nurse in attendance.

The history of a shock occurring ~~from~~ about three months ago, the recipient being of a naturally hysterical, neurotic temperament. Said to have been dangerous & to have required constant watchful supervision.

Miss Elizabeth Shepherd: & Eliza Carr.

Signed, *Name,* Thomas Horsfall.

Place of Abode, Bedale Yorkshire

Dated this 11th day of January One Thousand Eight Hundred and Eighty Seven.

- 1603 -

NOTICE OF ADMISSION.

To be forwarded to the Commissioners in Lunacy within one clear day *from the Patient's reception.*

THE RETREAT, NEAR YORK.

I hereby give you Notice, That _____

_____

(a) House or hospital.

was admitted into this (a) _____ as a Private Patient, on the _____ day of _____ 188 , and I hereby transmit a Copy of the Order and Medical Certificates on which he was received (b)

(b) *If a private patient be received upon one certificate only, the special circumstances which have prevented the patient from being examined by two medical practitioners to be here stated, as in the statement accompanying the order for admission.*

Signed, _____

(c) _____

(c) Superintendent or proprietor of ——

_____

Dated this _____ day of _____

One Thousand Eight Hundred and Eighty _____

To the Commissioners in Lunacy.

Lunatics 1.
(16 & 17 Vict. c. 96, Sched. C. s. 24.)
(25 & 26 Vict. c. 111.)
Private Patient.

LONDON:
SHAW AND SONS
Fetter Lane, E.C.
(807 D.R.—6-86.)

63

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT.

Sched. (A.) No. 1, Sects. 4, 8.

I, the undersigned, hereby request you to receive Leonard Aaron Thompson whom I last saw at 7 Belle vue Terrace York. on the 15th of day of January 1887 (a) a (b) person of unsound mind as a Patient into your House.

Subjoined is a Statement respecting the said Leonard Aaron Thompson

(a) Within one month previous to the date of the order.

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

Signed, Name, Elizabeth Hodgson

Occupation (if any), No occupation

Place of Abode, 5 Burnage View Levenshulme

Degree of Relationship (if any) or other circumstances of connection with the Patient. Mother

Dated this 15th day of January, One Thousand Eight Hundred and Eighty ~~-~~ Seven.

To Dr Baker

THE RETREAT, NEAR YORK.

STATEMENT.

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

Name of Patient, with Christian Name at length	Leonard Aaron Thompson
Sex and Age	Male 34
Married, Single, or Widowed	Single
Condition of Life, and previous Occupation (if any)	No occupation
Religious Persuasion, as far as known	Society of Friends
Previous Place of Abode	St John's Cross. Sandside Nr Milthorpe
Whether First Attack	Yes
Age (if known) on First Attack	More or less of unsound mind since birth
When and where previously under Care and Treatment	Under private care at Sandside Nr Milthorpe
Duration of existing Attack	Since birth.
Supposed Cause	Unknown
Whether subject to Epilepsy	No
Whether Suicidal	No
Whether Dangerous to others	Yes
Whether found Lunatic by Inquisition, and Date of Commission or Order for Inquisition	
Special Circumstances (if any) preventing the Patient being examined, before Admission, separately by Two Medical Practitioners	Levenshulme
Name and Address of Relative to whom Notice of Death to be sent	Elizabeth Hodgson 5 Burnage View

(c) Where the person signing the statement is not the person who signs the order, the following particulars concerning the person signing the statement are to be added.

Signed, Name, (c) Elizabeth Hodgson

Occupation (if any), Not any

Place of Abode, 5 Burnage View Levenshulme

Degree of Relationship (if any), or other circumstances of connection with the Patient. Mother

MEDICAL CERTIFICATE,—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

(a) *Here 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.*

(b) Physician, surgeon, or apothecary, *as the case may be.*

(c) *Here insert the street and number of the house (if any) or other like particulars.*

(d) *Insert residence and profession or occupation (if any) of the patient.*

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

(f) *Here state the facts.*

(g) *Here state the information, and from whom.*

I, the undersigned, William Hood

being a (a) M. R. C. S. England & L. S. A. London

and being in actual practice as a (b) Surgeon

hereby certify, that I, on the 13th day of January 1887.

at (c) Number 7. Belle Vue Terrace, Huntington Road, York

in the County of York separately from any other Medical Practitioner,

personally examined Leonard Aaron Thompson

of (d) St. John's Cross House, ~~Sandside~~ Sandside, Kirkthorpe Westmorland gentleman, no occupation and that

the said Leonard Aaron Thompson

is a (e) Person of unsound mind and a proper Person to be taken charge of and detained

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

1. Facts indicating Insanity observed by myself (f) He is mentally feeble, childish in his conversation, unable to converse rationally, wanders from one subject to another. For instance, he says "that he wants threepence to buy a large doll made of wood to play with, and threepence for two yards of string to tie to it." He cannot read, neither can he add two small figures together —

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

By Mrs Elizabeth Hodgson, 5 Burnage Villas, Linnsbulme near Manchester. The sister of the above Leonard A. Thompson. "Every effort has been made to teach him to read but in vain. He has required the constant care of an attendant for thirty five years on account of his feeble mental condition. Lately, he has become unmanageable and frequently excited. He rarely or never sleeps either in the night or day —"

Signed, Name, William Hood

Place of Abode, 26 Castlegate — York —

Dated this 13 day of January One Thousand Eight Hundred and Eighty Seven.

64

MEDICAL CERTIFICATE.—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

(a) *Here 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.*

(b) Physician, surgeon, *or* apothecary, *as the case may be.*

(c) *Here insert the street and number of the house (if any), or other like particulars.*

(d) *Insert residence and profession, or occupation (if any) of the patient.*

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

(f) *Here state the facts.*

(g) *Here state the information, and from whom.*

I, the undersigned, Hinton Ernest Bateman

being a (a) MRCS. Eng. & LRCP Lond

and being in actual practice as a (b) Surgeon

hereby certify, that I, on the 14th day of January 1887,

at (c) No 7 Belle Vue Terrace Heslington Road York

in the County of York separately from any other Medical Practitioner,

personally examined Leonard Aaron Thompson

of (d) St Johns Cross Sandside N. Milthorpe Westmorland no occupation and that

the said Lonard Aaron Thompson.

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

1. Facts indicating Insanity observed by myself (f) He is deformed as regards his back & legs & cannot walk, his intelligence is very weak & he cannot carry on rational conversation; he can remember his age & the direction of his step in York but simply "because his Mother just told him". He cannot read or write. He offered me a broken match "thinking it might be useful to me to light a cigar" also a portion of a handkerchief to "make a bookmark of".

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

By Mrs Elizabeth Hodgson. 5 Burnage View Levenshulme, N. Manchester. He is very excited at times & uses very bad language, has once knocked his attendant down, & frequently taken a poker, & sometimes a carving knife & threatened those around him: four nights ago as Mrs Hodgson was arranging his bed he seized her by the hair with both hands & shook her violently.

Signed, Name, Hinton Ernest Bateman

Place of Abode, 66 Micklegate York

Dated this 14th day of January One Thousand Eight Hundred and Eighty seven.

- 1604 -

NOTICE OF ADMISSION.

To be forwarded to the Commissioners in Lunacy within one clear day *from the Patient's reception.*

THE RETREAT, NEAR YORK.

I hereby give you Notice That Redwick William Clark

(a) House or hospital.

was admitted into this (a) Hospital as a Private Patient, on the 26th day of January 1887, and I hereby transmit a Copy of the Order and Medical Certificates on which he was received (b)

(b) *If a private patient be received upon one certificate only, the special circumstances which have prevented the patient from being examined by two medical practitioners to be here stated, as in the statement accompanying the order for admission.*

Signed, _____

(c) _____

(c) Superintendent or proprietor of ——

Dated this _____ day of _____

One Thousand Eight Hundred and Eighty _____

To the Commissioners in Lunacy.

Lunatics 1.
(16 & 17 Vict. c. 96, Sched. C. s. 24.)
(25 & 26 Vict. c. 111.)
Private Patient.

LONDON:
SHAW AND SONS
Fetter Lane, E.C.
(807 D.B.—6-86.)

65

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT.

Sched. (A.) No. 1, Sects. 4, 8.

I, the undersigned, hereby request you to receive Frederick William Clark whom I last saw at 1 Somerset Villas, Lordship Road on the 25th day of January 1887 (a) a (b) person of unsound mind as a Patient into your House.

(a) Within one month previous to the date of the order.

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

Subjoined is a Statement respecting the said Frederick William Clark

Signed, Name, Ann Clark

Occupation (if any), Widow

Place of Abode, 1 Somerset Villas Lordship Road Stoke Newington

Degree of Relationship (if any) or other circumstances of connection with the Patient. mother

Dated this 25th day of January One Thousand Eight Hundred and Eighty seven

To Dr Baker

THE RETREAT, NEAR YORK.

STATEMENT.

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

Name of Patient, with Christian Name at length	Frederick William Clark
Sex and Age	male 52 years
Married, Single, or Widowed	Single
Condition of Life, and previous Occupation (if any)	Brush - seller
Religious Persuasion, as far as known	Quaker
Previous Place of Abode	1 Somerset Villas, Lordship Rd, Stoke Newington
Whether First Attack	First attack
Age (if known) on First Attack	52
When and where previously under Care and Treatment	—
Duration of existing Attack	abt three months
Supposed Cause	Has come on gradually, Cause not known unless it be in part the Hernia which she has
Whether subject to Epilepsy	no.
Whether Suicidal	Has attempted to jump out of window
Whether Dangerous to others	Doubtful. Is dangerous if thwarted
Whether found Lunatic by Inquisition, and Date of Commission or Order for Inquisition	no
Special Circumstances (if any) preventing the Patient being examined, before Admission, separately by Two Medical Practitioners	none
Name and Address of Relative to whom Notice of Death to be sent	mother, Ann Clark 1 Somerset Villas, Lordship Rd

(c) Where the person signing the statement is not the person who signs the order, the following particulars concerning the person signing the statement are to be added.

Signed, Name, (c) Ann Clark

Occupation (if any), Widow

Place of Abode, 1 Somerset Villas, Lordship Rd

Degree of Relationship (if any), or other circumstances of connection with the Patient. mother.

MEDICAL CERTIFICATE,—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

(a) *Here 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.*

(b) Physician, surgeon, *or* apothecary, *as the case may be.*

(c) *Here insert the street and number of the house (if any) or other like particulars.*

(d) *Insert residence and profession or occupation (if any) of the patient.*

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

(f) *Here state the facts.*

(g) *Here state the information, and from whom.*

I, the undersigned, Hugh Courtenay Fox

being a (a) member of the Roy. College of Surgeons and Licentiate of the Society of Apothecaries

and being in actual practice as a (b) Surgeon

hereby certify, that I, on the 25th day of January 1887

at (c) 1 Somerset Villas Lordship Road, Stoke Newington

in the County of Middlesex separately from any other Medical Practitioner,

personally examined Frederick William Clark

of (d) 1 Somerset Villas, Lordship Road Brushseller and that

the said Frederick William Clark

is a (e) person of unsound mind and a proper Person to be taken charge of and detained

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

1. Facts indicating Insanity observed by myself (f) A Delusions:—1) Against the morality of the Soc. of Friends — such as that when an American minister (since deceased) visited Aldersgate School the young women used to try & sit on the chair that he had occupied, because he had acted indecently with them. 2) that the Salvation Army girls used to shake the house down early yesterday morning. 3) that the highest lady in the land is "worse than the foulest mouthed woman in England." B Outrageous & excited conduct. Incessant shouting & abusive & filthy language, even freely used before his mother.

2. Other facts (if any) indicating Insanity communicated to me by others (g)
By the attendant, alleged patients:— That he sprang half out of the window the morning; that he tears off the traps, he applied to his hernia, & must friendly after it has been carefully placed in position.
By his brother & brother:— That he opened the window & shouted to some men in the street "Tell Sir A— [Campbell] & highly respected gentleman living at Chapham to come and lead me about &."
His mother stated in my presence that she went in fear of her life.

Signed, Name, Hugh Courtenay Fox

Place of Abode, Lordship Terrace Stoke Newington

Dated this 25th day of January One Thousand Eight Hundred and Eighty seven.

MEDICAL CERTIFICATE.—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

(a) *Here 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.*

(b) Physician, surgeon, *or* apothecary, *as the case may be.*

(c) *Here insert the street and number of the house (if any), or other like particulars.*

(d) *Insert residence and profession, or occupation (if any) of the patient.*

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

(f) *Here state the facts.*

(g) *Here state the information, and from whom.*

I, the undersigned, Elijah Baxter Forman

being a (a) Licentiate of the College of Physicians of London

and being in actual practice as a (b) Surgeon

hereby certify, that I, on the Twenty fifth day of January

at (c) 1 Somerset Villa Lordship Road Stoke Newington

in the County of Middlesex separately from any other Medical Practitioner,

personally examined Frederick William Clark

of (d) 1 Somerset Villa Lordship Road aforesaid dealer in Brushes and that

the said Frederick William Clark

is a (e) person of unsound mind and a proper Person to be taken charge of and detained

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

1. Facts indicating Insanity observed by myself (f) He is incessantly chattering great rubbish – accusing his friends and even the highest personage in the land of acts of indecency – he uses filthy language in describing them. says he has told his aged mother his disgusting ideas. says he will stop the traffic in the street – says he will beat down the Bank of England – throws open the window and screams out such words that he soon raises a large crowd.

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

Alfred Patterson has attended – he would have got out of the window and run the risk of being killed had he not been restrained – he has been violently raving all day. He is shameless except when under the influence of drugs –

Signed, *Name,* Elijah Baxter Forman MD

Place of Abode, 156 Stoke Newington Road London

Dated this Twenty fifth day of January One Thousand Eight Hundred and Eighty seven

EBF.

- 1605 -

NOTICE OF ADMISSION.

To be forwarded to the Commissioners in Lunacy within one clear day *from the Patient's reception.*

THE RETREAT, NEAR YORK.

I hereby give you Notice, That _____

_____

(a) House or hospital.

was admitted into this (a) _____ as a Private Patient, on the _____ day of _____ 188 , and I hereby transmit a Copy of the Order and Medical Certificates on which he was received (b)

(b) *If a private patient be received upon one certificate only, the special circumstances which have prevented the patient from being examined by two medical practitioners to be here stated, as in the statement accompanying the order for admission.*

Signed, _____

(c) _____

(c) Superintendent or proprietor of ——

_____

Dated this _____ day of _____

One Thousand Eight Hundred and Eighty _____

To the Commissioners in Lunacy.

Lunatics 1.
(16 & 17 Vict. c. 96, Sched. C. s. 24.)
(25 & 26 Vict. c. 111.)
Private Patient.

LONDON:
SHAW AND SONS
Fetter Lane, E.C.
(807 D.B.—6-86.)

67

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT.

Sched. (A.) No. 1, Sects. 4, 8.

I, the undersigned, hereby request you to receive

William Mercer Back

whom I last saw at my house Trafalgar Square Scarborough

on the 23rd day of Jany 1887 (a)

a (b) Lunatic as a Patient into your House.

Subjoined is a Statement respecting the said William Mercer Back

(a) *Within one month previous to the date of the order.*

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

Signed, *Name,* Lydia Appleyard

Occupation (if any),

Place of Abode, 3 Trafalgar Square Scarborough

Degree of Relationship (if any) or other circumstances of connection with the Patient. Sister

Dated this 26th day of Jany

One Thousand Eight Hundred and Eighty 7

To Dr Baker

THE RETREAT, NEAR YORK.

STATEMENT.

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

Name of Patient, with Christian Name at length	William Mercer Back
Sex and Age	73 Last March
Married, Single, or Widowed	Widower
Condition of Life, and previous Occupation (if any)	Formerly Clerk in Royal Mail S.P. Co
Religious Persuasion, as far as known	Church of England
Previous Place of Abode	Putney London
Whether First Attack	No
Age (if known) on First Attack	About 20
When and where previously under Care ~~and~~ Treatment	St Luke's London About 50 years since
Duration of existing Attack	About ~~eight months~~ 6 Days (L A)
Supposed Cause	~~6 Days~~ (L A)
Whether subject to Epilepsy	No
Whether Suicidal	No
Whether Dangerous to others	Yes
Whether found Lunatic by Inquisition, and Date of Commission or Order for Inquisition	No
Special Circumstances (if any) preventing the Patient being examined, before Admission, separately by Two Medical Practitioners	
Name and Address of Relative to whom Notice of Death to be sent	Wm Appleyard 3 Trafalgar Square Scarborough

(c) *Where the person signing the statement is not the person who signs the order, the following particulars concerning the person signing the statement are to be added.*

Signed, *Name,* (c) Lydia Appleyard

Occupation (if any),

Place of Abode,

Degree of Relationship (if any), or other circumstances of connection with the Patient.

MEDICAL CERTIFICATE,—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

(a) *Here 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.*

(b) Physician, surgeon, *or* apothecary, *as the case may be.*

(c) *Here insert the street and number of the house (if any) or other like particulars.*

(d) *Insert residence and profession or occupation (if any) of the patient.*

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

(f) *Here state the facts.*

(g) *Here state the information, and from whom.*

I, the undersigned, Frank John Jorimer Hart being a (a) Bachelor of Medicine and Master in Surgery of Edinburgh University and being in actual practice as a (b) physician and Surgeon hereby certify, that I, on the twenty sixth day of January 1887 at (c) 3 Trafalgar Square, Scarborough in the County of York separately from any other Medical Practitioner, personally examined William Mercer Back of (d) 3 Trafalgar Square, Scarborough and that the said William Mercer Back is a (e) Lunatic and a proper Person to be taken charge of and detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself (f) He talks continuously and incoherently. He threatened to murder me and says his food is poisoned.

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

His sister Mrs Lydia Appleyard 3 Trafalgar Square. Says he refuses to take food & talks incessantly. He was in great terror believing a breast pin to be the devil. He believes his food is poisoned.

His niece Miss Eliza Lydia Appleyard of 3 Trafalgar Square says he talks incoherently speaking of Showing the flames of Hell. & his washing himself in his own blood.

Signed, Name, F. J. Jorimer Hart

Place of Abode, 47 Albemarle Crescent

Dated this twenty sixth day of January One Thousand Eight Hundred and Eighty seven.

MEDICAL CERTIFICATE.—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

(a) *Here 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.*

(b) Physician, surgeon, *or* apothecary, *as the case may be.*

(c) *Here insert the street and number of the house (if any), or other like particulars.*

(d) *Insert residence and profession, or occupation (if any) of the patient.*

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

(f) *Here state the facts.*

(g) *Here state the information, and from whom.*

I, the undersigned, Robert Thomas Elias Barrington Cooke being a (a) Fellow of the Royal College of Surgeons, Edinburgh and a Licentiate of the Royal College of Physicians Edinburgh and being in actual practice as a (b) Physician hereby certify, that I, on the Twenty sixth day of January at (c) 3 Trafalgar Square, Scarborough in the County of York separately from any other Medical Practitioner, personally examined William Mercer Back, retired Clerk of (d) 3 Trafalgar Square, Scarborough and that the said William Mercer Back is a (e) Lunatic and a proper Person to be taken charge of and detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself (f) says he is inspired — that he is the victim of a conspiracy — rambles from one subject to another — talks incessantly and incoherently —

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

his sister Mrs Lydia Applegarth tells me, that he fancies the house is haunted by infernal spirits. she also informs me that he has threatened the two attendants George Watson of 47 Velvon Street and George Hard of 48 Albemarle Crescent — I am also informed by the said George Watson of 47 Velvon Street, that he has talked incessantly since last Friday the 21st inst —

Signed, Name, Robert T. E. B. Cooke

Place of Abode, The Haven, 35 Esplanade Gardens Scarboro

Dated this Twenty sixth day of January One Thousand Eight Hundred and Eighty seven.

- 1606 -

NOTICE OF ADMISSION.

To be forwarded to the Commissioners in Lunacy within one clear day *from the Patient's reception.*

THE RETREAT, NEAR YORK.

I hereby give you Notice, That _____

_____

(a) House or hospital.

was admitted into this (a) _____ as a Private Patient, on the _____ day of _____ 188 , and I hereby transmit a Copy of the Order and Medical Certificates on which he was received (b)

(b) *If a private patient be received upon one certificate only, the special circumstances which have prevented the patient from being examined by two medical practitioners to be here stated, as in the statement accompanying the order for admission.*

Signed, _____

(c) _____

(c) Superintendent or proprietor of ——

_____

Dated this _____ day of _____

One Thousand Eight Hundred and Eighty _____

To the Commissioners in Lunacy.

Lunatics 1.
(16 & 17 Vict. c. 96, Sched. C. s. 24.)
(25 & 26 Vict. c. 111.)
Private Patient.

LONDON:
SHAW AND SONS
Fetter Lane, E.C.
(807 D.B.—6-86.)

69

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT.

Sched. (A.) No. 1, Sects. 4, 8.

I, the undersigned, hereby request you to receive Hannah Smith

whom I last saw at 31 St John's Place York

on the twelfth day of July (a)

a (b) Person of Unsound Mind as a Patient into your House.

Subjoined is a Statement respecting the said Hannah Smith

(a) *Within one month previous to the date of the order.*

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

Signed, *Name,* Wm Smith

Occupation (if any), none

Place of Abode, 31 St John's Place

Degree of Relationship (if any) or other circumstances of connection with the Patient. Husband

Dated this 12th day of July 18

One Thousand Eight Hundred and Eighty

To J. Baker

THE RETREAT, NEAR YORK.

STATEMENT.

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

Name of Patient, with Christian Name at length	Hannah Smith
Sex and Age	Female 62
Married, Single, or Widowed	Married
Condition of Life, and previous Occupation (if any)	Gentlewoman
Religious Persuasion, as far as known	Church of England
Previous Place of Abode	31 St John's Pl
Whether First Attack	Yes
Age (if known) on First Attack	—
When and where previously under Care and Treatment	no when
Duration of existing Attack	3 months
Supposed Cause	unknown
Whether subject to Epilepsy	no
Whether Suicidal	Yes
Whether Dangerous to others	no
Whether found Lunatic by Inquisition, and Date of Commission or Order for Inquisition	no
Special Circumstances (if any) preventing the Patient being examined, before Admission, separately by Two Medical Practitioners	—
Name and Address of Relative to whom Notice of Death to be sent	Wm Sayer City Council Brac York

(c) *Where the person signing the statement is not the person who signs the order, the following particulars concerning the person signing the statement are to be added.*

Signed, *Name,* (c) Wm Smith York

Occupation (if any), none

Place of Abode, 31 St John's York

Degree of Relationship (if any) or other circumstances of connection with the Patient. Husband

MEDICAL CERTIFICATE,—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

(a) *Here set forth the qualification entitling the person certifying to practise as a physician, surgeon or apothecary, as the case may be.*

(b) Physician, surgeon, or apothecary, *as the case may be.*

(c) *Here insert the street and number of the house (if any) or other like particulars.*

(d) *Insert residence and profession or occupation (if any) of the patient.*

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

(f) *Here state the facts.*

(g) *Here state the information, and from whom.*

I, the undersigned, C. H. Dunhill

being a (a) M.D. L.R.C.P. &c &c

and being in actual practice as a (b) Medical practitioner

hereby certify, that I, on the 12th day of Feby

at (c) 31 John St Lord Mayor Walk

in the County of York separately from any other Medical Practitioner,

personally examined Hannah Smith

of (d) 31 John St. wife of Wm Smith and that

the said Hannah Smith

is a (e) person of unsound mind and a proper Person to be taken charge of and detained

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

1. Facts indicating Insanity observed by myself (f) she has been strange for some months – & had delusions – saying she was going to be poisoned &c.

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

Mrs Sarah Ann Harrison 46 John St says that in the night of Feby 2 she was very restless & got out of the window & she got hold of her by the skirts when she was sitting on the edge of the bay window with her legs hanging outside

on Feby 11th Sarah Flannery says that she took a knife & put it to her throat as if about to cut her throat – & she was very violent when the knife was taking from her

Signed, Name, C. H. Dunhill

Place of Abode, Grays Court York

Dated this 12th day of Feby One Thousand Eight Hundred and Eighty seven

70

MEDICAL CERTIFICATE.—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

(a) *Here 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.*

(b) Physician, surgeon, *or* apothecary, *as the case may be.*

(c) *Here insert the street and number of the house (if any), or other like particulars.*

(d) *Insert residence and profession, or occupation (if any) of the patient.*

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

(f) *Here state the facts.*

(g) *Here state the information, and from whom.*

I, the undersigned, John Martin

being a (a) L.R.C.P.E. L.R.C.S.E.

and being in actual practice as a (b) medical practitioner

hereby certify, that I, on the 12th day of Feby 1887

at (c) 31 St John St Lord Mayor Walk York

in the County of York separately from any other Medical Practitioner,

personally examined Hannah Smith

of (d) 31 St John St wife of William Smith and that

the said Hannah Smith

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

1. Facts indicating Insanity observed by myself (f) she believes the people in her house have drugged her & that they mean to poison her, also they mean to put her out of the way so as to secure her money.

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

Sarah Flannery states that on Friday the 11th inst she rushed to the pantry got hold of a knife & attempted to cut her throat & prior to this time she said she would get out of the window & on the 2nd Feby she did get out of the window from upstairs bedroom but was rescued before any injury.

Signed, *Name*, John Martin

Place of Abode, Clarence House Clarence St York.

Dated this 12th day of Feby One Thousand Eight Hundred and Eighty Seven

– 1607 –

NOTICE OF ADMISSION.

To be forwarded to the Commissioners in Lunacy within one clear day *from the Patient's reception.*

THE RETREAT, NEAR YORK.

I hereby give you Notice, That _____

_____

(a) House or hospital.

was admitted into this (a) _____ as a Private Patient, on the _____ day of _____ 188 , and I hereby transmit a Copy of the Order and Medical Certificates on which he was received (b)

(b) *If a private patient be received upon one certificate only, the special circumstances which have prevented the patient from being examined by two medical practitioners to be here stated, as in the statement accompanying the order for admission.*

Signed, _____

(c) _____

(c) Superintendent or proprietor of ——

_____

Dated this _____ day of _____

One Thousand Eight Hundred and Eighty _____

To the Commissioners in Lunacy.

Lunatics 1.
(14 & 17 Vict. c. 96, Sched. C. s. 24.)
(25 & 26 Vict. c. 111.)
Private Patient.

LONDON:
SHAW AND SONS
Fetter Lane, E.C.
(807 D.B.—6-86.)

71

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT.

Sched. (A.) No. 1, Sects. 4, 8.

I, the undersigned, hereby request you to receive Mary Ann Bissell whom I last saw at York on the 23 day of February (a) a (b) person of unsound mind as a Patient into your House.

(a) *Within one month previous to the date of the order.*

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

Subjoined is a Statement respecting the said Mary Ann Bissell.

Signed, *Name,* Charles Bissell

Occupation (if any), Joiner

Place of Abode, 57 Shaftesbury St

Degree of Relationship (if any) or other circumstances of connection with the Patient. Husband

Dated this 24th day of Feb One Thousand Eight Hundred and Eighty Seven.

To Dr Robt Baker

THE RETREAT, NEAR YORK.

STATEMENT.

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

Name of Patient, with Christian Name at length	Mary Ann Bissell
Sex and Age	Female - 43 years
Married, Single, or Widowed	Married
Condition of Life, and previous Occupation (if any)	Wife of Charles Bissell
Religious Persuasion, as far as known	Friend
Previous Place of Abode	Eccles
Whether First Attack	Third attack
Age (if known) on First Attack	Thirty-three years
When and where previously under Care and Treatment	Retreat, York. about five years ago.
Duration of existing Attack	one week -
Supposed Cause	General debility
Whether subject to Epilepsy	No.
Whether Suicidal	Yes
Whether Dangerous to others	No
Whether found Lunatic by Inquisition, and Date of Commission or Order for Inquisition	Examined separately by Dr Cox & Mr Roe
Special Circumstances (if any) preventing the Patient being examined, before Admission, separately by Two Medical Practitioners	X X
Name and Address of Relative to whom Notice of Death to be sent	Charles Bissell, 57 Shaftesbury St Eccles

(c) *Where the person signing the statement is not the person who signs the order, the following particulars concerning the person signing the statement are to be added.*

Signed, *Name,* (c) Charles Bissell

Occupation (if any), Joiner

Place of Abode, Eccles. 57 Shaftesbury St

Degree of Relationship (if any), or other circumstances of connection with the Patient. Husband,

MEDICAL CERTIFICATE,—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

(a) *Here 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.*

(b) Physician, surgeon, *or* apothecary, *as the case may be.*

(c) *Here insert the street and number of the house (if any) or other like particulars.*

(d) *Insert residence and profession or occupation (if any) of the patient.*

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

(f) *Here state the facts.*

(g) *Here state the information, and from whom.*

I, the undersigned, Joshua John Cox

being a (a) Doctor of Medicine of Edinburgh University

and being in actual practice as a (b) ~~General Medical Practitioner~~ physician & surgeon

hereby certify, that I, on the 22nd day of February, 1887

at (c) 51. Shaftesbury Street, Eccles

in the County of Lancaster separately from any other Medical Practitioner,

personally examined Mary Ann Bissell

of (d) 51. Shaftesbury St. Eccles and that

the said Mary Ann Bissell

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

1. Facts indicating Insanity observed by myself (f)

She preserves an unbroken silence when spoken to by anyone — & occasionally mutters to herself in an incoherent fashion. She has all the appearance of a person likely to commit suicide if left unwatched —

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

She has several times been out of her mind — & once was an inmate of the Friends Retreat, York — This her husband, Charles Bissell 51 Shaftesbury St. Eccles, states to me this morn^g and also declares that she attempted several times to strangle herself with her night dress during last night —

Signed, Name, Joshua J. Cox M.D.

Place of Abode, 54. Wildshurst Road, Eccles

Dated this 22nd day of Feby One Thousand Eight Hundred and Eighty 7 —

72

MEDICAL CERTIFICATE.—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

I, the undersigned, Edwin Hodgson Roe being a Member of the Royal College of Surgeons and a Licentiate of the Apothecaries Society

being a (a) ~~(a)~~

and being in actual practice as a (b) Surgeon

hereby certify, that I, on the 22 day of February

at (c) 57 Shaftsbury St Oldham

in the County of Lancaster separately from any other Medical Practitioner,

personally examined Mary Ann Rissell

of (d) 57 Shaftsbury St and that

the said Mary Ann Rissell

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

(a) *Here 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.*

(b) Physician, surgeon, *or* apothecary, *as the case may be.*

(c) *Here insert the street and number of the house (if any), or other like particulars.*

(d) *Insert residence and profession, or occupation (if any) of the patient.*

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

1. Facts indicating Insanity observed by myself (f) She lies with a vacant stare, pays no attention when addressed, makes no reply, now & then mutters to herself

(f) *Here state the facts.*

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

Her husband Charles Rissell of the above address tells me that in the night she tried to strangle herself with her night dress. Her daughter Mary Elizabeth Rissell says that in the middle of the night she sprang right out of bed and wanted to go into the street.

(g) *Here state the information, and from whom.*

Signed, *Name,* Edwin H Roe

Place of Abode, Saddleworth

Dated this 22 day of Feb One Thousand Eight Hundred and Eighty seven

NOTICE OF ADMISSION.

To be forwarded to the Commissioners in Lunacy within one clear day *from the Patient's reception.*

THE RETREAT, NEAR YORK.

I hereby give you Notice, That _____

_____

(a) House or hospital.

was admitted into this (a) _____ as a Private Patient, on the _____ day of _____ 188 , and I hereby transmit a Copy of the Order and Medical Certificates on which he was received (b)

(b) *If a private patient be received upon one certificate only, the special circumstances which have prevented the patient from being examined by two medical practitioners to be here stated, as in the statement accompanying the order for admission.*

Signed, _____

(c) _____

(c) Superintendent or proprietor of ——

_____

Dated this _____ day of _____

One Thousand Eight Hundred and Eighty _____

To the Commissioners in Lunacy.

Lunatics 1.
(16 & 17 Vict. c. 96, Sched. C. s. 24.)
(25 & 26 Vict. c. 111.)
Private Patient.

LONDON:
SHAW AND SONS
Fetter Lane, E.C.
(807 D.H.—6-86.)

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT.

Sched. (A.) No. 1, Sects. 4, 8.

I, the undersigned, hereby request you to receive my Mother Mary Anne McAllum whom I last saw at Hollin Hill Riding Mill on Tyne on the twenty eighth day of March 1887. (a) a (b) person of unsound mind as a Patient into your House.

Subjoined is a Statement respecting the said Mary Anne McAllum

(a) *Within one month previous to the date of the order.*

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

Signed, *Name,* Stephen Kirk McAllum

Occupation (if any), Shipowner

Place of Abode, Riding Mill on Tyne

Degree of Relationship (if any) or other circumstances of connection with the Patient. Son

H.K. McAllum

Dated this twenty eighth day of March One Thousand Eight Hundred and Eighty Seven

To Dr Baker.

THE RETREAT, NEAR YORK.

STATEMENT.

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

Name of Patient, with Christian Name at length	Mary Anne McAllum
Sex and Age	Female, fifty five
Married, Single, or Widowed	Widow
Condition of Life, and previous Occupation (if any)	Gentlewoman none
Religious Persuasion, as far as known	Church of England
Previous Place of Abode	Riding Mill on Tyne
Whether First Attack	18th March, first attack
Age (if known) on First Attack	55.
When and where previously under Care and Treatment	never
Duration of existing Attack	Eleven days
Supposed Cause	unknown
Whether subject to Epilepsy	No
Whether Suicidal	No
Whether Dangerous to others	No
Whether found Lunatic by Inquisition, and Date of Commission or Order for Inquisition	No.
Special Circumstances (if any) preventing the Patient being examined, before Admission, separately by Two Medical Practitioners	None
Name and Address of Relative to whom Notice of Death to be sent	H.K. McAllum Riding Mill

(c) *Where the person signing the statement is not the person who signs the order, the following particulars concerning the person signing the statement are to be added.*

Signed, *Name,* (c) Stephen Kirk McAllum

Occupation (if any), Shipowner

Place of Abode, Riding Mill

Degree of Relationship (if any), or other circumstances of connection with the Patient. Son

MEDICAL CERTIFICATE,—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

(a) *Here 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.*

(b) Physician, surgeon, *or* apothecary, *as the case may be.*

(c) *Here insert the street and number of the house (if any) or other like particulars.*

(d) *Insert residence and profession or occupation (if any) of the patient.*

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

(f) *Here state the facts.*

(g) *Here state the information, and from whom.*

I, the undersigned, Hugh McLean

being a (a) Doctor of Medicine of the University of St. Andrews Member of the Royal College of Surgeons of England & Licentiate of the Society of Apothecaries of London

and being in actual practice as a (b) Physician & Surgeon

hereby certify, that I, on the twenty-eighth day of March 1887

at (c) Hollin Hills : Riding Mill

in the County of Northumberland separately from any other Medical Practitioner,

personally examined Mrs Mary Anne McAllum

of (d) Hollin Hills : Riding Mill, Widow and that

the said Mary Anne McAllum

is a (e) person of unsound mind and a proper Person to be taken charge of and detained

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

1. Facts indicating Insanity observed by myself (f) She is frequently very much excited & shouts strongly – She gesticulates excessively when she speaks – She suffers from delusions (~~[illegible]~~ Hitz) saying that she is God & again that she is the devil – sometimes she has illusions believing that she sees the devil hovering about her room – she says she has committed some very unclean act which she is unable to specify.

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

She says she is the Queen & that she is on the throne & has a Crown on: that England is now only inhabited by beasts; that all the human inhabitants have left it. She talks incoherently & is very easily excited & at times is violent. from her Sister Jane Margaret Mather

Signed, Name, Hugh McLean M.D. &c

Place of Abode, Corbridge R.S.O.

Dated this twenty-eighth day of March One Thousand Eight Hundred and Eighty seven.

74

MEDICAL CERTIFICATE.—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

I, the undersigned, David Drummond

being a (a) Doctor of Medicine of the University of Dublin.

and being in actual practice as a (b) Physician

hereby certify, that I, on the 26th day of March 1887

at (c) Hollin Hills, Riding Mill-on-Tyne

in the County of Northumberland separately from any other Medical Practitioner,

personally examined Mary Anne McAllum

of (d) Hollin Hills, Riding Mill-on-Tyne and that

the said Mary Anne McAllum

is a (e) Person of unsound mind and a proper Person to be taken charge of and detained

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

(a) *Here 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.*

(b) Physician, surgeon, *or* apothecary, *as the case may be.*

(c) *Here insert the street and number of the house (if any), or other like particulars.*

(d) *Insert residence and profession, or occupation (if any) of the patient.*

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

(f) *Here state the facts.*

1. Facts indicating Insanity observed by myself (f) Attacks of excitement; has delusions – imagines that she is God; sings snatches of hymns instead of replying to questions.

(g) *Here state the information, and from whom.*

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

Information from her Son – Mr. Hugh McI. Incoherent. Repeats texts of Scripture. Has delusions respecting the Deity and the Devil; is frequently violently excited, & with difficulty restrained.

Signed, *Name,* David Drummond

Place of Abode, 7 Saville Place Newcastle-on-Tyne

Dated this 26th day of March One Thousand Eight Hundred and Eighty Seven

- 1609 -

NOTICE OF ADMISSION.

To be forwarded to the Commissioners in Lunacy within one clear day *from the Patient's reception.*

THE RETREAT, NEAR YORK.

I hereby give you Notice, That _____

_____

(a) House or hospital.

was admitted into this (a) _____ as a Private Patient, on the

_____ day of _____ 188 , and I hereby

transmit a Copy of the Order and Medical Certificates on which he was

received (b)

(b) *If a private patient be received upon one certificate only, the special circumstances which have prevented the patient from being examined by two medical practitioners to be here stated, as in the statement accompanying the order for admission.*

Signed, _____

(c) _____

(c) Superintendent or proprietor of——

_____

Dated this _____ day of _____

One Thousand Eight Hundred and Eighty _____

To the Commissioners in Lunacy.

Lunatics 1.
(16 & 17 Vict. c. 96, Sched. C. s. 24.)
(25 & 26 Vict. c. 111.)
Private Patient.

LONDON:
SHAW AND SONS
Fetter Lane, E.C.
(867 D.B.—6-86.)

75

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT.

Sched. (A.) No. 1, Sects. 4, 8.

I, the undersigned, hereby request you to receive Martha Ann Clay Hollings Hill whom I last saw at Sowerby Bridge on the ~~thirtieth~~ 31st day of March (a) 1887 a (b) person of unsound mind as a Patient into your House.

Subjoined is a Statement respecting the said Martha Ann Clay

(a) *Within one month previous to the date of the order.*

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

Signed, *Name,* James Clay

Occupation (if any), Manufacturer

Place of Abode, Hollings Hill. Sowerby Bridge

Degree of Relationship (if any) or other circumstances of connection with the Patient. Brother

Dated this 31st day of March 1887

One Thousand Eight Hundred ~~and~~ Eighty seventy.

To D Baker

THE RETREAT, NEAR YORK.

STATEMENT.

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

Name of Patient, with Christian Name at length	Martha Ann Clay
Sex and Age	Female 37 years
Married, Single, or Widowed	Married
Condition of Life, and previous Occupation (if any)	no occupation
Religious Persuasion, as far as known	Wesleyan
Previous Place of Abode	Hollings Hill Sowerby Bridge
Whether First Attack	Yes
Age (if known) on First Attack	37 years
When and where previously under Care and Treatment	no where
Duration of existing Attack	3 weeks
Supposed Cause	Mental Anxiety
Whether subject to Epilepsy	No
Whether Suicidal	Query
Whether Dangerous to others	Doubtful
Whether found Lunatic by Inquisition, and Date of Commission or Order for Inquisition	No
Special Circumstances (if any) preventing the Patient being examined, before Admission, separately by Two Medical Practitioners	None
Name and Address of Relative to whom Notice of Death to be sent	James Clay. Hollings Hill Sowerby Bridge

(c) *Where the person signing the statement is not the person who signs the order, the following particulars concerning the person signing the statement are to be added.*

Signed, *Name,* (c) James Clay

Occupation (if any), as above

Place of Abode,

Degree of Relationship (if any), or other circumstances of connection with the Patient.

MEDICAL CERTIFICATE,—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

(a) *Here 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.*

(b) Physician, surgeon, *or* apothecary, *as the case may be.*

(c) *Here insert the street and number of the house (if any) or other like particulars.*

(d) *Insert residence and profession or occupation (if any) of the patient.*

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

(f) *Here state the facts.*

(g) *Here state the information, and from whom.*

I, the undersigned, James Millar

being a (a) Doctor of medicine Mid. ab.dn

and being in actual practice as a (b) Physician & Surgeon

hereby certify, that I, on the twenty ninth day of March

at (c) Hollings Hill, Sowerby Bridge

in the County of York separately from any other Medical Practitioner,

personally examined Martha Ann Clay

of (d) Hollings Hill, Sowerby Bridge and that

the said Martha Ann Clay

is a (e) person of unsound mind and a proper Person to be taken charge of and detained

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

1. Facts indicating Insanity observed by myself (f) Uneasy restless manner constantly picking her clothes or anything she can get hold of. She thinks the world has come to an end, and is unable to talk coherently on any subject.

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

One of her nurses, Miss Redgate, informs me she has threatened to take her own life. She now refuses to take food, so that she might kill herself by that means. When out for a walk in the Garden she has attempted to run away. At times she is violent & has to be restrained

Signed, *Name,* James Millar

Place of Abode, Wharf Street, Sowerby Bridge

Dated this Thirty First day of March One Thousand Eight Hundred and Eighty ~~Six~~ Seven

76

MEDICAL CERTIFICATE.—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

(a) *Here 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.*

(b) Physician, surgeon, *or* apothecary, *as the case may be.*

(c) *Here insert the street and number of the house (if any), or other like particulars.*

(d) *Insert residence and profession, or occupation (if any) of the patient.*

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

(f) *Here state the facts.*

(g) *Here state the information, and from whom.*

I, the undersigned, William Brewster

being a (a) M. R. C. S & L. S. A London

and being in actual practice as a (b) Surgeon

hereby certify, that I, on the 31st day of March 1887

at (c) 12 New Street City of York

in the County of Yorkshire separately from any other Medical Practitioner,

personally examined Martha Ann Clay

of (d) Hollings Hill Sowerby Bridge and that

the said Martha Ann Clay

is a (e) a Person of Unsound Mind and a proper Person to be taken charge of and detained

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

1. Facts indicating Insanity observed by myself (f) Patient ~~will refuse~~ to answer questions, Is morbidly nervous. does not seem to know what is going on around her. hears voices which are imaginary

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

Refuses her food. Is very violent. No sleep This was communicated to me by Jane. Bidgate her nurse.

Signed, *Name,* Wm Brewster

Place of Abode, 12 New Street. York

Dated this ~~31st~~ Thirty first day of March One Thousand Eight Hundred and Eighty ~~7~~ Seven

— 1610 —

NOTICE OF ADMISSION.

To be forwarded to the Commissioners in Lunacy within one clear day *from the Patient's reception.*

LAWRENCE HOUSE, YORK.

I hereby give you Notice, That _____

_____

(a) House or hospital.

was admitted into this (a) _____ as a Private Patient, on the _____ day of _____ 188 , and I hereby transmit a Copy of the Order and Medical Certificates on which he was received (b)

(b) *If a private patient be received upon one certificate only, the special circumstances which have prevented the patient from being examined by two medical practitioners to be here stated, as in the statement accompanying the order for admission.*

Signed, _____

(c) _____

(c) Superintendent or proprietor of——

_____

Dated this _____ day of _____

One Thousand Eight Hundred and Eighty

To the Commissioners in Lunacy.

Lunatics 1.

(16 & 17 Vict. c. 96, Sched. C. s. 24.)

(25 & 26 Vict. c. 111.)

Private Patient.

LONDON:
SHAW AND SONS,
Fetter Lane, E.C.

(2—5·84.)

77

ORDER
FOR THE RECEPTION OF A PRIVATE PATIENT.

Sched. (A.) No. 1, Sects. 4, 8.

I, the undersigned, hereby request you to receive Thomas Palmer Black

whom I last saw at Allerley Villa Berwick on Tweed

on the Seventh day of April 1887 (a)

a (b) person of unsound mind as a Patient into your House.

Subjoined is a Statement respecting the said Thomas Palmer Black

(a) Within one month previous to the date of the order.
(b) Lunatic, or an idiot, or a person of unsound mind.

Signed, Name, George Black

Occupation (if any), Gardener Field Tool Manufacturer

Place of Abode, Allerley Villa Berwick on Tweed

Degree of Relationship (if any) or other circumstances of connection with the Patient. Father

Dated this Seventh day of April

One Thousand Eight Hundred and Eighty Seven

To ~~Dr. SWANSON~~, Dr Baker

(c) ~~Proprietor of~~ Superintendent of (d) ~~Lawrence House, York.~~ The Retreat York

(c) Superintendent or proprietor of——
(d) Describing the house or hospital by situation and name, if any.

STATEMENT.

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

Name of Patient, with Christian Name at length	Thomas Palmer Black
Sex and Age	Male 24
Married, Single, or Widowed	Single
Condition of Life, and previous Occupation (if any)	Student – has been on Cape Colony
Religious Persuasion, as far as known	Baptist Church
Previous Place of Abode	Berwick on Tweed
Whether First Attack	First
Age (if known) on First Attack	24
When and where previously under Care and Treatment	– nowhere
Duration of existing Attack	Five days
Supposed Cause	Mental excitement in preparing and delivering an address
Whether subject to Epilepsy	No
Whether Suicidal	No
Whether Dangerous to others	No
Whether found Lunatic by Inquisition, and Date of Commission or Order for Inquisition	No
Special Circumstances (if any) preventing the Patient being examined, before Admission, separately by Two Medical Practitioners	none
Name and Address of Relative to whom Notice of Death to be sent	George Black Esq Allerley ~~Hous~~ Villa, Berwick

(e) Where the person signing the statement is not the person who signs the order, the following particulars concerning the person signing the statement are to be added.

Signed, Name, (e) George Black

Occupation (if any), Gardener Field Tool Manufacturer

Place of Abode, Allerley Villa Berwick on Tweed

Degree of Relationship (if any), or other circumstances of connection with the Patient. Father

MEDICAL CERTIFICATE,—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

I, the undersigned, Philip Whitside Macleod

being a (a) Doctor of Medicine of Edinburgh and Licentiate of the Royal College of Surgeons Edinburgh

and being in actual practice as a (b) Physician & Surgeon

hereby certify, that I, on the Seventh day of April 1887

at (c) Allerley House, Castle Terrace, Berwick on Tweed

in the County of Northumberland separately from any other Medical Practitioner

personally examined Thomas Palmer Black

of (d) Allerley House, Berwick, Student and that

the said Thomas Palmer Black

is a (e) Lunatic and a proper Person to be taken charge of and detained

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

1. Facts indicating Insanity observed by myself:

(f) Rapid and incoherent talking, interrupted by occasional fits of laughter, perfectly different from his ordinary quiet manner. He threw a large crystal vase from the mantelpiece to the ground and stood laughing, over the fragments calling attention to what he had done. Restless walking to and fro in the room with violent gesticulations

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

(g) Sleeplessness and incoherent talking or rather utterance of a jumble of words. Mostly alone in committee. Reported by his father and my own son Dr Charles E. Macleod of this town

(a) Here 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.

(b) Physician, surgeon, or apothecary, as the case may be.

(c) Here insert the street and number of the house (if any) or other like particulars.

(d) Insert residence and profession or occupation (if any) of the patient.

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

(f) Here state the facts.

(g) Here state the information, and from whom.

Signed, Name, P. W. Macleod MD

Place of Abode, Berwick on Tweed

Dated this Seventh day of April One Thousand Eight Hundred and Eighty Seven

78

MEDICAL CERTIFICATE.—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

I, the undersigned, Thomas Fraser

being a (a) Bachelor of Medicine of Edinburgh University and Licentiate of the Edinburgh College of Physicians & Surgeons

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

hereby certify, that I, on the Seventh day of April, 1887

at (c) Allerley House, Castle Terrace Berwick on Tweed

in the County of Northumberland separately from any other Medical Practitioner

personally examined Thomas Palmer Black

of (d) Allerley House, Castle Terrace, Berwick Student and that

the said Thomas Palmer Black

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

(a) *Here 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.*

(b) Physician, surgeon, *or* apothecary, *as the case may be.*

(c) *Here insert the street and number of the house (if any), or other like particulars.*

(d) *Insert residence and profession, or occupation (if any) of the patient.*

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

1. Facts indicating Insanity observed by myself:

(f) *Here state the facts.*

(f) He constantly walks up and down the room shouting loudly incoherent senseless words, and using ~~the~~ extravagant gesticulations. He placed a bible on the top of my head and asked me to "love him".

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

(g) *Here state the information, and from whom.*

(g) He talked in the same foolish way all last night without stopping, he did not sleep. (Received this information from his father).

Signed, *Name,* Thos Fraser M.B.

Place of Abode, Berwick on Tweed

Dated this Seventh day of April One Thousand Eight Hundred and Eighty Seven

– 1611 –

NOTICE OF ADMISSION.

To be forwarded to the Commissioners in Lunacy within one clear day *from the Patient's reception.*

THE RETREAT, NEAR YORK.

I hereby give you Notice, That _____

_____

(a) House or hospital.

was admitted into this (a) _____ as a Private Patient, on the _____ day of _____ 188 , and I hereby transmit a Copy of the Order and Medical Certificates on which he was received (b)

(b) *If a private patient be received upon one certificate only, the special circumstances which have prevented the patient from being examined by two medical practitioners to be here stated, as in the statement accompanying the order for admission.*

Signed, _____

(c) _____

(c) Superintendent or proprietor of ——

Dated this _____ day of _____

One Thousand Eight Hundred and Eighty _____

To the Commissioners in Lunacy.

Lunatics 1.
(16 & 17 Vict. c. 96, Sched. C. s. 24.)
(25 & 26 Vict. c. 111.)
Private Patient.

LONDON:
SHAW AND SONS
Fetter Lane, E.C.
(807 D.B.L 6-86.)

79

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT.

Sched. (A.) No. 1, Sects. 4, 8.

I, the undersigned, hereby request you to receive Campbell Thomas Dixon whom I last saw at Elm Villa, Callow End on the twenty ~~fifth~~ sixth day of April 1887 Powick. (a) a (b) person of unsound mind as a Patient into your House.

(a) Within one month previous to the date of the order.

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

Subjoined is a Statement respecting the said Campbell Thomas Dixon

Signed, Name, John William Dixon

Occupation (if any), Schoolmaster

Place of Abode, 4 Alexandra Place, Ilkley

Degree of Relationship (if any) or other circumstances of connection with the Patient. Brother

Dated this 26th ~~28th~~ day of April One Thousand Eight Hundred and Eighty Seven

To Robert Baker M.D.

THE RETREAT, NEAR YORK.

STATEMENT.

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

Name of Patient, with Christian Name at length	Campbell Thomas Dixon
Sex and Age	~~28~~ Male. 28 last July 27th.
Married, Single, or Widowed	Single
Condition of Life, and previous Occupation (if any)	always lived at home
Religious Persuasion, as far as known	Society of Friends
Previous Place of Abode	Elm Villa, Callow End, Powick, Worcester (or Worcester)
Whether First Attack	~~none~~ yes
Age (if known) on First Attack	— Birth
When and where previously under Care and Treatment	— nowhere
Duration of existing Attack	— since he was born
Supposed Cause	— unknown
Whether subject to Epilepsy	never has been
Whether Suicidal	no
Whether Dangerous to others	not unless much provoked.
Whether found Lunatic by Inquisition, and Date of Commission or Order for Inquisition	— no
Special Circumstances (if any) preventing the Patient being examined, before Admission, separately by Two Medical Practitioners	— none
Name and Address of Relative to whom Notice of Death to be sent	John Wm Dixon

(c) Where the person signing the statement is not the person who signs the order, the following particulars concerning the person signing the statement are to be added.

Signed, Name, (c) John William Dixon

Occupation (if any), Schoolmaster

Place of Abode, 4 Alexandra Place, Ilkley

Degree of Relationship (if any), or other circumstances of connection with the Patient. Brother

MEDICAL CERTIFICATE,—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

(a) *Here 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.*

(b) Physician, surgeon, *or* apothecary, *as the case may be.*

(c) *Here insert the street and number of the house (if any) or other like particulars.*

(d) *Insert residence and profession or occupation (if any) of the patient.*

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

(f) *Here state the facts.*

(g) *Here state the information, and from whom.*

I, the undersigned, William Brewster

being a (a) Member of the Royal College of Surgeons & L. S. A. London

and being in actual practice as a (b) Surgeon

hereby certify, that I, on the twenty sixth day of april 1882.

at (c) 7 Belle Vue Road. City of York.

in the County of Yorkshire separately from any other Medical Practitioner,

personally examined Campbell Thomas Dixon

of (d) Elm Villa Callow End Powick. Worcestershire and that

the said Campbell Thomas Dixon. no occupation

is a (e) a person of unsound mind and a proper Person to be taken charge of and detained

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

1. Facts indicating Insanity observed by myself (f) The patient is restless, continually looking into the corners of the Room. Laughs in an idiotic manner. Does not know the value of money, day of the month or month of the year. Has no idea of time. Very untidy in person & dirty looking. Does not know the reigning sovereign

2. Other facts (if any) indicating Insanity communicated to me by others (g) John William Dixon

By his Brother. Not clean in habits forgets to change his clothes. ~~before~~ Can only find his way about ~~after~~ after being taught, & then can find no intermediate place. Constantly talking to himself. Never been sensible from Birth. Can't read or write more than his name

Signed, Name, William Brewster

Place of Abode, 12 New Street York

Dated this Twenty Sixth day of April One Thousand Eight Hundred and Eighty ~~eighty~~ Seven

MEDICAL CERTIFICATE.—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

(a) *Here 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.*

(b) Physician, surgeon, *or* apothecary, *as the case may be.*

(c) *Here insert the street and number of the house (if any), or other like particulars.*

(d) *Insert residence and profession, or occupation (if any) of the patient.*

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

(f) *Here state the facts.*

(g) *Here state the information, and from whom.*

I, the undersigned, _____

being a (a) _____

_____

and being in actual practice as a (b) _____

hereby certify, that I, on the _____ day of _____

at (c) _____

in the County of _____ separately from any other Medical Practitioner,

personally examined _____

of (d) _____ and that

the said _____

is a (e) _____ and a proper Person to be taken charge of and detained

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

1. Facts indicating Insanity observed by myself (f) _____

_____

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

_____

Signed, *Name,* _____

Place of Abode, _____

Dated this _____ day of _____ One Thousand Eight

Hundred and Eighty _____

MEDICAL CERTIFICATE,—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

(a) *Here 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.*

(b) Physician, surgeon, *or* apothecary, *as the case may be.*

(c) *Here insert the street and number of the house (if any) or other like particulars.*

(d) *Insert residence and profession or occupation (if any) of the patient.*

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

(f) *Here state the facts.*

(g) *Here state the information, and from whom.*

I, the undersigned, Francis Barnes Marsh

being a (a) Licentiate of Physicians (Edin) and Licentiate of Apothecaries Company London

and being in actual practice as a (b) Physician & apothecary

hereby certify, that I, on the 18th day of April 1887

at (c) the Reading Rooms Colloty End Powick

in the County of Worcester separately from any other Medical Practitioner, also at the Shrublands on 19th and 25th days of April 1887

personally examined Campbell Thomas Dyson

of (d) Reading Rooms Colloty End Powick Worcester and that

the said Campbell Thomas Dyson

is (e) ~~Insane Mind~~ a person of unsound mind and a proper Person to be taken charge of and detained

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

1. Facts indicating Insanity observed by myself (f) Incoherence

The person is off off mental intellect requiring constant medical care

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

The Brother (says)

1 He cannot take verbal messages correctly

2 Cannot keep himself clean but has to be watched & inspected

3 His food has to be measured out to him or he would eat to excess – Bolts his food unless frequently reminded to chew it — Boys & persons who vex him he takes their names down as he calls it & threatens to summons them & to tell the policeman of them

Signed, Name, Francis B Marsh

Place of Abode, The Shrublands Kempsey Worcestershire

Dated this 25th 19th day of April One Thousand Eight Hundred and Eighty Seven

81

MEDICAL CERTIFICATE.—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

(a) *Here 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.*

(b) Physician, surgeon, *or* apothecary, *as the case may be.*

(c) *Here insert the street and number of the house (if any), or other like particulars.*

(d) *Insert residence and profession, or occupation (if any) of the patient.*

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

(f) *Here state the facts.*

(g) *Here state the information, and from whom.*

I, the undersigned, Richard Canning Tanner

being a (a) member of the Royal College of Surgeons of England & a licentiate of the Apothecaries Co London

and being in actual practice as a (b) Surgeon & Apothecary

hereby certify, that I, on the 20th day of April 1887

at (c) Eastern Lodge Kempsey

in the County of Worcester separately from any other Medical Practitioner,

personally examined Campbell Thomas Dixon

of (d) Elm Villa Callow End, Powick W. Worcester and that

the said Campbell Thomas Dixon

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

1. Facts indicating Insanity observed by myself (f)

Decidedly of weak intellect & memory very defective. Has no knowledge of passing events. When asked his name instead of pronouncing it he spells it. Dirt very clearly in his habits

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

Information received from his brother John Wm Dixon. When teased is apt to become very violent & strike ~~anybody~~ the person teasing him who comes within his reach. At meal times bolts his food & is not particular about the use of a knife & fork. Frequently during the day he will be found talking to himself & sometimes during the night. At times would be very voracious at his meals unless remonstrated with

Signed, *Name,* R. C. Tanner

Place of Abode, Eastern Lodge Kempsey W. Worcester

Dated this 20th day of April One Thousand Eight Hundred and Eighty seven

— 1612 —

NOTICE OF ADMISSION.

To be forwarded to the Commissioners in Lunacy within one clear day *from the Patient's reception.*

THE RETREAT, NEAR YORK.

I hereby give you Notice, That _____

_____

(a) House or hospital.

was admitted into this (a) _____ as a Private Patient, on the _____ day of _____ 188 , and I hereby transmit a Copy of the Order and Medical Certificates on which he was received (b)

(b) *If a private patient be received upon one certificate only, the special circumstances which have prevented the patient from being examined by two medical practitioners to be here stated, as in the statement accompanying the order for admission.*

Signed, _____

(c) _____

(c) Superintendent or proprietor of ——

_____

Dated this _____ day of _____

One Thousand Eight Hundred and Eighty _____

To the Commissioners in Lunacy.

Lunatics 1.
(16 & 17 Vict. c. 96, Sched. C. s. 24.)
(25 & 26 Vict. c. 111.)
Private Patient.

LONDON:
SHAW AND SONS
Fetter Lane, E.C.
(807 D.B.—6-86.)

82

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT.

Sched. (A.) No. 1, Sects. 4, 8.

I, the undersigned, hereby request you to receive Mr John Short whom I last saw at 15 Percy Gardens, Tynemouth on the 3rd Third day of May 1881 (a) a (b) person of unsound mind as a Patient into your House.

Subjoined is a Statement respecting the said John Short

(a) *Within one month previous to the date of the order.*

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

Signed, *Name,* Leonard B Short

Occupation (if any), Bank Clerk

Place of Abode, 15 Percy Gardens Tynemouth

Degree of Relationship (if any) or other circumstances of connection with the Patient. Son

Dated this Third day of May One Thousand Eight Hundred and Eighty Seven

To Dr Tuke

THE RETREAT, NEAR YORK.

STATEMENT.

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

Name of Patient, with Christian Name at length	John Short
Sex and Age	Male — 64 years
Married, Single, or Widowed	Married
Condition of Life, and previous Occupation (if any)	Bank Manager
Religious Persuasion, as far as known	Protestant
Previous Place of Abode	Tynemouth
Whether First Attack	First attack
Age (if known) on First Attack	64 years
When and where previously under Care and Treatment	Nowhere
Duration of existing Attack	About four weeks
Supposed Cause	Mental worry and trouble
Whether subject to Epilepsy	No
Whether Suicidal	Has shown no symptoms of being so
Whether Dangerous to others	Doubtful
Whether found Lunatic by Inquisition, and Date of Commission or Order for Inquisition	No
Special Circumstances (if any) preventing the Patient being examined, before Admission, separately by Two Medical Practitioners	None
Name and Address of Relative to whom Notice of Death to be sent	Mrs Short, 15 Percy Gardens Tynemouth

(c) *Where the person signing the statement is not the person who signs the order, the following particulars concerning the person signing the statement are to be added.*

Signed, *Name,* (c) Leonard B Short

Occupation (if any), Bank Clerk

Place of Abode, 15 Percy Gardens Tynemouth

Degree of Relationship (if any), or other circumstances of connection with the Patient. Son

MEDICAL CERTIFICATE,—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

I, the undersigned, Ernest Brumwell

being a (a) Doctor of Medicine and Master of Surgery of the University of Aberdeen

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

hereby certify, that I, on the third day of May 1887

at (c) 15 Percy Gardens, Tynemouth

in the County of Northumberland separately from any other Medical Practitioner,

personally examined John Short

of (d) 15 Percy Gardens, Tynemouth; Bank Manager and that

the said John Short

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

(a) *Here 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.*

(b) Physician, surgeon, *or* apothecary, *as the case may be.*

(c) *Here insert the street and number of the house (if any) or other like particulars.*

(d) *Insert residence and profession or occupation (if any) of the patient.*

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

1. Facts indicating Insanity observed by myself (f) Irrational conduct. talks wildly and incoherently, rambling from subject to subject; has delusions regarding his wife, accusing her of infidelity. Has delusions about myself (his medical attendant), making absurd charges against me. Refuses any nourishment if offered by his wife, myself, and some of his immediate relations. Has occasional attacks of maniacal raving.

(f) *Here state the facts.*

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

By Robt. Jewels, a male attendant - Mr John Short talks unceasingly for hours at a time in a rambling and incoherent manner; occasionally becomes very violent, shouting loudly for help, and requiring restraint - Refuses nourishment or medicine. Struggles to get out, even in the night.

(g) *Here state the information, and from whom.*

Signed, *Name,* Ernest Brumwell

Place of Abode, 5 Borkway Square, North Shields

Dated this third day of May One Thousand Eight Hundred and Eighty seven

83

MEDICAL CERTIFICATE.—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

(a) *Here 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.*

(b) Physician, surgeon, *or* apothecary, *as the case may be.*

(c) *Here insert the street and number of the house (if any), or other like particulars.*

(d) *Insert residence and profession, or occupation (if any) of the patient.*

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

(f) *Here state the facts.*

(g) *Here state the information, and from whom.*

I, the undersigned, David Drummond

being a (a) (Physician) Doctor of Medicine of the University of Dublin and Durham

and being in actual practice as a (b) Physician

hereby certify, that I, on the first day of May

at (c) NW 15 Percy Gardens. Tynemouth

in the County of Northumberland separately from any other Medical Practitioner,

personally examined John Short Bank Manager

of (d) 15 Percy Gardens, Tynemouth and that

the said John Short

is a (e) Person of unsound mind and a proper Person to be taken charge of and detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself (f) Talks incoherently: Has delusions implicating the chastity of his wife.

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

From his son.
Attacks of violent excitement:
Smashes documents in connection with his office & business are lost.
Threatened violence to his wife.

Signed, *Name,* David Drummond M.D.

Place of Abode, 7 Saville Place. Newcastle on Tyne

Dated this 3rd day of May One Thousand Eight Hundred and Eighty 7

— 1613 —

NOTICE OF ADMISSION.

To be forwarded to the Commissioners in Lunacy within one clear day *from the Patient's reception.*

THE RETREAT, NEAR YORK.

I hereby give you Notice, That _____

_____

(a) House or hospital.

was admitted into this (a) _____ as a Private Patient, on the _____ day of _____ 188 , and I hereby transmit a Copy of the Order and Medical Certificates on which he was received (b)

(b) *If a private patient be received upon one certificate only, the special circumstances which have prevented the patient from being examined by two medical practitioners to be here stated, as in the statement accompanying the order for admission.*

Signed, _____

(c) _____

(c) Superintendent or proprietor of ——

_____

Dated this _____ day of _____

One Thousand Eight Hundred and Eighty _____

To the Commissioners in Lunacy.

Lunatics 1.
(16 & 17 Vict. c. 96, Sched. C. s. 24.)
(25 & 26 Vict. c. 111.)
Private Patient.

LONDON:
SHAW AND SONS
Fetter Lane, E.C.
(807 D.ff.—6-86.)

84

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT.

Sched. (A.) No. 1, Sects. 4, 8.

I, the undersigned, hereby request you to receive Mary Douglas Hills whom I last saw at Stuart Villa Rowley Park Stafford on the 23 day of May 1887 (a) a (b) person of unsound mind as a Patient into your House.

(a) *Within one month previous to the date of the order.*

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

Subjoined is a Statement respecting the said Mary Douglas Hills

Signed, *Name,* Henry Hills

Occupation (if any), Commission Agent

Place of Abode, Stuart Villa Rowley Park Stafford

Degree of Relationship (if any) or other circumstances of connection with the Patient. Husband

Dated this 23rd day of May 1887

One Thousand Eight Hundred and Eighty seven

To Dr Baker

THE RETREAT, NEAR YORK.

STATEMENT.

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

Name of Patient, with Christian Name at length	~~Henry~~ Mary Douglas Hills
Sex and Age	Female 39 years of age
Married, Single, or Widowed	Married
Condition of Life, and previous Occupation (if any)	Wife of commission Agent
Religious Persuasion, as far as known	Ex Member of Society of Friends
Previous Place of Abode	Rowley Park Stafford
Whether First Attack	no
Age (if known) on First Attack	38 years
When and where previously under Care and Treatment	Between May & October 1886 was in Colton Hill Asylum
Duration of existing Attack	Four months
Supposed Cause	Unknown
Whether subject to Epilepsy	no
Whether Suicidal	Yes
Whether Dangerous to others	No
Whether found Lunatic by Inquisition, and Date of Commission or Order for Inquisition	no
Special Circumstances (if any) preventing the Patient being examined, before Admission, separately by Two Medical Practitioners	none
Name and Address of Relative to whom Notice of Death to be sent	Henry Hills. Stuart Villa Rowley Park Stafford

(c) *Where the person signing the statement is not the person who signs the order, the following particulars concerning the person signing the statement are to be added.*

Signed, *Name,* (c) Henry Hills

Occupation (if any), as above

Place of Abode,

Degree of Relationship (if any), or other circumstances of connection with the Patient.

MEDICAL CERTIFICATE,—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

(a) *Here set forth the qualification entitling the person certifying to practise as a physician, surgeon or apothecary, e. gra.:*—Fellow of the Royal College of Physicians in London, Licentiate of the Apothecaries' Company, *or as the case may be.*

(b) Physician, surgeon, *or* apothecary, *as the case may be.*

(c) *Here insert the street and number of the house (if any) or other like particulars.*

(d) *Insert residence and profession or occupation (if any) of the patient.*

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

(f) *Here state the facts.*

(g) *Here state the information, and from whom.*

I, the undersigned, George Reid

being a (a) Graduate in Medicine of the University of Aberdeen

and being in actual practice as a (b) Surgeon

hereby certify, that I, on the 22nd day of May

at (c) Stewart Villa, Rowley Park, Stafford

in the County of Stafford separately from any other Medical Practitioner,

personally examined Mary Douglas Hills

of (d) Stewart Villa, Rowley Park, Stafford, married and that

the said Mary Douglas Hills

is a (e) person of unsound mind and a proper Person to be taken charge of and detained

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

1. Facts indicating Insanity observed by myself (f) She is in an extremely depressed state, and can give no reason for being so. Says she would like to be sent somewhere in order to get well as at present she cannot trust herself. Has an injury over the eye which she says was caused two days ago by a fall over the stairs while attempting suicide.

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

Mr Mary Hills her husband informs me that she is continually taking steps to put an end to her life because she believes she is no longer of any use in the house. Constantly urges him to take her to Cotton Hill Asylum, where she was ~~confined~~ a patient for five months last year.

Signed, Name, Geo. Reid

Place of Abode, St Marys Grove, Stafford

Dated this 22nd day of May One Thousand Eight Hundred and Eighty seven

85

MEDICAL CERTIFICATE.—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

(a) *Here 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.*

(b) Physician, surgeon, *or* apothecary, *as the case may be.*

(c) *Here insert the street and number of the house (if any), or other like particulars.*

(d) *Insert residence and profession, or occupation (if any) of the patient.*

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

I, the undersigned, Samuel Cookson

being a (a) Member of the Royal College of Surgeons England

and being in actual practice as a (b) Surgeon

hereby certify, that I, on the 22nd day of May

at (c) Stewart Villa. Burley Park Stafford

in the County of Stafford separately from any other Medical Practitioner,

personally examined Mary Douglas Hills

of (d) Stewart Villa, Burley Park Stafford and that

the said Mary Douglas Hills

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

(f) *Here state the facts.*

1. Facts indicating Insanity observed by myself (f) Is very low & depressed says she has feeling come over her sometimes which she cannot restrain seems to have a desire to be placed where she can do herself no injury Has a large bruise on her forehead the result of a fall caused as stated below — seems decidedly suicidal

(g) *Here state the information, and from whom.*

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

Mr. Mary Hills her husband says that two days ago she threw herself over the staircase for a distance of seven thirty feet, was only saved from destruction by her dress catching — she is continually thinking of destroying herself & they dare not leave her a moment — Has been in an asylum on a previous occasion

Signed, Name, Samuel Cookson Surg

Place of Abode, 8 Lichfield Road. Stafford

Dated this 22 day of May One Thousand Eight Hundred and Eighty Seven

— 1614 —

NOTICE OF ADMISSION.

To be forwarded to the Commissioners in Lunacy within one clear day *from the Patient's reception.*

THE RETREAT, NEAR YORK.

I hereby give you Notice, That _____

_____

(a) House or hospital.* was admitted into this (a) _____ as a Private Patient, on the _____ day of _____ 188 , and I hereby transmit a Copy of the Order and Medical Certificates on which he was received (b)

(b) *If a private patient be received upon one certificate only, the special circumstances which have prevented the patient from being examined by two medical practitioners to be here stated, as in the statement accompanying the order for admission.*

Signed, _____

(c) Superintendent or proprietor of —— (c) _____

_____

Dated this _____ day of _____

One Thousand Eight Hundred and Eighty _____

To the Commissioners in Lunacy.

Lunatics 1.
(16 & 17 Vict. c. 96, Sched. C. s. 24.)
(25 & 26 Vict. c. 111.)
Private Patient.

LONDON:
SHAW AND SONS
Fetter Lane, E.C.
(807 D.B.—6-86.)

86

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT.

Sched. (A.) No. 1, Sects. 4, 8.

I, the undersigned, hereby request you to receive Mrs Anne Brittain whom I last saw at 1. Park View Harrogate on the Seventh day of June 1887 (a) a (b) a person of unsound mind as a Patient into your House.

(a) *Within one month previous to the date of the order.*

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

Subjoined is a Statement respecting the said Anne Brittain

Signed, *Name,* Isaac Brittain

Occupation (if any), a Clergyman

Place of Abode, 1. Park View Harrogate

Degree of Relationship (if any) or other circumstances of connection with the Patient. Her Husband

Dated this Seventh day of June One Thousand Eight Hundred and Eighty Seven.

To Doctor Baker.

THE RETREAT, NEAR YORK.

STATEMENT.

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

Name of Patient, with Christian Name at length	Anne Brittain
Sex and Age	Female aged Seventy five years.
Married, Single, or Widowed	Married
Condition of Life, and previous Occupation (if any)	Wife of Isaac Brittain
Religious Persuasion, as far as known	a member of the Church of England
Previous Place of Abode	1. Park View. Harrogate
Whether First Attack	Has been coming on gradually for a year.
Age (if known) on First Attack	Seventy four years
When and where previously under Care and Treatment	Most of the time occasionally, at her abode
Duration of existing Attack	Memory failing for nearly three years Mind affected fifteen months
Supposed Cause	Unknown
Whether subject to Epilepsy	No
Whether Suicidal	No
Whether Dangerous to others	Rather if not attended to
Whether found Lunatic by Inquisition, and Date of Commission or Order for Inquisition	No
Special Circumstances (if any) preventing the Patient being examined, before Admission, separately by Two Medical Practitioners	She has been examined separately by two Medical Practitioners.
Name and Address of Relative to whom Notice of Death to be sent	Rev. Isaac Brittain 1. Park View Harrogate.

(c) *Where the person signing the statement is not the person who signs the order, the following particulars concerning the person signing the statement are to be added.*

Signed, *Name,* (c) Isaac Brittain

Occupation (if any), as above

Place of Abode,

Degree of Relationship (if any), or other circumstances of connection with the Patient.

MEDICAL CERTIFICATE,—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

(a) *Here 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.*

(b) Physician, surgeon, *or* apothecary, *as the case may be.*

(c) *Here insert the street and number of the house (if any) or other like particulars.*

(d) *Insert residence and profession or occupation (if any) of the patient.*

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

(f) *Here state the facts.*

(g) *Here state the information, and from whom.*

I, the undersigned, Adam Bailey

being a (a) Graduate of the University of Cambridge - a Fellow of the Royal College of Physicians of London

and being in actual practice as a (b) Physician

hereby certify, that I, on the Fourth day of June 1887

at (c) No 1. Park View. Harrogate

in the County of York separately from any other Medical Practitioner,

personally examined Ivat Jane Bateman

of (d) Park View, Harrogate, Wife of Grocer and that

the said Ivat Jane Bateman

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

1. Facts indicating Insanity observed by myself (f)

Incoherent Irrational, subject to delusions of being persecuted & followed by police & injure him - Very violent and dangerous to herself & her relatives and attendants.

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

Frequent fits of violence & incapacity of reasoning - are the most ordinary subjects from Nurse & husband.

Signed, Name, Adam Bailey

Place of Abode, Oak Lea, Harrogate

Dated this Fourth day of June One Thousand Eight Hundred and Eighty Seven

87

MEDICAL CERTIFICATE.—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

(a) *Here 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.*

(b) Physician, surgeon, *or* apothecary, *as the case may be.*

(c) *Here insert the street and number of the house (if any), or other like particulars.*

(d) *Insert residence and profession, or occupation (if any) of the patient.*

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

(f) *Here state the facts.*

(g) *Here state the information, and from whom.*

I, the undersigned, Neville Williams

being a (a) Graduate of the University of Cambridge & a Member of the Royal College of Surgeons

and being in actual practice as a (b) Surgeon

hereby certify, that I, on the 4th day of June

at (c) 1 Rock View Harrogate

in the County of York separately from any other Medical Practitioner,

personally examined Mrs Anne Brittain wife of Clergyman

of (d) Rock View Harrogate and that

the said Mrs Anne Brittain

is a (e) person of Unsound mind and a proper Person to be taken charge of and detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself (f) Subject to fits of violence, subject to delusions & dangerous to herself & attendants. Total loss of memory with extreme depression of spirits.

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

For the last twelve or eighteen months she has been utterly unable to attend to herself & at times refuses her food & threatens violence to her friends & attendants. Communicated by nurse & husband.

Signed, *Name,* Neville Williams

Place of Abode, Lyndhurst House Harrogate

Dated this 4th day of June One Thousand Eight Hundred and Eighty seven.

— 1615 —

NOTICE OF ADMISSION.

To be forwarded to the Commissioners in Lunacy within one clear day *from the Patient's reception.*

THE RETREAT, NEAR YORK.

I hereby give you Notice, That _____

_____

(a) House or hospital.

was admitted into this (a) _____ as a Private Patient, on the _____ day of _____ 188 , and I hereby transmit a Copy of the Order and Medical Certificates on which he was received (b)

(b) *If a private patient be received upon one certificate only, the special circumstances which have prevented the patient from being examined by two medical practitioners to be here stated, as in the statement accompanying the order for admission.*

Signed, _____

(c) _____

(c) Superintendent or proprietor of ——

_____

Dated this _____ day of _____

One Thousand Eight Hundred and Eighty _____

To the Commissioners in Lunacy.

Lunatics 1.
(16 & 17 Vict. c. 96, Sched. C. s. 24.)
(25 & 26 Vict. c. 111.)
Private Patient.

LONDON:
SHAW AND SONS
Fetter Lane, E.C.
(807 D.R.—6-86.)

88

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT.

Sched. (A.) No. 1, Sects. 4, 8.

I, the undersigned, hereby request you to receive Mrs Ann Roberts

whom I last saw at 20 Park View Halifax

on the Thirteenth day of June 1887 (a)

a (b) Person of unsound mind as a Patient into your House.

Subjoined is a Statement respecting the said Ann Roberts

(a) *Within one month previous to the date of the order.*

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

Signed, *Name,* Austin Roberts

Occupation (if any), Solicitor's Clerk

Place of Abode, 20 Park View Halifax

Degree of Relationship (if any) or other circumstances of connection with the Patient. Husband

Dated this 13th day of June

One Thousand Eight Hundred and Eighty seven

To Dr Baker

THE RETREAT, NEAR YORK.

STATEMENT.

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

Name of Patient, with Christian Name at length	Ann Roberts
Sex and Age	Female aged 32
Married, Single, or Widowed	Married
Condition of Life, and previous Occupation (if any)	Wife of Solicitors Clerk
Religious Persuasion, as far as known	Congregational
Previous Place of Abode	20 Park View, Halifax
Whether First Attack	Had a mild attack about 8 years ago but not in any Institution –
Age (if known) on First Attack	44 –
When and where previously under Care and Treatment	Own Private Medical attendant at Halifax 8 years ago
Duration of existing Attack	18 months
Supposed Cause	Unknown
Whether subject to Epilepsy	No
Whether Suicidal	No
Whether Dangerous to others	At times
Whether found Lunatic by Inquisition, and Date of Commission or Order for Inquisition	No
Special Circumstances (if any) preventing the Patient being examined, before Admission, separately by Two Medical Practitioners	None
Name and Address of Relative to whom Notice of Death to be sent	Austin Roberts 20 Park View, Halifax –

(c) *Where the person signing the statement is not the person who signs the order, the following particulars concerning the person signing the statement are to be added.*

Signed, *Name,* (c) Austin Roberts

Occupation (if any), as above

Place of Abode,

Degree of Relationship (if any), or other circumstances of connection with the Patient.

TRANSFER OF PRIVATE PATIENT.

16 & 17 Vict., cap. 96, § 20.

CONSENT.

We, the undersigned, Commissioners in Lunacy, hereby consent to the removal, on or before the 19th day of May 1888, of Ann Roberts a Private Patient in The Friends' Retreat, near York, to Grove House, Acomb, near York.

Given under our hands this 3rd day of May in the year of Our Lord One Thousand Eight Hundred and Eighty-eight.

Reginald Vaughan
John D Clayton
} Commissioners in Lunacy.

ORDER.

I,* Austin Roberts the undersigned, having Authority to discharge Ann Roberts a Private Patient in The Friends' Retreat, near York, hereby order and direct that the said Ann Roberts be removed therefrom to Grove House, Acomb, near York.

Given under my hand this* 14th day of May in the year of Our Lord One Thousand Eight Hundred and Eighty-eight.

(Signed) Austin Roberts

Place of Abode 70 Park View, Halifax

* Note. This order must be signed and dated *subsequently* to the consent of the Commissioners; and it must be signed by—

1. The person *who signed the order* for the Patient's admission:
2. If such person be incapable (by reason of insanity, or absence from England, or otherwise), or if he be dead, then by the *Husband or Wife* of the patient:
3. If there be no Husband or Wife, then by the Patient's *Father:*
4. If there be no Father, then by the Patient's *Mother:*
5. If there be no Father or Mother, then by any *one* of the Patient's *nearest of kin:* or by the person *who made the last payment* on the Patient's account.

R & S (20,710a) 1000 12—86

MEDICAL CERTIFICATE,—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

(a) *Here 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.*

(b) Physician, surgeon, *or* apothecary, *as the case may be.*

(c) *Here insert the street and number of the house (if any) or other like particulars.*

(d) *Insert residence and profession or occupation (if any) of the patient.*

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

(f) *Here state the facts.*

(g) *Here state the information, and from whom.*

I, the undersigned, Solomon Charles Smith

being a (a) Doctor of Medicine and a member of the Royal College of Surgeons of England

and being in actual practice as a (b) Surgeon

hereby certify, that I, on the ~~[illegible]~~ 8th day of June 1887

at (c) 20 Park View Halifax

in the County of York separately from any other Medical Practitioner,

personally examined Ann Roberts

of (d) 20 Park View Halifax and that

the said Ann Roberts

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

1. Facts indicating Insanity observed by myself (f) restlessness of manner incoherent talk - frequent laughter continued for some time and apparently without cause.
She states that there is electricity under the boards of the house, but she was so incoherent and so full of laughter that it was ~~difficult to~~ impossible to make her thoroughly describe her delusions

2. Other facts (if any) indicating Insanity communicated to me by others (g)
her husband Austin Roberts states that for a long time Ann Roberts has been restless at night, walking about the house in her night dress, banging the doors and last week went out of doors in that state. that she talks about having large property which she does not possess that she thinks there are electric wires laid under the floor that she has threatened the servant with a knife & has several times attacked & struck her daughter.

Signed, *Name,* Solomon Charles Smith

Place of Abode, St. Johns House Halifax

Dated this 11th day of June One Thousand Eight Hundred and Eighty seven

90

MEDICAL CERTIFICATE.—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

(a) *Here 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.*

(b) Physician, surgeon, *or* apothecary, *as the case may be.*

(c) *Here insert the street and number of the house (if any), or other like particulars.*

(d) *Insert residence and profession, or occupation (if any) of the patient.*

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

(f) *Here state the facts.*

(g) *Here state the information, and from whom.*

I, the undersigned, John Hooper Wright

being a (a) Member of the Royal College of Surgeons of England

and being in actual practice as a (b) Surgeon

hereby certify, that I, on the 15th day of June 1887

at (c) 20 Park Terr. Halifax

in the County of York separately from any other Medical Practitioner,

personally examined Mrs Ann Roberts

of (d) 20 Park Ter, Halifax, Yorks, and that

the said Mrs Ann Roberts

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

1. Facts indicating Insanity observed by myself (f) Immoderate laughter, incessant & senseless talking. States that the Queen is her milliner, that they won't let her go to the Queen's wedding in white kid boots

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

Husband, Austin Roberts, tells me that his wife Ann Roberts does not sleep. thinks she is the Queen, that she is violent & has attempted to attack her ~~daughter~~ aged [illegible] with a knife.

See cert

Signed, *Name,* John Hooper Wright

Place of Abode, 9 Park Road Halifax

Dated this 11th day of June One Thousand Eight Hundred and Eighty Seven

- 1616 -

NOTICE OF ADMISSION.

To be forwarded to the Commissioners in Lunacy within one clear day *from the Patient's reception.*

THE RETREAT, NEAR YORK.

I hereby give you Notice, That _____

_____

(a) House or hospital.

was admitted into this (a) _____ as a Private Patient, on the

_____ day of _____ 188 , and I hereby

transmit a Copy of the Order and Medical Certificates on which he was

received (b)

(b) *If a private patient be received upon one certificate only, the special circumstances which have prevented the patient from being examined by two medical practitioners to be here stated, as in the statement accompanying the order for admission.*

Signed, _____

(c) _____

(c) Superintendent or proprietor of ——

_____

Dated this _____ day of _____

One Thousand Eight Hundred and Eighty _____

To the Commissioners in Lunacy.

Lunatics 1.
(16 & 17 Vict. c. 96, Sched. C. s. 24.)
(25 & 26 Vict. c. 111.)
Private Patient.

LONDON:
SHAW AND SONS
Fetter Lane, E.C.
(807 D.B.—6-86.)

91

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT.

Sched. (A.) No. 1, Sects. 4, 8.

I, the undersigned, hereby request you to receive Mary Eliza Whitwham ~~67 Main Street~~ St, Bingley whom I last saw at 67 Bingley on the 27th day of June 1887 (a) a (b) Person of unsound Mind as a Patient into your House.

(a) *Within one month previous to the date of the order.*

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

Subjoined is a Statement respecting the said Mary Eliza Whitwham

Signed, *Name,* James Heaton Whitwham

Occupation (if any), Tobacconist

Place of Abode, 67 Main Street Bingley

Degree of Relationship (if any) or other circumstances of connection with the Patient. Husband

Dated this 27th day of June One Thousand Eight Hundred and Eighty seven

To Dr Baker

THE RETREAT, NEAR YORK.

STATEMENT.

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

Name of Patient, with Christian Name at length	Mary Eliza Whitwham
Sex and Age	Female 21 years
Married, Single, or Widowed	Married
Condition of Life, and previous Occupation (if any)	Formerly in domestic service
Religious Persuasion, as far as known	Wesleyan Reform (Methodist)
Previous Place of Abode	Ireland Bridge Bingley
Whether First Attack	Yes
Age (if known) on First Attack	(21.) 13 Weeks ago
When and where previously under Care and Treatment	At ~~own home~~ & amongst friends
Duration of existing Attack	11 weeks.
Supposed Cause	Not known
Whether subject to Epilepsy	No
Whether Suicidal	Yes.
Whether Dangerous to others	No
Whether found Lunatic by Inquisition, and Date of Commission or Order for Inquisition	No
Special Circumstances (if any) preventing the Patient being examined, before Admission, separately by Two Medical Practitioners	No ~~James Heaton Whitwham 67 Main St Bingley~~
Name and Address of Relative to whom Notice of Death to be sent	~~Thomas Rhodes 3 Scott St Bingley~~

(c) *Where the person signing the statement is not the person who signs the order, the following particulars concerning the person signing the statement are to be added.*

Signed, *Name,* (c) James Heaton Whitwham

Occupation (if any), Tobacconist

Place of Abode, 67 Main St Bingley

Degree of Relationship (if any), or other circumstances of connection with the Patient. Husband

MEDICAL CERTIFICATE,—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

(a) *Here 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.*

(b) Physician, surgeon, *or* apothecary, *as the case may be.*

(c) *Here insert the street and number of the house (if any) or other like particulars.*

(d) *Insert residence and profession or occupation (if any) of the patient.*

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

(f) *Here state the facts.*

(g) *Here state the information, and from whom.*

I, the undersigned, William Logan

being a (a) Doctor in Medicine & M.R.C.S.E.

and being in actual practice as a (b) Physician & Surgeon

hereby certify, that I, on the 29th day of June 1884

at (c) 6a Main st Bingley

in the County of Yorks. separately from any other Medical Practitioner,

personally examined Mary Eliza Whitehead

of (d) 6a Main st Bingley and that

the said Mary Eliza Whitehead

is a (e) person of unsound mind and a proper Person to be taken charge of and detained

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

1. Facts indicating Insanity observed by myself (f)

She is suffering from great melancholy with delusions such as it is sinful to take food. And that her only escape from some impending imaginary evil is death. I saw her immediately after being taken out of the river to have she had made a most determined attempt to drown herself. Her whole mind & behaviour is completely altered from what it formerly was.

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

Signed, Name, William Logan

Place of Abode, Park Rd. Bingley Yorks.

Dated this 29th day of June One Thousand Eight Hundred and Eighty Seven

92

MEDICAL CERTIFICATE.—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

(a) *Here 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.*

(b) Physician, surgeon, or apothecary, *as the case may be.*

(c) *Here insert the street and number of the house (if any), or other like particulars.*

(d) *Insert residence and profession, or occupation (if any) of the patient.*

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

(f) *Here state the facts.*

(g) *Here state the information, and from whom.*

I, the undersigned, William Dobie

being a (a) Doctor of Medicine of the Univ: of St Andrews & Licentiate of the Royal College of Physicians & Surgeons Edinburgh

and being in actual practice as a (b) Physician & Surgeon

hereby certify, that I, on the 29th day of June 1887

at (c) 24 Cooke Lane, Keighley

in the County of York separately from any other Medical Practitioner,

personally examined Mary Eliza Whitwham

of (d) 67 Main St, Bingley and that

the said Mary Eliza Whitwham

is a (e) Lunatic and a proper Person to be taken charge of and detained

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

1. Facts indicating Insanity observed by myself (f) In my interview with her, which lasted half an hour, it was impossible to engage her in any rational conversation. All that I could get out of her was that she had committed some terrible sin against her husband for which she was sure to be lost, which idea was purely imaginary. She was very much depressed and hardly ever raised her eyes from the ground

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

She believes that unless she dies soon her husband and all her relatives will be ruined. This fact was told me by Phoebe Hannah Foulds of Ireland Bridge, Bingley

Signed, *Name*, William Dobie

Place of Abode, 24 Cooke Lane, Keighley

Dated this 29th day of June One Thousand Eight Hundred and Eighty Seven

— 1614 —

NOTICE OF ADMISSION.

To be forwarded to the Commissioners in Lunacy within one clear day *from the Patient's reception.*

THE RETREAT, NEAR YORK.

I hereby give you Notice, That _____

_____

(a) House or hospital.

was admitted into this (a) _____ as a Private Patient, on the _____ day of _____ 188 , and I hereby transmit a Copy of the Order and Medical Certificates on which he was received (b)

(b) *If a private patient be received upon one certificate only, the special circumstances which have prevented the patient from being examined by two medical practitioners to be here stated, as in the statement accompanying the order for admission.*

Signed, _____

(c) _____

(c) Superintendent or proprietor of ——

_____

Dated this _____ day of _____

One Thousand Eight Hundred and Eighty _____

To the Commissioners in Lunacy.

Lunatics 1.
(16 & 17 Vict. c. 96, Sched. C. s. 24.)
(25 & 26 Vict. c. 111.)
Private Patient.

LONDON:
SHAW AND SONS
Fetter Lane, E.C.
(807 D.B.—6-86.)

93

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT.

Sched. (A.) No. 1, Sects. 4, 8.

I, the undersigned, hereby request you to receive Mary Cloak 14 Alms Houses ~~North Road~~ Mansfield last seen at on the 19th day of 7 Month 1887 (a) a (b) Lunatic as a Patient into your House.

(a) *Within one month previous to the date of the order.*

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

Subjoined is a Statement respecting the said Mary Cloak

Signed, Name, Robert Barringer

Occupation (if any), Mustard Manufr

Place of Abode, ~~West Hill Cottage~~ Mansfield

Degree of Relationship (if any) or other circumstances of connection with the Patient. Trustee of Alms House in which she resides

Dated this 19th day of 7 Month

One Thousand Eight Hundred and Eighty Seven

To Dr Baker

THE RETREAT, NEAR YORK.

STATEMENT.

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

Name of Patient, with Christian Name at length	Mary Cloak
Sex and Age	Female 67
Married, Single, or Widowed	Single
Condition of Life, and previous Occupation (if any)	Milliner
Religious Persuasion, as far as known	Society of Friends
Previous Place of Abode	14 Alms Houses ~~North~~ Mansfield
Whether First Attack	First
Age (if known) on First Attack	67 years
When and where previously under Care and Treatment	Nowhere
Duration of existing Attack	Six months
Supposed Cause	Hereditary
Whether subject to Epilepsy	I believe not
Whether Suicidal	No
Whether Dangerous to others	No
Whether found Lunatic by Inquisition, and Date of Commission or Order for Inquisition	No
Special Circumstances (if any) preventing the Patient being examined, before Admission, separately by Two Medical Practitioners	None
Name and Address of Relative to whom Notice of Death to be sent	James Cloak The Park Nottingham

(c) *Where the person signing the statement is not the person who signs the order, the following particulars concerning the person signing the statement are to be added.*

Signed, Name, (c) Robert Barringer

Occupation (if any), as above

Place of Abode,

Degree of Relationship (if any), or other circumstances of connection with the Patient.

MEDICAL CERTIFICATE,—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

(a) *Here 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.*

(b) Physician, surgeon, *or* apothecary, *as the case may be.*

(c) *Here insert the street and number of the house (if any) or other like particulars.*

(d) *Insert residence and profession or occupation (if any) of the patient.*

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

(f) *Here state the facts.*

(g) *Here state the information, and from whom.*

I, the undersigned, Thomas Godfrey

being a (a) Member of the Royal College of Surgeons of England

and being in actual practice as a (b) Surgeon

hereby certify, that I, on the 19th day of July 1887

at (c) No. 14 The Friends Alms houses Nottingham Road Mansfield

in the County of Nottingham separately from any other Medical Practitioner,

personally examined Mary Cloak late Milliner

of (d) No 14 The Friends Alms Houses Mansfield and that

the said Mary Cloak

is a (e) person of unsound mind and a proper Person to be taken charge of and detained

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

1. Facts indicating Insanity observed by myself (f) She is continually groaning, and moaning, and wandering about her rooms - will answer no questions, nor obey any orders - and conducts herself altogether like one demented never sleeps excepting when under the influence of narcotics, and can with difficulty be induced to take her meals -

2. Other facts (if any) indicating Insanity communicated to me by others (g) Her friend, and neighbour Mrs. Burns says she disturbs the whole of the neighbours by her insane conduct; is constantly expressing that she is brought to poverty, and is like to be turned into the street, altho' she has money, and all necessaries and comforts she requires -

Signed, Name, Thos Godfrey

Place of Abode, Mansfield

Dated this Twelfth day of July One Thousand Eight Hundred and Eighty Seven

94

MEDICAL CERTIFICATE.—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

(a) *Here 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.*

(b) Physician, surgeon, *or* apothecary, *as the case may be.*

(c) *Here insert the street and number of the house (if any), or other like particulars.*

(d) *Insert residence and profession, or occupation (if any) of the patient.*

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

(f) *Here state the facts.*

(g) *Here state the information, and from whom.*

I, the undersigned, George Whitefield Sparke.

being a (a) Member of the Royal College of Surgeons England

and being in actual practice as a (b) Surgeon

hereby certify, that I, on the 19th day of July

at (c) The Friends Alms Houses Mansfield

in the County of Notts separately from any other Medical Practitioner,

personally examined Mary Cloak

of (d) (c) The Friends Alms Houses Mansfield and that

the said Mary Cloak

is a (e) Lunatic and a proper Person to be taken charge of and detained

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

1. Facts indicating Insanity observed by myself (f) She is never still a moment. Keeps opening her boxes and taking things out & putting them back. Says she is sending something useful for a Journey. Her Conversation is quite incoherent. She never leaves moaning

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

Mrs Margaret Binns her neighbor tells me that the above named Mary Cloak has been "queer" for some time. Disturbs the neighborhood with her cries. Says she has no means of procuring food and declines to take any support

Signed, *Name,* George Whitefield Sparke

Place of Abode, Bath House. Mansfield

Dated this 19th day of July One Thousand Eight Hundred and Eighty Seven

– 1618 –

For Consent to Transfer see end of vol. 2066–2168.

NOTICE OF ADMISSION.

To be transmitted within ONE CLEAR DAY from the day of the Patient's Reception.

I hereby give you Notice, That

was admitted into this (*a*) as a Private Patient, on the day of 18 , and I hereby transmit a Copy of the Order and Medical Certificates on which he was received (*b*)

(*a*) House or hospital.

(*b*) *If a private patient be received upon one certificate only, the special circumstances which have prevented the patient from being examined by two medical practitioners to be here stated, as in the statement accompanying the order for admission.*

Signed, _____

(*c*) _____

(*d*) _____

(*c*) Superintendent or proprietor of——

(*d*) Full address.

Dated this day of

One Thousand Eight Hundred and

To the Commissioners in Lunacy.

Lunatics 1.
(16 & 17 Vict. c. 96, Sched. C. s. 24.)
(25 & 26 Vict. c. 111.)
Private Patient.

LONDON:
SHAW AND SONS
Fetter Lane, E.C.
(2—7·86.)

95

ORDER
FOR THE RECEPTION OF A PRIVATE PATIENT.

Sched. (A.) No. 1, Sects. 4, 8.

I, the undersigned, hereby request you to receive Sarah Susanna Charlesworth whom I last saw at Lofthouse on the Nineteenth day of July 1887 (a) a person (b) unsound mind as a Patient into your House.

(a) *Within one month previous to the date of the order.*

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

Subjoined is a Statement respecting the said Sarah Susanna Charlesworth

Signed, *Name,* Joseph Charlesworth

Occupation (if any), ~~Lofthouse~~ Colliery Owner

Place of Abode, Lofthouse Park

Degree of Relationship (if any) or other circumstances of connection with the Patient. Brother

Dated this Nineteenth day of July One Thousand Eight Hundred and Eighty Seven

To Dr Baker.

(c) Proprietor or superintendent of ——

(d) *Describing the house or hospital by situation and name, if any.*

(c) Superintendent of (d) The Friends Retreat York

STATEMENT.

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

Name of Patient, with Christian Name at length	Sarah Susanna Charlesworth
Sex and Age	Female - 36 years.
Married, Single, or Widowed	Single
Condition of Life, and previous Occupation (if any)	Lady with no occupation
Religious Persuasion, as far as known	Church of England
Previous Place of Abode	Lofthouse Park
Whether First Attack	as far as I know first attack
Age (if known) on First Attack	36 years
When and where previously under Care and Treatment	no where
Duration of existing Attack	From June last (June 1887) to present time
Supposed Cause	None that I know of.
Whether subject to Epilepsy	no
Whether Suicidal	not as far as I know
Whether Dangerous to others	~~not at present~~ no.
Whether found Lunatic by Inquisition, and Date of Commission or Order for Inquisition	no
Special Circumstances (if any) preventing the Patient being examined, before Admission, separately by Two Medical Practitioners	none
Name and Address of Relative to whom Notice of Death to be sent	Joseph Charlesworth Lofthouse Wakefield

(e) *Where the person signing the statement is not the person who signs the order, the following particulars concerning the person signing the statement are to be added.*

Signed, *Name,* (e) Joseph Charlesworth

Occupation (if any), ~~Lofthouse~~ Colliery Owner

Place of Abode, Lofthouse Park

Degree of Relationship (if any), or other circumstances of connection with the Patient. Brother

MEDICAL CERTIFICATE.—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

(a) *Here 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.*

(b) Physician, surgeon, *or* apothecary, *as the case may be.*

(c) *Here insert the street and number of the house (if any), or other like particulars.*

(d) *Insert residence and profession, or occupation (if any) of the patient.*

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

(f) *Here state the facts.*

(g) *Here state the information, and from whom.*

I, the undersigned, Hubert Coddington Major being a (a) Doctor of Medicine of the University of Edinburgh and being in actual practice as a (b) Physician hereby certify, that I, on the Eighteenth day of July 1887 at (c) Lofthouse Park, N. Wakefield in the County of York separately from any other Medical Practitioner, personally examined Sarah Susanna Charlesworth of (d) Lofthouse Park W. Wakefield (of no occupation) and that the said Sarah Susanna Charlesworth is a (e) person of unsound mind and a proper Person to be taken charge of and detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself (f) She tells me that she is annoyed day and night by the voices of certain persons who follow her about and who intend to kill, first her relatives and then herself; and that they call her by insulting names and use obscene expressions towards her. She is evidently profoundly under the influence of these impressions which are entirely delusional, and she is morbidly reserved, suspicious and depressed in manner and appearance.

2. Other facts (if any) indicating Insanity communicated to me by others (g) Rev. Joseph Charlesworth, of Lofthouse Park, brother of the patient, informs me that she is under constant dread from the delusions above stated; that she locks herself up in her room during the day, and that she shows a marked change of feeling and behaviour towards her nearest relatives.

Signed, Name, Hubert C. Major M.D.

Place of Abode, 152 Manningham Lane, Bradford, Yorks.

Dated this Eighteenth day of July One Thousand Eight Hundred and Eighty-seven.

MEDICAL CERTIFICATE,—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

(a) *Here 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.*

(b) Physician, surgeon, *or* apothecary, *as the case may be.*

(c) *Here insert the street and number of the house (if any) or other like particulars.*

(d) *Insert residence and profession or occupation (if any) of the patient.*

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

(f) *Here state the facts.*

(g) *Here state the information, and from whom.*

I, the undersigned, James Hunter

being a (a) Bachelor of Medicine and Master of Surgery of the University of Edinburgh

and being in actual practice as a (b) Physician

hereby certify, that I, on the Eighteenth day of July 1887

at (c) Softhouse Park near Wakefield

in the County of York separately from any other Medical Practitioner,

personally examined Sarah Susanna Charlesworth

of (d) Softhouse Park near Wakefield. of no occupation and that

the said Sarah Susanna Charlesworth

is a (e) person of unsound mind and a proper Person to be taken charge of and detained

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

1. Facts indicating Insanity observed by myself (f) In conversation with her I asked why she locked herself up in her room during the day and she replied that she was afraid of someone taking her away in a procession. She also complained of people calling out names at her when out walking. She was disturbed at night with certain voices making insulting remarks to her. she heard voices during the day when alone. She also said people seemed to be plotting against her

2. Other facts (if any) indicating Insanity communicated to me by others (g) Miss Jane Charlesworth, her sister to whom she has expressed some very indecent delusions of which one very extravagant was that she was to be sent away naked with a chamber pot on her head and sitting on one. She also said she was a second Jesus Christ

Signed, Name, James Hunter MB CM

Place of Abode, Thornhill House Wakefield. Yorks

Dated this Nineteenth day of July One Thousand Eight Hundred and Eighty-seven

— 1619 —

NOTICE OF ADMISSION.

To be forwarded to the Commissioners in Lunacy within one clear day *from the Patient's reception.*

THE RETREAT, NEAR YORK.

I hereby give you Notice, That _____

_____

(a) House or hospital.

was admitted into this (a) _____ as a Private Patient, on the _____ day of _____ 188 , and I hereby transmit a Copy of the Order and Medical Certificates on which he was received (b)

(b) *If a private patient be received upon one certificate only, the special circumstances which have prevented the patient from being examined by two medical practitioners to be here stated, as in the statement accompanying the order for admission.*

Signed, _____

(c) _____

(c) Superintendent or proprietor of ——

_____

Dated this _____ day of _____

One Thousand Eight Hundred and Eighty _____

To the Commissioners in Lunacy.

Lunatics 1.
(16 & 17 Vict. c. 96, Sched. C. s. 24.)
(25 & 26 Vict. c. 111.)
Private Patient.

LONDON:
SHAW AND SONS
Fetter Lane, E.C.
(807 D.B.—6-86.)

97

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT.

Sched. (A.) No. 1, Sects. 4, 8.

I, the undersigned, hereby request you to receive Thomas Jefferson whom I last saw at Ripon on the 19th day of July 1887.(a) a (b) person of unsound mind as a Patient into your House.

Subjoined is a Statement respecting the said Thomas Jefferson

(a) *Within one month previous to the date of the order.*

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

Signed, *Name,* Joseph Cass

Occupation (if any), Colliery Agent

Place of Abode, Holgate. York

Degree of Relationship (if any) or other circumstances of connection with the Patient. Uncle-in-law

Dated this 20th day of July

One Thousand Eight Hundred and Eighty 1887

To Dr. Baker

THE RETREAT, NEAR YORK.

STATEMENT.

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

Name of Patient, with Christian Name at length	Thomas Jefferson
Sex and Age	Male 34 years
Married, Single, or Widowed	Married
Condition of Life, and previous Occupation (if any)	photographer
Religious Persuasion, as far as known	Wesleyan
Previous Place of Abode	~~Cousins~~ Cambridge Terrace, Park Road
Whether First Attack	First attack
Age (if known) on First Attack	34 years
When and where previously under Care and Treatment	Nowhere
Duration of existing Attack	about Two months
Supposed Cause	Not known - unless the worry of business
Whether subject to Epilepsy	No
Whether Suicidal	No
Whether Dangerous to others	Not exactly - has threatened to throw himself about
Whether found Lunatic by Inquisition, and Date of Commission or Order for Inquisition	No
Special Circumstances (if any) preventing the Patient being examined, before Admission, separately by Two Medical Practitioners	None
Name and Address of Relative to whom Notice of Death to be sent	His wife - Mary Jefferson 8 Clifford Hill

(c) *Where the person signing the statement is not the person who signs the order, the following particulars concerning the person signing the statement are to be added.*

Signed, *Name,* (c) Joseph Cass

Occupation (if any), Colliery Agent

Place of Abode, Holgate. York.

Degree of Relationship (if any), or other circumstances of connection with the Patient. Uncle-in-law

MEDICAL CERTIFICATE,—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

(a) *Here 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.*

(b) Physician, surgeon, *or* apothecary, *as the case may be.*

(c) *Here insert the street and number of the house (if any) or other like particulars.*

(d) *Insert residence and profession or occupation (if any) of the patient.*

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

(f) *Here state the facts.*

(g) *Here state the information, and from whom.*

I, the undersigned, William Dixon Jefferson

being a (a) Member of Roy. Coll. of Surgs. Eng. & Lic. Roy. Coll. of Physicians.

and being in actual practice as a (b) Surgeon

hereby certify, that I, on the 20th day of July

at (c) 8 Coltsgate Hill - Ripon

in the County of York separately from any other Medical Practitioner,

personally examined Thomas Jefferson

of (d) 8 Coltsgate Hill - Ripon - Photographer and that

the said Thomas Jefferson

is a (e) person of unsound mind and a proper Person to be taken charge of and detained

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

1. Facts indicating Insanity observed by myself (f)

Continually talking idiotic nonsense - Pulling the clothes about, won't get up to go out unless persuaded -

Bothered about money matters -

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

By his wife Mary Jefferson who informs me that: She will not allow her to be in the room & threatens to throw boiling water at anyone who goes in.

Signed, *Name,* William Dixon Jefferson

Place of Abode, North House Ripon

Dated this 20th day of July One Thousand Eight Hundred and Eighty ~~Eight~~ seven

98

MEDICAL CERTIFICATE.—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

(a) *Here 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.*

(b) Physician, surgeon, *or* apothecary, *as the case may be.*

(c) *Here insert the street and number of the house (if any), or other like particulars.*

(d) *Insert residence and profession, or occupation (if any) of the patient.*

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

(f) *Here state the facts.*

(g) *Here state the information, and from whom.*

I, the undersigned, Thomas Collier

being a (a) member of the Royal College of Surgeons, England,

and being in actual practice as a (b) Surgeon

hereby certify, that I, on the 20th day of July

at (c) 8 Coltsgate Hill, Ripon

in the County of York separately from any other Medical Practitioner,

personally examined Thomas Jefferson

of (d) 8 Coltsgate Hill, Ripon, artist and that

the said Thomas Jefferson

is a (e) Lunatic and a proper Person to be taken charge of and detained

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

1. Facts indicating Insanity observed by myself (f)

Rambling talk, never speaks a coherent sentence.
Has delusions about money—
He told me his food was always prepared for him in Church—

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

From Mrs Mary Ella James, 7 Coltsgate Hill, Ripon, who tells me that he takes intense dislike to his wife and threatens to throw things at her. And that he has tried to throw himself out of the window.

Signed, *Name,* Thomas Collier

Place of Abode, 5 Westgate, Ripon

Dated this 20 day of July One Thousand Eight Hundred and Eighty Seven

— 1620 —

NOTICE OF ADMISSION.

To be forwarded to the Commissioners in Lunacy within one clear day *from the Patient's reception.*

THE RETREAT, NEAR YORK.

I hereby give you Notice, That _____

_____

(a) House or hospital.

was admitted into this (a) _____ as a Private Patient, on the _____ day of _____ 188 , and I hereby transmit a Copy of the Order and Medical Certificates on which he was received (b)

(b) *If a private patient be received upon one certificate only, the special circumstances which have prevented the patient from being examined by two medical practitioners to be here stated, as in the statement accompanying the order for admission.*

Signed, _____

(c) _____

(c) Superintendent or proprietor of ——

_____

Dated this _____ day of _____

One Thousand Eight Hundred and Eighty _____

To the Commissioners in Lunacy.

Lunatics 1.
(16 & 17 Vict. c. 96, Sched. C. s. 24.)
(25 & 26 Vict. c. 111.)
Private Patient.

LONDON:
SHAW AND SONS
Fetter Lane, E.C.
(807 D.B.—6-86.)

99

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT.

Sched. (A.) No. 1, Sects. 4, 8.

I, the undersigned, hereby request you to receive Bryan John Francis Sabin whom I last saw at Burn Hall near the City of Durham on the twenty second day of July 1883 (a) a (b) person of unsound mind as a Patient into your House.

(a) *Within one month previous to the date of the order.*

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

Subjoined is a Statement respecting the said Bryan John Francis Sabin

Signed, *Name,* E. Gleadowe Marshall

Occupation (if any), Solicitor

Place of Abode, Mainsforth Hall Ferry Hill Co Durham

Degree of Relationship (if any) or other circumstances of connection with the Patient. Patient's Solicitor & Manager of Estate

Dated this 25th day of July

One Thousand Eight Hundred and Eighty seven

To Dr Baker

THE RETREAT, NEAR YORK.

STATEMENT.

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

Name of Patient, with Christian Name at length	Bryan John Francis Sabin
Sex and Age	Male - will be 41 on 28th instant
Married, Single, or Widowed	Single
Condition of Life, and previous Occupation (if any)	Esquire, no previous occupation
Religious Persuasion, as far as known	Roman Catholic
Previous Place of Abode	Burn Hall, Durham
Whether First Attack	No
Age (if known) on First Attack	30
When and where previously under Care and Treatment	Oct. 1875 to June 1876 Dr Nunns, Clapton and Retreat York Aug. to Nov. 1880 - Dec. 1881 to July 1882 - Dec. 1883 to Oct. 1884.
Duration of existing Attack	about a week
Supposed Cause	Constitutional
Whether subject to Epilepsy	No
Whether Suicidal	Not known
Whether Dangerous to others	Not known
Whether found Lunatic by Inquisition, and Date of Commission or Order for Inquisition	No
Special Circumstances (if any) preventing the Patient being examined, before Admission, separately by Two Medical Practitioners	None
Name and Address of Relative to whom Notice of Death to be sent	Henry Sabin - 23 Brook Street - Grosvenor Square London

(c) *Where the person signing the statement is not the person who signs the order, the following particulars concerning the person signing the statement are to be added.*

Signed, *Name,* (c) E Gleadowe Marshall

Occupation (if any),

Place of Abode,

Degree of Relationship (if any), or other circumstances of connection with the Patient.

MEDICAL CERTIFICATE,—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

(a) *Here 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.*

(b) Physician, surgeon, *or* apothecary, *as the case may be.*

(c) *Here insert the street and number of the house (if any) or other like particulars.*

(d) *Insert residence and profession or occupation (if any) of the patient.*

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

(f) *Here state the facts.*

(g) *Here state the information, and from whom.*

I, the undersigned, Isaac Menzies Williams

being a (a) Member of the Royal College of Surgeons, England

and being in actual practice as a (b) Surgeon

hereby certify, that I, on the twenty sixth day of July 1887

at (c) 4 Milton Terrace, Hull Road, York

in the County of York separately from any other Medical Practitioner,

personally examined Bryan John Francis Salvin

of (d) Burn Hall near the City of Durham, Esquire and that

the said Bryan John Francis Salvin

is a (e) person of unsound mind and a proper Person to be taken charge of and detained

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

1. Facts indicating Insanity observed by myself (f) Mr Salvin states he never sleeps at night. He is depressed in his appearance and sits moody on his sofa. It is with great difficulty I can get him to answer any question & he refuses to enter into conversation at all.
His appearance indicates a tendency to Melancholia.

IMW

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

IMW. George Thomas ~~Addison~~ Addison attending on Mr Salvin states that he has frequently refused his food. Last night he begged Mr Addison to protect him as he knew "they" were going to torture him & he got up in the middle of the night & declared he was going to be stabbed by Mr Addison.
Mr Addison also states Mr Salvin is very dirty in his habits.

Signed, Name, I M Williams. Surgeon

Place of Abode, 48 Micklegate York

Dated this 26th day of July One Thousand Eight Hundred and Eighty Seven.

100

MEDICAL CERTIFICATE.—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

(a) *Here 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.*

(b) Physician, surgeon, or apothecary, *as the case may be.*

(c) *Here insert the street and number of the house (if any), or other like particulars.*

(d) *Insert residence and profession, or occupation (if any) of the patient.*

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

(f) *Here state the facts.*

(g) *Here state the information, and from whom.*

I, the undersigned, Sandford Scotch Lessey

being a (a) Member of the Royal College of Surgeons. England.

and being in actual practice as a (b) Surgeon

hereby certify, that I, on the 26th day of July 1887

at (c) 4 Milton Terrace : York

in the County of York separately from any other Medical Practitioner,

personally examined Bryan John Francis Salvin

of (d) Burn Hall. near Thearty of Burbank, England and that

the said Bryan John Francis Salvin

is a (e) Person of unsound mind and a proper Person to be taken charge of and detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself (f). Mr Salvin appears very depressed. He sits refusing to enter into any conversation, and answering only a few of the questions put to him. When he does answer, he is ~~very~~ at times slow in doing so, at others he replies readily. His replies are fairly accurate, though he gives them with some uncertainty. He states that he never sleeps at night. and that his memory is worse than it was a few years ago.

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

S.S.L. George Thomas Addison

The attendant says he told him "not to play with the knife - and not to stab him" last night and that he feared someone was going to torture him. He has great difficulty in getting him to take his food. He is very dirty and unkindly talk to him on any subject. ~~He has his~~ He states that Mr Salvin never sleeps at night.

Signed, *Name,* Sandford Scotch Lessey

Place of Abode, 6 Belmont. York

Dated this 26th day of July One Thousand Eight Hundred and Eighty 7.

— 1621 —

NOTICE OF ADMISSION.

To be transmitted within ONE CLEAR DAY from the day of the Patient's Reception.

I hereby give you Notice, That Willia

was admitted into this (*a*) _____ as a Private Patient, on the _____ day of _____ 18___, and I hereby transmit a Copy of the Order and Medical Certificates on which he was received (*b*)

(*a*) House or hospital.

(*b*) *If a private patient be received upon one certificate only, the special circumstances which have prevented the patient from being examined by two medical practitioners to be here stated, as in the statement accompanying the order for admission.*

Signed, _____

(*c*) _____

(*d*) _____

(*c*) Superintendent or proprietor of ———

(*d*) Full address.

Dated this _____ day of _____

One Thousand Eight Hundred and _____

To the Commissioners in Lunacy.

Lunatics 1.
(16 & 17 Vict. c. 96, Sched. C s. 24.)
(25 & 26 Vict. c. 111.)
Private Patient.

LONDON:
SHAW AND SONS,
Fetter Lane, E.C.
(2—3·87.)

101

2r

ORDER
FOR THE RECEPTION OF A PRIVATE PATIENT.
Sched. (A.) No. 1, Sects. 4, 8.

I, the undersigned, hereby request you to receive William West

whom I last saw at The Railway Station York

on the Eighth day of August 1887 (a)

a (b) person of unsound mind as a Patient into your House.

Subjoined is a Statement respecting the said William West

(a) Within one month previous to the date of the order.

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

Signed, Name, Theodore West

Occupation (if any), Engineer

Place of Abode, 6 Prince Terrace Darlington

Degree of Relationship (if any) or other circumstances of connection with the Patient. Father

Dated this Eighth day of August

One Thousand Eight Hundred and Eighty Seven

To Dr. Baker

(c) Superintendant (d) York Retreat

(c) Proprietor or superintendent of ——

(d) Describing the house or hospital by situation and name, if any.

STATEMENT.

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

Name of Patient, with Christian Name at length	William West
Sex and Age	Male Thirty two
Married, Single, or Widowed	Married
Condition of Life, and previous Occupation (if any)	Agent to the Montserrat Pineapple Co. L.
Religious Persuasion, as far as known	Member of Society of Friends
Previous Place of Abode	Belle View Montserrat West Indies
Whether First Attack	Yes
Age (if known) on First Attack	Thirty one or two (doubtful)
When and where previously under Care and Treatment	Nowhere
Duration of existing Attack	Doubtful
Supposed Cause	Not known
Whether subject to Epilepsy	No.
Whether Suicidal	No
Whether Dangerous to others	Disposed to be so
Whether found Lunatic by Inquisition, and Date of Commission or Order for Inquisition	No
Special Circumstances (if any) preventing the Patient being examined, before Admission, separately by Two Medical Practitioners	None
Name and Address of Relative to whom Notice of Death to be sent	his Father as above

(e) Where the person signing the statement is not the person who signs the order, the following particulars concerning the person signing the statement are to be added.

Signed, Name, (e) Theodore West

Occupation (if any), Engineer

Place of Abode, 6 Prince Terrace Darlington

Degree of Relationship (if any), or other circumstances of connection with the Patient. Father

MEDICAL CERTIFICATE.—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

I, the undersigned, Daniel Hack Tuke

being a (a) Fellow of the Royal College of Physicians in London

and being in actual practice as a (b) Physician

hereby certify, that I, on the 8th. day of August 1887

at (c) 63 Welbeck Street, W.

in the County of Middlesex separately from any other Medical Practitioner,

personally examined William West

of (d) Bellevue, Montserrat, West Indies Agent to the Montserrat Lime Juice Co. Lim. and that DHT.

the said William West

is a (e) person of unsound mind and a proper Person to be taken charge of and detained

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

1. Facts indicating Insanity observed by myself (f) He answers questions very slowly and exhibits great defect of memory. Repeats the same thing frequently. Confused as to his present locality. Thinks people are unkind to him including his father which is a delusion. Articulation affected, tongue tremulous, and his gait unsteady.

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

His wife, Margaret Fleck West says that her husband's character has completely changed; that he cannot attend to business, that he appropriates property without any motive & that he had a delusion when on board ship returning DHT. to England that knives were being sharpened in order to kill him

Signed, Name, Daniel Hack Tuke MD

Place of Abode, Lyndon Lodge Hanwell W.

Dated this 8th day of August One Thousand Eight Hundred and 87.

(a) Here 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.

(b) Physician, surgeon, or apothecary, as the case may be.

(c) Here insert the street and number of the house (if any), or other like particulars.

(d) Insert residence and profession, or occupation (if any) of the patient.

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

(f) Here state the facts.

(g) Here state the information, and from whom.

102

MEDICAL CERTIFICATE,—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

I, the undersigned, Harrington Sainsbury

being a (a) Doctor of Medicine of the University of London

and being in actual practice as a (b) Physician

hereby certify, that I, on the 8th day of August 1887

at (c) 63 Welbeck St W

in the County of Middlesex separately from any other Medical Practitioner,

personally examined William West

of (d) Bellevue, Montserrat – West Indies (agent to the Montserrat Lime Juice Co Limited (H.S.)) and that

the said William West

is a (e) person of unsound mind and a proper Person to be taken charge of and detained

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

(a) *Here 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.*

(b) Physician, surgeon, *or* apothecary, *as the case may be.*

(c) *Here insert the street and number of the house (if any) or other like particulars.*

(d) *Insert residence and profession or occupation (if any) of the patient.*

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

1. Facts indicating Insanity observed by myself (f) The patient has a fatuous expression of face, is slow and very hesitant in speech – he easily becomes confused in thought and his memory is very bad (he is scarcely able to fix the time of his arrival from the West Indies which was on the 6th of August). He complains of unkindness on the part of the captain of the vessel and also of his Father and wife – This is a delusion.

(f) *Here state the facts.*

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

His wife Margaret Fleck West tells me that he has become very much altered of late – has become suspicious and imagining that people are going to steal from him – that he has several times in the night complained of people being in the room, this being a delusion – She states that his memory has failed him greatly of late

(g) *Here state the information, and from whom.*

Signed, Name, Harrington Sainsbury MD

Place of Abode, 63 Welbeck St W

Dated this 8th day of August One Thousand Eight Hundred and Eighty Seven

– 1622 –

NOTICE OF ADMISSION,

To be forwarded to the Commissioners in Lunacy within one clear day *from the Patient's reception.*

THE RETREAT, NEAR YORK.

I hereby give you Notice, that _____

_____

(a) House or hospital.

was admitted into this (a) _____ as a Private Patient, on the _____ day of _____ 188 , and I hereby transmit a Copy of the Order and Medical Certificates on which he was received (b).

(b) *If a private patient be received upon one certificate only, the special circumstances which have prevented the patient from being examined by two medical practitioners to be here stated, as in the statement accompanying the order for admission.*

Signed, _____

(c) Superintendent or proprietor of———.

(c) _____

_____

Dated this _____ day of _____

One Thousand Eight Hundred and Eighty

To the Commissioners in Lunacy.

Lunatics 1.
(16 & 17 Vict c. 96, sched. C. c. 24;
25 & 26 Vict. c. 111.)
Private Patient.

SHAW & SONS,
Fetter Lane, London,
Publishers of "The Justice of the Peace," a Weekly Legal Journal, price 4½d., post free.

(2895 D.B.—8-87.)

103

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT.

Sched. (A) No. 1, Sects. 4, 8.

I, the undersigned, hereby request you to receive Joseph James Spragson

whom I last saw at 16 St. George's Square

on the tenth day of September (a)

a (b) person of unsound mind as a Patient into your House.

Subjoined is a Statement respecting the said Joseph James Spragson

(a) *Within one month previous to the date of the order.*

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

Signed, *Name,* Elizabeth Ann Spragson

Occupation (if any), —

Place of Abode, 16 St. George's Square

Degree of Relationship (if any), or other circumstances of connection with the Patient wife

Dated this tenth Day of September

One Thousand Eight Hundred and Eighty seven

To Dr. BAKER,

The Retreat, near York.

STATEMENT.

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

Name of Patient, with Christian Name at length	Joseph James Spragson
Sex and Age	Male 54
Married, Single, or Widowed	Married
Condition of Life, and previous Occupation (if any)	Gentleman — previously farmer
Religious Persuasion, as far as known	Society of Friends
Previous Place of Abode	15 years at Hasting Hill, near Sunderland
Whether First Attack	has been coming on gradually for two & a half years
Age (if known) on First Attack	51½ years
When and where previously under Care and Treatment	nowhere before
Duration of existing Attack	3 weeks
Supposed Cause	no occupation & constantly engaged with religious matters
Whether subject to Epilepsy	no
Whether Suicidal	yes
Whether Dangerous to others	yes
Whether found Lunatic by Inquisition, and Date of Commission or Order for Inquisition	no
Special Circumstances (if any) preventing the Patient being examined, before Admission, separately by Two Medical Practitioners	none
Name and Address of Relative to whom Notice of Death to be sent	Mrs Spragson 16 St Georges Square Sunderland

(c) *Where the person signing the statement is not the person who signs the order, the following particulars concerning the person signing the statement are to be added.*

Signed, *Name,* (c) Elizabeth Ann Spragson

Occupation (if any), —

Place of Abode, 16 St George's Square

Degree of Relationship (if any) or other circumstances of connection with the Patient his wife

MEDICAL CERTIFICATE.—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

I, the undersigned, Alexander Bruce Low

being a (a) Doctor in Medicine, University of Edinburgh. Fellow of the Royal College of Physicians of Edinburgh &c

and being in actual practice as a (b) Surgeon

hereby certify, that I, on the 10th day of September

at (c) 16 St. George's Square, Sunderland

in the County of Durham separately from any other Medical Practitioner

personally examined James Joseph Spragson

of (d) 16 St. George's Square and that

the said James Joseph Spragson

is a (e) Person of Unsound Mind and a proper Person to be taken charge of and detained

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

(a) Here 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.

(b) Physician, surgeon, or apothecary, as the case may be.

(c) Here insert the street and number of the house (if any), or other like particulars.

(d) Insert residence and profession, or occupation (if any) of the patient.

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

1. Facts indicating Insanity observed by myself (f) He rambles from one subject to another without finishing what he was going to say: he says he has eyes all over his head: I had to take out my watch & count a minute by his orders & if he took longer to tell me something he would give me ten pounds: he becomes very excited over what he is saying sometimes, & throws wildly: he refuses to take medicine & would not allow me to visit him

2. Other facts (if any) indicating Insanity communicated to me by others (g) His wife tells me he said that if he got a knife he would put an end to himself, advised them to take away knives. He was angry at a friend putting out the light & said if he had had a knife he would have killed him, or the poker would have done.

(f) Here state the facts.

(g) Here state the information, and from whom.

Signed, Name, A. Bruce Low

Place of Abode, 15 Waterloo Place

Dated this 10th day of September One Thousand Eight Hundred and Eighty seven

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MEDICAL CERTIFICATE.—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

I, the undersigned, Edwin Allan Maing

being a (a) Member of the College of Surgeons England

and being in actual practice as a (b) Surgeon

hereby certify, that I, on the tenth day of September

at (c) 16 St Georges Square, Sunderland,

in the County of Durham separately from any other Medical Practitioner

personally examined Joseph James Masson

of (d) 16 St Georges Square, Sunderland and that

the said Joseph James Masson

is a (e) person of unsound mind and a proper Person to be taken charge of and detained

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

(a) *Here 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.*

(b) Physician, surgeon, *or* apothecary, *as the case may be.*

(c) *Here insert the street and number of the house (if any), or other like particulars.*

(d) *Insert residence and profession, or occupation (if any) of the patient.*

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

(f) *Here state the facts.*

1. Facts indicating Insanity observed by myself (f)

Talks incessantly rambling & disjointed conversation, informed me that he had addressed the House of Commons yesterday evening & that Samuel Morley was present

(g) *Here state the information, and from whom.*

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

That he had attempted to strangle himself last night, I was informed of this from Mrs Vane, of Woodbine Sunderland

Signed, Name, Edwin Allan Maing

Place of Abode, John St. Sunderland

Dated this Tenth day of September One Thousand Eight Hundred and Eighty-seven

NOTICE OF ADMISSION,

To be forwarded to the Commissioners in Lunacy within one clear day *from the Patient's reception.*

THE RETREAT, NEAR YORK.

I hereby give you Notice, that _____

_____

(a) House or hospital.

was admitted into this (a) _____ as a Private Patient, on the _____ day of _____ 188 , and I hereby transmit a Copy of the Order and Medical Certificates on which he was received (b).

(b) *If a private patient be received upon one certificate only, the special circumstances which have prevented the patient from being examined by two medical practitioners to be here stated, as in the statement accompanying the order for admission.*

Signed, _____

(c) _____

(c) Superintendent or proprietor of ——.

_____

Dated this _____ day of _____

One Thousand Eight Hundred and Eighty

To the Commissioners in Lunacy.

Lunatics 1.
(16 & 17 Vict c. 96, schd. C. s. 24; 25 & 26 Vict. c. 111.)
Private Patient.

SHAW & SONS,
Fetter Lane, London,
Publishers of "The Justice of the Peace," a Weekly Legal Journal, price 4½d., post free.

(2895 D.B.—8-87.)

105

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT.

Sched. (A) No. 1, Sects. 4, 8.

I, the undersigned, hereby request you to receive Annie Elizabeth Morrall

whom I last saw at 2 Bainbrigg Road Headingly Leeds

on the nineteenth day of September 1887

a (b) a person of unsound mind as a Patient into your House.

Subjoined is a Statement respecting the said Annie E. H. Morrall

Signed, *Name,* George Morrall

Occupation (if any), Midland Railway Official

Place of Abode, Derby: 134 Osmaston Road.

Degree of Relationship (if any), or other circumstances of connection with the Patient Father

Dated this 19th Day of September

One Thousand Eight Hundred and Eighty Seven.

To Dr. BAKER,

The Retreat, near York.

(a) *Within one month previous to the date of the order.*

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

STATEMENT.

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

Name of Patient, with Christian Name at length	Annie Elizabeth Harriett Morrall
Sex and Age	Female 6, ~~thirty~~ twenty nine
Married, Single, or Widowed	Single
Condition of Life, and previous Occupation (if any)	Assisting in household duties
Religious Persuasion, as far as known	Church of England
Previous Place of Abode	Derby
Whether First Attack	No
Age (if known) on First Attack	Twenty four.
When and where previously under Care and Treatment	In 1882 under Dr. Hall of Headingly In 1886 under Dr. Bethell at Bridgnorth
Duration of existing Attack	About 10 days
Supposed Cause	derangement of Monthly periods
Whether subject to Epilepsy	No
Whether Suicidal	No
Whether Dangerous to others	Doubtful
Whether found Lunatic by Inquisition, and Date of Commission or Order for Inquisition	No
Special Circumstances (if any) preventing the Patient being examined, before Admission, separately by Two Medical Practitioners	none
Name and Address of Relative to whom Notice of Death to be sent	G. Morrall, 134 Osmaston Road, Derby.

(c) *Where the person signing the statement is not the person who signs the order, the following particulars concerning the person signing the statement are to be added.*

Signed, *Name,* (c) Geo. Morrall

Occupation (if any),

Place of Abode, as above

Degree of Relationship (if any) or other circumstances of connection with the Patient

MEDICAL CERTIFICATE.—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

I, the undersigned, Charles Montague Chadwick

(a) Here set forth the qualification entitling the person certifying to practise as a physician, surgeon, or apothecary, *e.g.* gra.:—Fellow of the Royal College of Physicians in London, Licentiate of the Apothecaries' Company, *or as the case may be.*

being a (a) Bachelor of Medicine of the University of Oxford and Member of the Royal College of Physicians London

(b) Physician, surgeon, or apothecary, *as the case may be.*

and being in actual practice as a (b) Physician

hereby certify, that I, on the 19th day of September

(c) Here insert the street and number of the house (if any), or other like particulars.

at (c) 2. Ormond Villa Bainbridge Road Headingley

in the County of York separately from any other Medical Practitioner

personally examined Anne Elizabeth Hanielle Morall

(d) Insert residence and profession, or occupation (if any) of the patient.

of (d) 1 Gordon Terrace Osmaston Road Derby. Spinster and that

the said Anne Elizabeth Hanielle Morall

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

is a (e) person of Unsound Mind and a proper Person to be taken charge of and detained under Care and Treatment, and that I have formed this opinion upon the following grounds; viz.:—

(f) Here state the facts.

1. Facts indicating Insanity observed by myself (f) She is very excited talks on many subjects – is ignorant of her own age tells of soup composed of soft soap and ham which she has lately prepared – asserts that she is the mother of three children – the Father of one being a near relative – she is ignorant where two of these children are but says one is old enough to look after itself – She further denies her mother's relationship to herself – and accuses strange medical men of being the cause of persons deaths by neglect –

(g) Here state the information, and from whom.

2. Other facts (if any) indicating Insanity communicated to me by others (g) Her mother Mrs Elizabeth Morall informs me – that at times the patient threatens to murder her – at other times she is quite affectionate – In a paroxysm of rage she has lately cut off most of her hair of which she was formerly proud. She is in the habit of accusing any man of being the Father of children to herself – and makes baseless accusations against anyone

Signed, Name, Charles Montague Chadwick

Place of Abode, 3. Park Square Leeds.

Dated this 19th day of September One Thousand Eight Hundred and Eighty seven –

MEDICAL CERTIFICATE.—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

I, the undersigned, Wm Hall

(a) Here 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.

being a (a) Member of the Royal Coll. of Surgeons England & Licentiate of the Apothecaries' Co London

(b) Physician, surgeon, or apothecary, as the case may be.

and being in actual practice as a (b) Surgeon

hereby certify, that I, on the 19th day of September 1889

(c) Here insert the street and number of the house (if any), or other like particulars.

at (c) Ormond Villa Bainbridge Road Headingley

in the County of York separately from any other Medical Practitioner

personally examined Annie Elizabeth Harriette Monall Spinster

(d) Insert residence and profession, or occupation (if any) of the patient.

of (d) 1 Grove Terrace Osmaston Road Derby and that

the said Annie Elizabeth Harriette Monall

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

is a (e) person of unsound mind and a proper Person to be taken charge of and detained under Care and Treatment, and that I have formed this opinion upon the following grounds; viz.:—

(f) Here state the facts.

1. Facts indicating Insanity observed by myself (f)

She is very restless perpetually talking in a rambling uncomnected manner — She states that her mother is constantly endeavouring to kill her — that she has found poisons secreted in her mother's wardrobe, and that her mother has locked her up for 5 weeks and has endeavoured to strangle her with a rope and that there is the mark of it on her neck —

(g) Here state the information, and from whom.

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

Her aunt Mrs Roberts of Ormond Villa states that she (A. E. H. Monall) prepared a hot bath on Saturday Sep 17th and sat in it in her clothing — ~~on Saturday night~~ Mr Roberts of Ormond Villa states that on Saturday night Sep 17th — she ran out of the house screaming & calling murder and when captured resisted her return by force

+ A. E. H. Monall —

Signed, Name, W Hall

Place of Abode, Moorlam. Headingley

Dated this 19th day of September One Thousand Eight Hundred and Eighty

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NOTICE OF ADMISSION,

To be forwarded to the Commissioners in Lunacy within one clear day *from the Patient's reception.*

THE RETREAT, NEAR YORK.

I hereby give you Notice, that _____

_____

(a) House or hospital.

was admitted into this (a) _____ as a Private Patient, on the _____ day of _____ 188 , and I hereby transmit a Copy of the Order and Medical Certificates on which he was received (b).

(b) *If a private patient be received upon one certificate only, the special circumstances which have prevented the patient from being examined by two medical practitioners to be here stated, as in the statement accompanying the order for admission.*

Signed, _____

(c) Superintendent or proprietor of——.

(c) _____

_____

Dated this _____ day of _____

One Thousand Eight Hundred and Eighty

To the Commissioners in Lunacy.

Lunatics 1.
(16 & 17 Vict c. 96, sched. C. s. 24; 25 & 26 Vict. c. 111.)
Private Patient.

SHAW & SONS,
Fetter Lane, London,
Publishers of "The Justice of the Peace," a Weekly Legal Journal, price 4½d., post free.

(2895 D.B.—8-87.)

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ORDER FOR THE RECEPTION OF A PRIVATE PATIENT.

Sched. (A) No. 1, Sects. 4, 8.

I, the undersigned, hereby request you to receive Rebecca Macnay whom I last saw at my house on the ~~twenty fourth~~ nineteenth of Sep on the ~~24~~ 19th — day of September 1887 (a) a (b) person of unsound mind as a Patient into your House.

Subjoined is a Statement respecting the said Rebecca Macnay

(a) *Within one month previous to the date of the order.*

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

Signed, *Name,* Susanna Macnay

Occupation (if any), Letting Apartments

Place of Abode, Ladywell Knole Rd Bournemouth

Degree of Relationship (if any), or other circumstances of connection with the Patient Mother

Dated this 24th ~~Twenty fourth~~ Day of September

One Thousand Eight Hundred and Eighty seven

To Dr. BAKER,
The Retreat, near York.

STATEMENT.

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

Name of Patient, with Christian Name at length	Rebecca Macnay
Sex and Age	Female. 21 years
Married, Single, or Widowed	Single
Condition of Life, and previous Occupation (if any)	No occupation
Religious Persuasion, as far as known	Member of Society of Friends
Previous Place of Abode	Luton Bedfordshire
Whether First Attack	The Third
Age (if known) on First Attack	17 years of age
When and where previously under Care and Treatment	Nowhere — except 7 months at Brighton with 2 ladies
Duration of existing Attack	A fortnight
Supposed Cause	Excitement thro' marriage of her sister at this third attack.
Whether subject to Epilepsy	No
Whether Suicidal	No
Whether Dangerous to others	No
Whether found Lunatic by Inquisition, and Date of Commission or Order for Inquisition	No
Special Circumstances (if any) preventing the Patient being examined, before Admission, separately by Two Medical Practitioners	None
Name and Address of Relative to whom Notice of Death to be sent	Mother

(c) *Where the person signing the statement is not the person who signs the order, the following particulars concerning the person signing the statement are to be added.*

Signed, *Name,* (c) Susanna Macnay

Occupation (if any), Letting Apartments.

Place of Abode, Ladywell Knole Rd Bournemouth

Degree of Relationship (if any) or other circumstances of connection with the Patient Mother.

MEDICAL CERTIFICATE.—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

I, the undersigned, William Thomas Mould

being a (a) Licentiate of Royal Coll. of Physicians and Member of Royal Coll. of Surgeons

and being in actual practice as a (b) Physician & Surgeon

hereby certify, that I, on the twenty-first day of September

at (c) Ladywell, Parkwood Road, Portsdown

in the County of Southampton separately from any other Medical Practitioner

personally examined Rebecca Mac Nay

of (d) Ladywell, Knowle Road, Bournemouth and that

the said Rebecca Mac Nay

is a (e) ~~person of unsound mind~~ and a proper Person to be taken charge of and detained

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

(a) *Here 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.*

(b) Physician, surgeon, or apothecary, *as the case may be.*

(c) *Here insert the street and number of the house (if any), or other like particulars.*

(d) *Insert residence and profession, or occupation (if any) of the patient.*

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

(f) *Here state the facts.*

1. Facts indicating Insanity observed by myself (f)

Slow in her answers & generally wanting in intelligence, her room was in a state of disorder owing her things being packed up on floor & newspapers torn. She mistook me for somebody she knew previous & was anxious that I should not leave her

(g) *Here state the information, and from whom.*

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

She was said to be unclearly in her habits & not sufficiently intelligent to play draughts etcetera. She would dress & undress herself several times a day & would not do as she was wanted to.
Told me by Mrs. Wingrove of the above address

Signed, Name, W T Mould

Place of Abode, 44 Fairholme Road, Kensington, London

Dated this twenty-third day of September One Thousand Eight Hundred and Eighty-seven

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MEDICAL CERTIFICATE.—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

I, the undersigned, Thomas Frederick Gardner.

being a (a) duly registered Medical Practitioner

and being in actual practice as a (b) physician & surgeon

hereby certify, that I, on the 22nd day of September

at (c) Ladywell Park Wood Rd Pokesdown

in the County of Hampshire separately from any other Medical Practitioner

personally examined Rebecca MacNay

of (d) Ladywell Knole Rd Bournemouth and that

the said Rebecca MacNay

is a (e) person of unsound mind and a proper Person to be taken charge of and detained

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

(a) *Here set forth the qualification entitling the person certifying to practise as a physician, surgeon, or apothecary, e.g.*:—Fellow of the Royal College of Physicians in London, Licentiate of the Apothecaries Company, *or as the case may be.*

(b) Physician, surgeon, or apothecary, *as the case may be.*

(c) *Here insert the street and number of the house (if any), or other like particulars.*

(d) *Insert residence and profession, or occupation (if any) of the patient.*

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

(f) *Here state the facts.*

1. Facts indicating Insanity observed by myself (f)

She states she has heard me preach at Leeds, that she tears up paper because she is told in the Bible people are better if they don't eat bacon. Says she knows it was my Uncle told her to tear up paper. Rambles in her talk and can only smile in a fixed manner when asked questions.

(g) *Here state the information, and from whom.*

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

Mrs Wingrove of Ladywell as above states She is quite lost at times, tears up any paper she sees into tiny pieces, remains in a naked condition all night. tears up all her clothes, refuses to dress or be dressed

Signed, Name, Fred Gardner

Place of Abode, Kinnberg Boscombe Bournemouth

Dated this 22nd day of September One Thousand Eight Hundred and Eighty Seven.

-1625-

NOTICE OF ADMISSION,

To be forwarded to the Commissioners in Lunacy within one clear day *from the Patient's reception.*

THE RETREAT, NEAR YORK.

I hereby give you Notice, that _____

_____

(a) House or hospital.

was admitted into this (a) _____ as a Private Patient, on the _____ day of _____ 188 , and I hereby transmit a Copy of the Order and Medical Certificates on which he was received (b).

(b) *If a private patient be received upon one certificate only, the special circumstances which have prevented the patient from being examined by two medical practitioners to be here stated, as in the statement accompanying the order for admission.*

Signed, _____

(c) _____

_____

(c) Superintendent or proprietor of———.

Dated this _____ day of _____

One Thousand Eight Hundred and Eighty

To the Commissioners in Lunacy.

Lunatics 1.
(16 & 17 Vict c. 96, sched. C. s. 24; 25 & 26 Vict. c. 111.)
Private Patient.

SHAW & SONS,
Fetter Lane, London,
Publishers of "*The Justice of the Peace.*" a Weekly Legal Journal. price 6½d., post free.

(2895 D.E.—8-87.)

109

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT.

Sched. (A) No. 1, Sects. 4, 8.

I, the undersigned, hereby request you to receive Walter Isaac Buchanan whom I last saw at Sowerby Thirsk on the 29th day of September 1887 (a) a (b) person of unsound mind as a Patient into your House.

Subjoined is a Statement respecting the said Walter Isaac Buchanan

(a) *Within one month previous to the date of the order.*

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

Signed, *Name,* John H. Buchanan

Occupation (if any), Doctor of Medicine

Place of Abode, Sowerby. Thirsk.

Degree of Relationship (if any), or other circumstances of connection with the Patient Father.

Dated this 29th Day of September

One Thousand Eight Hundred and Eighty Seven

To Dr. BAKER,
The Retreat, near York.

STATEMENT.

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

Name of Patient, with Christian Name at length	Walter Isaac Buchanan
Sex and Age	Male 18 Years
Married, Single, or Widowed	Single
Condition of Life, and previous Occupation (if any)	Medical Student
Religious Persuasion, as far as known	Presbyterian
Previous Place of Abode	Sowerby Thirsk
Whether First Attack	First Attack
Age (if known) on First Attack	18 years
When and where previously under Care and Treatment	Never
Duration of existing Attack	Three weeks
Supposed Cause	Study, Fall from a horse on head
Whether subject to Epilepsy	No
Whether Suicidal	Doubtful
Whether Dangerous to others	Yes
Whether found Lunatic by Inquisition, and Date of Commission or Order for Inquisition	No
Special Circumstances (if any) preventing the Patient being examined, before Admission, separately by Two Medical Practitioners	None
Name and Address of Relative to whom Notice of Death to be sent	J. H. Buchanan M.D. Thirsk

(c) *Where the person signing the statement is not the person who signs the order, the following particulars concerning the person signing the statement are to be added.*

Signed, *Name,* (c) John H. Buchanan

Occupation (if any), M.D.

Place of Abode, Sowerby. Thirsk

Degree of Relationship (if any) or other circumstances of connection with the Patient Father

MEDICAL CERTIFICATE.—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

I, the undersigned, William Hood

being a (a) M.R.C.S. England & L.S.A. London

and being in actual practice as a (b) Surgeon

hereby certify, that I, on the 29th day of September 1887.

at (c) No. 7. Belle Vue Terrace, Huntington Road, York.

in the County of York separately from any other Medical Practitioner

personally examined Walter Isaac Buchanan

of (d) Fox's House, Sowerby near Thirsk. a medical student and that

the said Walter Isaac Buchanan

is a (e) Lunatic and a proper Person to be taken charge of and detained

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

(a) *Here 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.*

(b) Physician, surgeon, *or* apothecary, *as the case may be.*

(c) *Here insert the street and number of the house (if any), or other like particulars.*

(d) *Insert residence and profession, or occupation (if any) of the patient.*

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

1. Facts indicating Insanity observed by myself (f) He is incoherent and wild in his talk.— Says that "he cannot control himself when the attacks come on — and that this morning he did beg to leave his father's house and the whole village, but that of course he would have paid with his life once on the spot for this loss".

(f) *Here state the facts.*

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

Communicated by John Hamilton Buchanan of Fox's House, Sowerby, Thirsk. a doctor of medicine and ~~[illegible]~~ father of ~~[illegible]~~ Walter Isaac Buchanan —

That this morning — he threatened to murder his father and to burn the house and village — and believes that his son would have done this if ~~[illegible]~~ he had not been restrained — —.

(g) *Here state the information, and from whom.*

Signed, *Name,* William Hood

Place of Abode, 28 Castlegate = York. =

Dated this 29th day of September One Thousand Eight Hundred and Eighty Seven. =

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MEDICAL CERTIFICATE.—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

I, the undersigned, Sandford Scotch Leddy

being a (a) Member of the Royal College of Surgeons England

and being in actual practice as a (b) Surgeon

hereby certify, that I, on the 29th day of September

at (c) No 7 Belle Vue Terrace. Heslington Road, York

in the County of Yorkshire separately from any other Medical Practitioner

personally examined Walter Isaac Buchanan

of (d) Fox's House, formerly Mr. Thirsk, medical Electrician and that

the said Walter Isaac Buchanan

is a (e) person of unsound mind and a proper Person to be taken charge of and detained

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

(a) Here 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.

(b) Physician, surgeon, or apothecary, as the case may be.

(c) Here insert the street and number of the house (if any), or other like particulars.

(d) Insert residence and profession, or occupation (if any) of the patient.

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

(f) Here state the facts.

1. Facts indicating Insanity observed by myself (f)

She appears excited and looks wild. She talks rapidly and incoherently - passing on from one subject to another indiscriminately. She states that he has the power by himself, with the help of a fairy to have, and armed with a pistol sword. With it he has to destroy all the people of the village where he lives. She states that they number some 800 to 900. She also states that he can make £1000 in a morning day by copying some pictures of his father & selling them.

(g) Here state the information, and from whom.

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

Her father, John Hammond Buchanan of Fox's House formerly Mr Thirsk, a doctor of medicine. says that he has been very queer latterly in his manner & very violent. He threatened to kill his father & stretch his limbs this morning for an apparent reason. She says that his son also said he would burn his house and the whole village. She says that his S.S.L. has changed from being gentle to a violent disposition.

Signed, Name, Sandford Scotch Leddy

Place of Abode, 6 St Lemarks Place York

Dated this 29th day of September One Thousand Eight Hundred and Eighty seven.

-1629-

NOTICE OF ADMISSION.

To be transmitted within ONE CLEAR DAY from the day of the Patient's Reception.

I hereby give you Notice, That

(a) House or hospital.

was admitted into this (a) as a Private Patient, on the day of 18 , and I hereby transmit a Copy of the Order and Medical Certificates on which he was received (b)

(b) *If a private patient be received upon one certificate only, the special circumstances which have prevented the patient from being examined by two medical practitioners to be here stated, as in the statement accompanying the order for admission.*

Signed,

(c) Superintendent or proprietor of——

(d) Full address.

(c)

(d)

Dated this day of

One Thousand Eight Hundred and

To the Commissioners in Lunacy.

Lunatics 1.
(16 & 17 Vict. c. 96, Sched. C. s. 24.)
(25 & 26 Vict. c. 111.)
Private Patient.

LONDON:
SHAW AND SONS
Fetter Lane, E.C.
(2—7-96.)

ORDER
FOR THE RECEPTION OF A PRIVATE PATIENT.
Sched. (A.) No. 1, Sects. 4, 8.

I, the undersigned, hereby request you to receive James Elisha Fox whom I last saw at ~~his own home~~ Princess Villa, at Batley on the Sixteenth day of November 1887. (a) a (b) person of unsound mind as a Patient into your House.

(a) Within one month previous to the date of the order.

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

Subjoined is a Statement respecting the said James Elisha Fox.

Signed, Name, Jane Fox

Occupation (if any), Gentlewoman

Place of Abode, Batley

Degree of Relationship (if any) or other circumstances of connection with the Patient. Wife

Dated this Sixteenth day of November One Thousand Eight Hundred and Eighty Seven

To Dr Baker

(c) The Retreat (d) York.

(c) Proprietor or superintendent of ——

(d) Describing the house or hospital by situation and name, if any.

STATEMENT.

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

Name of Patient, with Christian Name at length	James Elisha Fox
Sex and Age	male, aged forty three years.
Married, Single, or Widowed	married
Condition of Life, and previous Occupation (if any)	——, Corn Merchant
Religious Persuasion, as far as known	Congregationalist
Previous Place of Abode	Gloucester
Whether First Attack	no
Age (if known) on First Attack	~~Do not know~~ about 10 years ago
When and where previously under Care and Treatment	Fairford Retreat Gloucestershire. Sept. 1879
Duration of existing Attack	~~Do not know~~ Three weeks
Supposed Cause	" " " Do not know
Whether subject to Epilepsy	" " " no
Whether Suicidal	no
Whether Dangerous to others	not known to be so
Whether found Lunatic by Inquisition, and Date of Commission or Order for Inquisition	no
Special Circumstances (if any) preventing the Patient being examined, before Admission, separately by Two Medical Practitioners	none
Name and Address of Relative to whom Notice of Death to be sent	Jane Gowman Fox. Princes Villa Batley

(e) Where the person signing the statement is not the person who signs the order, the following particulars concerning the person signing the statement are to be added.

Signed, Name, (e) Arthur Wilson

Occupation (if any), Manufacturer

Place of Abode, Batley Yorks

Degree of Relationship (if any), or other circumstances of connection with the Patient. Brother in Law

MEDICAL CERTIFICATE.—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

(a) *Here 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.*

(b) Physician, surgeon, *or* apothecary, *as the case may be.*

(c) *Here insert the street and number of the house (if any), or other like particulars.*

(d) *Insert residence and profession, or occupation (if any) of the patient.*

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

(f) *Here state the facts.*

(g) *Here state the information, and from whom.*

I, the undersigned, Alfred Swann

being a (a) Member of the Royal Coll. of Surgeons England and Licentiate Society of Apothecaries London

and being in actual practice as a (b) Surgeon

hereby certify, that I, on the Fourteenth day of November 1887

at (c) Princes Villa, Rutland Road, Batley

in the County of York separately from any other Medical Practitioner,

personally examined James Elisha Fax

of (d) Princes Villa, Rutland Road Batley of no occupation and that

the said James Elisha Fax

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

1. Facts indicating Insanity observed by myself (f) He is suspicious and uneasy. Says there are bad smells in the house. That people are trying to poison him. On asking him to sit down and allow me to look at his tongue he did so, but suddenly and excitedly jumped up and left the room. On returning he said I was trying to give him Chloroform. He said he could analyse my medicine. On being asked how said "Oh! you know by putting paper into it". On asking if he meant the evil things he had said to his wife on previous night, he said not now, but could not help saying them at the time. His general behaviour & manner show mental excitement.

2. Other facts (if any) indicating Insanity communicated to me by others (g) from Daughter & wife.

He was lighting fires in the back yard and on being asked why replied he was signalling to the French & for a parson. After my visit yesterday I was informed that he produced a hatchet from under his coat and said if I had touched him he would have done for me.

Signed, Name, Alfred Swann

Place of Abode, Batley Yorkshire

Dated this Sixteenth day of November One Thousand Eight Hundred and Eighty Seven

MEDICAL CERTIFICATE,—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

(a) *Here 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.*

(b) Physician, surgeon, *or* apothecary, *as the case may be.*

(c) *Here insert the street and number of the house (if any) or other like particulars.*

(d) *Insert residence and profession or occupation (if any) of the patient.*

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

(f) *Here state the facts.*

(g) *Here state the information, and from whom.*

I, the undersigned, Herbert Coddington Major being a (a) Doctor of Medicine of the University of Edinburgh and being in actual practice as a (b) Physician hereby certify, that I, on the ~~[illegible]~~ fifteenth day of November 1887 at (c) Princes Villa, Rutland Rd. Batley in the County of York separately from any other Medical Practitioner, personally examined James Elisha Fox of (d) Princes Villa, Rutland Rd. Batley, of no occupation and that the said James Elisha Fox is a (e) person of unsound mind and a proper Person to be taken charge of and detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself (f) He is very suspicious – Refuses rudely to reply to my questions. When ~~[illegible]~~ questioned as to the smells which are said to annoy him asks angrily if "I wish him to swear". Walks about in a restless, agitated manner. His expression & whole bearing are indicative of mental excitement at least & are not those of a sane individual.

2. Other facts (if any) indicating Insanity communicated to me by others (g) Mrs. Fox, wife of patient, informs me that during the last fortnight her husband has imagined that he has detected the odours of drugs – ether &c – about her and others; that he is under the delusion that she and others intend to drug & poison him; that he has in consequence turned ~~his~~ relatives out of the house. He has taken throughout his clothes & sleepless; has at times looked at her in strange & threatening manner and she fears, would easily be violent.

Signed, Name, Herbert C. Major M.D.

Place of Abode, 154 Manningham Lane, Bradford, Yorks

Dated this fifteenth day of November One Thousand Eight Hundred and Eighty-Seven.

– 1624 –

NOTICE OF ADMISSION,

To be forwarded to the Commissioners in Lunacy within one clear day *from the Patient's reception.*

THE RETREAT, NEAR YORK.

I hereby give you Notice, that _____

_____

(a) House or hospital.

was admitted into this (a) _____ as a Private Patient, on the _____ day of _____ 188 , and I hereby transmit a Copy of the Order and Medical Certificates on which he was received (b).

(b) *If a private patient be received upon one certificate only, the special circumstances which have prevented the patient from being examined by two medical practitioners to be here stated, as in the statement accompanying the order for admission.*

Signed, _____

(c) Superintendent or proprietor of———.

(c) _____

_____

Dated this _____ day of _____

One Thousand Eight Hundred and Eighty

To the Commissioners in Lunacy.

Lunatics 1.
(14 & 17 Vict c. 96, sched. C. s. 24; 25 & 26 Vict. c. 111.)
Private Patient.

SHAW & SONS,
Fetter Lane, London,
Publishers of "*The Justice of the Peace,*" a Weekly Legal Journal, price 8½*d.*, post free.

(2895 D.B.—8-87.)

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ORDER FOR THE RECEPTION OF A PRIVATE PATIENT.

Sched. (A) No. 1, Sects. 4, 8.

I, the undersigned, hereby request you to receive Gwendoline Loveday Davies whom I last saw at the Poplars Acomb N. York on the 17th day of November 1887 (a) a (b) person of unsound mind as a Patient into your House.

(a) *Within one month previous to the date of the order.*

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

Subjoined is a Statement respecting the said Gwendoline Loveday Davies

Signed, *Name,* John Blakey Whitehead

Occupation (if any), ~~Ashday Lea~~ No occupation

Place of Abode, Ashday Lea Rawtenstall

Degree of Relationship (if any), or other circumstances of connection with the Patient Uncle

Dated this 17th Day of November One Thousand Eight Hundred and Eighty Seven

To Dr. BAKER,
The Retreat, near York.

STATEMENT.

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

Name of Patient, with Christian Name at length	Gwendoline Loveday Davies
Sex and Age	Female 22
Married, Single, or Widowed	~~Femal~~ Single
Condition of Life, and previous Occupation (if any)	No occupation
Religious Persuasion, as far as known	Church of England
Previous Place of Abode	Park Terrace Poyle
Whether First Attack	Yes
Age (if known) on First Attack	21
When and where previously under Care and Treatment	Nowhere
Duration of existing Attack	about Four Months
Supposed Cause	Unknown
Whether subject to Epilepsy	No
Whether Suicidal	No
Whether Dangerous to others	No
Whether found Lunatic by Inquisition, and Date of Commission or Order for Inquisition	No
Special Circumstances (if any) preventing the Patient being examined, before Admission, separately by Two Medical Practitioners	None
Name and Address of Relative to whom Notice of Death to be sent	John Blakey Whitehead

(c) *Where the person signing the statement is not the person who signs the order, the following particulars concerning the person signing the statement are to be added.*

Signed, *Name,* (c) John Blakey Whitehead

Occupation (if any), No occupation

Place of Abode, Ashday Lea Rawtenstall

Degree of Relationship (if any) or other circumstances of connection with the Patient Uncle

MEDICAL CERTIFICATE.—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

I, the undersigned, William Hood.

being a (a) M.R.C.S. Eng. L.S.A. London. duly registered.

and being in actual practice as a (b) Surgeon

hereby certify, that I, on the 18th day of November — 1887.

at (c) The house of Mrs Wright: The Poplars. Acomb near York

in the County of Yorkshire separately from any other Medical Practitioner

personally examined Gwendoline Lowndes Davies: a Spinster

of (d) Park Tower, Ryde —. and that

the said Gwendoline Lowndes Davies

is a (e) Lunatic and a proper Person to be taken charge of and detained

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

(a) *Here 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.*

(b) Physician, surgeon, *or* apothecary, *as the case may be.*

(c) *Here insert the street and number of the house (if any), or other like particulars.*

(d) *Insert residence and profession, or occupation (if any) of the patient.*

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

1. Facts indicating Insanity observed by myself (f) She says that "She is Amy Robsart.— That she was hanged three weeks since at Newgate prison and had the drop — that she has just been liberated from there".
"That the figures from the engravings on the wall, came down from their frames and talk to her".

(f) *Here state the facts.*

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

(g) *Here state the information, and from whom.*

Signed, *Name,* William Hood

Place of Abode, 28 Castlegate. York.

Dated this 18th day of November One Thousand Eight Hundred and Eighty Seven.

MEDICAL CERTIFICATE.—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

I, the undersigned, Francis Henry Weekes

being a (a) Fellow of the Royal College of Surgeons. England

and being in actual practice as a (b) Surgeon

hereby certify, that I, on the 18th day of ~~June~~ November 1887

at (c) The House of Mrs Wright - The Poplars - acomb - York

in the County of York separately from any other Medical Practitioner

personally examined Gwendoline Loveday Davies - Spinster

of (d) Park Tower - Ryde and that

the said Gwendoline Loveday Davies

is a (e) person of unsound mind and a proper Person to be taken charge of and detained

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

(a) Here 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.

(b) Physician, surgeon, or apothecary, as the case may be.

(c) Here insert the street and number of the house (if any), or other like particulars.

(d) Insert residence and profession, or occupation (if any) of the patient.

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

(f) Here state the facts.

1. Facts indicating Insanity observed by myself (f)

i She laughs frequently in a silly manner, without any apparent cause —

ii Not being deaf, she wishes to have simple questions repeated several times, before answering - Sometimes no answer is given at all.

iii She tells me that she has just spent 3 mo. in newgate prison, which I am informed is untrue -

iv She tells me she is married, whereas I am told she is a Spinster.

v Her memory is defective, she does not know ~~the~~ what month, or year, it is, or how long she has been here —

vi She tells me that lately she saw the house was on fire, so she ran in her night dress only on, to a church, late at night — The house I am told was not on fire

(g) Here state the information, and from whom.

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

Signed, Name, Francis Henry Weekes

Place of Abode, 3 St Leonards - York

Dated this 18th day of November One Thousand Eight Hundred and Eighty seven —

- 1628 -

NOTICE OF ADMISSION,

To be forwarded to the Commissioners in Lunacy within one clear day *from the Patient's reception.*

THE RETREAT, NEAR YORK.

I hereby give you Notice, that _____

_____

(a) House or hospital.

was admitted into this (a) _____ as a Private Patient, on the _____ day of _____ 188 , and I hereby transmit a Copy of the Order and Medical Certificates on which he was received (b).

(b) *If a private patient be received upon one certificate only, the special circumstances which have prevented the patient from being examined by two medical practitioners to be here stated, as in the statement accompanying the order for admission.*

Signed, _____

(c) Superintendent or proprietor of———.

(c) _____

_____

Dated this _____ day of _____

One Thousand Eight Hundred and Eighty

To the Commissioners in Lunacy.

Lunatics 1.
(16 & 17 Vict c. 96, sched. C. s. 24; 25 & 26 Vict. c. 111.)
Private Patient.

SHAW & SONS,
Fetter Lane, London,
Publishers of "*The Justice of the Peace,*" a Weekly Legal Journal, price 3½d., post free.

(2895 D.B.—8-87.)

*

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ORDER FOR THE RECEPTION OF A PRIVATE PATIENT.

Sched. (A) No. 1, Sects. 4, 8.

I, the undersigned, hereby request you to receive John Thomas Payne

whom I last saw at Yealand Conyers near Carnforth

on the 12th day of January 1888 (a),

a (b) person of unsound mind as a Patient into your House.

Subjoined is a Statement respecting the said John Thomas Payne

(a) *Within one month previous to the date of the order.*

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

Signed, *Name,* Samuel Dunkley

Occupation (if any), Farmer

Place of Abode, Creaton. Northampton.

Degree of Relationship (if any), or other circumstances of connection with the Patient Executor under the will of John Wells Payne. Father of patient

Dated this Twelfth Day of January

One Thousand Eight Hundred and Eighty eight

To Dr. BAKER,

The Retreat, near York.

STATEMENT.

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

Name of Patient, with Christian Name at length	John Thomas Payne
Sex and Age	Male. Twenty seven
Married, Single, or Widowed	Single
Condition of Life, and previous Occupation (if any)	Agriculturalist
Religious Persuasion, as far as known	Society of Friends
Previous Place of Abode	Carnforth. Yealand Conyers
Whether First Attack	No
Age (if known) on First Attack	not known
When and where previously under Care and Treatment	1885 under private medical care and treatment at Northampton
Duration of existing Attack	During the last month
Supposed Cause	Not known
Whether subject to Epilepsy	No
Whether Suicidal	Doubtful
Whether Dangerous to others	yes
Whether found Lunatic by Inquisition, and Date of Commission or Order for Inquisition	no
Special Circumstances (if any) preventing the Patient being examined, before Admission, separately by Two Medical Practitioners	none
Name and Address of Relative to whom Notice of Death to be sent	Henry Hradley. Wildernes Canterbury Samuel Dunkley. Creaton. Northampton

(c) *Where the person signing the statement is not the person who signs the order, the following particulars concerning the person signing the statement are to be added.*

Signed, *Name,* (c) Samuel Dunkley

Occupation (if any), Farmer

Place of Abode, Creaton near Northampton

Degree of Relationship (if any) or other circumstances of connection with the Patient Executor under the will of John Wells Payne Father of the Patient

MEDICAL CERTIFICATE.—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

I, the undersigned, Charles. S. Davies

being a (a) Licentiate of the Royal Colleges of Surgeons & Physicians of Edinburgh

and being in actual practice as a (b) Physician & Surgeon

hereby certify, that I, on the Eighth day of January

at (c) the Dykes Yealand Conyers near Carnforth

in the County of Lancashire separately from any other Medical Practitioner

personally examined John Thomas Payne Agricultural-

of (d) Yealand Conyers near Carnforth and that

the said John Thomas Payne

is a (e) Person of unsound mind and a proper Person to be taken charge of and detained

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

(a) *Here 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.*

(b) Physician, surgeon, or apothecary, *as the case may be.*

(c) *Here insert the street and number of the house (if any), or other like particulars.*

(d) *Insert residence and profession, or occupation (if any) of the patient.*

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

(f) *Here state the facts.*

1. Facts indicating Insanity observed by myself (f) Complains of absence of veins & nerves in forehead; & different parts of body. Hairs always coming away with the urine, & also pains conducting electricity from the lungs to the penis. Voices at one time following him about in his walks. He also complains of great despondency, & of having committed unpardonable sins

(g) *Here state the information, and from whom.*

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

Actual violence & threats to those around him, hitting out at imaginary objects believing them to be evil ones.
Says he commits injection on himself
Roger Preston informant —

Signed, *Name,* C. S. Davies L.R.C.P.L.R.C.S

Place of Abode, Yealand Conyers.

Dated this Eleventh day of January One Thousand Eight Hundred and Eighty Eight.

MEDICAL CERTIFICATE.—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

I, the undersigned, Edward. Siddall Jackson

being a (a) Bachelor of Medicine & Master in Surgery of the University of Edinburgh

and being in actual practice as a (b) Physician & Surgeon

hereby certify, that I, on the twelfth day of January

at (c) the Surgery, Market Street Carnforth

in the County of Lancaster separately from any other Medical Practitioner

personally examined John Thomas Payne - Agricultural Labourer

of (d) Yealand Conyers near Carnforth and that

the said John Thomas Payne

is a (e) person of unsound mind and a proper Person to be taken charge of and detained under Care and Treatment, and that I have formed this opinion upon the following grounds; viz.:—

(a) *Here 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.*

(b) Physician, surgeon, *or* apothecary, *as the case may be.*

(c) *Here insert the street and number of the house (if any), or other like particulars.*

(d) *Insert residence and profession, or occupation (if any) of the patient.*

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

1. Facts indicating Insanity observed by myself (f) He states that he took some medicine which brought out the nerves from his forehead & also from out of his back - that he feels that he will be lost before long - that he is constantly losing something but he is not aware what it is but it is there sometimes - that he has pulled things out of his mouth which he ought not to have done - Also that there are things come out of his back

(f) *Here state the facts.*

2. Other facts (if any) indicating Insanity communicated to me by others (g) Samuel Bentley - states that he is often putting better things against himself, having fallen into ~~fits~~ fits at a certain time - He has thrown chairs & knives at his brothers - At times he gesticulates & shrieks out at imaginary things

(g) *Here state the information, and from whom.*

Signed, *Name,* Edward. S. Jackson M.B.C.M.

Place of Abode, Carnforth

Dated this twelfth day of January One Thousand Eight Hundred and Eighty eight

- 1629 -

NOTICE OF ADMISSION,

To be forwarded to the Commissioners in Lunacy within one clear day *from the Patient's reception.*

THE RETREAT, NEAR YORK.

I hereby give you Notice, that _____

_____

(a) House or hospital.

was admitted into this (a) _____ as a Private Patient, on the _____ day of _____ 188 , and I hereby transmit a Copy of the Order and Medical Certificates on which he was received (b).

(b) *If a private patient be received upon one certificate only, the special circumstances which have prevented the patient from being examined by two medical practitioners to be here stated, as in the statement accompanying the order for admission.*

Signed, _____

(c) Superintendent or proprietor of ——.

(c) _____

_____

Dated this _____ day of _____

One Thousand Eight Hundred and Eighty

To the Commissioners in Lunacy.

Lunatics 1.
(16 & 17 Vict c. 96, sched. C. s. 24; 25 & 26 Vict. c. 111.)
Private Patient.

SHAW & SONS,
Fetter Lane, London,
Publishers of "The Justice of the Peace," a Weekly Legal Journal, price 4½d., post free.

(2895 D.B.—8-87.)

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ORDER FOR THE RECEPTION OF A PRIVATE PATIENT.

Sched. (A) No. 1, Sects. 4, 8.

I, the undersigned, hereby request you to receive Alice Lamb
The Hall
whom I last saw at Ryton on Tyne
on the 20th day of Jany. 1888 (a)
a (b) person of unsound mind as a Patient into your House.

(a) *Within one month previous to the date of the order.*

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

Subjoined is a Statement respecting the said Alice Lamb.

William Rutherford Lamb

Signed, *Name,* ~~W. R. Lamb~~

Occupation (if any), None in particular

Place of Abode, The Hall Ryton on Tyne

Degree of Relationship (if any), or other circumstances of connection with the Patient Husband

Dated this 20th Day of January

One Thousand Eight Hundred and Eighty eight.

To Dr. BAKER,
The Retreat, near York.

STATEMENT.

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

Name of Patient, with Christian Name at length	Alice Lamb.
Sex and Age	Female - 30.
Married, Single, or Widowed	Married
Condition of Life, and previous Occupation (if any)	None
Religious Persuasion, as far as known	Church of England.
Previous Place of Abode	Ryton The Hall
Whether First Attack	Yes.
Age (if known) on First Attack	— 30
When and where previously under Care and Treatment	Nowhere.
Duration of existing Attack	10 days
Supposed Cause	Child-birth
Whether subject to Epilepsy	No.
Whether Suicidal	No
Whether Dangerous to others	Rather.
Whether found Lunatic by Inquisition, and Date of Commission or Order for Inquisition	No
Special Circumstances (if any) preventing the Patient being examined, before Admission, separately by Two Medical Practitioners	None
Name and Address of Relative to whom Notice of Death to be sent	William R. Lamb, Esq. The Hall Ryton on Tyne.

(c) *Where the person signing the statement is not the person who signs the order, the following particulars concerning the person signing the statement are to be added.*

Signed, *Name,* (c) W. R. Lamb

Occupation (if any), None

Place of Abode, The Hall Ryton on Tyne

Degree of Relationship (if any) or other circumstances of connection with the Patient Husband

MEDICAL CERTIFICATE.—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

I, the undersigned, Thomas Cargill Reskam

(a) Here 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.

being a (a) Doctor of Medicine of Edinburgh University & a Member of the College of Surgeons London

(b) Physician, surgeon, or apothecary, as the case may be.

and being in actual practice as a (b) Physician & Surgeon

hereby certify, that I, on the 19th day of January 1887

(c) Here insert the street and number of the house (if any), or other like particulars.

at (c) Ryton Old Hall - Ryton on Tyne -

in the County of Durham separately from any other Medical Practitioner

personally examined Alice Lamb

(d) Insert residence and profession, or occupation (if any) of the patient.

of (d) Ryton Old Hall Ryton on Tyne and that

the said Alice Lamb

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

is a (e) Person of unsound mind and a proper Person to be taken charge of and detained under Care and Treatment, and that I have formed this opinion upon the following grounds; viz.:—

(f) Here state the facts.

1. Facts indicating Insanity observed by myself (f)

Was confined on Janr. 5th & on Janry 9th showed signs of Puerperal mania - Then have intermittent - She talks incessantly - shouts & sings at the top of her voice - Fancies she is full of Angels - Is Queen of Heaven - Can inspire me with holiness by blowing on me - at another time has struck at me - Imagines her baby cured for ever -

(g) Here state the information, and from whom.

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

Hutchinson. Henderson - Monthly nurse. } often refuses her food - objects to be fed with silver vessel on account of biting. Has torn all her clothing. Continually kicks off all her bedclothes. Talks, shouts & sings continually.

Signed, Name, Thos Cargill Reskam M.D. M.R.C.S.E. &c &c

Place of Abode, 12 Ellison Place Newcastle-on-Tyne

Dated this 19th day of January One Thousand Eight Hundred and Eighty 8.

MEDICAL CERTIFICATE.—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

I, the undersigned,

(a) *Here 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.*

being a (a) Doctor of Medicine of the University of St. Andrews practising as a Physician

(b) Physician, surgeon, *or* apothecary, *as the case may be.*

and being in actual practice as a (b) Physician

hereby certify, that I, on the nineteenth day of January 1888

(c) *Here insert the street and number of the house (if any), or other like particulars.*

at (c) Ryton Hall - Ryton on Tyne

in the County of Durham separately from any other Medical Practitioner

personally examined Alice Lamb

(d) *Insert residence and profession, or occupation (if any) of the patient.*

of (d) Ryton Hall, Ryton on Tyne and that

the said Alice Lamb

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

is a (e) Lunatick and a proper Person to be taken charge of and detained under Care and Treatment, and that I have formed this opinion upon the following grounds; viz.:—

(f) *Here state the facts.*

1. Facts indicating Insanity observed by myself (f) rambling incoherent excited noisy. alternately talking and singing strikes at those around her - attempts to injure her person - these symptoms set in five days after her first confinement which occurred on the 5th of January 1888

(g) *Here state the information, and from whom.*

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

Nurse Hutchinson says she has several times attempted to injure herself and others around her often expresses a wish to destroy herself -

Signed, *Name,* Benjamin Barkus

Place of Abode. 3 Jesmond Terrace, Newcastle on Tyne

Dated this nineteenth day of January One Thousand Eight Hundred and Eighty Eight

- 1630 -

NOTICE OF ADMISSION,

To be forwarded to the Commissioners in Lunacy within one clear day *from the Patient's reception.*

THE RETREAT, NEAR YORK.

I hereby give you Notice, that _____

_____

(a) House or hospital.

was admitted into this (a) _____ as a Private Patient, on the _____ day of _____ 188 , and I hereby transmit a Copy of the Order and Medical Certificates on which he was received (b).

(b) *If a private patient be received upon one certificate only, the special circumstances which have prevented the patient from being examined by two medical practitioners to be here stated, as in the statement accompanying the order for admission.*

Signed, _____

(c) Superintendent or proprietor of ——.

(c) _____

_____

Dated this _____ day of _____

One Thousand Eight Hundred and Eighty

To the Commissioners in Lunacy.

Lunatics 1.
(16 & 17 Vict c. 96, sched. C. s. 24; 25 & 26 Vict. c. 111.)
Private Patient.

SHAW & SONS,
Fetter Lane, London,
Publishers of "*The Justice of the Peace,*" a Weekly Legal Journal, price 4½d., post free.

(2995 D.B.—8-87.)

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT.

Sched. (A) No. 1, Sects. 4, 8.

I, the undersigned, hereby request you to receive Charles Arthur Payne

whom I last saw at Berry Field. Ilmington Shipston on Stour

on the 21st day of 1mo 1888 (a)

a (b) a. Lunatic as a Patient into your House.

(a) *Within one month previous to the date of the order.*

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

Subjoined is a Statement respecting the said Charles Arthur Payne

Signed, *Name,* Philip Payne

Occupation (if any), Farmer

Place of Abode, Berry Field Ilmington

Degree of Relationship (if any), or other circumstances of connection with the Patient Father

Dated this 21st Day of first Month

One Thousand Eight Hundred and Eighty Eight

To Dr. BAKER,
The Retreat, near York.

STATEMENT.

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

Name of Patient, with Christian Name at length	Charles Arthur Payne
Sex and Age	~~Boy~~ Male fourteen years of age
Married, Single, or Widowed	
Condition of Life, and previous Occupation (if any)	School Boy
Religious Persuasion, as far as known	Society of Friends
Previous Place of Abode	Berry Field Ilmington
Whether First Attack	First attack
Age (if known) on First Attack	nearly fourteen
When and where previously under Care and Treatment	nowhere
Duration of existing Attack	about 6 months
Supposed Cause	possibly Hereditary. but brought by the great heat last summer
Whether subject to Epilepsy	no
Whether Suicidal	no
Whether Dangerous to others	violent at times not very dangerous
Whether found Lunatic by Inquisition, and Date of Commission or Order for Inquisition	~~by Inquisition 20th day 1mo 1888~~ No
Special Circumstances (if any) preventing the Patient being examined, before Admission, separately by Two Medical Practitioners	None
Name and Address of Relative to whom Notice of Death to be sent	Philip Payne Berry Field Ilmington

(c) *Where the person signing the statement is not the person who signs the order, the following particulars concerning the person signing the statement are to be added.*

Signed, *Name,* (c) Philip Payne Shipston on Stour

Occupation (if any), Farmer

Place of Abode, Berry Field. Ilmington Shipston on Stour

Degree of Relationship (if any) or other circumstances of connection with the Patient Father

MEDICAL CERTIFICATE.—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

I, the undersigned, Charles Stein

(a) Here 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.

being a (a) Doctor of Medicine of the University of Edinburgh

and being in actual practice as a (b) Physician & Surgeon

(b) Physician, surgeon, or apothecary, as the case may be.

hereby certify, that I, on the 20th day of January 1888

(c) Here insert the street and number of the house (if any), or other like particulars.

at (c) Berryfields, Ilmington, Shipston on Stour

in the County of Warwick separately from any other Medical Practitioner

personally examined Charles Arthur Payn

(d) Insert residence and profession, or occupation (if any) of the patient.

of (d) Berryfield, Ilmington and that

the said Charles Arthur Payn

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

is a (e) person of unsound mind and a proper Person to be taken charge of and detained under Care and Treatment, and that I have formed this opinion upon the following grounds; viz.:—

(f) Here state the facts.

1. Facts indicating Insanity observed by myself (f) This morning on entering his bedroom I found the room in great disorder, the bedclothes have been thrown all over the room. The boy was quiet but I found it very difficult to get him to understand anything said to him, & more so to get any clear answer to questions. During the last quarter of an hour he has been shouting, howling wildly & maniacally. During the last six months he has suffered from severe headache which originally seemed to be due to a slight sunstroke & which has refused to yield to any remedies. When excited he appears to lose the power of his legs & there is a marked tremor in several groups of muscles chiefly seen in those of the lower jaw. I have noticed a gradually increasing slowness in forming & expressing his ideas. Pupils generally dilated. There is a very strong family predisposition.

(g) Here state the information, and from whom.

2. Other facts (if any) indicating Insanity communicated to me by others (g) From Sarah Payn, Berryfields — mother of boy — During the last six months there has been a gradually increasing inability to exert himself physically in any way. e.g. to walk, dress himself, & take & chew food. He gets excited very readily & without cause. If the father uses the least coercion with him he flies into a passion & has threatened to shoot him. These fits of excitement are followed by severe & uncontrollable headache. On one occasion he also threatened to injure himself. Lattely on several occasions he has taken terms of shouting & howling without reason. It is very difficult to get him to understand any idea.

None

Signed, Name, Charles Stein M.D.

Place of Abode, Park House Shipston on Stour

Dated this 20th day of January One Thousand Eight ~~eight~~ Hundred and Eighty eight

MEDICAL CERTIFICATE.—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

I, the undersigned, R. Latimer Greene

being a (a) Licentiate of the Royal College of Physicians & Surgeons of Edinburgh

and being in actual practice as a (b) Physician & Surgeon

hereby certify, that I, on the 21st day of January 1888

at (c) 41 Wood St Stratford on Avon

in the County of Warwick separately from any other Medical Practitioner

personally examined Charles Arthur Payne

of (d) of Birzyfield Ilmington and that

the said Charles Arthur Payne

is a (e) Person unsound mind and a proper Person to be taken charge of and detained

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

(a) *Here 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.*

(b) Physician, surgeon, or apothecary, *as the case may be.*

(c) *Here insert the street and number of the house (if any), or other like particulars.*

(d) *Insert residence and profession, or occupation (if any) of the patient.*

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

(f) *Here state the facts.*

1. Facts indicating Insanity observed by myself (f)

Restless movements. Vacant expressions
Incoherent replys to my questions.

Headache. He seems not to understand
many of my questions & frequently
contradicts himself as to the fact of
his being - pains. &c

(g) *Here state the information, and from whom.*

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

From Sarah Payne.
His habits at home. Irritable when anything is not
just as he expects it. His inability to do almost
anything for himself. At times he will not take
sufficient food. She has been obliged
to let him sleep in his clothes
as she could not get him to undress.
He at times has some strong delusions & aversion to his father.

Signed, Name, R Latimer Greene

Place of Abode. Stratford on Avon

Dated this Twenty first day of January One Thousand Eight Hundred and Eighty Eight

- 1631 -

NOTICE OF ADMISSION,

To be forwarded to the Commissioners in Lunacy within one clear day *from the Patient's reception.*

THE RETREAT, NEAR YORK.

I hereby give you Notice, that _____

_____

(a) House or hospital.

was admitted into this (*a*) _____ as a Private Patient, on the _____ day of _____ 188 , and I hereby transmit a Copy of the Order and Medical Certificates on which he was received (*b*).

(b) *If a private patient be received upon one certificate only, the special circumstances which have prevented the patient from being examined by two medical practitioners to be here stated, as in the statement accompanying the order for admission.*

Signed, _____

(c) Superintendent or proprietor of———.

(*c*) _____

_____

Dated this _____ day of _____

One Thousand Eight Hundred and Eighty

To the Commissioners in Lunacy.

Lunaties 1.
(16 & 17 Vict c. 96, sched. C. s. 24; 25 & 26 Vict. c. 111.)
Private Patient.

SHAW & SONS,
Fetter Lane, London,
Publishers of "*The Justice of the Peace,*" a Weekly Legal Journal, price 5½d., post free.

(2895 D.B.—8-87.)

121

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT.

Sched. (A) No. 1, Sects. 4, 8.

I, the undersigned, hereby request you to receive Sarah Maria Smith of Ariton

whom I last saw at Hellifield Station

on the Twenty seventh day of January 1888 (a)

a (b) person of unsound mind as a Patient into your House.

(a) *Within one month precious to the date of the order.*

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

Subjoined is a Statement respecting the said Sarah Maria Smith

(Sarah Maria Smith)

Signed, *Name,* Edward Smith

Occupation (if any), Bookkeeper

Place of Abode, 1 Chichester Ter. Antrim Rd. Belfast

Degree of Relationship (if any), or other circumstances of connection with the Patient Brother

Dated this Twenty seventh Day of January 1888

One Thousand Eight Hundred and Eighty Eight

To Dr. BAKER,

The Retreat, near York.

STATEMENT.

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

1	Name of Patient, with Christian Name at length	Sarah Maria Smith
2	Sex and Age	female aged 63
3	Married, Single, or Widowed	single
4	Condition of Life, and previous Occupation (if any)	middle class housekeeper and companion
5	Religious Persuasion, as far as known	Society of Friends
6	Previous Place of Abode	Ariton Rd. Bece Bnsk; 4 yrs previously at Egremont Rd. Birkenhead
7	Whether First Attack	no
8	Age (if known) on First Attack	14 slight, also 17:- more severe in about 1872 1878
9	When and where previously under Care and Treatment	at York Retreat in 1871 or 1878
10	Duration of existing Attack	seven or eight weeks
11	Supposed Cause	softening of the brain
12	Whether subject to Epilepsy	no
13	Whether Suicidal	slightly
14	Whether Dangerous to others	no
	Whether found Lunatic by Inquisition, and Date of Commission or Order for Inquisition	not found
	Special Circumstances (if any) preventing the Patient being examined, before Admission, separately by Two Medical Practitioners	no special - having been done
	Name and Address of Relative to whom Notice of Death to be sent	Edward Smith

(c) *Where the person signing the statement is not the person who signs the order, the following particulars concerning the person signing the statement are to be added.*

Signed, *Name,* (c) Edward Smith

Occupation (if any), Bookkeeper

Place of Abode, 1 Chichester Terrace Antrim Road Belfast

Degree of Relationship (if any) or other circumstances of connection with the Patient Brother

MEDICAL CERTIFICATE.—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

I, the undersigned, Francis Green.

(a) Here 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.

being a (a) Licentiate of the Royal College of Physicians & a Member of the Royal College of Surgeons

and being in actual practice as a (b) Physician & Surgeon

(b) Physician, surgeon, or apothecary, as the case may be.

hereby certify, that I, on the 25th day of January 1888

(c) Here insert the street and number of the house (if any), or other like particulars.

at Rose Mount Aiton

in the County of Yorkshire separately from any other Medical Practitioner

personally examined Sarah Maria Smith

(d) Insert residence and profession, or occupation (if any) of the patient.

of (d) Aiton and that

the said Sarah Maria Smith, a person being of unsound Mind

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

is a (e) fit and a proper Person to be taken charge of and detained

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

(f) Here state the facts.

1. Facts indicating Insanity observed by myself (f)

Vacant, wild, suspicious expression

expresses a tendency to suicide, at the same time says she is very wicked

says she is changed altogether, and not herself, but an antelope.

has a fixed idea that only by death can she be happy.

Expresses herself as lost altogether

(g) Here state the information, and from whom.

2. Other facts (if any) indicating Insanity communicated to me by others (g) } states the following

Mrs Batson a Nurse who has waited on her

says she is changed into an Animal - an Antelope feels that she ought to put an end to herself to relieve herself from her sufferings, which she declares are unbearable. occasionally goes astray on religious matters.

Signed, Name, Francis Green.

Place of Abode, Settle Yorkshire

Dated this 25th day of January One Thousand Eight Hundred and Eighty Eight ~~Eighty~~. (1888).

122

MEDICAL CERTIFICATE.—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

I, the undersigned, James W. Edgar

being a (a) Graduate of the University of Edinburgh as Doctor of Medicine.

and being in actual practice as a (b) Physician

hereby certify, that I, on the 25th day of January

at (c) Rose Mount, Airton

in the County of York separately from any other Medical Practitioner

personally examined Sarah Maria Smith of Rose Mount

of (d) Airton, and that

the said Sarah Maria Smith

is a (e) person of unsound mind and a proper Person to be taken charge of and detained

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

(a) Here 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.

(b) Physician, surgeon, or apothecary, as the case may be.

(c) Here insert the street and number of the house (if any), or other like particulars.

(d) Insert residence and profession, or occupation (if any) of the patient.

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

(f) Here state the facts.

1. Facts indicating Insanity observed by myself (f).

Miss Smith is subject to fits of depression at one time, at another of great mental excitement. She informs me that she is different from all other human beings, and imagines that she is a cow or an antelope. She has expressed a desire that I should give her some medicine which would destroy life. She talks incoherently, and has a religious mania.

(g) Here state the information, and from whom.

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

Mrs Bateson, a person who has been in attendance upon her for three weeks, states that on several occasions Miss Smith has begged upon her to take away her life by some means, and that yesterday she herself attempted ~~yesterday~~ to strangle herself & begged assistance in the attempt.

Signed, Name, James W. Edgar. M.D.

Place of Abode, Settle.

Dated this 25th day of January One Thousand Eight Hundred and Eighty Eight.

- 1632 -

NOTICE OF ADMISSION,

To be forwarded to the Commissioners in Lunacy within one clear day *from the Patient's reception.*

THE RETREAT, NEAR YORK.

I hereby give you Notice, that _____

_____

(a) House or hospital.

was admitted into this (a) _____ as a Private Patient, on the _____ day of _____ 188 , and I hereby transmit a Copy of the Order and Medical Certificates on which he was received (b).

(b) *If a private patient be received upon one certificate only, the special circumstances which have prevented the patient from being examined by two medical practitioners to be here stated, as in the statement accompanying the order for admission.*

Signed, _____

(c) _____

_____

(c) Superintendent or proprietor of———.

Dated this _____ day of _____

One Thousand Eight Hundred and Eighty

To the Commissioners in Lunacy.

Lunatics 1.
(16 & 17 Vict c. 96, sched. C. s. 24; 25 & 26 Vict. c. 111.)
Private Patient.

SHAW & SONS,
Fetter Lane, London,
Publishers of "*The Justice of the Peace,*" a Weekly Legal Journal, price 2½d., post free.

(2895 D.B.—8-87.)

123

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT.

Sched. (A) No. 1, Sects. 4, 8.

I, the undersigned, hereby request you to receive Annie Black Laidler

whom I last saw at Rose Villa Morpeth

(a) *Within one month previous to the date of the order.*

on the First day of February 1880 (a)

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

a (b) person of unsound mind as a Patient into your House.

Subjoined is a Statement respecting the said Annie Black Laidler

Signed, *Name,* William John Dobling

Occupation (if any), Shipowner

Place of Abode, Rose Villa Morpeth

Degree of Relationship (if any), or other circumstances of connection with the Patient Brother

Dated this First Day of February

One Thousand Eight Hundred and Eighty eight

To Dr. BAKER,

The Retreat, near York.

STATEMENT.

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

Name of Patient, with Christian Name at length	Annie Black Laidler
Sex and Age	Female Thirty one years
Married, Single, or Widowed	widow
Condition of Life, and previous Occupation (if any)	widow of the late James Laidler Shipowner
Religious Persuasion, as far as known	Church of England
Previous Place of Abode	Rose Villa, Morpeth
Whether First Attack	yes
Age (if known) on First Attack	Thirty one years
When and where previously under Care and Treatment	nowhere
Duration of existing Attack	a fortnight
Supposed Cause	not known
Whether subject to Epilepsy	no
Whether Suicidal	not known
Whether Dangerous to others	yes
Whether found Lunatic by Inquisition, and Date of Commission or Order for Inquisition	no
Special Circumstances (if any) preventing the Patient being examined, before Admission, separately by Two Medical Practitioners	none
Name and Address of Relative to whom Notice of Death to be sent	William John Dobling Rose Villa Morpeth

(c) *Where the person signing the statement is not the person who signs the order, the following particulars concerning the person signing the statement are to be added.*

Signed, *Name,* (c) William John Dobling

Occupation (if any), Shipowner

Place of Abode, Rose Villa Morpeth

Degree of Relationship (if any) or other circumstances of connection with the Patient Brother

MEDICAL CERTIFICATE.—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

I, the undersigned, Frederic William Skrimshire

being a (a) Member of the Royal College of Surgeons England and a Licentiate of the Society of Apothecaries Lond.

and being in actual practice as a (b) Surgeon

hereby certify, that I, on the First day of February, 1888

at (c) Rose Villa, Morpeth

in the County of Northumberland separately from any other Medical Practitioner

personally examined Annie Black Laidler

of (d) Rose Villa Morpeth, Widow and that

the said Annie Black Laidler

is a (e) person of unsound mind and a proper Person to be taken charge of and detained

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

(a) *Here 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.*

(b) Physician, surgeon, or apothecary, *as the case may be.*

(c) *Here insert the street and number of the house (if any), or other like particulars.*

(d) *Insert residence and profession, or occupation (if any) of the patient.*

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

(f) *Here state the facts.*

1. Facts indicating Insanity observed by myself (f)

States that her brother in law is Zebedee
That the dead are all risen
States that she is Jesus Christ.

(g) *Here state the information, and from whom.*

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

She attempted to go to church at 3 o'clock in the morning to meet the risen dead.
Communicated by W. J. Jobling her brother.

Signed, *Name,* Fred. W. Skrimshire.

Place of Abode, Chantry House Morpeth

Dated this First day of February One Thousand Eight Hundred and Eighty eight.

MEDICAL CERTIFICATE.—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

I, the undersigned, William Clarkson

being a (a) Licentiate of the Royal College of Physicians Edinburgh and a Licentiate of the Faculty of Physicians & Surgeons Glasgow

and being in actual practice as a (b) Surgeon

hereby certify, that I, on the First day of February 1888

at (c) Rose Villa Morpeth

in the County of Northumberland separately from any other Medical Practitioner

personally examined Annie Black Laidler

of (d) Rose Villa Morpeth Widow and that

the said Annie Black Laidler

is a (e) person of unsound mind and a proper Person to be taken charge of and detained under Care and Treatment, and that I have formed this opinion upon the following grounds; viz.:—

(a) *Here 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.*

(b) Physician, surgeon, *or* apothecary, *as the case may be.*

(c) *Here insert the street and number of the house (if any), or other like particulars.*

(d) *Insert residence and profession, or occupation (if any) of the patient.*

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

(f) *Here state the facts.*

1. Facts indicating Insanity observed by myself (f)

Puts spittle on her daughters eyes to anoint them.
Says she is going to Jerusalem this afternoon.

(g) *Here state the information, and from whom.*

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

Bolted out at the window last night, is very violent & threatens to shoot different members of her family—
Communicated by Sam Elgie
Jasmin her Sister

Signed, *Name,* William Clarkson

Place of Abode, Elm Cottage Morpeth

Dated this First day of February One Thousand Eight Hundred and Eighty Eight.

- 1633 -

NOTICE OF ADMISSION,

To be forwarded to the Commissioners in Lunacy within one clear day *from the Patient's reception.*

THE RETREAT, NEAR YORK.

I hereby give you Notice, that _____

_____

(a) House or hospital.

was admitted into this (a) _____ as a Private Patient, on the _____ day of _____ 188 , and I hereby transmit a Copy of the Order and Medical Certificates on which he was received (b).

(b) *If a private patient be received upon one certificate only, the special circumstances which have prevented the patient from being examined by two medical practitioners to be here stated, as in the statement accompanying the order for admission.*

Signed, _____

(c) Superintendent or proprietor of———.

(c) _____

_____

Dated this _____ day of _____

One Thousand Eight Hundred and Eighty

To the Commissioners in Lunacy.

Lunatics 1.
(16 & 17 Vict c. 96, schd. C. s. 24:
25 & 26 Vict. c. 111.)
Private Patient.

SHAW & SONS,
Fetter Lane, London,
Publishers of "The Justice of the Peace," a Weekly Legal Journal, price 4½d., post free.

(2895 D.B.—8-87.)

125

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT.

Sched. (A) No. 1, Sects. 4, 8.

I, the undersigned, hereby request you to receive Margaret Catherine Pollard ~~Mary Pollard~~

whom I last saw at 15 Albemarle Crescent Scarborough

on the ~~fourthirtieth~~ 14th day of February 1888 (a)

a ~~person~~ of unsound mind (b) as a Patient into your House.

Subjoined is a Statement respecting the said Margaret Catherine Pollard

(a) *Within one month previous to the date of the order.*

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

Signed, *Name,* Mary Pollard

Occupation (if any), gentlewoman

Place of Abode, 15 Albemarle Crescent Scarbro

Degree of Relationship (if any), or other circumstances of connection with the Patient ~~Daughter~~ Mother

Dated this 14th Day of February

One Thousand Eight Hundred and Eighty 8

To Dr. BAKER,
The Retreat, near York.

STATEMENT.

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

Name of Patient, with Christian Name at length	Margaret Catherine Pollard
Sex and Age	Female, forty one
Married, Single, or Widowed	Single
Condition of Life, and previous Occupation (if any)	gentle woman
Religious Persuasion, as far as known	Protestant
Previous Place of Abode	Scarborough
Whether First Attack	first attack
Age (if known) on First Attack	41
When and where previously under Care and Treatment	
Duration of existing Attack	5 weeks
Supposed Cause	cold
Whether subject to Epilepsy	no
Whether Suicidal	no
Whether Dangerous to others	no
Whether found Lunatic by Inquisition, and Date of Commission or Order for Inquisition	no
Special Circumstances (if any) preventing the Patient being examined, before Admission, separately by Two Medical Practitioners	none
Name and Address of Relative to whom Notice of Death to be sent	

(c) *Where the person signing the statement is not the person who signs the order, the following particulars concerning the person signing the statement are to be added.*

Signed, *Name,* (c) Mary Pollard Widow

Occupation (if any), none

Place of Abode, 15 Albemarle Crescent Scarbro

Degree of Relationship (if any) or other circumstances of connection with the Patient Mother

MEDICAL CERTIFICATE.—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

I, the undersigned, James Harvey

being a (a) Licentiate of the Royal College of Physicians in London

and being in actual practice as (b) Physician

hereby certify, that I, on the 13th day of February 1888

at (c) 15 Albemarle Crescent Scarborough

in the County of York separately from any other Medical Practitioner

personally examined Margaret Catherine Pollard

of (d) 15 Albemarle Crescent Scarborough and that

the said Margaret Catherine Pollard

is a (e) person of unsound mind and a proper Person to be taken charge of and detained

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

(a) Here 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.

(b) Physician, surgeon, or apothecary, as the case may be.

(c) Here insert the street and number of the house (if any), or other like particulars.

(d) Insert residence and profession, or occupation (if any) of the patient.

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

1. Facts indicating Insanity observed by myself (f)

She refuses her food & says that it is poisoned
She talks incessantly & incoherently
She says she has not lived in 15 Albemarle Crescent for 20 years. Shewas she has lived there for 19 years
She says she has been taken to Ireland by people who went to kill her. She imagines there are people present who are not present

(f) Here state the facts.

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

Mary Pollard tells me that the said Margaret Catherine Pollard believes that there are tunnels under the house, & that her name is not Margaret Catherine Pollard
For the last 2 days she has refused all food

(g) Here state the information, and from whom.

Signed, Name, James Harvey

Place of Abode, 17 Falsgrave Road Scarboro

Dated this 13th day of February One Thousand Eight Hundred and Eighty Eight

MEDICAL CERTIFICATE.—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

I, the undersigned, John Horne

being a (a) Doctor of Medicine of Edinburgh University

and being in actual practice as a (b) physician

hereby certify, that I, on the thirteenth day of February 1888

at (c) 15 Albemarle Crescent Scarborough

in the County of York separately from any other Medical Practitioner

personally examined Margaret Catherine Pollard

of (d) 15 Albemarle Crescent Scarborough and that

the said Margaret Catherine Pollard

is a (e) person of unsound mind and a proper Person to be taken charge of and detained

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

(a) *Here 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.*

(b) Physician, surgeon, or apothecary, *as the case may be.*

(c) *Here insert the street and number of the house (if any), or other like particulars.*

(d) *Insert residence and profession, or occupation (if any) of the patient.*

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

(f) *Here state the facts.*

1. Facts indicating Insanity observed by myself (f) She talks most incoherently, and believes her food is poisoned. She says she has lived "under ground" for days, also that she has been forcibly taken to Ireland during the last few days although she has never been out of her own or her mothers residence in 15 Albemarle Crescent, Scarborough

(g) *Here state the information, and from whom.*

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

Her mother Mrs Mary Pollard tells me that it is with great difficulty that her daughter Margaret Catherine Pollard is controlled even with the assistance of the servants Hannah Bunting & her nurses Naomi Lacy, Mary Jane Vasey. She refuses her food of every kind.

Signed, Name, John Horne

Place of Abode, 47 Albemarle Crescent, Scarborough

Dated this thirteenth day of February One Thousand Eight Hundred and Eighty eight

- 1634 -

NOTICE OF ADMISSION,

To be forwarded to the Commissioners in Lunacy within one clear day *from the Patient's reception.*

THE RETREAT, NEAR YORK.

I hereby give you Notice, that _____

_____

(a) House or hospital.

was admitted into this (a) _____ as a Private Patient, on the _____ day of _____ 188 , and I hereby transmit a Copy of the Order and Medical Certificates on which he was received (b).

(b) *If a private patient be received upon one certificate only, the special circumstances which have prevented the patient from being examined by two medical practitioners to be here stated, as in the statement accompanying the order for admission.*

Signed, _____

(c) _____

(c) Superintendent or proprietor of ——.

_____

Dated this _____ day of _____

One Thousand Eight Hundred and Eighty

To the Commissioners in Lunacy.

Lunatics 1.
(16 & 17 Vict c. 96, sched. C. s. 24; 25 & 26 Vict. c. 111.)
Private Patient.

SHAW & SONS,
Fetter Lane, London,
Publishers of "*The Justice of the Peace.*" a Weekly Legal Journal, price 2½d., post free.

(2895 D.B.—8-87.)

127

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT.

Sched. (A) No. 1, Sects. 4, 8.

I, the undersigned, hereby request you to receive Kate Emily Denison

whom I last saw at 7 Otterburn Terrace Newcastle on Tyne

on the fifteenth day of February 1888.

a (b) person of unsound mind as a Patient into your House.

Subjoined is a Statement respecting the said Kate Emily Denison

Signed, Name, Joseph Denison

Occupation (if any), Solicitor

Place of Abode, 7 Otterburn Terrace Newcastle on Tyne

Degree of Relationship (if any), or other circumstances of connection with the Patient } Father

Dated this 15th Day of February

One Thousand Eight Hundred and Eighty eight

To Dr. BAKER,
The Retreat, near York.

(a) Within one month previous to the date of the order.

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

STATEMENT.

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

Name of Patient, with Christian Name at length	Kate Emily Denison
Sex and Age	~~Spinster~~ Female - 22 years last Septr
Married, Single, or Widowed	Single
Condition of Life, and previous Occupation (if any)	a few months apprentice to millinery business
Religious Persuasion, as far as known	Protestant - ~~not a Member of any religious persuasion~~
Previous Place of Abode	7 Otterburn Terrace Newcastle on Tyne
Whether First Attack	First attack -
Age (if known) on First Attack	22 years 1 month
When and where previously under Care and Treatment	- not under treatment in an Institution -
Duration of existing Attack	about 4 months during intervals she has been nearly better
Supposed Cause	Not Known
Whether subject to Epilepsy	No.
Whether Suicidal	No.
Whether Dangerous to others	Not in the least
Whether found Lunatic by Inquisition, and Date of Commission or Order for Inquisition	No
Special Circumstances (if any) preventing the Patient being examined, before Admission, separately by Two Medical Practitioners	None.
Name and Address of Relative to whom Notice of Death to be sent	Joseph Denison 7 Otterburn Terrace Newcastle on Tyne

(c) Where the person signing the statement is not the person who signs the order, the following particulars concerning the person signing the statement are to be added.

Signed, Name, (c) Joseph Denison

Occupation (if any), Solicitor

Place of Abode, 7 Otterburn Terrace Newcastle on Tyne

Degree of Relationship (if any) or other circumstances of connection with the Patient } Father

MEDICAL CERTIFICATE.—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

I, the undersigned, John Richard Baumgartner

being a (a) Member of the Royal College of Surgeon, & a Licentiate of the Society of Apothecaries

and being in actual practice as a (b) Surgeon

hereby certify, that I, on the fourteenth day of February

at (c) 27 Eldon Square

in the County of Newcastle-on-Tyne separately from any other Medical Practitioner

personally examined Kate Emily Denison

of (d) 7 Herbert Terrace Newcastle on Tyne and that

the said Kate Emily Denison

is a (e) person of unsound mind and a proper Person to be taken charge of and detained

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

(a) *Here 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.*

(b) Physician, surgeon, *or* apothecary, *as the case may be.*

(c) *Here insert the street and number of the house (if any), or other like particulars.*

(d) *Insert residence and profession, or occupation (if any) of the patient.*

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

1. Facts indicating Insanity observed by myself (f)

(f) *Here state the facts.*

She talks in a rambling & incoherent manner about various topics — an imaginary wedding, stained glass, costumes, lights, &c, &c. She says "Certain solicitors will drop down dead in their offices."

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

(g) *Here state the information, and from whom.*

By her Father Joseph Denison, & Step-Mother Margaret Denison — She talks & acts strangely, changing her dress, & using indelicate expressions, in the presence of gentlemen.

Signed, *Name,* P. R. Baumgartner.

Place of Abode, 27 Eldon Square, Newcastle-on-Tyne

Dated this fourteenth day of February One Thousand Eight Hundred and Eighty eight.

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MEDICAL CERTIFICATE.—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

I, the undersigned, George Edward Williamson

being a (a) Fellow of the Royal College of Surgeons of England, & Licentiate of Apothecaries Company

and being in actual practice as a (b) Surgeon

hereby certify, that I, on the fourteenth day of February

at (c) 22 Eldon Square

in the County of Newcastle on Tyne separately from any other Medical Practitioner

personally examined Kate Emily Denison

of (d) 7 Osborne Terrace, Newcastle on Tyne and that

the said Kate Emily Denison

is a (e) person of unsound mind and a proper Person to be taken charge of and detained

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

(a) *Here 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.*

(b) Physician, surgeon, or apothecary, *as the case may be.*

(c) *Here insert the street and number of the house (if any), or other like particulars.*

(d) *Insert residence and profession, or occupation (if any) of the patient.*

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

(f) *Here state the facts.*

1. Facts indicating Insanity observed by myself (f) She talks in a continuous & wandering way. Says she is followed in the streets by great numbers of people all in committees. People & trains are constantly whistling at her. Speaks of a great wedding, but the bridegroom was buried with a great funeral the day before. Mixes up events that have taken place during the last 12-15 years "You (G.E.W.) were at the wedding, & lecturing in the Town Hall in your velvet coat."

(g) *Here state the information, and from whom.*

2. Other facts (if any) indicating Insanity communicated to me by others (g) By her father, Joseph Denison & her step mother Margaret Denison: She used to be modest & silent, has become talkative & forward with gentlemen. Had to be peremptorily stopped from taking off her dress etc. in presence of a gentleman. Has delusions about people following her, jumbles up people & things & places in the most incoherent way.

Signed, Name, G. E. Williamson

Place of Abode, 22 Eldon Square, Newcastle-on-Tyne

Dated this Fourteenth day of February One Thousand Eight Hundred and Eighty eight.

- 1635 -

NOTICE OF ADMISSION,

To be forwarded to the Commissioners in Lunacy within one clear day *from the Patient's reception.*

THE RETREAT, NEAR YORK.

I hereby give you Notice, that _____

_____

was admitted into this (*a*) _____ as a Private Patient, on the _____ day of _____ 188 , and I hereby transmit a Copy of the Order and Medical Certificates on which he was received (*b*).

(*a*) House or hospital.

(*b*) *If a private patient be received upon one certificate only, the special circumstances which have prevented the patient from being examined by two medical practitioners to be here stated, as in the statement accompanying the order for admission.*

Signed, _____

(*c*) _____

_____

(*c*) Superintendent or proprietor of———.

Dated this _____ day of _____

One Thousand Eight Hundred and Eighty

To the Commissioners in Lunacy.

Lunatics 1.
(16 & 17 Vict c. 96, sched. C. s. 24; 25 & 26 Vict. c. 111.)
Private Patient.

SHAW & SONS,
Fetter Lane, London,
Publishers of "*The Justice of the Peace*," a Weekly Legal Journal, price 1½d., post free.

(2895 D.B.—8·87.)

129

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT.

Sched. (A) No. 1, Sects. 4, 8.

I, the undersigned, hereby request you to receive Frederick William Smithson

whom I last saw at The Town Hall. Leeds

on the 27th day of March (a)

a (b) person of unsound mind as a Patient into your House.

Subjoined is a Statement respecting the said Frederick Wm Smithson

(a) *Within one month previous to the date of the order.*

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

Signed, *Name,* J B Wetherill

Occupation (if any), Insurance Agent

Place of Abode, 17 Thornton Rd Bradford

Degree of Relationship (if any), or other circumstances of connection with the Patient Cousin

Dated this 24th Day of March

One Thousand Eight Hundred and Eighty Eight

To Dr. BAKER,
The Retreat, near York.

STATEMENT.

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

Name of Patient, with Christian Name at length	Frederick William Smithson
Sex and Age	Male. 25 years
Married, Single, or Widowed	Single
Condition of Life, and previous Occupation (if any)	Architect
Religious Persuasion, as far as known	Church of England
Previous Place of Abode	76 Caledonian Road. Leeds.
Whether First Attack	First attack
Age (if known) on First Attack	25 years
When and where previously under Care and Treatment	None
Duration of existing Attack	A few days
Supposed Cause	Not known
Whether subject to Epilepsy	Yes
Whether Suicidal	Yes
Whether Dangerous to others	No
Whether found Lunatic by Inquisition, and Date of Commission or Order for Inquisition	No
Special Circumstances (if any) preventing the Patient being examined, before Admission, separately by Two Medical Practitioners	None
Name and Address of Relative to whom Notice of Death to be sent	J. B. Wetherill. 17 Thornton Road Bradford. Yorks

(c) *Where the person signing the statement is not the person who signs the order, the following particulars concerning the person signing the statement are to be added.*

Signed, *Name,* (c) J B Wetherill

Occupation (if any), Insurance Agent

Place of Abode, 17 Thornton Rd Bradford Yorks.

Degree of Relationship (if any) or other circumstances of connection with the Patient Cousin

MEDICAL CERTIFICATE.—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

I, the undersigned, John McKee Hollingsworth

being a (a) Fellow of the Royal College of Surgeons in Ireland

and being in actual practice as a (b) Surgeon

hereby certify, that I, on the 27th day of March

at (c) The Town Hall. Leeds

in the County of York separately from any other Medical Practitioner

personally examined Frederick William Smith

of (d) 76 Caledonian Road. Leeds. Architect and that

the said Frederick William Smith

is a (e) person of unsound mind and a proper Person to be taken charge of and detained

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

(a) *Here 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.*

(b) Physician, surgeon, *or* apothecary, *as the case may be.*

(c) *Here insert the street and number of the house (if any), or other like particulars.*

(d) *Insert residence and profession, or occupation (if any) of the patient.*

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

1. Facts indicating Insanity observed by myself (f)

(f) *Here state the facts.*

Is in a state of brain-exhaustion, and generally incoherent in conduct and conversation. Thus, when speaking to him he keeps turning round and round; and when asked where he lives! says "does not know": whether he has any relations! replies that he "does not know". Quite unable to hold any rational conversation; and has no fixed ideas about anything.

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

(g) *Here state the information, and from whom.*

Signed, *Name,* J. McK. Hollingsworth

Place of Abode, Preston House. Leeds

Dated this 27th day of March One Thousand Eight Hundred and Eighty eight.

Of what University?

MEDICAL CERTIFICATE.—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

I, the undersigned, Theodore Joseph Hudson

being a (a) Doctor of Medicine of the University of Durham and Licentiate of the Royal College of Physicians, of London

and being in actual practice as a (b) ~~Physician, L.R.C.P. London~~ ~~Doctor of Medicine and Licentiate as above~~

hereby certify, that I, on the 27 day of March

at (c) 110 North St, Leeds

in the County of York separately from any other Medical Practitioner

personally examined Frederick William Smithson

of (d) 76 Caledonian Road, Leeds, Architect and that

the said Frederick William Smithson

is a (e) lunatic and a proper Person to be taken charge of and detained

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

(a) *Here 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.*

(b) Physician, surgeon, *or* apothecary, *as the case may be.*

(c) *Here insert the street and number of the house (if any), or other like particulars.*

(d) *Insert residence and profession, or occupation (if any) of the patient.*

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

(f) *Here state the facts.*

1. Facts indicating Insanity observed by myself (f)

Constantly rambling & muttering incoherently. Asserts the Doctor is in his cell, that he is Christ &c. Will not answer questions correctly but speaks of religious & other subjects &c. Will not sleep quietly but always walking up & down.

(g) *Here state the information, and from whom.*

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

Signed, *Name,* Theodore Joseph Hudson M.D.

Place of Abode, 110 North St, Leeds

Dated this 27th day of March One Thousand Eight Hundred and Eighty eight.

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NOTICE OF ADMISSION,

To be forwarded to the Commissioners in Lunacy within one clear day *from the Patient's reception.*

THE RETREAT, NEAR YORK.

I hereby give you Notice, that _____

_____

(a) House or hospital.

was admitted into this (*a*) _____ as a Private Patient, on the _____ day of _____ 188 , and I hereby transmit a Copy of the Order and Medical Certificates on which he was received (*b*).

(*b*) *If a private patient be received upon one certificate only, the special circumstances which have prevented the patient from being examined by two medical practitioners to be here stated, as in the statement accompanying the order for admission.*

Signed, _____

(*c*) _____

_____

(*c*) Superintendent or proprietor of———.

Dated this _____ day of _____

One Thousand Eight Hundred and Eighty

To the Commissioners in Lunacy.

Lunatics 1.
(16 & 17 Vict c. 96, schd. C. s. 24;
25 & 26 Vict. c. III.)
Private Patient.

SHAW & SONS,
Fetter Lane, London,
Publishers of "*The Justice of the Peace,*" a Weekly Legal Journal, price 4½d., post free.

(2895 D.B.—8-87.)

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ORDER FOR THE RECEPTION OF A PRIVATE PATIENT.

Sched. (A) No. 1, Sects. 4, 8.

I, the undersigned, hereby request you to receive My daughter Martha Payne whom I last saw at 37 Davenport Bolton on the ~~6 April 1888~~ day of April 1888 (a) a (b) ~~person of unsound mind~~ as a Patient into your House.

(a) *Within one month previous to the date of the order.*

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

Subjoined is a Statement respecting the said Martha Payne

Signed, *Name,* Hannah Payne

Occupation (if any), None

Place of Abode, 37 Davenport &c

Degree of Relationship (if any), or other circumstances of connection with the Patient Mother

Dated this 6th ~~day of~~ Day of April One Thousand Eight Hundred and Eight ~~Eight~~

To Dr. BAKER,
The Retreat, near York.

STATEMENT.

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

Name of Patient, with Christian Name at length	Martha Payne
Sex and Age	Female 43
Married, Single, or Widowed	Single
Condition of Life, and previous Occupation (if any)	None
Religious Persuasion, as far as known	Friend
Previous Place of Abode	52 Arkwright St Bolton
Whether First Attack	Sixth
Age (if known) on First Attack	27 Twenty seven
When and where previously under Care and Treatment	Friends Retreat York May 1872 to May 1873 April 1874 to July 1876 Nov 1878 to March 1879 May 1882 to October 1882 October 1884 to July 1885 Lake House Mr Brothers family
Duration of existing Attack	8 weeks
Supposed Cause	a little over anxiety of
Whether subject to Epilepsy	No
Whether Suicidal	Yes
Whether Dangerous to others	No
Whether found Lunatic by Inquisition, and Date of Commission or Order for Inquisition	No
Special Circumstances (if any) preventing the Patient being examined, before Admission, separately by Two Medical Practitioners	None
Name and Address of Relative to whom Notice of Death to be sent	

(c) *Where the person signing the statement is not the person who signs the order, the following particulars concerning the person signing the statement are to be added.*

Signed, *Name,* (c) Hannah Payne

Occupation (if any),

Place of Abode, 37 Davenport St Bolton

Degree of Relationship (if any) or other circumstances of connection with the Patient Lancashire Mother

MEDICAL CERTIFICATE.—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

I, the undersigned, Frederic Mahesley Mallett

being a (a) Licentiate of the Royal College of Surgeons Edinbr

and being in actual practice as a (b) Surgeon

hereby certify, that I, on the 4th day of April 1888

at (c) 37 Davenport St Bolton

in the County of Lancaster separately from any other Medical Practitioner

personally examined Martha Payne Spinster

of (d) 37 Davenport St Bolton and that

the said Martha Payne spinster

is a (e) person of unsound mind and a proper Person to be taken charge of and detained

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

(a) Here 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.

(b) Physician, surgeon, or apothecary, as the case may be.

(c) Here insert the street and number of the house (if any), or other like particulars.

(d) Insert residence and profession, or occupation (if any) of the patient.

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

(f) Here state the facts.

1. Facts indicating Insanity observed by myself (f) Strange wild appearance, states that she has some machinery in her inside, that is too heavy for her, and that it is always working

(g) Here state the information, and from whom.

2. Other facts (if any) indicating Insanity communicated to me by ~~others~~ (g)

her mother, says that the patient complains of having a baby in her inside, but does not know how it got there

Signed, Name, F. B. Mallett M.D.

Place of Abode, Newport House Bolton

Dated this 6th day of April One Thousand Eight Hundred and Eighty eight

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MEDICAL CERTIFICATE.—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

I, the undersigned, Robert Patrick

being a (a) Member of the Royal College of Surgeons England

and being in actual practice as a (b) Surgeon

hereby certify, that I, on the sixth day of April, 1888

at (c) No: 37, Davenport St., Bolton

in the County of Lancaster separately from any other Medical Practitioner

personally examined Martha Payne

of (d) 37 Davenport St., Bolton and that

the said Martha Payne

is a (e) Person of unsound mind and a proper Person to be taken charge of and detained

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

(a) *Here 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.*

(b) Physician, surgeon, *or* apothecary, *as the case may be.*

(c) *Here insert the street and number of the house (if any), or other like particulars.*

(d) *Insert residence and profession, or occupation (if any) of the patient.*

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

(f) *Here state the facts.*

1. Facts indicating Insanity observed by myself (f)

Incoherent, inconsistent, statements as to her food occupying too much space. Perverted feelings as to her habit of body, i.e. That she is a very stout person, whereas she is remarkably thin.

(g) *Here state the information, and from whom.*

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

By Her mother – Refusing to take food.

Signed, *Name,* Robert Patrick M.D.

Place of Abode. 46 Derby St., Bolton

Dated this sixth day of April One Thousand Eight Hundred and Eighty Eight

- 1637 -

NOTICE OF ADMISSION,

To be forwarded to the Commissioners in Lunacy within one clear day *from the Patient's reception.*

THE RETREAT, NEAR YORK.

I hereby give you Notice, that _____

_____

was admitted into this (*a*) _____ as a Private Patient, on the _____ day of _____ 188 , and I hereby transmit a Copy of the Order and Medical Certificates on which he was received (*b*).

(*a*) House *or* hospital.

(*b*) *If a private patient be received upon one certificate only, the special circumstances which have prevented the patient from being examined by two medical practitioners to be here stated, as in the statement accompanying the order for admission.*

Signed, _____

(*c*) _____

_____

(*c*) Superintendent *or* proprietor of———.

Dated this _____ day of _____

One Thousand Eight Hundred and Eighty

To the Commissioners in Lunacy.

Lunatics 1.
(16 & 17 Vict c. 96, sched. C. s. 24;
25 & 26 Vict. c. 111.)
Private Patient.

SHAW & SONS,
Fetter Lane, London,
Publishers of "*The Justice of the Peace.*" a Weekly Legal Journal, price 4½d., post free.

(2895 D.B.—8·87.)

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT.

Sched. (A) No. 1, Sects. 4, 8.

I, the undersigned, hereby request you to receive Hermann Adolf Theodor Röbling

whom I last saw at 21 Victor Rd, Bradford

on the 14th day of April 1888 (a)

a (b) ~~person of unsound mind~~ as a Patient into your House.

Subjoined is a Statement respecting the said Hermann Adolf Theodor Röbling

Signed, Name, Walter Scott

Occupation (*if any*), M.B. C.M. Edin

Place of Abode, 164 Manningham Lane Bradford

Degree of Relationship (*if any*), or other circumstances of connection with the Patient } No relation but acting at the request of his wife

Dated this 14th Day of April

One Thousand Eight Hundred and Eighty eight

To Dr. BAKER,
The Retreat, near York.

(a) *Within one month previous to the date of the order.*

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

STATEMENT.

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

Name of Patient, with Christian Name at length	Hermann Adolf Theodor Röbling
Sex and Age	male æt 39
Married, Single, or Widowed	married
Condition of Life, and previous Occupation (if any)	merchant's buyer
Religious Persuasion, as far as known	Episcopalian
Previous Place of Abode	21 Victor Rd Bradford
Whether First Attack	yes
Age (if known) on First Attack	39
When and where previously under Care and Treatment	nowhere
Duration of existing Attack	4 or 5 weeks
Supposed Cause	Business anxieties
Whether subject to Epilepsy	no
Whether Suicidal	doubtfully so
Whether Dangerous to others	Certainly
Whether found Lunatic by Inquisition, and Date of Commission or Order for Inquisition	no
Special Circumstances (if any) preventing the Patient being examined, before Admission, separately by Two Medical Practitioners	none
Name and Address of Relative to whom Notice of Death to be sent	Mrs H. A. T. Röbling 21 Victor Rd, Bradford.

(c) *Where the person signing the statement is not the person who signs the order, the following particulars concerning the person signing the statement are to be added.*

Signed, Name, (c) Walter Scott

Occupation (*if any*), MB CM Edin

Place of Abode, 164 Manningham Lane Bradford

Degree of Relationship (*if any*) or other circumstances of connection with the Patient } No relation but acting at the request of his wife

MEDICAL CERTIFICATE.—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

I, the undersigned, James Ramsay

being a (a) Doctor of Medicine of Edinburgh University

and being in actual practice as a (b) Surgeon &c

hereby certify, that I, on the fourteenth day of April 1888

at (c) my house 23 High Petergate, York

in the County of York separately from any other Medical Practitioner

personally examined Hermann Adolf Theodore Röbling

of (d) 164 Manningham Lane, Bradford, Yorkshire, Merchants Buyer and that

the said Hermann Adolf Theodore Röbling

is a (e) Lunatic and a proper Person to be taken charge of and detained

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

(a) *Here 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.*

(b) Physician, surgeon, *or* apothecary, *as the case may be.*

(c) *Here insert the street and number of the house (if any), or other like particulars.*

(d) *Insert residence and profession, or occupation (if any) of the patient.*

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

1. Facts indicating Insanity observed by myself (f)

(f) *Here state the facts.*

Incoherent & irrational in Conversation. Incapable of continuous description in regard to what he is talking about. Rambles from one subject to another digresses constantly & repeats his statements. Has endeavoured to unfold to me a gigantic enterprise of his own devising in which all the Kings Emperors Empresses Crown princes & Princes and their Children are to form a Limited Liability Company — in Conjunction with the Sultan the Pope the Mahdi the Mikado — the Dukes the Great Banks — the Railways & Canal Companies all over the world. whereby every one is to get everything at Cost price. &c.

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

(g) *Here state the information, and from whom.*

Signed, *Name,* Jas Ramsay

Place of Abode, 23 High Petergate. York

Dated this fourteenth day of April One Thousand Eight Hundred and Eighty eight.

134

MEDICAL CERTIFICATE.—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

I, the undersigned, William Hoor

being a (a) M. R. C. S. England and L. S. A London.

and being in actual practice as a (b) Surgeon

hereby certify, that I, on the 14th day of April 1888.

at (c) No 7 Belle Vue Terrace. York. —.

in the County of York separately from any other Medical Practitioner

personally examined Hermann Adolph Theodore Röbling

of (d) 164 Birmingham Lane, Bradford, Yorkshire a wool buyer and that

the said Hermann Adolph Theodore Röbling

is a (e) Lunatic and a proper Person to be taken charge of and detained

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

(a) *Here set forth the qualification entitling the person certifying to practise as a physician, surgeon, or apothecary, e.g. gra.:*—Fellow of the Royal College of Physicians in London, Licentiate of the Apothecaries Company, *or as the case may be.*

(b) Physician, surgeon, *or* apothecary, *as the case may be.*

(c) *Here insert the street and number of the house (if any), or other like particulars.*

(d) *Insert residence and profession, or occupation (if any) of the patient.*

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

(f) *Here state the facts.*

1. Facts indicating Insanity observed by myself (f) He is excited in manner and incoherent; talking rapidly, jumping from subject to to subject without any rational sequence in his ideas — Says that he is going to Ireland to form a limited liability Company of all the women and names of the world, and that shares have been taken by the Emperor of Austria and Trieste. King of China and of Queensland and Newfoundland The King of Florence. The Mikado, Grand Viziers and so on almost unceasingly — Says "his grand idea kept him awake all last night" "That he is wonderfully powerful in intellect and physically" —

(g) *Here state the information, and from whom.*

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

Signed, *Name,* William Hoor

Place of Abode. 23 Castlegate York

Dated this Fourteenth day of April One Thousand Eight Hundred and Eighty Eight. —.

- 1638 -

NOTICE OF ADMISSION,

To be forwarded to the Commissioners in Lunacy within one clear day *from the Patient's reception.*

THE RETREAT, NEAR YORK.

I hereby give you Notice, that _____

_____

was admitted into this (*a*) _____ as a Private Patient, on the _____ day of _____ 188 , and I hereby transmit a Copy of the Order and Medical Certificates on which he was received (*b*).

(*a*) House *or* hospital.

(*b*) *If a private patient be received upon one certificate only, the special circumstances which have prevented the patient from being examined by two medical practitioners to be here stated, as in the statement accompanying the order for admission.*

Signed, _____

(*c*) _____

_____

(*c*) Superintendent *or* proprietor of———.

Dated this _____ day of _____

One Thousand Eight Hundred and Eighty

To the Commissioners in Lunacy.

Lunatics 1.
(16 & 17 Vict c. 96, sched. C. s. 24; 25 & 26 Vict. c. 111.)
Private Patient.

SHAW & SONS,
Fetter Lane, London,
Publishers of "The Justice of the Peace," a Weekly Legal Journal, price 4½d., post free.

(2895 D.B.—8-87.)

135

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT.

Sched. (A) No. 1, Sects. 4, 8.

I, the undersigned, hereby request you to receive John Barker

whom I last saw at five Lions inn Walmgate York

on the 16 day of April 1888 (a)

a (b) Lunatic as a Patient into your House.

(a) *Within one month previous to the date of the order.*

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

Subjoined is a Statement respecting the said John Barker

Signed, *Name,* John Barker Junior

Occupation (if any), Farmer

Place of Abode, Manor House Dunnington York

Degree of Relationship (if any), or other circumstances of connection with the Patient Son

Dated this 16 Day of April

One Thousand Eight Hundred and Eighty Eight

To Dr. BAKER,
The Retreat, near York.

STATEMENT.

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

Name of Patient, with Christian Name at length	John Barker —
Sex and Age	Male 46 years
Married, Single, or Widowed	Married.
Condition of Life, and previous Occupation (if any)	Farmer.
Religious Persuasion, as far as known	Church of England.
Previous Place of Abode	Manor House, Dunnington. York.
Whether First Attack	Yes
Age (if known) on First Attack	— 46
When and where previously under Care and Treatment	— Nothing
Duration of existing Attack	Some months.
Supposed Cause	Dyspepsia
Whether subject to Epilepsy	No
Whether Suicidal	? Doubtful
Whether Dangerous to others	? Doubtful
Whether found Lunatic by Inquisition, and Date of Commission or Order for Inquisition	No
Special Circumstances (if any) preventing the Patient being examined, before Admission, separately by Two Medical Practitioners	None
Name and Address of Relative to whom Notice of Death to be sent	John Barker Junior his Son Manor House - Dunnington, York

(c) *Where the person signing the statement is not the person who signs the order, the following particulars concerning the person signing the statement are to be added.*

Signed, *Name,* (c) John Barker

Occupation (if any), Farmer

Place of Abode, Manor House Dunnington York

Degree of Relationship (if any) or other circumstances of connection with the Patient Son

MEDICAL CERTIFICATE.—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

I, the undersigned, Henry Charles Shann

being a (a) Member of the Royal College of Surgeons England

and being in actual practice as a (b) Surgeon

hereby certify, that I, on the 16th day of April

at (c) The five Lions Wakefield

in the County of Yorks separately from any other Medical Practitioner

personally examined John Barker Farmer

of (d) The Manor House Drumington and that

the said John Barker - ~~Farmer~~.

is a (e) Lunatic and a proper Person to be taken charge of and detained

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

(a) Here 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.

(b) Physician, surgeon, or apothecary, as the case may be.

(c) Here insert the street and number of the house (if any), or other like particulars.

(d) Insert residence and profession, or occupation (if any) of the patient.

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

1. Facts indicating Insanity observed by myself (f)

(f) Here state the facts.

John Barker tells me that he has attacks of burning pain in chest that when this is on he suddenly has loosenes of the bowels & this leaves him in darkness that on recovery from these attacks he feels an almost uncontrolable desire to injure anyone about this has been going on for more than half a year & these impulses to do an injury are more & more uncontrolable.

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

(g) Here state the information, and from whom.

His son ~~tells~~ John tells me that he has often said that he feels that he must be under some controll or else he will be doing someone an injury. The above communicated to me by John Barker son of the above John Barker & resident with him.

Signed, Name, Henry Charles Shann

Place of Abode, 71 Micklegate Yorks.

Dated this sixteenth day of April One Thousand Eight Hundred and Eighty eight.

136

MEDICAL CERTIFICATE.—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

I, the undersigned, William Hoare.

(a) Here 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.

being a (a) M. R. C. S. England & L. S. A. London

(b) Physician, surgeon, or apothecary, as the case may be.

and being in actual practice as a (b) Surgeon

hereby certify, that I, on the 16th day of April 1888

(c) Here insert the street and number of the house (if any), or other like particulars.

at (c) The Fine Lions Inn, Walmgate, York

in the County of York separately from any other Medical Practitioner

personally examined John Barker

(d) Insert residence and profession, or occupation (if any) of the patient.

of (d) Manor House, Dunnington, a Farmer and that

the said John Barker

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

is a (e) Lunatic and a proper Person to be taken charge of and detained

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

(f) Here state the facts.

1. Facts indicating Insanity observed by myself (f) He says, that "Irregularity, Feelings and desires come upon him to distress his friends, and to commit suicide. That he wishes to be placed under restraint with a view to his recovery."

(g) Here state the information, and from whom.

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

Signed, Name, William Hoare

Place of Abode, 23. Castlegate — York.

Dated this 16th day of April. One Thousand Eight Hundred and Eighty Eight.

- 1639 -

NOTICE OF ADMISSION,

To be forwarded to the Commissioners in Lunacy within one clear day *from the Patient's reception.*

THE RETREAT, NEAR YORK.

I hereby give you Notice, that _____

_____

(a) House or hospital.

was admitted into this (a) _____ as a Private Patient, on the _____ day of _____ 188 , and I hereby transmit a Copy of the Order and Medical Certificates on which he was received (b).

(b) *If a private patient be received upon one certificate only, the special circumstances which have prevented the patient from being examined by two medical practitioners to be here stated, as in the statement accompanying the order for admission.*

Signed, _____

(c) Superintendent or proprietor of ——.

(c) _____

_____

Dated this _____ day of _____

One Thousand Eight Hundred and Eighty

To the Commissioners in Lunacy.

Lunatics 1.
(16 & 17 Vict c. 96, sched. C. c. 24; 25 & 26 Vict. c. 111.)
Private Patient.

SHAW & SONS,
Fetter Lane, London,
Publishers of "The Justice of the Peace," a Weekly Legal Journal, price 3½d., post free.

(2805 D.B.—8-87.)

137

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT.

Sched. (A) No. 1, Sects. 4, 8.

I, the undersigned, hereby request you to receive Gertrude Watson

whom I last saw at 16 East Mount Road, York

on the 3rd day of May, 1888. (a)

a (b) Person of unsound mind as a Patient into your House.

(a) *Within one month previous to the date of the order.*

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

Subjoined is a Statement respecting the said Gertrude Watson

Signed, *Name,* John William Watson

Occupation (if any), Drawing Master

Place of Abode, Westfield, Redcar

Degree of Relationship (if any), or other circumstances of connection with the Patient ~~Daughter~~ Father

Dated this 3rd Day of May

One Thousand Eight Hundred and Eighty eight

To Dr. BAKER,
The Retreat, near York.

STATEMENT.

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

Name of Patient, with Christian Name at length	Gertrude Watson
Sex and Age	Female 27. yr of age
Married, Single, or Widowed	Single
Condition of Life, and previous Occupation (if any)	No regular occupation except slight house duties
Religious Persuasion, as far as known	Friend
Previous Place of Abode	Westfield, Redcar
Whether First Attack	First attack
Age (if known) on First Attack	~~Not exactly known~~ 27.
When and where previously under Care and Treatment	Not previously, made any special care or treatment
Duration of existing Attack	~~Sometimes for a whole day, at other times a shorter duration~~ for 3 or 4 months
Supposed Cause	Not known
Whether subject to Epilepsy	No.
Whether Suicidal	No.
Whether Dangerous to others	Has shown some violence
Whether found Lunatic by Inquisition, and Date of Commission or Order for Inquisition	No
Special Circumstances (if any) preventing the Patient being examined, before Admission, separately by Two Medical Practitioners	None
Name and Address of Relative to whom Notice of Death to be sent	John William Watson, Westfield, Redcar

(c) *Where the person signing the statement is not the person who signs the order, the following particulars concerning the person signing the statement are to be added.*

Signed, *Name,* (c) John William Watson.

Occupation (if any), Drawing Master

Place of Abode, Westfield Redcar

Degree of Relationship (if any) or other circumstances of connection with the Patient Father.

MEDICAL CERTIFICATE.—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

I, the undersigned, Richard Petch

being a (a) Graduate in Medicine of the University of Edin.

and being in actual practice as a (b) Physician

hereby certify, that I, on the third day of May

at (c) 16 East Mount Rd. York

in the County of Yorkshire separately from any other Medical Practitioner

personally examined Gertrude Watson

of (d) Westfield, Redcar, Yorks, and that

the said Gertrude Watson

is a (e) ~~person~~ Person Insane and a proper Person to be taken charge of and detained

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

(a) *Here 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.*

(b) Physician, surgeon, or apothecary, *as the case may be.*

(c) *Here insert the street and number of the house (if any), or other like particulars.*

(d) *Insert residence and profession, or occupation (if any) of the patient.*

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

(f) *Here state the facts.*

1. Facts indicating Insanity observed by myself (f) ~~that~~ she says she would wish anyone inconveniencing her ~~to~~ go to hell. she would not care whether ~~anyone~~ everyone - except her parents - were killed sent there, as ~~they~~ no one else were her friends or anything to her:

(g) *Here state the information, and from whom.*

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

Her father informs me that her disposition has gradually undergone a complete change; ~~from~~ being quiet & religious she has become blasphemous & violent, cursing her parents ~~& striking~~ her mother; praying God to send them to hell.

Signed, *Name,* Richard Petch

Place of Abode, 73 Micklegate, York

Dated this 24 day of May One Thousand Eight Hundred and Eighty eight.

138

MEDICAL CERTIFICATE.—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

I, the undersigned, Henry Charles Shann

being a (a) member of the Royal College of Surgeons &c

and being in actual practice as a (b) Surgeon

hereby certify, that I, on the third day of May

at (c) 16 East Mount Road The Mount &c

in the County of York separately from any other Medical Practitioner

personally examined Gertrude Watson

of (d) Westfield, Redcar Yorks and that

the said Gertrude Watson

is a (e) person of unsound mind and a proper Person to be taken charge of and detained under Care and Treatment, and that I have formed this opinion upon the following grounds; viz.:—

(a) *Here 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.*

(b) Physician, surgeon, *or* apothecary, *as the case may be.*

(c) *Here insert the street and number of the house (if any), or other like particulars.*

(d) *Insert residence and profession, or occupation (if any) of the patient.*

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

(f) *Here state the facts.*

1. Facts indicating Insanity observed by myself (f)

She says that every one about her annoys her & she gets cross & has thrown a book at her mother because she felt annoyed at her for no particular reason that she can give. She prays that all in the house may go to hell & says that the name Christian makes her angry & she cannot bear hymns. She says that she screams at night for no reason at all & then feels very much exhausted

(g) *Here state the information, and from whom.*

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

Her Father John Wm Watson tells me that she has become very violent of late has fits of passion when she curses all who come near her these fits are becoming more frequent & uncontrolable, quite contrary to her natural disposition

Her Mother Ann Watson tells me that her daughter has struck her in a fit of passion & has prayed that she & her Father may go to hell

Signed, Name, Henry Charles Shann

Place of Abode, 71 Micklegate York

Dated this third day of May One Thousand Eight Hundred and Eighty eight

-1640-

NOTICE OF ADMISSION,

To be forwarded to the Commissioners in Lunacy within one clear day *from the Patient's reception.*

THE RETREAT, NEAR YORK.

I hereby give you Notice, that _____

_____

was admitted into this (*a*) _____ as a Private Patient, on the _____ day of _____ 188 , and I hereby transmit a Copy of the Order and Medical Certificates on which he was received (*b*).

(*a*) House or hospital.

(*b*) *If a private patient be received upon one certificate only, the special circumstances which have prevented the patient from being examined by two medical practitioners to be here stated, as in the statement accompanying the order for admission.*

Signed, _____

(*c*) _____

_____

(*c*) Superintendent or proprietor of———.

Dated this _____ day of _____

One Thousand Eight Hundred and Eighty

To the Commissioners in Lunacy.

Lunatics 1.
(16 & 17 Vict c. 96, sched. C. s. 24; 25 & 26 Vict. c. 111.)
Private Patient.

SHAW & SONS,
Fetter Lane, London,
Publishers of "The Justice of the Peace," a Weekly Legal Journal, price 6½d., post free.

(2895 D.B.—8-87.)

131

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT.

Sched. (A) No. 1, Sects. 4, 8.

I, the undersigned, hereby request you to receive William Marshall

whom I last saw at 179 Newton Crescent Chapeltown Road Leeds

on the 22nd day of May 1888 (a)

a (b) person of unsound mind as a Patient into your House.

Subjoined is a Statement respecting the said William Marshall

(a) Within one month previous to the date of the order.

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

Signed, *Name,* Roger Marshall

Occupation (if any), Woollen Manufacturer

Place of Abode, 179 Newton Crescent Chapeltown Road Leeds

Degree of Relationship (if any), or other circumstances of connection with the Patient Father

Dated this 22nd Day of May

One Thousand Eight Hundred and Eighty ~~8~~ Eight

To Dr. BAKER,

The Retreat, near York.

STATEMENT.

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

Name of Patient, with Christian Name at length	William Marshall
Sex and Age	Male aged thirty four
Married, Single, or Widowed	Single
Condition of Life, and previous Occupation (if any)	Woollen Manufacturer
Religious Persuasion, as far as known	Church of England
Previous Place of Abode	Kiln House Ravensthorpe Nr Normanton
Whether First Attack	~~1st~~ First attack
Age (if known) on First Attack	Thirty four Years.
When and where previously under Care and Treatment	now. here
Duration of existing Attack	about a month
Supposed Cause	Grief and Business anxiety.
Whether subject to Epilepsy	No
Whether Suicidal	No
Whether Dangerous to others	Might be
Whether found Lunatic by Inquisition, and Date of Commission or Order for Inquisition	No
Special Circumstances (if any) preventing the Patient being examined, before Admission, separately by Two Medical Practitioners	—
Name and Address of Relative to whom Notice of Death to be sent	Roger Marshall 179 Newton Crescent Chapeltown Rd Leeds

(c) Where the person signing the statement is not the person who signs the order, the following particulars concerning the person signing the statement are to be added.

Signed, *Name,* (c) Roger Marshall

Occupation (if any), Woollen Manufacturer

Place of Abode, 179 Newton Crescent Chapeltown Road Leeds

Degree of Relationship (if any) or other circumstances of connection with the Patient Father

MEDICAL CERTIFICATE.—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

I, the undersigned, Thomas Clifford Albutt

being a (a) Fellow of the Royal College of Physicians of London & a Doctor of Medicine in the University of Cambridge

and being in actual practice as a (b) Physician

hereby certify, that I, on the twenty second day of May 1888

at (c) 179 Harehills Crescent Leeds

in the County of York separately from any other Medical Practitioner

personally examined William Marshall

of (d) Laurelthorpe Normanton. Woollen Manufacturer and that

the said William Marshall

is a (e) person of unsound mind and a proper Person to be taken charge of and detained

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

(a) Here set forth the qualification entitling the person certifying to practise as a physician, surgeon, or apothecary, e.g. gra.:—Fellow of the Royal College of Physicians in London, Licentiate of the Apothecaries' Company, or as the case may be.

(b) Physician, surgeon, or apothecary, as the case may be.

(c) Here insert the street and number of the house (if any), or other like particulars.

(d) Insert residence and profession, or occupation (if any) of the patient.

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

(f) Here state the facts.

1. Facts indicating Insanity observed by myself (f)

Incoherence. Excitement — delusions — thinking aloud & imperfect articulation. Delusions (e.g. that he has made two million of money, that Lord Brassey's yacht Sunbeam really belongs to patient who lent it to Lord B. but who is going to take it himself again & sail with his family round the world) &c &c

(g) Here state the information, and from whom.

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

From his brother — Mark Bell Marshall — that patient holds conversations & himself with absent persons. That everything belongs to him & that he has made great inventions & owns great properties &c.

From his male attendant — Frederick William Smith — that he imagines himself — person of high degree such as a King, Prince, Emperor & that everything belongs to him.

Signed, Name, Clifford Albutt

Place of Abode, 6 Park Square Leeds

Dated this twenty second day of May One Thousand Eight Hundred and Eighty Eight

140

MEDICAL CERTIFICATE.—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

I, the undersigned, Herbert Coddington Major

being a (a) Doctor of Medicine of the University of Edinburgh

and being in actual practice as a (b) Physician

hereby certify, that I, on the Twentieth day of May 1888

at (c) 179 Reston Crescent, Chapel-Town Road, Leeds

in the County of York separately from any other Medical Practitioner

personally examined William Marshall

of (d) Kiln House Ravensthorpe Via Normanton: Wollen Manufacturer and that

the said William Marshall

is a (e) person of unsound mind and a proper Person to be taken charge of and detained under Care and Treatment, and that I have formed this opinion upon the following grounds; viz.:—

(a) *Here 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.*

(b) Physician, surgeon, *or* apothecary, *as the case may be.*

(c) *Here insert the street and number of the house (if any), or other like particulars.*

(d) *Insert residence and profession, or occupation (if any) of the patient.*

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

1. Facts indicating Insanity observed by myself (f) His untidy, disorderly appearance and his generally irrational manner and bearing. He states that he knows my brother (which I know is not and myself am); that he owns several shops at Capetown (which is a delusion). He, however, for the most part, refuses, and in a hostile and threatening manner, to reply to my questions or to allow of my making any physical examination of him.

(f) *Here state the facts.*

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

Mrs Barbara Ann Marshall, patient's sister, informs me that, of late, her brother has become greatly changed in manner; that he talks much to (imaginary) voices and that he has numerous grandiose ideas on the subject of money, inventions, etc. That he is rough & threatening in manner if at all crossed.

(g) *Here state the information, and from whom.*

Signed, Name, Herbert C. Major MD.

Place of Abode, 154 Manningham Lane, Bradford, Yorks.

Dated this 21st day of May One Thousand Eight Hundred and Eighty Eight.

-1641-

A True Copy of the Medical Certificate & Order for the Admission of Mrs E Coles W. H. O Sankey

NOTICE OF ADMISSION,

To be forwarded to the Commissioners in Lunacy and Clerk to the Visitors, within One clear day *from the Patient's reception.*

BOREATTON PARK,

SHROPSHIRE.

I hereby give you Notice, That Elizabeth Coles was admitted into this House as a Private Patient, on the 24th day of November 1887, and I hereby transmit a Copy of the Order and Medical Certificates on which ~~s~~ he was received.

Signed, W. H. O Sankey

Proprietor, Boreatton Park, Shropshire.

Dated this 25th day of November One Thousand Eight Hundred and Eighty seven

To the Commissioners *in Lunacy.*
Visitors

Lunatics 1.
(16 & 17 Vict. c. 96, sched. C. s. 24.)
(25 & 26 Vict. C. 111.)
Private Patient.

141

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT.

16 & 17 Vic. c. 96, Sched. (A), No. 1, Sects. 4, 8.

I, the undersigned, hereby request you to receive Elizabeth Coles of 23, Blomfield, Maida Vale, London

(A) *Here insert street, and number of the house.*

whom I last saw at (A) 23 Blomfield Road

(B) *Within one month previous to the date of the order.*

on the (B) 24th day of November 1887

a person of unsound mind as a Patient into your House.

(*Repeat the Name*) Subjoined is a Statement respecting the said Elizabeth Coles

Signed, *Name,* Selina Taylor

Occupation (if any) Married

Place of Abode, 10 Albion Rd, South Hampstead

Degree of Relationship (if any) or other circumstance of connection with the Patient. Sister

Dated *this* 24th *day of* November 1887

To Dr. SANKEY, M.D., *Boreatton Park, Shropshire.*

STATEMENT.

If any particulars in this Statement are not known, the Fact to be so stated.

Name of Patient and Christian Name at length ...	Elizabeth Coles
Sex and Age	70 Female S.J.
Married, Single, or Widowed	Widow
Condition of Life, and previous Occupation (if any)	Widow
Religious Persuasion, as far as known	Established Church
Previous Place of Abode	23 Blomfield Road, Maida Vale S.J.
Whether First Attack	No
Age (if known) on First Attack	63 years
When and where previously under Care & Treatment	not in confinement previously
Duration of Existing Attack	Seven years
Supposed Cause	Mental Anxiety
Whether Subject to Epilepsy	No
Whether Suicidal	No
Whether Dangerous to others	No
Whether found Lunatic by Inquisition, and Date of Commission or Order for Inquisition ...	No
Special Circumstances (if any) preventing the Patient being examined, before Admission, separately by Two Medical Practitioners ...	None
Name and Address of Relative to whom Notice of Death to be sent	Mrs Selina Taylor 10 Albion Rd NW.

(D) *Where the person signing the statement is not the person who signs the order, the following particulars concerning the person signing the statement are to be added.*

Signed, *Name* (D) Selina Taylor

Occupation (if any), Married

Place of Abode, 10 Albion Road, ~~South Hampstead~~ NW. London

Degree of Relationship (if any) or other circumstances of connection with the Patient. Sister

MEDICAL CERTIFICATE.

16 & 17 Vict. c. 96, Sched. (A), No. 2, Sects. 4, 5, 8. 10, 11, 12, 13.

N.B.—Medical Certificates of Patient's Examination, and the Signatures, are required by the above Statute, to be dated within SEVEN clear Days of the Patient's Reception.—In stating the Residence, the number of the House must be specified, when there is any.

(A) *Here set forth the qualification entitling the person certifying to practice as a physician, surgeon, or apothecary, ex. gra.*, Fellow of the Royal College of Physicians in London, Member of Royal College of Surgeons, England, &c.

(B) Physician, surgeon, or apothecary, *as the case may be.*

(C) *Here insert the street, and number of the house, (if any), or other like particulars.*

(D) *A. B. of ——— insert residence and profession, or occupation (if any).*

(F) *Here state the facts.*

(G) *Here state the information, and from whom.*

I, the undersigned, being a
(Here insert qualification, and from whence the Degree or Diploma was obtained.)
(A) Licentiate of the Royal College of Physicians of Edinburgh and being a duly Registered Practitioner,
and in actual Practice as a (B) Physician
hereby certify that I, on the 19th day of Nov. 1889
(Insert street and number of house, if any.)
at (C) 23 Blomfield Road, Maida Vale
in the County of Middx separately from any other Medical
(Name in full)
Practitioner personally examined (D) Elizabeth Coles
(Occupation)
a Widow lady
(Insert exact address)
of 23 Blomfield Road Maida Vale
and that the said Elizabeth Coles
is a Person of unsound mind, and a proper Person to be taken charge of and detained under Care and Treatment, and that I have formed this opinion upon the following grounds; viz.:—

1. Facts indicating insanity observed by myself

(F) Is noisy & excitable, accuses her attendant of theft, says that the room is on fire and points to the flames, collects a mob outside the house through her shouts & screams

2. Other Facts (if any) indicating Insanity communicated to me by
(Give Name of Informant.)
others.

(G) Rushes into the street partly clad calling fire, uses abusive and disgusting language to those about her. shouts and hammers at the walls &c by Elizabeth Harris

Signed, *Name,* Arthur Prince

Place of Abode, 62 Harrow Road, Paddington Green.

Dated this 19th day of Nov. 1889

142

MEDICAL CERTIFICATE.

16 & 17 Vict. c. 96, Sched. (A), No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

N.B.—Medical Certificates of Patient's Examination, and the Signatures, are required by the above Statute, to be dated within SEVEN clear Days of the Patient's Reception.—In stating the Residence, the number of the House must be specified, when there is any.

(A) *Here set forth the qualification entitling the person certifying to practice as a physician, surgeon, or apothecary, ex. gra.* Fellow of the Royal College of Physicians in London, Member of Royal College of Surgeons, England, &c.

(B) Physician, surgeon, or apothecary, *as the case may be.*

(C) *Here insert the street, and number of the house, (if any), or other like particulars.*

(D) *A. B. of ——— insert residence and profession, or occupation (if any).*

(F) *Here state the facts.*

(G) *Here state the information, and from whom.*

I, the undersigned, being a

(Here insert qualification, and from whence the Degree or Diploma was obtained.)

(A) Member of the Royal College of Surgeons England and being a duly Registered Practitioner,

and in actual Practice as a (B) Physician

hereby certify that I, on the 21st day of November 1889

(Insert street and number of house, if any.)

at (C) 23 Blomfield Road, Paddington

in the County of Middlesex separately from any other Medical

(Name in full)

Practitioner personally examined (D) Elizabeth Coles

(Occupation)

a widow lady of 23 Blomfield Road

(Insert exact address)

of Maida Vale, Paddington

and that the said Elizabeth Coles

is a Person of unsound mind, and a proper Person to be taken charge of and detained under Care and Treatment, and that I have formed this opinion upon the following grounds; viz.:—

1. Facts indicating insanity observed by myself

(F) She seems confused & states that the reason she has screamed all night is because she was afraid the hall gas was not lighted & that the servant locked her in.

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

(GIVE NAME OF INFORMANT.)

others.

(G) She has screamed, cursed & sworn rushing from the table in the middle of dinner — Caroline Penn

She has shouted, screamed & called Murder continually at night. Thomas Ward

Signed, *Name,* Alfred T. Schofield

Place of Abode, 141 Westbourne Terrace, W.

Dated this 21st day of November 1889

TRANSFER OF PRIVATE PATIENT.

16 & 17 Vict., cap. 96, § 20.

CONSENT.

We, the undersigned, Commissioners in Lunacy, hereby consent to the removal, on or before the 12th day of July 1888, of Elizabeth Coles a Private Patient in Boreatton Park ~~House~~, Baschurch, to The Friends' Retreat ~~House~~, near York.

Given under our hands this 27th day of June in the year of Our Lord One Thousand Eight Hundred and Eighty-eight.

Charles Palmer Phillips
James Wilkes
} Commissioners in Lunacy.

ORDER.

I,* Selina Taylor the undersigned, having Authority to discharge Elizabeth Coles a Private Patient in Boreatton Park ~~House~~, Baschurch, hereby order and direct that the said Elizabeth Coles be removed therefrom to The Friends' Retreat ~~House~~, near York.

Given under my hand this* 28th day of June 1888 in the year of Our Lord One Thousand Eight Hundred and Eighty-eight.

(Signed) Selina Taylor

Place of Abode 10 Albion Road South Hampstead N.W. London

* Note. This order must be signed and dated *subsequently* to the consent of the Commissioners; and it must be signed by—

1. The person *who signed the order* for the Patient's admission;
2. If such person be incapable (by reason of insanity, or absence from England, or otherwise), or if he be dead, then by the *Husband or Wife* of the patient;
3. If there be no Husband or Wife, then by the Patient's *Father;*
4. If there be no Father, then by the Patient's *Mother;*
5. If there be no Father or Mother, then by any *one* of the Patient's *nearest of kin;* or by the person *who made the last payment* on the Patient's account.

R & S (20,710a) 1000 12—86

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- 1642 -

NOTICE OF ADMISSION,

To be forwarded to the Commissioners in Lunacy within one clear day *from the Patient's reception.*

THE RETREAT, NEAR YORK.

I hereby give you Notice, that _____

_____

(a) House or hospital.

was admitted into this (a) _____ as a Private Patient, on the _____ day of _____ 188 , and I hereby transmit a Copy of the Order and Medical Certificates on which he was received (b).

(b) *If a private patient be received upon one certificate only, the special circumstances which have prevented the patient from being examined by two medical practitioners to be here stated, as in the statement accompanying the order for admission.*

Signed, _____

(c) Superintendent or proprietor of———.

(c) _____

_____

Dated this _____ day of _____

One Thousand Eight Hundred and Eighty

To the Commissioners in Lunacy.

Lunatics 1.
(16 & 17 Vict c. 96, sched. C. s. 24; 25 & 26 Vict. c. 111.)
Private Patient.

SHAW & SONS,
Fetter Lane, London,
Publishers of "The Justice of the Peace," a Weekly Legal Journal, price 1½d., post free.

(2595 D.B.—8-87.)

144

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT.

Sched. (A) No. 1, Sects. 4, 8.

I, the undersigned, hereby request you to receive Thomas Francis Nicholson

whom I last saw at The Camp Strensall York

on the fourteenth day of July 1888. (a)

a (b) a person of unsound mind as a Patient into your House.

Subjoined is a Statement respecting the said Thomas Francis Nicholson

(a) *Within one month previous to the date of the order.*

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

Signed, *Name,* Walter Constable Maxwell

Occupation (if any), Captain in Militia 3rd Lpool Regt

Place of Abode, 1 Gloucester Place Portman Sq. London

Degree of Relationship (if any), or other circumstances of connection with the Patient Brother Officer

Dated this Sixteenth Day of July

One Thousand Eight Hundred and Eighty eight

To Dr. BAKER,
The Retreat, near York.

STATEMENT.

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

Name of Patient, with Christian Name at length	Thomas Francis Nicholson
Sex and Age	Male about Forty two years
Married, Single, or Widowed	Single
Condition of Life, and previous Occupation (if any)	Captain 3rd Lpool Regt.
Religious Persuasion, as far as known	Roman Catholic
Previous Place of Abode	Buckhill nr. Londonderry
Whether First Attack	Yes
Age (if known) on First Attack	~~Not~~ Forty two years
When and where previously under Care and Treatment	~~Not~~ No Where
Duration of existing Attack	Seven days
Supposed Cause	Not known
Whether subject to Epilepsy	No
Whether Suicidal	No
Whether Dangerous to others	Yes
Whether found Lunatic by Inquisition, and Date of Commission or Order for Inquisition	No
Special Circumstances (if any) preventing the Patient being examined, before Admission, separately by Two Medical Practitioners	No
Name and Address of Relative to whom Notice of Death to be sent	Mrs Nicholson Buckhill nr Londonderry

(c) *Where the person signing the statement is not the person who signs the order, the following particulars concerning the person signing the statement are to be added.*

Signed, *Name,* (c) Walter Constable Maxwell

Occupation (if any), Captain 3rd Liverpool Regt.

Place of Abode, 1 Gloucester Place Portman Sq. London

Degree of Relationship (if any) or other circumstances of connection with the Patient Brother Officer

MEDICAL CERTIFICATE.—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

I, the undersigned, William Hamilton Jalland

being a (a) Fellow of the Royal College of Surgeons of England, & L. R. C. P. (London)

and being in actual practice as a (b) Surgeon

hereby certify, that I, on the Seventeenth day of July

at (c) the County Hospital, Monkgate & York

in the County of York separately from any other Medical Practitioner

personally examined Thomas Francis Nicholson Capt. in Militia

of (d) Beechhill W. London derry and that

the said Thomas Francis Nicholson

is a (e) Lunatic and a proper Person to be taken charge of and detained

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

(a) *Here 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.*

(b) Physician, surgeon, *or* apothecary, *as the case may be.*

(c) *Here insert the street and number of the house (if any), or other like particulars.*

(d) *Insert residence and profession, or occupation (if any) of the patient.*

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

1. Facts indicating Insanity observed by myself (f) His great excitement throwing all the furniture about the room, shouting at the top of his voice, first about one thing & then about another – At other times he is rather quiet, ~~[illegible]~~ He has delusions – He told me that he was dead, & that he died last Wednesday July 11th & that now he was in a transitive state & that in a short time he would be in heaven –

(f) *Here state the facts.*

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

(g) *Here state the information, and from whom.*

Signed, *Name,* W. H. Jalland F.R.C.S. & L.R.C.P. (Lond)

Place of Abode, St. Leonards House. York

Dated this Seventeenth day of July One Thousand Eight Hundred and Eighty eight –

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MEDICAL CERTIFICATE.—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

I, the undersigned, Albert Henry Williams

being a (a) Member of Royal College of Surgeons Eng. L.R.C.S. London

and being in actual practice as a (b) Surgeon

hereby certify, that I, on the ~~17th~~ 16th day of July

at (c) York County Hospital

in the County of York separately from any other Medical Practitioner

personally examined Thomas Francis Nicholson

of (d) Beechhill London Capt. in Militia and that

the said Thomas Francis Nicholson

is a (e) Lunatic and a proper Person to be taken charge of and detained

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

(a) *Here 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.*

(b) Physician, surgeon, *or* apothecary, *as the case may be.*

(c) *Here insert the street and number of the house (if any), or other like particulars.*

(d) *Insert residence and profession, or occupation (if any) of the patient.*

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

(f) *Here state the facts.*

1. Facts indicating Insanity observed by myself (f) He has shown great excitement. Talking, shouting out texts from scripture & the Litany & cursing. He told me that he died on Wednesday July 11th. and talks to God in a familiar way.

(g) *Here state the information, and from whom.*

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

Signed, *Name,* A. H. Williams

Place of Abode, York County Hospital Six Centre

Dated this ~~17th~~ 16th day of July, One Thousand Eight Hundred and Eighty eight

TRANSFER OF PRIVATE PATIENT.

The Consent to this transfer has been given on condition that the Patient be accompanied, during the removal, by at least two efficient and responsible persons

16 & 17 Vict., cap. 96, § 20.

CONSENT.

We, the undersigned, Commissioners in Lunacy, hereby consent to the removal, on or before the 24th day of July 1889, of Roman Francis Nicholson a Private Patient in the Retreat, York,

to the North Riding of Yorkshire Asylum, Clifton.

Given under our hands this 16th day of July in the year of Our Lord One Thousand Eight Hundred and Eighty-nine

J. Ashton
J. S. Wright

Commissioners in Lunacy.

ORDER.

I,* Walter G. Maxwell the undersigned, having Authority to discharge Roman Francis Nicholson a Private Patient in the Retreat, York,

hereby order and direct that the said Roman Francis Nicholson be removed therefrom to the North Riding of Yorkshire Asylum, Clifton

Given under my hand this* 17th day of July in the year of Our Lord One Thousand Eight Hundred and Eighty-nine

(Signed) Walter G. Maxwell

Place of Abode 1 Gloucester Place Portman Sq. W. London

* Note. This order must be signed and dated *subsequently* to the consent of the Commissioners; and it must be signed by—

1. The person *who signed the order* for the Patient's admission;
2. If such person be incapable (by reason of insanity, or absence from England, or otherwise), or if he be dead, then by the *Husband or Wife* of the patient;
3. If there be no Husband or Wife, then by the Patient's *Father;*
4. If there be no Father, then by the Patient's *Mother;*
5. If there be no Father or Mother, then by any *one* of the Patient's *nearest of kin;* or by the person *who made the last payment* on the Patient's account.

R & S (34,896a) 1000 7—88

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1643-

NOTICE OF ADMISSION.

To be forwarded to the Commissioners in Lunacy within one clear day *from the Patient's reception.*

THE RETREAT, NEAR YORK.

I hereby give you Notice, That _____

_____

(a) House or hospital.

was admitted into this (a) _____ as a Private Patient, on the _____ day of _____ 188 , and I hereby transmit a Copy of the Order and Medical Certificates on which he was received (b)

(b) *If a private patient be received upon one certificate only, the special circumstances which have prevented the patient from being examined by two medical practitioners to be here stated, as in the statement accompanying the order for admission.*

Signed, _____

(c) _____

(c) Superintendent or proprietor of ——

_____

Dated this _____ day of _____

One Thousand Eight Hundred and Eighty _____

To the Commissioners in Lunacy.

Lunatics 1.
(16 & 17 Vict. c. 96, Schd. C. s. 24.)
(25 & 26 Vict. c. 111.)
Private Patient.

LONDON:
SHAW AND SONS
Fetter Lane, E.C.
(807 D.H.—6-86.)

147

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT.

Sched. (A.) No. 1, Sects. 4, 8.

I, the undersigned, hereby request you to receive Hannah Maria Woodhouse whom I last saw at Lawson Road Sheffield on the 10th day day of July 1888. (a) a (b) person of unsound mind as a Patient into your House.

Subjoined is a Statement respecting the said Hannah Maria Woodhouse

(a) Within one month previous to the date of the order.

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

Signed, Name, John Goodison Cocker

Occupation (if any), Steel Wire Manufacturer.

Place of Abode, 20 Lawson Rd. Sheffield.

Degree of Relationship (if any) or other circumstances of connection with the Patient. Brother.

Dated this 17th day of July One Thousand Eight Hundred and Eighty 8

To Dr Baker

THE RETREAT, NEAR YORK.

STATEMENT.

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

Name of Patient, with Christian Name at length	Hannah Maria Woodhouse.
Sex and Age	Woman, about 46.
Married, Single, or Widowed	Widow
Condition of Life, and previous Occupation (if any)	Widow of a Grocer
Religious Persuasion, as far as known	Attended Church of England
Previous Place of Abode	34 Southbourne Rd. Sheffield
Whether First Attack	First attack about July 1st. 1888.
Age (if known) on First Attack	46
When and where previously under Care and Treatment	Nowhere
Duration of existing Attack	Three months
Supposed Cause	Don't Know
Whether subject to Epilepsy	No.
Whether Suicidal	No
Whether Dangerous to others	No
Whether found Lunatic by Inquisition, and Date of Commission or Order for Inquisition	No
Special Circumstances (if any) preventing the Patient being examined, before Admission, separately by Two Medical Practitioners	none
Name and Address of Relative to whom Notice of Death to be sent	J. G. Cocker, 20 Lawson Rd Sheffield

(c) Where the person signing the statement is not the person who signs the order, the following particulars concerning the person signing the statement are to be added.

Signed, Name, (c) J. G. Cocker

Occupation (if any), Steel Wire Manufacturer

Place of Abode, 20 Lawson Rd. Sheffield

Degree of Relationship (if any), or other circumstances of connection with the Patient. Brother

MEDICAL CERTIFICATE,—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

I, the undersigned, John Bruson

being a (a) Member of the Royal College of Surgeons of England

and being in actual practice as a (b) Surgeon

hereby certify, that I, on the 17th day of July 1888

at (c) 34 Southbourne Road, Sheffield

in the County of York separately from any other Medical Practitioner,

personally examined Hannah Maria Woodhouse

of (d) 34 Southbourne Road (London) and that

the said Hannah Maria Woodhouse

is a (e) Lunatic and a proper Person to be taken charge of and detained

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

1. Facts indicating Insanity observed by myself (f) She left her home for Ilkley on Saturday last intending to stay a month; she returned tonight at 7 PM & told me she had taken a house at Ilkley & was going back by the next train with all her furniture and property — Her manner is wild and excitable. Talks very incoherently

2. Other facts (if any) indicating Insanity communicated to me by others (g) Miss E. Mellor informs me that Hannah Maria Woodhouse has visited a many shops at Ilkley today making most extravagant orders

(a) Here 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.

(b) Physician, surgeon, or apothecary, as the case may be.

(c) Here insert the street and number of the house (if any) or other like particulars.

(d) Insert residence and profession or occupation (if any) of the patient.

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

(f) Here state the facts.

(g) Here state the information, and from whom.

Signed, Name, John Bruson

Place of Abode, Broomhill Sheffield

Dated this 17th day of July One Thousand Eight Hundred and Eighty Eight

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MEDICAL CERTIFICATE.—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

(a) *Here 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.*

(b) Physician, surgeon, *or* apothecary, *as the case may be.*

(c) *Here insert the street and number of the house (if any), or other like particulars.*

(d) *Insert residence and profession, or occupation (if any) of the patient.*

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

(f) *Here state the facts.*

(g) *Here state the information, and from whom.*

I, the undersigned, Henry Dobson

being a (a) M.D (Edinburgh Univ:).

and being in actual practice as a (b) Physician

hereby certify, that I, on the 17th day of July

at (c) Craiglands Hydropathic, Ilkley, ~~Yorks~~

in the County of Yorks separately from any other Medical Practitioner,

personally examined Hannah Maria Woodhouse,

of (d) 24, Southbourne Road, and that

the said Hannah Maria Woodhouse

is a (e) Lunatic and a proper Person to be taken charge of and detained

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

1. Facts indicating Insanity observed by myself (f) Manner is most excited. Speech on all subjects extravagant, and often void of truth or reason. Has no care for personal appearance in public places. Must be in action, and will go out in the rain without any precaution or proper protection.

N.B. Was weak and very nervous, six to eight weeks ago, suffering from Dyspepsia and Nervous Prostration.

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

Has lately developed a faculty for spending money on extravagant and unnecessary things, — which is the reverse to her condition of mind two months ago.

Signed, *Name*, Henry Dobson, M.D.

Place of Abode, Craiglands, Ilkley,

Dated this 18th day of July One Thousand Eight Hundred and Eighty Eight.

– 1644 –

NOTICE OF ADMISSION,

To be forwarded to the Commissioners in Lunacy within one clear day *from the Patient's reception.*

THE RETREAT, NEAR YORK.

I hereby give you Notice, that _____

_____

(a) House or hospital.

was admitted into this (a) _____ as a Private Patient, on the _____ day of _____ 188 , and I hereby transmit a Copy of the Order and Medical Certificates on which he was received (b).

(b) *If a private patient be received upon one certificate only, the special circumstances which have prevented the patient from being examined by two medical practitioners to be here stated, as in the statement accompanying the order for admission.*

Signed, _____

(c) Superintendent or proprietor of———.

(c) _____

_____

Dated this _____ day of _____

One Thousand Eight Hundred and Eighty

To the Commissioners in Lunacy.

Lunatics 1.
(16 & 17 Vict c. 96, sched. C. s. 24; 25 & 26 Vict. c. III.)
Private Patient.

SHAW & SONS,
Fetter Lane, London,
Publishers of "The Justice of the Peace," a Weekly Legal Journal, price 3½d., post free.

(2895 D.B.—8-87.)

149

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT.

Sched. (A) No. 1, Sects. 4, 8.

I, the undersigned, hereby request you to receive Ernest Jacob

whom I last saw at 60 Wynnstay Gardens

on the 30th day of July (a)

a (b) person of unsound mind as a Patient into your House.

Subjoined is a Statement respecting the said Ernest Jacob

(a) *Within one month previous to the date of the order.*

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

Signed, *Name,* Edith Jacob

Occupation (if any),

Place of Abode, 60 Wynnstay Gardens Kensington

Degree of Relationship (if any), or other circumstances of connection with the Patient Sister

Dated this 31st Day of July

One Thousand Eight Hundred and Eighty 8

To Dr. BAKER,
The Retreat, near York.

STATEMENT.

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

Name of Patient, with Christian Name at length	Ernest Jacob
Sex and Age	male sex 28
Married, Single, or Widowed	single
Condition of Life, and previous Occupation (if any)	Formerly On staff of U.S. Geological Survey
Religious Persuasion, as far as known	Society of Friends
Previous Place of Abode	60 Wynnstay Gardens. Kensington
Whether First Attack	Second attack
Age (if known) on First Attack	27
When and where previously under Care and Treatment	For some months under the care of Dr. C. D. Shirard. Eastbourne in 1887.
Duration of existing Attack	About 2 months
Supposed Cause	uncertain
Whether subject to Epilepsy	no
Whether Suicidal	yes.
Whether Dangerous to others	no sign
Whether found Lunatic by Inquisition, and Date of Commission or Order for Inquisition	no
Special Circumstances (if any) preventing the Patient being examined, before Admission, separately by Two Medical Practitioners	none
Name and Address of Relative to whom Notice of Death to be sent	Mrs Jacob. 60 Wynnstay Gardens Kensington. W.

(c) *Where the person signing the statement is not the person who signs the order, the following particulars concerning the person signing the statement are to be added.*

Signed, *Name,* (c) Edith Jacob

Occupation (if any),

Place of Abode, 60 Wynnstay Gardens

Degree of Relationship (if any) or other circumstances of connection with the Patient Sister

MEDICAL CERTIFICATE.—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

I, the undersigned, Stanley Boyd

being a (a) Fellow of the Royal College of Surgeons, England

and being in actual practice as a (b) Surgeon

hereby certify, that I, on the 25th day of July 1888

at (c) 60 Wynnstay Gardens, Kensington, W.

in the County of Middlesex separately from any other Medical Practitioner

personally examined Ernest Jacob Geologist

of (d) 60 Wynnstay Gardens, Kensington, W. and that

the said Ernest Jacob

is a (e) person of unsound mind and a proper Person to be taken charge of and detained

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

(a) *Here 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.*

(b) Physician, surgeon, *or* apothecary, *as the case may be.*

(c) *Here insert the street and number of the house (if any), or other like particulars.*

(d) *Insert residence and profession, or occupation (if any) of the patient.*

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

1. Facts indicating Insanity observed by myself (f) I have for 9 weeks attended Ernest Jacob for fracture of the spine due to his having jumped through a closed window some 50 ft. from the ground. He explained this action by saying that he wished his income to pass to a poor uncle in America in order that he (the uncle) might return to England & live with Mrs Jacob (the patient's mother). From his conversation since, I know that Ernest Jacob's mind is bent on suicide.

(f) *Here state the facts.*

2. Other facts (if any) indicating Insanity communicated to me by others (g) Ernest Jacob's mother (Mrs Jacob) tells me that Ernest Jacob persistently refuses to see his sister, believing that his so doing would in some way injure her.

(g) *Here state the information, and from whom.*

Signed, *Name,* Stanley Boyd F.R.C.S. Eng.

Place of Abode, 27 Gower St W.C.

Dated this 29th day of July One Thousand Eight Hundred and Eighty Eight.

150

MEDICAL CERTIFICATE.—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

I, the undersigned, Daniel Hack Tuke

being a (a) Fellow of the Royal College of Physicians in London

and being in actual practice as a (b) Physician

hereby certify, that I, on the 31st day of July 1887

at (c) 60 Wynnstay Gardens, Kensington W.

in the County of Middlesex separately from any other Medical Practitioner

personally examined Ernest Jacob Geologist

of (d) 60 Wynnstay Gardens, Kensington W. and that

the said Ernest Jacob

is a (e) person of unsound mind and a proper Person to be taken charge of and detained

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

(a) *Here 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.*

(b) Physician, surgeon, or apothecary, *as the case may be.*

(c) *Here insert the street and number of the house (if any), or other like particulars.*

(d) *Insert residence and profession, or occupation (if any) of the patient.*

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

1. Facts indicating Insanity observed by myself (f) He expects some dread event will happen to the world unless he prevents it by destroying himself. He has repeatedly asked me to end his life by morphine while I have attended him since he jumped through a window in delay and continues to be intensely suicidal.

(f) *Here state the facts.*

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

By his attendant George Woodhart: That Ernest Jacob has delusions about persons coming to the house to injure his mother & sister and has asked for poison to make away with himself.

(g) *Here state the information, and from whom.*

Signed, *Name,* D. Hack Tuke M.D.

Place of Abode. Lyndon Lodge Hanwell W.

Dated this 31st day of July One Thousand Eight Hundred and Eighty Eight

1645

NOTICE OF ADMISSION,

To be forwarded to the Commissioners in Lunacy within one clear day *from the Patient's reception.*

THE RETREAT, NEAR YORK.

I hereby give you Notice, that _____

_____

(a) House or hospital.

was admitted into this (*a*) _____ as a Private Patient, on the _____ day of _____ 188 , and I hereby transmit a Copy of the Order and Medical Certificates on which he was received (*b*).

(*b*) *If a private patient be received upon one certificate only, the special circumstances which have prevented the patient from being examined by two medical practitioners to be here stated, as in the statement accompanying the order for admission.*

Signed, _____

(*c*) _____

_____

(*c*) Superintendent or proprietor of———.

Dated this _____ day of _____

One Thousand Eight Hundred and Eighty

To the Commissioners in Lunacy.

Lunatics 1.
(16 & 17 Vict c. 96, sched. C. s. 24; 25 & 26 Vict. c. 111.)
Private Patient.

SHAW & SONS,
Fetter Lane, London,
Publishers of "The Justice of the Peace," a Weekly Legal Journal, price 3½d., post free.

(2895 D.B.—8-87.)

151

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT.

Sched. (A) No. 1, Sects. 4, 8.

I, the undersigned, hereby request you to receive Maryanne Briggs

whom I last saw at 2 West View Terrace Carleton Pontefract

on the 11th day of August 1888 (a)

a (b) person of unsound mind as a Patient into your House.

Subjoined is a Statement respecting the said Maryanne Briggs

(a) *Within one month previous to the date of the order.*

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

Signed, *Name,* Emma Briggs

Occupation (if any), none

Place of Abode, Ilkley (Clarence House)

Degree of Relationship (if any), or other circumstances of connection with the Patient Sister

Dated this 11th Day of August

One Thousand Eight Hundred and Eighty 8

To Dr. BAKER,
The Retreat, near York.

STATEMENT.

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

Name of Patient, with Christian Name at length	Mary Anne Briggs
Sex and Age	Female 54
Married, Single, or Widowed	Single woman ~~set 54~~
Condition of Life, and previous Occupation (if any)	no occupation
Religious Persuasion, as far as known	Protestant
Previous Place of Abode	2 West View Carleton Pontefract
Whether First Attack	yes
Age (if known) on First Attack	54 years
When and where previously under Care and Treatment	not here
Duration of existing Attack	3 months
Supposed Cause	unknown
Whether subject to Epilepsy	no
Whether Suicidal	no
Whether Dangerous to others	no
Whether found Lunatic by Inquisition, and Date of Commission or Order for Inquisition	no
Special Circumstances (if any) preventing the Patient being examined, before Admission, separately by Two Medical Practitioners	none
Name and Address of Relative to whom Notice of Death to be sent	Emma Briggs Clarence House Ilkley Ilkley

(c) *Where the person signing the statement is not the person who signs the order, the following particulars concerning the person signing the statement are to be added.*

Signed, *Name,* (c) Emma Briggs

Occupation (if any),

Place of Abode, as above

Degree of Relationship (if any) or other circumstances of connection with the Patient

MEDICAL CERTIFICATE.—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

I, the undersigned, Henry Jordan Simms

being a (a) Licentiate of the Royal College of Physicians and the Royal College of Surgeons Edy

and being in actual practice as a (b) Surgeon

hereby certify, that I, on the tenth day of August

at (c) West View Carlton Pontefract

in the County of York separately from any other Medical Practitioner

personally examined Mary Anne Briggs of No 2

~~or~~ (d) West View Carlton Pontefract and that

the said Mary Anne Briggs

is a (e) A person of unsound mind and a proper Person to be taken charge of and detained under Care and Treatment, and that I have formed this opinion upon the following grounds; viz.:—

(a) Here set forth the qualification entitling the person certifying to practise as a physician, surgeon, or apothecary, *e.g.* gra.:—Fellow of the Royal College of Physicians in London, Licentiate of the Apothecaries' Company, *or as the case may be.*

(b) Physician, surgeon, or apothecary, *as the case may be.*

(c) *Here insert the street and number of the house (if any), or other like particulars.*

(d) *Insert residence and profession, or occupation (if any) of the patient.*

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

1. Facts indicating Insanity observed by myself (f)

She says people are robbing her, that her Land Lord is in conspiracy against her that her sister, is also in league with robbers. Very violent & abusive charges are with breaking in to her house –

(f) *Here state the facts.*

2. Other facts (if any) indicating Insanity communicated to me by others (g) Edward Lord Esq. ~~Relation~~ informs me

She insisted on staying at another Person's House and wanted to sleep on two Chairs when her own home was within twenty yards. Would not go away when asked and was very violent. Would take no food but Brightness. in a room

(g) *Here state the information, and from whom.*

Signed, Name, H J Simms

Place of Abode, 20 Market Pontefract

Dated this 11th day of August One Thousand Eight Hundred and Eighty Eight

152

MEDICAL CERTIFICATE.—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

I, the undersigned, Evan William Payne

(a) Here 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.

being a (a) Member of the Royal College of Surgeons London & Licentiate of the Society of Apothecaries London

(b) Physician, surgeon, or apothecary, as the case may be.

and being in actual practice as a (b) Surgeon

hereby certify, that I, on the 11th day of Augst

(c) Here insert the street and number of the house (if any), or other like particulars.

at (c) 2 West View Terrace: Carleton: Pontefract.

in the County of York separately from any other Medical Practitioner

personally examined Mary Anne Briggs

(d) Insert residence and profession, or occupation (if any) of the patient.

of (d) 2 West View Terrace Carleton Pontefract and that

the said Mary Anne Briggs.

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

is a (e) person of unsound mind and a proper Person to be taken charge of and detained under Care and Treatment, and that I have formed this opinion upon the following grounds; viz.:—

(f) Here state the facts.

1. Facts indicating Insanity observed by myself (f) That she is incessantly rambling & incoherent in her speech. Excited in her manner, pacing the house backwards & forwards. Fancies she is being followed, and persecuted – Very abusive to myself, that I am in league with the numerous evil disposed persons conspiring against her.

(g) Here state the information, and from whom.

2. Other facts (if any) indicating Insanity communicated to me by others (g) Emma Briggs (her sister) states that she ran away yesterday and again escaping this morning. Each time being brought back by the police. also that she is followed & tormented. Does not sleep, constantly talking & rambling – Takes very little food.
Mr. Edmd Lord states that she has frequently run into his house for protection from her neighbour who is following her with a pistol to shoot her. Suspicious of everyone, constantly followed & persecuted.

Signed, Name, Evan. Wm Payne.

Place of Abode, Marketplace Pontefract

Dated this 11th day of Augst One Thousand Eight Hundred and Eighty Eight

1646

NOTICE OF ADMISSION,

To be forwarded to the Commissioners in Lunacy within one clear day *from the Patient's reception.*

THE RETREAT, NEAR YORK.

I hereby give you Notice, that _____

_____

(a) House or hospital.

was admitted into this (a) _____ as a Private Patient, on the _____ day of _____ 188 , and I hereby transmit a Copy of the Order and Medical Certificates on which he was received (b).

(b) *If a private patient be received upon one certificate only, the special circumstances which have prevented the patient from being examined by two medical practitioners to be here stated, as in the statement accompanying the order for admission.*

Signed, _____

(c) _____

(c) Superintendent or proprietor of———.

_____

Dated this _____ day of _____

One Thousand Eight Hundred and Eighty

To the Commissioners in Lunacy.

Lunatics 1.
(16 & 17 Vict c. 96, sched. C. s. 24; 25 & 26 Vict. c. 111.)
Private Patient.

SHAW & SONS,
Fetter Lane, London,
Publishers of "*The Justice of the Peace,*" a Weekly Legal Journal, price 6½d., post free.

(2895 D.B.—8-87.)

153

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT.

Sched. (A) No. 1, Sects. 4, 8.

I, the undersigned, hereby request you to receive Mrs Margaret Roberts

whom I last saw at 245 Hyde Park Road. Leeds

on the 24th day of August 1888 (a)

a (b) Person of unsound mind as a Patient into your House.

(a) *Within one month previous to the date of the order.*

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

Subjoined is a Statement respecting the said Mrs Margaret Roberts

Signed, *Name,* John William Roberts

Occupation (if any), Manufacturer

Place of Abode, 245 Hyde Park Road, Leeds

Degree of Relationship (if any), or other circumstances of connection with the Patient Husband

Dated this 25th Day of August

One Thousand Eight Hundred and Eighty Eight

To Dr. BAKER,
The Retreat, near York.

STATEMENT.

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

Name of Patient, with Christian Name at length	Margaret Roberts
Sex and Age	Female - Forty one
Married, Single, or Widowed	Married
Condition of Life, and previous Occupation (if any)	Married woman - no previous occupation
Religious Persuasion, as far as known	Wesleyan.
Previous Place of Abode	245 Hyde Park Road Leeds
Whether First Attack	First attack
Age (if known) on First Attack	34
When and where previously under Care and Treatment	not before under treatment
Duration of existing Attack	3 or 4 days.
Supposed Cause	Religious.
Whether subject to Epilepsy	no
Whether Suicidal	Has attempted to throw herself into a trench
Whether Dangerous to others	no
Whether found Lunatic by Inquisition, and Date of Commission or Order for Inquisition	No
Special Circumstances (if any) preventing the Patient being examined, before Admission, separately by Two Medical Practitioners	None
Name and Address of Relative to whom Notice of Death to be sent	to myself - her husband -

(c) *Where the person signing the statement is not the person who signs the order, the following particulars concerning the person signing the statement are to be added.*

Signed, *Name,* (c) John William Roberts

Occupation (if any), Manufacturer

Place of Abode, 245 Hyde Park Road Leeds

Degree of Relationship (if any) or other circumstances of connection with the Patient Husband

MEDICAL CERTIFICATE.—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

I, the undersigned, James Macdonald

being a (a) Doctor of Medicine of the University of London

and being in actual practice as a (b) Physician

hereby certify, that I, on the 24th day of August 1888

at (c) 245 Hyde Park Road Leeds

in the County of Yorkshire separately from any other Medical Practitioner

personally examined Mrs Margaret Roberts

of (d) 245 Hyde Park Road - Leeds and that

the said Mrs Margaret Roberts

is a (e) Lunatic and a proper Person to be taken charge of and detained

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

(a) *Here 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.*

(b) Physician, surgeon, or apothecary, *as the case may be.*

(c) *Here insert the street and number of the house (if any), or other like particulars.*

(d) *Insert residence and profession, or occupation (if any) of the patient.*

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

1. Facts indicating Insanity observed by myself (f)

Talks in a wild incoherent manner - Says she has been up in the clouds volume she was called down by her children - Has no recollection of quite recent things which I know occurred in her own house - Laughs vacantly & is "glad she is as good as she is" - I have noticed her very excited manner for some time back.

(f) *Here state the facts.*

2. Other facts (if any) indicating Insanity communicated to me by others (g) -

Told me by her husband - She went out of the house in the night with only nightdress, a vest, & stockings on - Crossed two houses unseen - & went to a friend's house - Has attempted to throw herself out of the window -

(g) *Here state the information, and from whom.*

Signed, Name, James Macdonald

Place of Abode, 16 Clarendon Road - Leeds

Dated this 24th day of August One Thousand Eight Hundred and Eighty Eight

154

MEDICAL CERTIFICATE.—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

I, the undersigned, Charles James Wright.

(a) Here 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.

being a (a) Member of the Royal College of Surgeons of England &c

(b) Physician, surgeon, or apothecary, as the case may be.

and being in actual practice as a (b) Surgeon

hereby certify, that I, on the 24th day of August 1888

(c) Here insert the street and number of the house (if any), or other like particulars.

at (c) 245 Hyde Park Road Leeds

in the County of Yorkshire separately from any other Medical Practitioner

personally examined Mrs Margaret Roberts

(d) Insert residence and profession, or occupation (if any) of the patient.

of (d) 245 Hyde Park Road Leeds and that

the said Mrs Margaret Roberts

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

is a (e) person of unsound mind and a proper Person to be taken charge of and detained under Care and Treatment, and that I have formed this opinion upon the following grounds; viz.:—

(f) Here state the facts.

1. Facts indicating Insanity observed by myself (f)

~~Has for some time dwelt on religious matters~~ - ~~constantly &c~~ So wild & erratic in manner - Talks about a Mrs Griffiths (the Minister's wife) whom she has loved as her best friend - says she has never had a husband or any children, & does not want any - found it dirty while living in the clouds & so came down here where it is clean -

(g) Here state the information, and from whom.

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

Has for some time dwelt on religious matters reading the bible aloud constantly & then laughing & jeering at it - went out on to Woodhouse Moor & some distance without some of her clothes on Monday. Came back 3 am (of midnight) undressed in bath room & tries while naked to jump out of the window - has threatened to set fire to the house -

Signed, Name, Chas. J. Wright

Place of Abode, Leyton Villa - Leeds

Dated this twenty fourth day of August One Thousand Eight Hundred and Eighty Eight -

- 1647 -

NOTICE OF ADMISSION,

To be forwarded to the Commissioners in Lunacy within one clear day *from the Patient's reception.*

THE RETREAT, NEAR YORK.

I hereby give you Notice, that _____

_____

(a) House or hospital.

was admitted into this (a) _____ as a Private Patient, on the _____ day of _____ 188 , and I hereby transmit a Copy of the Order and Medical Certificates on which he was received (b).

(b) *If a private patient be received upon one certificate only, the special circumstances which have prevented the patient from being examined by two medical practitioners to be here stated, as in the statement accompanying the order for admission.*

Signed, _____

(c) Superintendent or proprietor of———.

(c) _____

_____

Dated this _____ day of _____

One Thousand Eight Hundred and Eighty

To the Commissioners in Lunacy.

Lunatics 1.
(16 & 17 Vict c. 96, sched. C. s. 24; 25 & 26 Vict. c. 111.)
Private Patient.

SHAW & SONS,
Fetter Lane, London,
Publishers of "The Justice of the Peace," a Weekly Legal Journal, price 4½d., post free.

(2895 D.B.—8-87.)

155

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT.

Sched. (A) No. 1, Sects. 4, 8.

I, the undersigned, hereby request you to receive Sarah Blackburn

whom I last saw at Market-Place Pontefract

on the 19 day of Sept 1888

a (b) Person of unsound Mind as a Patient into your House.

Subjoined is a Statement respecting the said Sarah Blackburn

(a) *Within one month previous to the date of the order.*

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

Signed, *Name,* George Blackburn

Occupation (if any), Butcher

Place of Abode, Market Place Pontefract

Degree of Relationship (if any), or other circumstances of connection with the Patient Husband

Dated this 19 Day of September

One Thousand Eight Hundred and Eighty eight

To Dr. BAKER,

The Retreat, near York.

STATEMENT.

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

Name of Patient, with Christian Name at length	Sarah Blackburn
Sex and Age	female 54
Married, Single, or Widowed	married
Condition of Life, and previous Occupation (if any)	wife of Butcher
Religious Persuasion, as far as known	Church of England
Previous Place of Abode	Market Place Pontefract
Whether First Attack	yes
Age (if known) on First Attack	54
When and where previously under Care and Treatment	nowhere
Duration of existing Attack	three months
Supposed Cause	unknown
Whether subject to Epilepsy	no
Whether Suicidal	no
Whether Dangerous to others	no
Whether found Lunatic by Inquisition, and Date of Commission or Order for Inquisition	~~none~~
Special Circumstances (if any) preventing the Patient being examined, before Admission, separately by Two Medical Practitioners	none
Name and Address of Relative to whom Notice of Death to be sent	George Blackburn

(c) *Where the person signing the statement is not the person who signs the order, the following particulars concerning the person signing the statement are to be added.*

Signed, *Name,* (c) George Blackburn Market Place

Occupation (if any), Butcher

Place of Abode, Market Place

Degree of Relationship (if any) or other circumstances of connection with the Patient Pontefract Husband

MEDICAL CERTIFICATE.—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

I, the undersigned, Chas Grabham

being a (a) Physician & Surgeon (M.B. Lond.) M.R.C.S.E. L.S.A & L.M.

and being in actual practice as a (b) Physician & Surgeon at Pontefract

hereby certify, that I, on the 19th day of September 1888.

at (c) George Blackburn's house Market Place Pontefract

in the County of York separately from any other Medical Practitioner

personally examined Sarah Blackburn, æt. 54 years wife

of (d) of George Blackburn Butcher Market Place Pontefract and that

the said Sarah Blackburn

is a (e) Lunatic and a proper Person to be taken charge of and detained

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

(a) Here 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.

(b) Physician, surgeon, or apothecary, as the case may be.

(c) Here insert the street and number of the house (if any), or other like particulars.

G.S.

(d) Insert residence and profession, or occupation (if any) of the patient.

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

1. Facts indicating Insanity observed by myself (f) I have seen her frequently during the last 3 months, during which time she has been suffering from melancholia. She thinks she has committed a great sin which cannot be pardoned, has sat for days without speaking or taking food suffers from various delusions, the present one being that she is at the bottom of a coal pit. She also said she did not know me yesterday.

George Blackburn

(f) Here state the facts.

2. Other facts (if any) indicating Insanity communicated to me by others (g) her husband informs me that she is either continually talking, or shows a sullen demeanour, has not eaten food for some days and will not take it, delusions of all kinds, has been awake all night saying she was in a coal pit which was on fire.

Albert Blackburn her son gives me similar information.

G.S.

(g) Here state the information, and from whom.

Signed, Name, Chas Grabham

Place of Abode, Pontefract.

Dated this 19th day of Sept. One Thousand Eight Hundred and Eighty eight.

156

MEDICAL CERTIFICATE.—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

I, the undersigned, Evan Wm. Pryce

being a (a) Member of the Royal College of Surgeons England and Licentiate of Society of Apothecaries London

and being in actual practice as a (b) Surgeon.

hereby certify, that I, on the 19th day of September

at (c) House occupied by George Blackburn Market place Pontefract

in the County of York separately from any other Medical Practitioner

personally examined Sarah Blackburn 54 yrs Wife.

of (d) Market place Pontefract and that

the said Sarah Blackburn.

is a (e) person of unsound mind and a proper Person to be taken charge of and detained under Care and Treatment, and that I have formed this opinion upon the following grounds; viz.:—

(a) *Here 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.*

(b) Physician, surgeon, *or* apothecary, *as the case may be.*

(c) *Here insert the street and number of the house (if any), or other like particulars.*

(d) *Insert residence and profession, or occupation (if any) of the patient.*

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

(f) *Here state the facts.*

1. Facts indicating Insanity observed by myself (f) - That she is sullen barely answering any question, moaning over her condition that they had not a penny in the house & that she ought to be burnt out of the way -

(g) *Here state the information, and from whom.*

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

Albert Blackburn states, that she thinks all the houses in Pontefract were to be sold and they had no money to pay for them & that she was down a Coal pit, and wished she could be drawn up & which got on fire last night Refuses her food, & does not sleep -

Signed, *Name,* Evan Pryce

Place of Abode, Pontefract.

Dated this 19th day of September One Thousand Eight Hundred and Eighty Eight.

- 1648 -

NOTICE OF ADMISSION,

To be forwarded to the Commissioners in Lunacy within one clear day *from the Patient's reception.*

THE RETREAT, NEAR YORK.

I hereby give you Notice, that _____

_____

(a) House or hospital.

was admitted into this (a) _____ as a Private Patient, on the _____ day of _____ 188 , and I hereby transmit a Copy of the Order and Medical Certificates on which he was received (b).

(b) *If a private patient be received upon one certificate only, the special circumstances which have prevented the patient from being examined by two medical practitioners to be here stated, as in the statement accompanying the order for admission.*

Signed, _____

(c) Superintendent or proprietor of ——.

(c) _____

_____

Dated this _____ day of _____

One Thousand Eight Hundred and Eighty

To the Commissioners in Lunacy.

Lunatics 1.
(16 & 17 Vict c. 96, sched. C. s. 24; 25 & 26 Vict. c. 111.)
Private Patient.

SHAW & SONS,
Fetter Lane, London,
Publishers of "The Justice of the Peace," a Weekly Legal Journal, price 4½d., post free.

(2935 D.B.—8-87.)

157

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT.

Sched. (A) No. 1, Sects. 4, 8.

I, the undersigned, hereby request you to receive Alfred Wilkinson

whom I last saw at 203 Wilmslow Road Rusholme Manchester

on the 19th day of September (a) 1888

a (b) Person of unsound Mind as a Patient into your House.

Subjoined is a Statement respecting the said Alfred Wilkinson

(a) *Within one month previous to the date of the order.*

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

Signed, *Name,* Benjamin Wilkinson

Occupation (if any), Confectioner

Place of Abode, 203 Wilmslow Road Rusholme Manchester

Degree of Relationship (if any), or other circumstances of connection with the Patient Father

Dated this 19th Day of September

One Thousand Eight Hundred and Eighty eight

To Dr. BAKER,
The Retreat, near York.

STATEMENT.

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

Name of Patient, with Christian Name at length	Alfred Wilkinson
Sex and Age	Male 28 years
Married, Single, or Widowed	Single
Condition of Life, and previous Occupation (if any)	assistant to Confectioner
Religious Persuasion, as far as known	Connected with Friends
Previous Place of Abode	203 Wilmslow Rd, Rusholme, Manchester
Whether First Attack	Yes
Age (if known) on First Attack	2[illegible] years
When and where previously under Care and Treatment	Nowhere
Duration of existing Attack	Two months & a half
Supposed Cause	Epilepsy
Whether subject to Epilepsy	yes
Whether Suicidal	yes
Whether Dangerous to others	no
Whether found Lunatic by Inquisition, and Date of Commission or Order for Inquisition	no
Special Circumstances (if any) preventing the Patient being examined, before Admission, separately by Two Medical Practitioners	none
Name and Address of Relative to whom Notice of Death to be sent	Benjamin Wilkinson 203 Wilmslow Road Rusholme Manchester

(c) *Where the person signing the statement is not the person who signs the order, the following particulars concerning the person signing the statement are to be added.*

Signed, *Name,* (c) Benjamin Wilkinson

Occupation (if any), Confectioner

Place of Abode, 203 Wilmslow Rd Rusholme Manchester

Degree of Relationship (if any) or other circumstances of connection with the Patient Father

MEDICAL CERTIFICATE.—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

I, the undersigned, William Hood

being a (a) M. R. C. S. England L. S. A. Lond.

and being in actual practice as a (b) Surgeon —

hereby certify, that I, on the 19th day of September 1888.

at (c) Castlegate House, York.

in the County of York. separately from any other Medical Practitioner

personally examined Alfred Wilkinson, a confectioner

of (d) 203 Wilmslow Road, Rusholme, Manchester and that

the said Alfred Wilkinson

is a (e) Lunatic and a proper Person to be taken charge of and detained

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

(a) Here 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.

(b) Physician, surgeon, or apothecary, as the case may be.

(c) Here insert the street and number of the house (if any), or other like particulars.

(d) Insert residence and profession, or occupation (if any) of the patient.

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

1. Facts indicating Insanity observed by myself (f) He says that "he did attempt to drown himself, by throwing himself in the sea at Douglas, in the Isle of Man, and that he would do away with himself if he has the chance". —. He is much depressed - and is with great difficulty induced to answer questions —

(f) Here state the facts.

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

Communicated by his Father Benjamin Wilkinson, a confectioner residing 203 Wilmslow Road Rusholme, Manchester = He did attempt to destroy himself by drowning on July 28. 1888. and again this morning by strangling himself with an apron string.

(g) Here state the information, and from whom.

Signed, Name, William Hood

Place of Abode, Castlegate House York

Dated this 19th day of September One Thousand Eight Hundred and Eighty Eight.

MEDICAL CERTIFICATE.—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

I, the undersigned, F. L. Haynes.

(a) Here 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.

being a (a) Member of the College of Surgeons Licentiate of the Royal College of Physicians

(b) Physician, surgeon, or apothecary, as the case may be.

and being in actual practice as a (b) ~~Medical Officer at the York Dispensary~~ Resident Physician

hereby certify, that I, on the 19th day of September 1888

(c) Here insert the street and number of the house (if any), or other like particulars.

at (c) The Dispensary New Street York

in the County of Yorkshire separately from any other Medical Practitioner

personally examined Alfred Wickinson

(d) Insert residence and profession, or occupation (if any) of the patient.

of (d) Confectioner - 203 Wilmslow Road Rusholme Manchester and that

the said Alfred Wilkinson

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

is a (e) Lunatic and a proper Person to be taken charge of and detained under Care and Treatment, and that I have formed this opinion upon the following grounds; viz.:—

(f) Here state the facts.

1. Facts indicating Insanity observed by myself (f)

Will not answer Readily. Told me that he had tried to take his own life twice. once by jumping into the water at Douglas to drown himself. & again today he tried to strangle himself before leaving home. he tells me he has taken a dislike to friends because they watch him, that he wants more freedom.

(g) Here state the information, and from whom.

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

Benjamin Wilkinson

His father informed me that he has much altered of late. losing his temper very easily with those with whom he lives: Has been violent once or twice: His great desire is to get away from those with whom he is living: about the end of July he left home saying he was going to friends, but instead went to the Isle of Man and there on the 28th of July jumped off the Pier

Signed, Name, F. L. Haynes

Place of Abode, York Dispensary

Dated this 19 day of September One Thousand Eight Hundred and Eighty Eight.

- 1649 -

NOTICE OF ADMISSION,

To be forwarded to the Commissioners in Lunacy within one clear day *from the Patient's reception.*

THE RETREAT, NEAR YORK.

I hereby give you Notice, that _____

_____

(a) House or hospital.

was admitted into this (a) _____ as a Private Patient, on the _____ day of _____ 188 , and I hereby transmit a Copy of the Order and Medical Certificates on which he was received (b).

(b) *If a private patient be received upon one certificate only, the special circumstances which have prevented the patient from being examined by two medical practitioners to be here stated, as in the statement accompanying the order for admission.*

Signed, _____

(c) Superintendent or proprietor of ——.

(c) _____

_____

Dated this _____ day of _____

One Thousand Eight Hundred and Eighty

To the Commissioners in Lunacy.

Lunatics 1.
(16 & 17 Vict c. 96, sched. C. s. 24; 25 & 26 Vict. c. 111.)
Private Patient.

SHAW & SONS,
Fetter Lane, London,
Publishers of "The Justice of the Peace," a Weekly Legal Journal, price 13d., post free.

(2895 D.B.—8-87.)

159

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT.

Sched. (A) No. 1, Sects. 4, 8.

I, the undersigned, hereby request you to receive Harriet Wilton

whom I last saw at 4 Bass Terrace — Doncaster

on the Second day of October - 1888 (a)

a (b) person of unsound mind as a Patient into your House.

Subjoined is a Statement respecting the said Harriet Wilton

(a) *Within one month previous to the date of the order.*

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

Signed, *Name,* Robert Wilton

Occupation (if any), Coal agent

Place of Abode, 4 Bass Terrace - Doncaster

Degree of Relationship (if any), or other circumstances of connection with the Patient Husband

Dated this Second Day of October

One Thousand Eight Hundred and Eighty eight

To Dr. BAKER,

The Retreat, near York.

STATEMENT.

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

Name of Patient, with Christian Name at length	Harriet Wilton
Sex and Age	Female. Fifty seven years
Married, Single, or Widowed	Married
Condition of Life, and previous Occupation (if any)	none
Religious Persuasion, as far as known	Wesleyan ~~Minister~~ Methodist.
Previous Place of Abode	Northumberland Road Sheffield
Whether First Attack	Yes
Age (if known) on First Attack	Fifty seven years.
When and where previously under Care and Treatment	nowhere.
Duration of existing Attack	Three weeks
Supposed Cause	The anniversary of the loss of her Son
Whether subject to Epilepsy	No.
Whether Suicidal	Yes
Whether Dangerous to others	No
Whether found Lunatic by Inquisition, and Date of Commission or Order for Inquisition	No.
Special Circumstances (if any) preventing the Patient being examined, before Admission, separately by Two Medical Practitioners	none
Name and Address of Relative to whom Notice of Death to be sent	Robert Wilton 4 Bass Terrace Doncaster

(c) *Where the person signing the statement is not the person who signs the order, the following particulars concerning the person signing the statement are to be added.*

Signed, *Name,* (c) Robert Wilton

Occupation (if any), Coal agent

Place of Abode, 4 Bass Terrace - Doncaster

Degree of Relationship (if any) or other circumstances of connection with the Patient Husband

MEDICAL CERTIFICATE.—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

I, the undersigned, James William Smith

being a (a) Licentiate of the Royal College of Physicians of London

and being in actual practice as a (b) Surgeon

hereby certify, that I, on the twenty ninth day of September 1888

at (c) 4 Barr Terrace, Doncaster

in the County of York separately from any other Medical Practitioner

personally examined Harriet Willan

of (d) 4 Barr Terrace - Doncaster and that

the said Harriet Willan

is a (e) person of unsound mind and a proper Person to be taken charge of and detained

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

(a) *Here 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.*

(b) Physician, surgeon, or apothecary, *as the case may be.*

(c) *Here insert the street and number of the house (if any), or other like particulars.*

(d) *Insert residence and profession, or occupation (if any) of the patient.*

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

(f) *Here state the facts.*

1. Facts indicating Insanity observed by myself (f) Incoherent conversation and restlessness. Says they are hopelessly ruined and in debt and believes that bailiffs are about to be appointed Wh. is contrary to fact. Told me she was sure her husband was confined for debt in the "cells" at The Guildhall.

(g) *Here state the information, and from whom.*

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

Believes that a plot is in foot to murder her Sons and that everyone about her is engaged in this Conspiracy. Is at times very violent and said she would jump out of the window and break her neck and actually tried to put this threat into operation. (Robert Willan her husband)

Signed, *Name,* Jas. W. Smith

Place of Abode, 13 Hall Gate - Doncaster

Dated this twenty ninth day of September One Thousand Eight Hundred and Eighty eight.

160

MEDICAL CERTIFICATE.—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

I, the undersigned, John Sykes

being a (a) Doctor of Medicine of the University of Edinburgh

and being in actual practice as a (b) physician

hereby certify, that I, on the 29th day of September, 1888

at (c) 4 Bass Terrace, Doncaster

in the County of York separately from any other Medical Practitioner

personally examined Harriet Wilton

of (d) 4 Bass Terrace Doncaster and that

the said Harriet Wilton

is a (e) person of unsound mind and a proper Person to be taken charge of and detained under Care and Treatment, and that I have formed this opinion upon the following grounds; viz.:—

(a) *Here 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.*

(b) Physician, surgeon, *or* apothecary, *as the case may be.*

(c) *Here insert the street and number of the house (if any), or other like particulars.*

(d) *Insert residence and profession, or occupation (if any) of the patient.*

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

1. Facts indicating Insanity observed by myself (f) Great restlessness & incoherent in conversing, and restrained with difficulty.

(f) *Here state the facts.*

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

Fears that her family ~~are~~ will be murdered by a plot.

Geo. C. Wilton
4 Bass Terrace.

(g) *Here state the information, and from whom.*

Signed, *Name,* John Sykes M.D.

Place of Abode. Doncaster.

Dated this twenty ninth day of September One Thousand Eight Hundred and Eighty eight.

1650

NOTICE OF ADMISSION,

To be forwarded to the Commissioners in Lunacy within one clear day *from the Patient's reception.*

THE RETREAT, NEAR YORK.

I hereby give you Notice, that _____

_____

(a) House or hospital.

was admitted into this (a) _____ as a Private Patient, on the _____ day of _____ 188 , and I hereby transmit a Copy of the Order and Medical Certificates on which he was received (b).

(b) *If a private patient be received upon one certificate only, the special circumstances which have prevented the patient from being examined by two medical practitioners to be here stated, as in the statement accompanying the order for admission.*

Signed, _____

(c) Superintendent or proprietor of———.

(c) _____

_____

Dated this _____ day of _____

One Thousand Eight Hundred and Eighty

To the Commissioners in Lunacy.

Lunatics 1.
(16 & 17 Vict c. 96, sched. C. s. 24; 25 & 26 Vict. c. 111.)
Private Patient.

SHAW & SONS,
Fetter Lane, London,
Publishers of "*The Justice of the Peace,*" a Weekly Legal Journal, price 1½*d.*, post free.

(2895 D.E.—8-87.)

161

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT.

Sched. (A) No. 1, Sects. 4, 8.

I, the undersigned, hereby request you to receive Isabella Morkill

the Porters Dalton Richmond

whom I last saw at

on the 10th day of Nov. (a)

a (b) Person of unsound mind as a Patient into your House.

(a) Within one month previous to the date of the order.

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

Subjoined is a Statement respecting the said Isabella Morkill

Signed, Name, William Morkell

Occupation (if any), Grocer 224 Stanhope St.

Place of Abode, Newcastle on Tyne

Degree of Relationship (if any), or other circumstances of connection with the Patient } Son

Dated this 10th Day of Nov.

One Thousand Eight Hundred and Eighty 8

To Dr. BAKER,
The Retreat, near York.

STATEMENT.

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

Name of Patient, with Christian Name at length	Isabella Morkill
Sex and Age	Female, sixty five.
Married, Single, or Widowed	Widow
Condition of Life, and previous Occupation (if any)	Private. no occupation
Religious Persuasion, as far as known	Church of England.
Previous Place of Abode	Dallow! Yorks.
Whether First Attack	First.
Age (if known) on First Attack	Sixty five
When and where previously under Care and Treatment	~~under private practitioner at Dallow. Yorks~~ N. nowhere
Duration of existing Attack	Six months.
Supposed Cause	Change of private circumstances & religion
Whether subject to Epilepsy	no.
Whether Suicidal	Doubtful
Whether Dangerous to others	no
Whether found Lunatic by Inquisition, and Date of Commission or Order for Inquisition	—
Special Circumstances (if any) preventing the Patient being examined, before Admission, separately by Two Medical Practitioners	—
Name and Address of Relative to whom Notice of Death to be sent	William Morkill 224 Stanhope St Newcastle on Tyne

(c) Where the person signing the statement is not the person who signs the order, the following particulars concerning the person signing the statement are to be added.

Signed, Name, (c) William Morkill

Occupation (if any), Grocer

Place of Abode, Newcastle on Tyne

Degree of Relationship (if any) or other circumstances of connection with the Patient } Son

MEDICAL CERTIFICATE.—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

I, the undersigned, F G Thomson,

(a) Here 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.

being a (a) M.B. Ch. of Edinburgh University

(b) Physician, surgeon, or apothecary, as the case may be.

and being in actual practice as a (b) Physician & Surgeon. ~~Medical practitioner~~

hereby certify, that I, on the Ninth day of November.

(c) Here insert the street and number of the house (if any), or other like particulars.

at (c) The Poplars' Dalton.

in the County of Yorkshire separately from any other Medical Practitioner

personally examined Mrs Isabella Markell

(d) Insert residence and profession, or occupation (if any) of the patient.

of (d) Dalton. and that

the said Isabella Markell

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

is a (e) person of unsound mind and a proper Person to be taken charge of and detained under Care and Treatment, and that I have formed this opinion upon the following grounds; viz.:—

(f) Here state the facts.

1. Facts indicating Insanity observed by myself (f)

Muttering incoherently. the delusion that her children are not her own. sleeplessness. periodical fits during which she imagines she is dead & is utterly unmanageable.

(g) Here state the information, and from whom.

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

Her daughter Isabella Markell states that she suffers from various mental delusions. viz fancying she is dead.. that she is surrounded by dirt & misery & clothed in rags.

Signed, Name, F G Thomson M.B.

Place of Abode, Richmond. Yorks.

Dated this 10th day of Nov.br One Thousand Eight Hundred and Eighty eight.

162

MEDICAL CERTIFICATE.—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

I, the undersigned, Edward Tweddell Atkinson

(a) Here 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.

being a (a) ~~Surgeon~~ F.R.C.S. member of Royal College of Surgeons London, L.S.A.

(b) Physician, surgeon, or apothecary, as the case may be.

and being in actual practice as a (b) Surgeon

hereby certify, that I, on the 10th day of November

(c) Here insert the street and number of the house (if any), or other like particulars.

E. H. M. Williams Surgeon Yorkshire House 70 Newgate at (c) Frenchgate Richmond Yks

in the County of York separately from any other Medical Practitioner

personally examined Isabella Markill

(d) Insert residence and profession, or occupation (if any) of the patient.

of (d) Dalton near Richmond widow of Farmer 2.5.0 and that

the said Isabella Markill

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

is a (Person of Unsound mind and a proper Person to be taken charge of and detained

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

(f) Here state the facts.

1. Facts indicating Insanity observed by myself (f)

Unable to get a reply to any questions apparently Idiotic

(g) Here state the information, and from whom.

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

Mary Isabella Bainbridge Daughter, states about six months ago remarked she was odd in her manner & conversation, occasionally did not appear to know her. has not been able to be left alone since she commenced

Signed, Name, E. T. Atkinson

Place of Abode, Richmond Yorkshire

Dated this 10th day of November One Thousand Eight Hundred and Eighty Eight

— 1651 —

NOTICE OF ADMISSION,

To be forwarded to the Commissioners in Lunacy within one clear day *from the Patient's reception.*

THE RETREAT,
YORK.

I hereby give you Notice, that _____

_____

was admitted into this Hospital as a Private Patient, on the _____

_____ day of _____ 18 , and I hereby transmit a Copy of the Order and Medical Certificates on which he was received

Signed, _____

Superintendent of the Retreat, York.

Dated this _____ day of _____

One Thousand Eight Hundred and Eighty _____

To the Commissioners in Lunacy.

Lunatics 1.
(16 & 17 Vict c. 96, schd. C. s. 24; 25 & 26 Vict. c. 111.)
Private Patient.

SHAW & SONS,
Fetter Lane, London,
Publishers of "The Justice of the Peace," a Weekly Legal Journal, price 4½d., post free.
(76 O.R. -10-88.)

163

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT.

16 & 17 Vict. c. 96, Sched. (A.) No. 1, Sects. 4, 8.

I, the undersigned, hereby request you to receive Matilda Wurster

(a) Here insert street, and name or number of the house.

whom I last saw at (a) 44 Grosvenor road Headingley Leeds

(b) Within one month previous to the date of the order.

on the (b) 19th day of November 1888.

a Person of unsound mind as a Patient into your House.

(Repeat the Name) Subjoined is a Statement respecting the said Matilda Wurster

(Signed), Name, Charles Fredk Wurster ~~Gloucester~~

Occupation (if any), Merchant

Place of Abode, 44 Grosvenor road Headingley Leeds

Degree of Relationship (if any) or other circumstances of connection with the Patient. husband

Dated this 19th day of November

One Thousand Eight Hundred and Eighty eight

To Dr. BAKER, *The Retreat, York.*

STATEMENT.

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

Name of Patient, with Christian Name at length	Matilda Wurster
Sex and Age	female 36
Married, Single, or Widowed	married
Condition of Life, and previous Occupation (if any)	no occupation
Religious Persuasion, as far as known	roman catholic
Previous Place of Abode	44 Grosvenor road, Headingley Leeds
Whether First Attack	first attack
Age (if known) on First Attack	36
When and where previously under Care and Treatment	nowhere
Duration of existing Attack	a week
Supposed Cause	intemperance
Whether subject to Epilepsy	no
Whether Suicidal	no
Whether Dangerous to others	doubtful
Whether found Lunatic by Inquisition, and Date of Commission or Order for Inquisition	no
Special Circumstances (if any) preventing the Patient being examined, before Admission, separately by Two Medical Practitioners	none
Name and Address of Relative to whom Notice of Death to be sent	Chas Fredk Wurster 44 Grosvenor road Headingley Leeds.

(c) Where the person signing the statement is not the person who signs the order, the following particulars concerning the person signing the statement are to be added.

(Signed), Name, (c) ~~Chas Fredk Wurster~~

Occupation (if any),

Place of Abode, as above

Degree of Relationship (if any), or other circumstances of connection with the Patient.

MEDICAL CERTIFICATE.

16 & 17 Vict. c. 96, Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

N.B.—Medical Certificates of Patient's Examination, and the Signatures, are required, by the above Statute, to be dated within SEVEN clear days of the Patient's Reception.—In stating the Residence, the number of the House must be specified, when there is any. If the House has neither name nor number, the name of the Occupier should be stated.

(a) Here 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, Member of Royal College of Surgeons England, &c.

(b) Physician, surgeon, or apothecary, as the case may be.

(c) Here insert the street and number of the house (if any) or other like particulars.

(d) A. B. of——Insert residence and profession, or occupation (if any) of the patient.

I, the undersigned, being a Doctor of Medicine of the University of Edinburgh (Here insert qualification, and from whence the Degree or Diploma was obtained.) (a) and being a duly Registered Practitioner and in actual practice as a (b) Physician hereby certify, that I, on the Seventeenth day of November 1888 (Insert street and No. of house (if any)) at (c) 144 Grosvenor Road, Headingley, Leeds in the County of York separately from any other Medical Practitioner, personally examined (d) Matilda Wurster (Name in full) of 44 Grosvenor Road Headingley, Leeds, (Occupation) (Insert exact address) of no occupation and that the said Matilda Wurster is a Person of unsound mind, and a proper Person to be taken charge of and detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(f) Here state the facts.

1. Facts indicating Insanity observed by myself (f) Her frequently loud and excited manner and bearing. Her belief, which she expresses to me, that her husband is scheming to obtain a divorce from her; that her Nurses are in the plot, illtreat her and force medicines (other than those medically ordered) upon her with the object of making her "say things" and commit herself; that they (her nurses) abstract and read her letters and taunt her & tell her falsehoods about her husband:— all the foregoing charges being, I am satisfied, unfounded and of the nature of delusion.

(g) Here state the information, and from whom.

2. Other facts (if any) indicating Insanity communicated to me by others (g) (Give full name of informant)

Emily Ogle of 32 Cavendish Road, Leeds, one of patient's Nurses informs me that Mrs. Wurster is very excitable and difficult to control; that during the last month the patient has hardly slept but talks almost constantly, night and day; that she is filled with the belief that her husband is endeavouring to secure a divorce and get her out of the way; and that recently she has been very violent towards her husband.

(h) Name in full

Signed, Name, (h) Herbert C. Major M.D.

Place of Abode 154 Manningham Lane, Bradford, Yorks.

Dated this Nineteenth day of November One Thousand Eight Hundred and Eighty Eight.

MEDICAL CERTIFICATE.

16 & 17 Vict. c. 96, Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

N.B.—Medical Certificates of Patient's Examination, and the Signatures, are required, by the above Statute, to be dated within SEVEN clear days of the Patient's Reception.—In stating the Residence, the number of the House must be specified, when there is any. If the House has neither name nor number, the name of the Occupier should be stated.

(a) Here 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, Member of Royal College of Surgeons England, &c.

(b) Physician, surgeon, or apothecary, as the case may be.

(c) Here insert the street and number of the house (if any) or other like particulars.

(d) A. B. of——Insert residence and profession, or occupation (if any) of the patient.

I, the undersigned, being a Fellow of the Royal College of (Here insert qualification, and from whence the Degree or Diploma was obtained.) (a) Surgeons of England and being a duly Registered Practitioner and in actual practice as a (b) Surgeon hereby certify, that I, on the seventeenth (Insert street and No. of house (if any)) day of November 1888 at (c) 44 Grosvenor Road Headingley Lane Leeds in the County of York separately from any other Medical Practitioner, personally examined (d) Matilda Wurster (Name in full) of 44 Grosvenor Road Headingley Lane Leeds (Occupation) (Insert exact address) of no occupation and that the said Matilda Wurster is a Person of unsound mind, and a proper Person to be taken charge of and detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(f) Here state the facts.

1. Facts indicating Insanity observed by myself (f)

I have observed her for several days becoming more and more incoherent, and to be from day to day developing new delusions - one day she believes her husband to be bent on compassing her death - on another she asserts distinctly that her Nurses are poisoning her; and she is under a false impression that her husband is seeking to divorce her.

(g) Here state the information, and from whom.

2. Other facts (if any) indicating Insanity communicated to me by others (g) (Give full name of informant)

I have been informed by her husband Charles Frederick Wurster, by her nurse Emily Ogle, and by Mr George Herbert Rowe that she becomes violent at times - and needs considerable personal restraint to prevent her doing herself or others personal injury

(h) Name in full

Signed, Name, (h) Claudius Galen Wheelhouse

Place of Abode, 5 Hillary Place Leeds

Dated this twentieth day of November One Thousand Eight Hundred and Eighty eight

- 1652 -

NOTICE OF ADMISSION,

To be forwarded to the Commissioners in Lunacy within one clear day *from the Patient's reception.*

THE RETREAT,
YORK.

I hereby give you Notice, that _____

_____

was admitted into this Hospital as a Private Patient, on the _____

_____ day of _____ 18 , and I hereby transmit a Copy of the Order and Medical Certificates on which he was received _____.

Signed, _____

Superintendent of the Retreat, York.

Dated this _____ day of _____

One Thousand Eight Hundred and Eighty _____

To the Commissioners in Lunacy.

Lunatics 1.
(16 & 17 Vict c. 96, sched. C. s. 24;
25 & 26 Vict. c. 111.)
Private Patient.

SHAW & SONS,
Fetter Lane, London,
Publishers of "*The Justice of the Peace.*" a Weekly Legal Journal, price 4½*d.*, post free.
(76 O.B. -10-88.)

165

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT.

16 & 17 Vict. c. 96, Sched. (A.) No. 1, Sects. 4, 8.

I, the undersigned, hereby request you to receive William Foster Reynolds whom I last saw at (a) 5 Station Road, Harrogate on the (b) thirtieth day of November 1888 a Person of unsound mind as a Patient into your House.

(a) Here insert street, and name or number of the house.

(b) Within one month previous to the date of the order.

Subjoined is a Statement respecting the said (Repeat the Name) William Foster Reynolds

(Signed), Name, Freshfield Reynolds

Occupation (if any), Pharmaceutical Chemist

Place of Abode, 5 Station Road - Harrogate

Degree of Relationship (if any) or other circumstances of connection with the Patient. Uncle, who has educated & cared for him for about 10 years

Dated this thirtieth day of November One Thousand Eight Hundred and Eighty eight

To Dr. BAKER, *The Retreat, York.*

STATEMENT.

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

Name of Patient, with Christian Name at length: William Foster Reynolds

Sex and Age: male - eighteen years last April

Married, Single, or Widowed: Single

Condition of Life, and previous Occupation (if any): Draper's Assistant

Religious Persuasion, as far as known: An attender of Friends' Meeting

Previous Place of Abode: During the Father's life at Bishop Auckland, (but for 10 years past with me) F.R.

Whether First Attack: yes

Age (if known) on First Attack: eighteen & a half years

When and where previously under Care and Treatment: during his only attack he has been under treatment at 5 Station Road, Harrogate

Duration of existing Attack: about seven weeks

Supposed Cause: Shock from His late Master's suicide, & perhaps over-strain in business subsequently

Whether subject to Epilepsy: Has had 2 or 3 attacks which seemed of this nature but not severe

Whether Suicidal: I am not sure - He is however, when rational, afraid of himself

Whether Dangerous to others: I have seen no symptoms of this

Whether found Lunatic by Inquisition, and Date of Commission or Order for Inquisition: no

Special Circumstances (if any) preventing the Patient being examined, before Admission, separately by Two Medical Practitioners: none

Name and Address of Relative to whom Notice of Death to be sent: Freshfield Reynolds, 5 Station Road Harrogate

(c) Where the person signing the statement is not the person who signs the order, the following particulars concerning the person signing the statement are to be added.

(Signed), Name, (c) Freshfield Reynolds

Occupation (if any), Pharmaceutical Chemist

Place of Abode, 5 Station Road - Harrogate

Degree of Relationship (if any), or other circumstances of connection with the Patient. Uncle

MEDICAL CERTIFICATE.

16 & 17 Vict. c. 96, Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

N.B.—Medical Certificates of Patient's Examination, and the Signatures, are required, by the above Statute, to be dated within SEVEN clear days of the Patient's Reception.—In stating the Residence, the number of the House must be specified, when there is any. If the House has neither name nor number, the name of the Occupier should be stated.

(a) Here 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, Member of Royal College of Surgeons England, &c.

(b) Physician, surgeon, or apothecary, as the case may be.

(c) Here insert the street and number of the house (if any) or other like particulars.

(d) A. B. of ——Insert residence and profession, or occupation (if any) of the patient.

I, the undersigned, being a Doctor of Medicine M.A. and a member of (Here insert qualification, and from whence the Degree or Diploma was obtained.)
(a) the College of Surgeons England & L.S.A. Lon.: and being a duly Registered Practitioner and in actual practice as a (b) Physician
hereby certify, that I, on the twenty ninth day of November 1888
(Insert street and No. of house (if any))
at (c) 5 Station Road Harrogate
in the County of York separately from any other Medical Practitioner,
(Name in full)
personally examined (d) William Foster Reynolds, Draper's
(Occupation)
assistant of 5 Station Road, Harrogate
(Insert exact address)
of
and that the said William Foster Reynolds
is a Person of unsound mind, and a proper Person to be taken charge of and detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(f) Here state the facts.

1. Facts indicating Insanity observed by myself (f)

Aspect of fear, dullness, childishness, stupidity at various times. Restlessness - inability to walk, or next day walking far. Language - silly, saying die for this, incoherence, muttering, laughing & crying at intervals - He says that men are outside the windows talking about him - That he did something which caused his late master to commit suicide. That he saw him in the street the other day - He put a chair to the door to keep out a passing old man whom he did not see, but who presented him sleeping.

(g) Here state the information, and from whom.

2. Other facts (if any) indicating Insanity communicated to me by others (g)
(Give full name of informant)

He was trying to open a window with his knife by cutting the frame work, although the keys were on a level with his eyes. That he caused his master to commit suicide - He thinks he has done something which makes him afraid of a policeman. When he sees a man in a brown felt hat he imagines it is his late master, and if not prevented would go through the window to him, although the window is on the second storey - He slept last night with a dirty brush under his pillow. Can give no reason why - Staring silly

Informants - Mr & Mrs Frederick Reynolds his uncle & aunt.

(h) Name in full.

Signed, Name, (h) Thomas Britton
St Sebastian Army Hants
Place of Abode, North View Victoria Avenue Harrogate

Dated this twenty ninth day of November One Thousand Eight Hundred and Eighty Eight

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MEDICAL CERTIFICATE.

16 & 17 Vict. c. 96, Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

N.B.—Medical Certificates of Patient's Examination, and the Signatures, are required, by the above Statute, to be dated within SEVEN clear days of the Patient's Reception.—In stating the Residence, the number of the House must be specified, when there is any. If the House has neither name nor number, the name of the Occupier should be stated.

(a) Here 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, Member of Royal College of Surgeons England, &c.

(b) Physician, surgeon, or apothecary, as the case may be.

(c) Here insert the street and number of the house (if any) or other like particulars.

(d) A. B. of——Insert residence and profession, or occupation (if any) of the patient.

I, the undersigned, being a Doctor of Medicine of the London University (Here insert qualification, and from whence the Degree or Diploma was obtained) (a) and being a duly Registered Practitioner and in actual practice as a (b) Physician hereby certify, that I, on the twenty ninth (Insert street and No. of house (if any)) day of November 1888 at (c) 5 Station Road, Harrogate in the County of York separately from any other Medical Practitioner, (Name in full) personally examined (d) William Foster Reynolds of 5 Station Road, Harrogate, Yorkshire, (Occupation) (Insert exact address) of Draper's Assistant and that the said William Foster Reynolds is a Person of unsound mind, and a proper Person to be taken charge of and detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(f) Here state the facts.

1. Facts indicating Insanity observed by myself (f)

Talks in a childish incoherent manner. Cannot speak or write the simplest sentence. Has almost lost the power of writing & talking. Believes that he has done some great offence: for instance that he was in some way instrumental in effecting or assisting the suicide of his late master Mr. R. W. Shaw of Harrogate. Thinks that the police or some other persons are watching him. So afraid to be left alone & seems always brooding over the idea that he has done some wrong

(g) Here state the information, and from whom.

2. Other facts (if any) indicating Insanity communicated to me by others (g) (Give full name of informant)

By Mr. Freshfield Reynolds the patient's uncle:— I am told, that patient has fits of excitement sometimes morose in character, at other childish throwing his arms & legs about aimlessly. Also has loss of control of lower limbs staggering as if drunk. If he sees a man in a brown felt hat he says That is Mr. Shaw! I must go out of the window to him. (Mr. Shaw, his master has been dead some months) On one occasion he was found trying to open the window casement with a pocket knife. Believes that he has done something dreadful & is afraid to be left alone

(h) Name in full

Signed, Name, (h) John Gordon Black

Place of Abode, 7 Cambridge Crescent: Harrogate

Dated this twenty ninth day of November One Thousand Eight Hundred and Eighty eight

- 1653 -

NOTICE OF ADMISSION,

To be forwarded to the Commissioners in Lunacy within one clear day *from the Patient's reception.*

THE RETREAT, NEAR YORK.

I hereby give you Notice, that _____

_____

(a) House or hospital.

was admitted into this (a) _____ as a Private Patient, on the _____ day of _____ 188 , and I hereby transmit a Copy of the Order and Medical Certificates on which he was received (b).

(b) *If a private patient be received upon one certificate only, the special circumstances which have prevented the patient from being examined by two medical practitioners to be here stated, as in the statement accompanying the order for admission.*

Signed, _____

(c) Superintendent or proprietor of———.

(c) _____

_____

Dated this _____ day of _____

One Thousand Eight Hundred and Eighty

To the Commissioners in Lunacy.

Lunatics 1.
(16 & 17 Vict c. 96, sched. C. s. 24; 25 & 26 Vict. c. 111.)
Private Patient.

SHAW & SONS,
Fetter Lane, London,
Publishers of "The Justice of the Peace," a Weekly Legal Journal, price 6½d., post free.

(2895 D.B.—8-87.)

167

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT.

Sched. (A) No. 1, Sects. 4, 8.

I, the undersigned, hereby request you to receive Robert Henley

whom I last saw at Harlington Middlesex

on the 16th day of 12 mo 1888

a (b) person of unsound mind as a Patient into your House.

Subjoined is a Statement respecting the said Robert Henley

(a) Within one month previous to the date of the order.

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

Signed, Name, John Henley

Occupation (if any), Corn Dealer

Place of Abode, 48 Ivanhoe Road Camberwell S.E.

Degree of Relationship (if any), or other circumstances of connection with the Patient } Father,

Dated this Seventeenth Day of ~~17/12/88~~ December

One Thousand Eight Hundred and Eighty Eight.

To Dr. BAKER,
The Retreat, near York.

STATEMENT.

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

Name of Patient, with Christian Name at length	Robert Henley
Sex and Age	Male 24
Married, Single, or Widowed	Single
Condition of Life, and previous Occupation (if any)	Shopkeeper
Religious Persuasion, as far as known	Friends
Previous Place of Abode	Harlington Middlesex
Whether First Attack	First Attack
Age (if known) on First Attack	24
When and where previously under Care and Treatment	No where
Duration of existing Attack	One week
Supposed Cause	Religious mania
Whether subject to Epilepsy	no
Whether Suicidal	~~Has~~ ~~Feared by patient during present attacks~~ Yes
Whether Dangerous to others	Yes.
Whether found Lunatic by Inquisition, and Date of Commission or Order for Inquisition	No
Special Circumstances (if any) preventing the Patient being examined, before Admission, separately by Two Medical Practitioners	Only one Practitioner in the village case so extremely urgent had to be removed during night arriving York Now all right
Name and Address of Relative to whom Notice of Death to be sent	John Henley 48 Ivanhoe Road Denmark Park Camberwell S.E.

(c) Where the person signing the statement is not the person who signs the order, the following particulars concerning the person signing the statement are to be added.

Signed, Name, (c) Theodore Willis

Occupation (if any), Commercial Traveller

Place of Abode, 48 Ivanhoe Road Denmark Park S.E.

Degree of Relationship (if any) or other circumstances of connection with the Patient } Friend

MEDICAL CERTIFICATE.

16 & 17 Vict. c. 96, Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

N.B.—Medical Certificates of Patient's Examination, and the Signatures, are required, by the above Statute, to be dated within SEVEN clear days of the Patient's Reception.—In stating the Residence, the number of the House must be specified, when there is any. If the House has neither name nor number, the name of the Occupier should be stated.

(a) Here 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, Member of Royal College of Surgeons England, &c.

(b) Physician, surgeon, or apothecary, as the case may be.

(c) Here insert the street and number of the house (if any) or other like particulars.

(d) A. B. of——Insert residence and profession, or occupation (if any) of the patient.

I, the undersigned, being a Member of the Royal College of Surgeons (Here insert qualification, and from whence the Degree or Diploma was obtained.) (a) Licentiate of College of Physicians, England and being a duly Registered Practitioner and in actual practice as a (b) Surgeon hereby certify, that I, on the twentieth day of December 1888 (Insert street and No. of house (if any)) at (c) 16 Victoria Terrace in the County of York separately from any other Medical Practitioner, personally examined (d) Robert Hurley (Name in full) ~~Chapel Row Harlington~~ Shopkeeper (Occupation) (Insert exact address) of Chapel Row Harlington and that the said Robert Hurley is a Person of unsound mind, and a proper Person to be taken charge of and detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(f) Here state the facts.

1. Facts indicating Insanity observed by myself (f)

Patient has a vacant expression; when spoken to looks at one for some time before answering, his answers not always being to the point: He tells me he has been suffering from over action of the Brain, caused by fighting against God: He tells me he has seen "remarkable visions" but cannot recall them to his mind. He tells me he tried to take Doctor Fox's life in a friends house, with a knife, because he saw "light and dark" this two natures were jealous, but that Dr Fox forgave him, & he conquered the Devil. He denies that there is such a place as Harlington: He has seen a certain Julia Sargent in his visions but cannot recall the vision.

(g) Here state the information, and from whom.

2. Other facts (if any) indicating Insanity communicated to me by others (g)
(Give full name of informant)

Henry Reilly attendant on Robert Hurley tells me that Robert Hurley was brought to the Retreat on Tuesday Morning by two men who were taking care of him, because he had tried to murder Dr Fox: Since he came to the Retreat he has made two or three rushes for the door, once tried to put his head in the fire, & fought with the attendant. He calls the attendant by women's names. makes horrible noises when in bed and cannot be persuaded to desist

(h) Name in full

Signed, Name, (h) Edmund Lyall Haynes

Place of Abode, New Street. York.

Dated this Twentieth day of December One Thousand Eight Hundred and Eighty Eight.

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MEDICAL CERTIFICATE.

16 & 17 Vict. c. 96, Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

N.B.—Medical Certificates of Patient's Examination, and the Signatures, are required, by the above Statute, to be dated within SEVEN clear days of the Patient's Reception.—In stating the Residence, the number of the House must be specified, when there is any. If the House has neither name nor number, the name of the Occupier should be stated.

(a) Here 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, Member of Royal College of Surgeons England, &c.

(b) Physician, surgeon, or apothecary, as the case may be.

(c) Here insert the street and number of the house (if any) or other like particulars.

(d) A. B. of——Insert residence and profession, or occupation (if any) of the patient.

I, the undersigned, being a Licentiate of the King and Queen's College (Here insert qualification, and from whence the Degree or Diploma was obtained) (a) of Physicians, Ireland and being a duly Registered Practitioner and in actual practice as a (b) Physician hereby certify, that I, on the 20th (Insert street and No. of house (if any)) day of December 1888 at (c) 16. Victoria Terrace in the County of York. separately from any other Medical Practitioner, personally examined (d) Robert Henley (Name in full) (Occupation) Shopkeeper. (Insert exact address) of Chapel Row ~~Harlington~~ Harlington and that the said Robert Henley is a Person of unsound mind, and a proper Person to be taken charge of and detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(f) Here state the facts.

1. Facts indicating Insanity observed by myself (f)

Patient has a vacant expression and when spoken to, after some hesitation, answers vaguely and not at all ~~connected~~ in connection with the question asked - Says "he fell among thieves, and when asked what-thieves? says the "thieves of the brain" Say he believes he attempted to stab Dr. Fox but does not know in the least whether it was yesterday or some weeks ago - He say, however that Dr. Fox freely forgave ~~him~~ him - He also says that he has "seen some very dark looking faces very often which he does not like" - Says he has had communion with the Almighty who commanded him to do that - Cannot say what he was to do but was told in such a way that if disobedient he would have to suffer for it -

(g) Here state the information, and from whom.

2. Other facts (if any) indicating Insanity communicated to me by others (g) (Give full name of informant)

George Thomas Addison attendant at the Retreat tells me that Robert Henley told him (Addison) that he was the Prince of Darkness, - also that if Addison, while sitting up with him one night, would listen, he would hear the voice of God speaking to both of them - He has refused his food and have to be forcibly fed, and has been since his admission very incoherent in his speech and strange in his ways - Joan Woodall attendant says that the day after admission Robert Henley attempted to put his head in to the fire. Also that he jumps suddenly out of bed calling on the Almighty to come down to him -

(h) Name in full

Signed, Name, (h) Francis Percy Roesch James

Place of Abode, Hillary Place - Leeds

Dated this Twentieth day of December One Thousand Eight Hundred and Eighty Eight

MEDICAL CERTIFICATE.—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

I, the undersigned, Edward John Parrott

being a (a) Member of the Royal College of Surgeons and a Licentiate of the Royal College of Physicians

and being in actual practice as a (b) Surgeon

hereby certify, that I, on the seventeenth day of December

at (c) The Elms, Hurlington

in the County of Middlesex separately from any other Medical Practitioner

personally examined Robert Henley.

of (d) Chapel Row, Hurlington; Grocer and that

the said Robert Henley

is a (e) person of unsound mind and a proper Person to be taken charge of and detained

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

(a) Here 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.

(b) Physician, surgeon, or apothecary, as the case may be.

(c) Here insert the street and number of the house (if any), or other like particulars.

(d) Insert residence and profession, or occupation (if any) of the patient.

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

(f) Here state the facts.

1. Facts indicating Insanity observed by myself (f)

He sits in a dejected attitude constantly moaning to himself frequently muttering to late to late, he either does not answer any question addressed to him or begins to talk about something quite irrelevant; he tells me he has cursed his father, ~~which~~ he says he has denied the light of Christ, when asked a direct question three times in succession, he utters a rambling statement about something else

(g) Here state the information, and from whom.

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

Samuel Roadnight. labourer, says he was called in yesterday morning to take charge of Robert Henley. about 1 o'clock he was in the next room, whilst Robert Henley was at dinner with Dr Fox suddenly the doctor ran into the room where Roadnight was, followed by Robert Henley brandishing a table knife, he had previously slashed the Doctor behind the ear., he Roadnight seized him by the arm, takes Doctor with the knife from him

Signed, Name, Edw Parrott

Place of Abode, Hayes Middlesex

Dated this seventeenth day of December One Thousand Eight Hundred and Eighty Eight.

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MEDICAL CERTIFICATE.—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

I, the undersigned, _____

being a (a) _____

_____

and being in actual practice as a (b) _____

hereby certify, that I, on the _____ day of _____

at (c) _____

in the County of _____ separately from any other Medical Practitioner

personally examined _____

of (d) _____ and that

the said _____

is a (e) _____ and a proper Person to be taken charge of and detained

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

1. Facts indicating Insanity observed by myself (f)

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

Signed, *Name,* _____

Place of Abode, _____

Dated this day of One Thousand Eight Hundred and Eighty

(a) *Here 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.*

(b) Physician, surgeon, *or* apothecary, *as the case may be.*

(c) *Here insert the street and number of the house (if any), or other like particulars.*

(d) *Insert residence and profession, or occupation (if any) of the patient.*

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

(f) *Here state the facts.*

(g) *Here state the information, and from whom.*

1654

NOTICE OF ADMISSION,

To be forwarded to the Commissioners in Lunacy within one clear day *from the Patient's reception.*

THE RETREAT,
YORK.

I hereby give you Notice, that _____

_____

was admitted into this Hospital as a Private Patient, on the _____

_____ day of _____ 18 , and I

hereby transmit a Copy of the Order and Medical Certificates on which

he was received

Signed, _____

Superintendent of the Retreat, York.

Dated this _____ day of _____

One Thousand Eight Hundred and Eighty _____

To the Commissioners in Lunacy.

Lunatics 1.
(16 & 17 Vict c. 96, schd. C. s. 24; 25 & 26 Vict. c. III.)
Private Patient.

SHAW & SONS,
Fetter Lane, London,
Publishers of "The Justice of the Peace," a Weekly Legal Journal, price 4d., post free.
(76 O.B. -10-88.)

170

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT.

16 & 17 Vict. c. 96, Sched. (A.) No. 1, Sects. 4, 8.

I, the undersigned, hereby request you to receive Elizabeth Lockwood whom I last saw at (a) Skipenbeck, Stamford Bridge, York on the (b) twenty eighth day of December 18 88 a Person of unsound mind as a Patient into your House.

(a) Here insert street, and name or number of the house.

(b) Within one month previous to the date of the order.

(Repeat the Name) Subjoined is a Statement respecting the said Elizabeth Lockwood

(Signed), Name, David Lockwood

Occupation (if any), none

Place of Abode, Skipenbeck Stamford Bridge York

Degree of Relationship (if any) or other circumstances of connection with the Patient. Husband

Dated this twenty eighth day of December One Thousand Eight Hundred and Eighty eight

To Dr. BAKER, *The Retreat, York.*

STATEMENT.

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

Name of Patient, with Christian Name at length	Elizabeth Lockwood
Sex and Age	Female : 32
Married, Single, or Widowed	Married
Condition of Life, and previous Occupation (if any)	Gentlewoman of no occupation
Religious Persuasion, as far as known	Church of England
Previous Place of Abode	Skipenbeck, Stamford Bridge : York
Whether First Attack	Yes
Age (if known) on First Attack	32
When and where previously under Care and Treatment	never
Duration of existing Attack	25 days
Supposed Cause	Sexual. No mental cause. Health has been defective for some time.
Whether subject to Epilepsy	No
Whether Suicidal	Has made no suicidal attempt tho' she has spoken of it.
Whether Dangerous to others	Occasionally violent
Whether found Lunatic by Inquisition, and Date of Commission or Order for Inquisition	no
Special Circumstances (if any) preventing the Patient being examined, before Admission, separately by Two Medical Practitioners	None
Name and Address of Relative to whom Notice of Death to be sent	David Lockwood Esq – Husband – Skipenbeck, Stamford Bridge : York.

(c) Where the person signing the statement is not the person who signs the order, the following particulars concerning the person signing the statement are to be added.

(Signed), Name, (c) David Lockwood

Occupation (if any), none

Place of Abode, Skipenbeck Stamford Bridge York

Degree of Relationship (if any), or other circumstances of connection with the Patient. Husband

MEDICAL CERTIFICATE.

16 & 17 Vict. c. 96, Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

N.B.—Medical Certificates of Patient's Examination, and the Signatures, are required, by the above Statute, to be dated within SEVEN clear days of the Patient's Reception.—In stating the Residence, the number of the House must be specified, when there is any. If the House has neither name nor number, the name of the Occupier should be stated.

(a) Here 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, Member of Royal College of Surgeons England, &c.

(b) Physician, surgeon, or apothecary, as the case may be.

(c) Here insert the street and number of the house (if any) or other like particulars.

(d) A. B. of ——Insert residence and profession, or occupation (if any) of the patient.

I, the undersigned, being a ~~Elizabeth Lockwood~~ Doctor of Medicine
(Here insert qualification, and from whom the Degree or Diploma was obtained) G.J.S.
(a) of the University of Edinburgh and being a duly Registered Practitioner and in actual practice as a (b) Physician

hereby certify, that I, on the twenty Eighth day of December 1888
(Insert street and No. of house (if any))
at (c) the house of Mr Lockwood, Sherpenbeed, Stamford Bridge
in the County of York separately from any other Medical Practitioner,
(Name in full)
personally examined (d) Elizabeth Lockwood wife of David Lockwood
(Occupation)

(Insert exact address)
of Sherpenbeed, Stamford Bridge, York
and that the said Elizabeth Lockwood

is a Person of unsound mind, and a proper Person to be taken charge of and detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(f) Here state the facts.

1. Facts indicating Insanity observed by myself (f). She is in a condition of excitement: She rambles & talks incoherently, is unable to carry on any conversation or to reply to questions. She tells me I am her husband & that she is in hell. She jumps up suddenly shouting in an excited manner & then as suddenly & without apparent cause bursts into tears.

(g) Here state the information, and from whom.

2. Other facts (if any) indicating Insanity communicated to me by others (g)
(Give full name of informant)
Her nurse Edith Lightfoot informs me that Mrs Lockwood hears voices, that she carries on conversations with figures on the wall, that she is dirty & slovenly in her habits and that she is with difficulty induced to take food

(h) Name in full

Signed, Name, (h) George J. Swanson
Place of Abode, Lawrence House, York

Dated this twenty Eighth day of December One Thousand Eight Hundred and Eighty Eight

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MEDICAL CERTIFICATE.

16 & 17 Vict. c. 96, Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

N.B.—Medical Certificates of Patient's Examination, and the Signatures, are required, by the above Statute, to be dated within SEVEN clear days of the Patient's Reception.—In stating the Residence, the number of the House must be specified, when there is any. If the House has neither name nor number, the name of the Occupier should be stated.

(a) Here 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, Member of Royal College of Surgeons England, &c.

(b) Physician, surgeon, or apothecary, as the case may be.

(c) Here insert the street and number of the house (if any) or other like particulars.

(d) A. B. of——Insert residence and profession, or occupation (if any) of the patient.

I, the undersigned, being a Doctor of Medicine of the University of Edinburgh (Here insert qualification, and from whence the Degree or Diploma was obtained.) (a) and Master of Surgery of same University and being a duly Registered Practitioner and in actual practice as a (b) General Practitioner of Medicine hereby certify, that I, on the twenty eighth (Insert street and No. of house (if any)) day of December 1888 at (c) Skirpenbeck, Stamford Bridge, near York ~~Shire~~ in the County of York separately from any other Medical Practitioner, personally examined (d) Elizabeth Lockwood (Name in full) of no occupation (Occupation), wife of Mr David Lockwood (Insert exact address) of Skirpenbeck, Stamford Bridge and that the said Elizabeth Lockwood is a Person of unsound mind, and a proper Person to be taken charge of and detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(f) Here state the facts.

1. Facts indicating Insanity observed by myself (f) I have observed Mrs Lockwood for three weeks and have never been able to draw her into rational Conversation. She had a delusion a week or two ago that she was pregnant and actually in labour. Subsequently she told me that the child was born. She is now quite incoherent shouts screams & sobs by turns – tears her clothes – tries to strip them off in my presence & is absolutely incapable of Conversation.

(g) Here state the information, and from whom.

2. Other facts (if any) indicating Insanity communicated to me by others (g) (Give full name of informant)

(h) Name in full

Signed, Name, (h) L. P. Ramsay

Place of Abode, 23 High Petergate, York

Dated this twenty eighth day of December One Thousand Eight Hundred and Eighty Eight

NOTICE OF ADMISSION,

To be forwarded to the Commissioners in Lunacy within one clear day *from the Patient's reception.*

THE RETREAT,
YORK.

I hereby give you Notice, that _____

_____

was admitted into this Hospital as a Private Patient, on the _____

_____ day of _____ 18 , and I hereby transmit a Copy of the Order and Medical Certificates on which he was received

Signed, _____

Superintendent of the Retreat, York.

Dated this _____ day of _____

One Thousand Eight Hundred and Eighty _____

To the Commissioners in Lunacy.

Lunatics 1.
(16 & 17 Vict c. 96, sched. C. s. 24; 25 & 26 Vict. c. 111.)
Private Patient.

SHAW & SONS,
Fetter Lane, London,
Publishers of "*The Justice of the Peace,*" a Weekly Legal Journal, price 8½d., post free.
(78 O.B. -10-88.)

172

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT.

16 & 17 Vict. c. 96, Sched. (A.) No. 1, Sects. 4, 8.

I, the undersigned, hereby request you to receive Flora Marion Beckingham whom I last saw at (a) 48 Percy Park Tynemouth on the (b) third day of January 1889 a Person of unsound mind as a Patient into your House.

(a) Here insert street, and name or number of the house.

(b) Within one month previous to the date of the order.

(Repeat Name) Subjoined is a Statement respecting the said Flora Marion Beckingham

(Signed), Name, James Horace Beckingham

Occupation (if any), Merchant

Place of Abode, 48 Percy Park Tynemouth

Degree of Relationship (if any) or other circumstances of connection with the Patient, Father

Dated this third day of January One Thousand Eight Hundred and Eighty Nine.

To Dr. BAKER, *The Retreat, York.*

STATEMENT.

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

Name of Patient, with Christian Name at length	Flora Marion Beckingham
Sex and Age	Female 20 years six months
Married, Single, or Widowed	Single
Condition of Life, and previous Occupation (if any)	no occupation
Religious Persuasion, as far as known	Roman Catholic
Previous Place of Abode	Lourdes in France
Whether First Attack	First attack
Age (if known) on First Attack	Twenty
When and where previously under Care and Treatment	Convent of the Assumption Lourdes & Convent of the Assumption Paris
Duration of existing Attack	I think about six or seven weeks
Supposed Cause	Religious mania
Whether subject to Epilepsy	no
Whether Suicidal	Yes
Whether Dangerous to others	no
Whether found Lunatic by Inquisition, and Date of Commission or Order for Inquisition	no.
Special Circumstances (if any) preventing the Patient being examined, before Admission, separately by Two Medical Practitioners	none
Name and Address of Relative to whom Notice of Death to be sent	James Horace Beckingham 48 Percy Park Tynemouth

(c) Where the person signing the statement is not the person who signs the order, the following particulars concerning the person signing the statement are to be added.

(Signed), Name, (c) James Horace Beckingham

Occupation (if any), Merchant

Place of Abode, 48 Percy Park Tynemouth

Degree of Relationship (if any), or other circumstances of connection with the Patient. Father.

MEDICAL CERTIFICATE.

16 & 17 Vict. c. 96, Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

N.B.—Medical Certificates of Patient's Examination, and the Signatures, are required, by the above Statute, to be dated within SEVEN clear days of the Patient's Reception.—In stating the Residence, the number of the House must be specified, when there is any. If the House has neither name nor number, the name of the Occupier should be stated.

(a) Here 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, Member of Royal College of Surgeons England, &c.

(b) Physician, surgeon, or apothecary, as the case may be.

(c) Here insert the street and number of the house (if any) or other like particulars.

(d) A. B. of——Insert residence and profession, or occupation (if any) of the patient.

(f) Here state the facts.

(g) Here state the information, and from whom.

(h) Name in full

I, the undersigned, being a Doctor of Medicine, St Andrews & Member of Royal College of Surgeons of England
(Here insert qualification, and from whom the Degree or Diploma was obtained.)

(a) _____ and being a duly Registered Practitioner and in actual practice as a (b) Surgeon R.N.

hereby certify, that I, on the second day of January 1889

(Insert street and No. of house (if any))

at (c) 48 Percy Park Tynemouth ~~Northumberland~~

in the County of Northumberland separately from any other Medical Practitioner,

(Name in full)

personally examined (d) Flora Marion (Marion MD) Beckingham (Spinster)
(Occupation)

(Insert exact address)

of 48 Percy Park Tynemouth Northumberland

and that the said Flora Marion Beckingham

is a Person of unsound mind, and a proper Person to be taken charge of and detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself (f) 1st She told me she heard voices telling her to get out of bed and that by such an act her whole family & relations would be at once converted to her religion
2 That she frequently heard the voice of God talking to her and directing her.
3 That voices told her to throw herself over the stair rails
4 Voices told her to kiss the ground as a penance

2. Other facts (if any) indicating Insanity communicated to me by others (g)
(Give full name of informant)

1 Her mother Alice Elizabeth Beckingham told me that she tried to throw herself from the top of the house over the stair rails
2 That she (Flora) said she must drown herself in the sea

Her Father James Horace Beckingham told me that she knelt down & kissed the floor in public in a store and also in a shop in the presence of numerous people

Signed, Name, (h) Edward Septimus Pearse

Place of Abode, 22 Rockway Square North Shields

Dated this third day of January One Thousand Eight Hundred and Eighty 9

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MEDICAL CERTIFICATE.

16 & 17 Vict. c. 96, Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

N.B.—Medical Certificates of Patient's Examination, and the Signatures, are required, by the above Statute, to be dated within SEVEN clear days of the Patient's Reception.—In stating the Residence, the number of the House must be specified, when there is any. If the House has neither name nor number, the name of the Occupier should be stated.

(a) Here 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, Member of Royal College of Surgeons England, &c.

(b) Physician, surgeon, or apothecary, as the case may be.

(c) Here insert the street and number of the house (if any) or other like particulars.

(d) A. B. of ——Insert residence and profession, or occupation (if any) of the patient.

I, the undersigned, being a [illegible] Medical [illegible] of [illegible] of [illegible]
(Here insert qualification, and from whence the Degree or Diploma was obtained.)
(a) Licentiate of the Royal College of Physicians of Edin. & R.C.S.E. & S.G. Lond. and being a duly Registered Practitioner and in actual practice as a (b) Surgeon

hereby certify, that I, on the third day of January 1889
(Insert street and No. of house (if any))
at (c) 48 Percy Park Tynemouth

in the County of Northumberland separately from any other Medical Practitioner,
(Name in full)
personally examined (d) Flora Marian Buckingham
(Occupation)
Spinster
(Insert exact address)
of 48 Percy Park

and that the said Flora Marian Buckingham

is a Person of unsound mind, and a proper Person to be taken charge of and detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(f) Here state the facts.

1. Facts indicating Insanity observed by myself (f)

She states that she hears the voice of Almighty God telling her to do various actions, and that if that voice told her to walk into the sea, she would walk in & be drowned. She states that she is most unhappy because she has not consented her family, that she has had visions, and has been in a trance, &c.

(g) Here state the information, and from whom.

2. Other facts (if any) indicating Insanity communicated to me by others (g)
(Give full name of informant)

Her mother tells me that she has endeavoured to throw herself down stairs, and that she has seen the devil who makes faces at her, &c.

(h) Name in full

Signed, Name, (h) Charles Gibson

Place of Abode, 5 Front Street, Tynemouth

Dated this third day of January One Thousand Eight Hundred and Eighty nine.

- 1656 -

re-admitted - 1657 -

NOTICE OF ADMISSION,

To be forwarded to the Commissioners in Lunacy within one clear day *from the Patient's reception.*

THE RETREAT,
YORK.

I hereby give you Notice, that _____

_____

was admitted into this Hospital as a Private Patient, on the _____

_____ day of _____ 18 , and I hereby transmit a Copy of the Order and Medical Certificates on which he was received

Signed, _____

Superintendent of the Retreat, York.

Dated this _____ day of _____

One Thousand Eight Hundred and Eighty _____

To the Commissioners in Lunacy.

Lunatics 1.
(16 & 17 Vict c. 96, sched. C. s. 24; 25 & 26 Vict. c. 111.)
Private Patient.

SHAW & SONS,
Fetter Lane, London,
Publishers of "*The Justice of the Peace,*" a Weekly Legal Journal, price 4½d., post free.
(76 O.B. -10-88.)

174

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT.

16 & 17 Vict. c. 96, Sched. (A.) No. 1, Sects. 4, 8.

I, the undersigned, hereby request you to receive Elizabeth Kemp whom I last saw at (a) 8. Prince of Wales Terrace Fartro on the (b) seventeenth day of January 1889 a Person of unsound mind as a Patient into your House.

(a) Here insert street, and name or number of the house.

(b) Within one month previous to the date of the order.

Subjoined is a Statement respecting the said (Repeat the Name) Elizabeth Kemp

(Signed), Name, Henry Preston

Occupation (if any), no occupation

Place of Abode, 19 Bootham Terrace, York

Degree of Relationship (if any) or other circumstances of connection with the Patient. Cousin by marriage

Dated this seventeenth day of January One Thousand Eight Hundred and Eighty Nine

To Dr. BAKER, *The Retreat, York.*

STATEMENT.

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

Name of Patient, with Christian Name at length	Elizabeth Kemp
Sex and Age	Female. 43
Married, Single, or Widowed	Single
Condition of Life, and previous Occupation (if any)	no occupation
Religious Persuasion, as far as known	Wesleyan
Previous Place of Abode	Low Farm, Ackworth Yorkshire
Whether First Attack	Third attack
Age (if known) on First Attack	Nineteen or Twenty
When and where previously under Care and Treatment	York Lawrence House about 18 years ago
Duration of existing Attack	3 Weeks
Supposed Cause	Unknown
Whether subject to Epilepsy	No
Whether Suicidal	No
Whether Dangerous to others	No
Whether found Lunatic by Inquisition, and Date of Commission or Order for Inquisition	No
Special Circumstances (if any) preventing the Patient being examined, before Admission, separately by Two Medical Practitioners	None
Name and Address of Relative to whom Notice of Death to be sent	Henry Preston. 19 Bootham Ter York

(c) Where the person signing the statement is not the person who signs the order, the following particulars concerning the person signing the statement are to be added.

(Signed), Name, (c) Henry Preston

Occupation (if any), no occupation

Place of Abode, 19 Bootham Terrace

Degree of Relationship (if any), or other circumstances of connection with the Patient. Cousin by Marriage

MEDICAL CERTIFICATE.

16 & 17 Vict. c. 96, Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

N.B.—Medical Certificates of Patient's Examination, and the Signatures, are required, by the above Statute, to be dated within SEVEN clear days of the Patient's Reception.—In stating the Residence, the number of the House must be specified, when there is any. If the House has neither name nor number, the name of the Occupier should be stated.

(a) Here set forth the qualification entitling the person certifying to practise as a physician, surgeon, or apothecary, ex. grs.:—Fellow of the Royal College of Physicians in London, Member of Royal College of Surgeons England, &c.

(b) Physician, surgeon, or apothecary, as the case may be.

(c) Here insert the street and number of the house (if any) or other like particulars.

(d) A. B. of——Insert residence and profession, or occupation (if any) of the patient.

(f) Here state the facts.

(g) Here state the information, and from whom.

(h) Name in full

I, the undersigned, being a Doctor of Medicine of the University (Here insert qualification, and from whence the Degree or Diploma was obtained.)
(a) of Edinburgh and being a duly Registered Practitioner and in actual practice as a (b) Physician

hereby certify, that I, on the twenty second day of January 1889
(Insert street and No. of house (if any))
at (c) The Friends Retreat York

in the County of the City of York separately from any other Medical Practitioner,
(Name in full)
personally examined (d) Elizabeth Kemp spinster no occupation
(Occupation)

(Insert exact address)
of 8 Prince Wales Terrace Scarbro'

and that the said Elizabeth Kemp

is a Person of unsound mind, and a proper Person to be taken charge of and detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself (f) She is incoherent in conversation. She tells me she was in Canada John Wesley for pretending to found a religion leading her to do wrong. She says she has committed every possible sin during her life & that every one knows it. She says she used to hear voices but now she hears the reading of many letters which tells her of dire forebodings for herself. She says she is without hope for the future & that she is doomed to eternal suffering. Her memory she says is gone. She cannot tell me how long she has been here

2. Other facts (if any) indicating Insanity communicated to me by others (g)
(Give full name of informant)

Signed, Name, (h) George J. Swanson

Place of Abode, Laurence House York

Dated this twenty second day of January One Thousand Eight Hundred and Eighty nine

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MEDICAL CERTIFICATE.

16 & 17 Vict. c. 96, Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

N.B.—Medical Certificates of Patient's Examination, and the Signatures, are required, by the above Statute, to be dated within SEVEN clear days of the Patient's Reception.—In stating the Residence, the number of the House must be specified, when there is any. If the House has neither name nor number, the name of the Occupier should be stated.

(a) *Here 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, Member of Royal College of Surgeons England, &c.

(b) Physician, surgeon, *or* apothecary, *as the case may be.*

(c) *Here insert the street and number of the house (if any) or other like particulars.*

(d) *A. B. of*——*Insert residence and profession, or occupation (if any) of the patient.*

I, the undersigned, being a _____
(Here insert qualification, and from whence the Degree or Diploma was obtained.

(a) _____ and being a duly Registered Practitioner and in actual practice as a (b) _____

hereby certify, that I, on the _____ day of _____ 18
(Insert street and No. of house (if any)

at (c) _____

in the County of _____ separately from any other Medical Practitioner,
(Name in full)

personally examined (d) _____
(Occupation)

_____
(Insert exact address)

of _____

and that the said _____

is a Person of unsound mind, and a proper Person to be taken charge of and detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(f) *Here state the facts.*

1. Facts indicating Insanity observed by myself (f)

(g) *Here state the information, and from* whom.

2. Other facts (if any) indicating Insanity communicated to me by others (g)
(Give full name of informant)

(h) *Name in full*

Signed, *Name,* (h) _____

Place of Abode, _____

Dated this _____ day of _____ One Thousand Eight Hundred and Eighty _____

MEDICAL CERTIFICATE.

16 & 17 Vict. c. 96, Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

N.B.—Medical Certificates of Patient's Examination, and the Signatures, are required, by the above Statute, to be dated within SEVEN clear days of the Patient's Reception.—In stating the Residence, the number of the House must be specified, when there is any. If the House has neither name nor number, the name of the Occupier should be stated.

(a) Here 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, Member of Royal College of Surgeons England, &c.

(b) Physician, surgeon, or apothecary, as the case may be.

(c) Here insert the street and number of the house (if any) or other like particulars.

(d) A. B. of——Insert residence and profession, or occupation (if any) of the patient.

I, the undersigned, being a M. R. C. S. Eng
(Here insert qualification, and from whence the Degree or Diploma was obtained.)

(a) ~~Surgeon~~ and being a duly Registered Practitioner and in actual practice as a (b) Surgeon

hereby certify, that I, on the Sixteenth day of January 1889
(Insert street and No. of house (if any))

at (c) 8 Prince of Wales Terrace. Scarbo.

in the County of York separately from any other Medical Practitioner,
(Name in full)

personally examined (d) Elizabeth Kemp. Spinster. no occupation
(Occupation)

8 Prince of Wales Terrace. York
(Insert exact address)

of

and that the said Elizabeth Kemp

is a Person of unsound mind, and a proper Person to be taken charge of and detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(f) Here state the facts.

1. Facts indicating Insanity observed by myself (f)

She is very despondent sleepless, she tells me that she hears voices when nobody is near that last night she believed Satan was in the bed where her attendant was sleeping. She also refuses to take food, she says she is too wicked to eat.

(g) Here state the information, and from whom.

2. Other facts (if any) indicating Insanity communicated to me by others (g)
(Give full name of informant)

(h) Name in full

Signed, Name, (h) Alfred Ball

Place of Abode, 6 Stheonards York

Dated this Sixteenth day of January One Thousand Eight Hundred and Eighty nine

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MEDICAL CERTIFICATE.

16 & 17 Vict. c. 96, Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

N.B.—Medical Certificates of Patient's Examination, and the Signatures, are required, by the above Statute, to be dated within SEVEN clear days of the Patient's Reception.—In stating the Residence, the number of the House must be specified, when there is any. If the House has neither name nor number, the name of the Occupier should be stated.

(a) Here 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, Member of Royal College of Surgeons England, &c.

(b) Physician, surgeon, or apothecary, as the case may be.

(c) Here insert the street and number of the house (if any) or other like particulars.

(d) A. B. of——Insert residence and profession, or occupation (if any) of the patient.

I, the undersigned, being a Fellow of the Royal college (Here insert qualification, and from whence the Degree or Diploma was obtained.) (a) of Surgeons England and being a duly Registered Practitioner and in actual practice as a (b) Surgeon hereby certify, that I, on the 17th (Insert street and No. of house (if any)) day of Jan: 1889 at (c) 6 St Leonard's Place - York in the County of York separately from any other Medical Practitioner, (Name in full) personally examined (d) Elizabeth Kemp - Spinster (Occupation) of 8 Prince of Wales' Terrace Scarboro' (Insert exact address) of and that the said Elizabeth Kemp is a Person of unsound mind, and a proper Person to be taken charge of and detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(f) Here state the facts.

1. Facts indicating Insanity observed by myself (f)

She tells me that she is constantly hearing voices talking to her, when there is nobody present.
She states that she is a hypocrite, & a great sinner, whereas I am informed

(g) Here state the information, and from whom.

2. Other facts (if any) indicating Insanity communicated to me by others (g) (Give full name of informant)

by Mr Preston of 8 Prince of Wales' Terrace Scarboro', that this is untrue

Henry F. H. W.

(h) Name in full

Signed, Name, (h) F. H. Weekes

Place of Abode, 3 St Leonards' York

Dated this 17th day of January One Thousand Eight Hundred and Eighty nine

- 1658 -

NOTICE OF ADMISSION,

To be forwarded to the Commissioners in Lunacy within one clear day *from the Patient's reception.*

THE RETREAT, NEAR YORK.

I hereby give you Notice, that _____

_____

(a) House or hospital.

was admitted into this (a) _____ as a Private Patient, on the _____ day of _____ 188 , and I hereby transmit a Copy of the Order and Medical Certificates on which he was received (b).

(b) *If a private patient be received upon one certificate only, the special circumstances which have prevented the patient from being examined by two medical practitioners to be here stated, as in the statement accompanying the order for admission.*

Signed, _____

(c) Superintendent or proprietor of ——.

(c) _____

_____

Dated this _____ day of _____

One Thousand Eight Hundred and Eighty

To the Commissioners in Lunacy.

Lunatics 1.
(16 & 17 Vict c. 96. sched. C. s. 24:
25 & 26 Vict. c. 111.)
Private Patient.

SHAW & SONS,
Fetter Lane, London,
Publishers of "The Justice of the Peace," a Weekly Legal Journal, price 2½d., post free.

(2895 D.B.—8-87.)

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ORDER FOR THE RECEPTION OF A PRIVATE PATIENT.
Sched. (A) No. 1, Sects. 4, 8.

I, the undersigned, hereby request you to receive Constance Margaret Thornton Champley

whom I last saw at 8 West View Ilkley

on the 24 day of January 1889 (a)

a (b) Insane Lunatic as a Patient into your House.

(a) Within one month previous to the date of the order.

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

Subjoined is a Statement respecting the said Constance Margaret Thornton Champley

Signed, Name, Sarah Elizabeth Mary Champley

Occupation (if any), None

Place of Abode 13 The Crescent Scarborough

Degree of Relationship (if any), or other circumstances of connection with the Patient } Mother

Dated this 24 Day of January 1889

One Thousand Eight Hundred and Eighty nine.

To Dr. BAKER,
The Retreat, near York.

STATEMENT.

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

Name of Patient, with Christian Name at length	Constance Margaret Thornton Champley
Sex and Age	Female 20 years
Married, Single, or Widowed	Single
Condition of Life, and previous Occupation (if any)	Gentlewoman
Religious Persuasion, as far as known	Church of England
Previous Place of Abode	13 The Crescent Scarboro
Whether First Attack	No
Age (if known) on First Attack	16 years
When and where previously under Care and Treatment	In Scarboro. 13 The Crescent.
Duration of existing Attack	Ten days
Supposed Cause	Not known
Whether subject to Epilepsy	No
Whether Suicidal	Yes
Whether Dangerous to others	No.
Whether found Lunatic by Inquisition, and Date of Commission or Order for Inquisition	No
Special Circumstances (if any) preventing the Patient being examined, before Admission, separately by Two Medical Practitioners	None
Name and Address of Relative to whom Notice of Death to be sent	Sarah Elizabeth Mary Champley as above

(c) Where the person signing the statement is not the person who signs the order, the following particulars concerning the person signing the statement are to be added.

Signed, Name, (c) Sarah Elizabeth Mary Champley

Occupation (if any), None

Place of Abode 13 The Crescent Scarborough

Degree of Relationship (if any) or other circumstances of connection with the Patient } Mother

MEDICAL CERTIFICATE.

16 & 17 Vict. c. 96, Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

N.B.—Medical Certificates of Patient's Examination, and the Signatures, are required, by the above Statute, to be dated within SEVEN clear days of the Patient's Reception.—In stating the Residence, the number of the House must be specified, when there is any. If the House has neither name nor number, the name of the Occupier should be stated.

(a) Here 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, Member of Royal College of Surgeons England, &c.

(b) Physician, surgeon, or apothecary, as the case may be.

(c) Here insert the street and number of the house (if any) or other like particulars.

(d) A. B. of——Insert residence and profession, or occupation (if any) of patient.

I, the undersigned, being a Licentiate of the Royal College of (Here insert qualification, and from whence the Degree or Diploma was obtained.)
(a) Physicians of London. and being a duly Registered Practitioner and in actual practice as a (b) Physician & Surgeon.

hereby certify, that I, on the 24th day of January 1882
(Insert street and No. of house (if any))
at (c) 48 Micklegate York.

in the County of York separately from any other Medical Practitioner,
(Name in full)
personally examined (d) Constance Margaret Thomas Champley Spinster
(Occupation)
~~Shrewsbury Abbey~~. no occupation.
(Insert exact address)
of Shrewsbury Abbey

(HHS)

and that the said Constance Margaret Thomas Champley Spinster

is a Person of unsound mind, and a proper Person to be taken charge of and detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(f) Here state the facts.

1. Facts indicating Insanity observed by myself (f).

Patient is very moody & reticent — Says she fancies people will do her harm, & that she will do them harm — fancies she has stabbed someone, poisoned some children, blown up Houses of Commons with gunpowder —

(g) Here state the information, and from whom.

2. Other facts (if any) indicating Insanity communicated to me by others (g).
(Give full name of informant)

Attendant Rachel Summerson tells me, Miss Champley refuses food & imagines it is poisoned —

(HHS)

(h) Name in full

Signed, Name, (h) Hinton Ernest Bateman
Place of Abode, 11 Blossom Street. York.

Dated this 24th day of January One Thousand Eight Hundred and Eighty-two.

MEDICAL CERTIFICATE.

16 & 17 Vict. c. 96, Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

N.B.—Medical Certificates of Patient's Examination, and the Signatures, are required, by the above Statute, to be dated within SEVEN clear days of the Patient's Reception.—In stating the Residence, the number of the House must be specified, when there is any. If the House has neither name nor number, the name of the Occupier should be stated.

(a) *Here 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, Member of Royal College of Surgeons England, &c.

(b) Physician, surgeon, or apothecary, *as the case may be.*

(c) *Here insert the street and number of the house (if any) or other like particulars.*

(d) *A. B. of*——*Insert residence and profession, or occupation (if any) of the patient.*

I, the undersigned, being a _____
(Here insert qualification, and from whence the Degree or Diploma was obtained.

(a) _____ and being a duly Registered Practitioner and in actual practice as a (b) _____.

hereby certify, that I, on the _____ day of _____ 18
(Insert street and No. of house (if any)

at (c) _____

in the County of _____ separately from any other Medical Practitioner,
(Name in full)

personally examined (d) _____
(Occupation)

_____
(Insert exact address)

of _____

and that the said _____

is a Person of unsound mind, and a proper Person to be taken charge of and detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(f) *Here state the facts.*

1. Facts indicating Insanity observed by myself (f)

(g) *Here state the information, and from* whom.

2. Other facts (if any) indicating Insanity communicated to me by others (g)
(Give full name of informant)

(h) *Name in full*

Signed, *Name,* (h) _____

Place of Abode, _____

Dated this _____ day of _____ One Thousand Eight Hundred and Eighty _____

MEDICAL CERTIFICATE.—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

I, the undersigned, Augustus Henry Bampton

being a (a) Doctor of Medicine and Master in Surgery

and being in actual practice as a (b) General Practitioner

hereby certify, that I, on the 24 day of January 1889.

at (c) 8 West View, Ilkley,

in the County of Yorkshire separately from any other Medical Practitioner

personally examined Constance M. J. Champley

of (d) 8 West View, Ilkley and that

the said C. M. J. Champley

is a (e) Lunatic and a proper Person to be taken charge of and detained

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

(a) *Here 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.*

(b) Physician, surgeon, *or* apothecary, *as the case may be.*

(c) *Here insert the street and number of the house (if any), or other like particulars.*

(d) *Insert residence and profession, or occupation (if any) of the patient.*

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

Here state the facts.

1. Facts indicating Insanity observed by myself (f).

Has various delusions

Imagines food &c are poisoned

(g) *Here state the information, and from whom.*

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

Endeavours to throw herself in fire and out of window.

Mothers & Nurse

Signed, *Name,* A. H. Bampton

Place of Abode, 4. St Margarets Terrace Ilkley

Dated this 24 day of Jany One Thousand Eight Hundred and Eighty 9

MEDICAL CERTIFICATE.—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

I, the undersigned, Godfrey Carter

being a (a) Physician & Surgeon LRCP: MRCS,

and being in actual practice as a (b) Physician & Surgeon

hereby certify, that I, on the 24 day of Jany. 89

at (c) 8 West Vieu Ilkley

in the County of York separately from any other Medical Practitioner

personally examined Constance Margaret Thornton Champley:

of (d) 8 West View Ilkley & The Crescent and that

the said Constance Marg.t Thornton Champley.

is a (e) Lunatic and a proper Person to be taken charge of and detained

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

(a) *Here 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.*

(b) Physician, surgeon, *or* apothecary, *as the case may be.*

(c) *Here insert the street and number of the house (if any), or other like particulars.*

(d) *Insert residence and profession, or occupation (if any) of the patient.*

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

(f) *Here state the facts.*

1. Facts indicating Insanity observed by myself (f)

She is moody, and at times violent, thinks her food is poisoned, and refuses it. Sometimes thinks she is the dog, and gets under the table to receive her food. Have seen her throw herself on floor, and struggle against being raised up

(g) *Here state the information, and from whom.*

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

This morning without any warning she threw herself into the fire in a most determined manner, first her feet, and afterwards her hands — This information was supplied to me by Mrs Champley & Nurse Simms.

Signed, *Name,* Godfrey Carter

Place of Abode. Carrcroft Ilkley

Dated this 24 day of Jany One Thousand Eight Hundred and Eighty Nine

- 1659 -

NOTICE OF ADMISSION,

To be forwarded to the Commissioners in Lunacy within one clear day *from the Patient's reception.*

THE RETREAT,
YORK.

I hereby give you Notice, that _____

_____

was admitted into this Hospital as a Private Patient, on the _____

_____ day of _____ 18 , and I hereby transmit a Copy of the Order and Medical Certificates on which he was received

Signed, _____

Superintendent of the Retreat, York.

Dated this _____ day of _____

One Thousand Eight Hundred and Eighty _____

To the Commissioners in Lunacy.

Lunatics 1.
(16 & 17 Vict c. 96, sched. C. s. 24; 25 & 26 Vict. c. 111.)
Private Patient.

SHAW & SONS,
Fetter Lane, London,
Publishers of "*The Justice of the Peace,*" a Weekly Legal Journal, price 8½d., post free.
(76 O.B. -10-88.)

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ORDER FOR THE RECEPTION OF A PRIVATE PATIENT.

16 & 17 Vict. c. 96, Sched. (A.) No. 1, Sects. 4, 8.

I, the undersigned, hereby request you to receive Frederick Wright whom I last saw at (a) 29 Pavement York on the (b) twenty fifth day of January 1889 a Person of unsound mind as a Patient into your House.

(a) Here insert street, and name or number of the house.

(b) Within one month previous to the date of the order.

Subjoined is a Statement respecting the said Frederick Wright (Repeat the Name)

(Signed), Name, John S. Rowntree

Occupation (if any), Tea Dealer &c

Place of Abode, Mount Villas York

Degree of Relationship (if any) or other circumstances of connection with the Patient. Friend of family

Dated this 25 day of January One Thousand Eight Hundred and Eighty nine.

To Dr. BAKER, *The Retreat, York.*

STATEMENT.

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

Name of Patient, with Christian Name at length	Frederick Wright
Sex and Age	Male. Age 35
Married, Single, or Widowed	Single
Condition of Life, and previous Occupation (if any)	Draper
Religious Persuasion, as far as known	Society of Friends
Previous Place of Abode	25 Knowsley St. Bolton, Lancs
Whether First Attack	Third Attack
Age (if known) on First Attack	Eleven
When and where previously under Care and Treatment	The Friends' Retreat York July to October 1874
Duration of existing Attack	About 5 years
Supposed Cause	Hereditary
Whether subject to Epilepsy	No
Whether Suicidal	Not actively so
Whether Dangerous to others	No
Whether found Lunatic by Inquisition, and Date of Commission or Order for Inquisition	No
Special Circumstances (if any) preventing the Patient being examined, before Admission, separately by Two Medical Practitioners	None
Name and Address of Relative to whom Notice of Death to be sent	Alfred C. Wright, 25 Knowsley St. Bolton.

(c) Where the person signing the statement is not the person who signs the order, the following particulars concerning the person signing the statement are to be added.

(Signed), Name, (c) John S. Rowntree

Occupation (if any), Tea Dealer &c

Place of Abode, Mount Villas, York

Degree of Relationship (if any), or other circumstances of connection with the Patient. Friend of family

MEDICAL CERTIFICATE.

16 & 17 Vict. c. 96, Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

N.B.—Medical Certificates of Patient's Examination, and the Signatures, are required, by the above Statute, to be dated within SEVEN clear days of the Patient's Reception.—In stating the Residence, the number of the House must be specified, when there is any. If the House has neither name nor number, the name of the Occupier should be stated.

I, the undersigned, being a M.R.C.S. Eng. & L.S.A. London.
(Here insert qualification, and from whence the Degree or Diploma was obtained.)

(a) Here 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, Member of Royal College of Surgeons England, &c.

(a) _____ and being a duly Registered Practitioner and in actual practice as a (b) Surgeon

(b) Physician, surgeon, or apothecary, as the case may be.

hereby certify, that I, on the 25th day of January 1889
(Insert street and No. of house (if any))

(c) Here insert the street and number of the house (if any) or other like particulars.

at (c) Castlegate House. York.

in the County of York separately from any other Medical Practitioner,
(Name in full)

(d) A. B. of ——Insert residence and profession, or occupation (if any) of the patient.

personally examined (d) Frederick Wright a Draper
(Occupation)

(Insert exact address)

of 25 Knowsley Street. Bolton, Lancashire.

and that the said Frederick Wright

is a Person of unsound mind, and a proper Person to be taken charge of and detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(f) Here state the facts.

1. Facts indicating Insanity observed by myself (f) He sits with his head on his chest utterly listless, and is with difficulty induced to answer any question. He says "he thinks the Asylum is the proper place for him, and he has no desire to go home or elsewhere".

(g) Here state the information, and from whom.

2. Other facts (if any) indicating Insanity communicated to me by others (g)
(Give full name of informant)

(h) Name in full

Signed, Name, (h) William Hood.

Place of Abode, Castlegate House. York.

Dated this 25th day of January One Thousand Eight Hundred and Eighty nine.

MEDICAL CERTIFICATE.

16 & 17 Vict. c. 96, Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

N.B.—Medical Certificates of Patient's Examination, and the Signatures, are required, by the above Statute, to be dated within SEVEN clear days of the Patient's Reception.—In stating the Residence, the number of the House must be specified, when there is any. If the House has neither name nor number, the name of the Occupier should be stated.

(a) Here 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, Member of Royal College of Surgeons England, &c.

(b) Physician, surgeon, or apothecary, as the case may be.

(c) Here insert the street and number of the house (if any) or other like particulars.

(d) A. B. of ——Insert residence and profession, or occupation (if any) of the patient.

I, the undersigned, being a MRCS Eng L.S.A. London.
(Here insert qualification, and from whence the Degree or Diploma was obtained.)

(a) _____ and being a duly Registered Practitioner and in actual practice as a (b) Surgeon

hereby certify, that I, on the twenty fifth day of January 1889
(Insert street and No. of house (if any))

at (c) The Dispensary New Street York.

in the County of York separately from any other Medical Practitioner,
(Name in full)

personally examined (d) Frederick Wright
(Occupation)

Draper
(Insert exact address)

of 25 Knowsley Street, Bolton. Lancashire

and that the said Frederick Wright

is a Person of unsound mind, and a proper Person to be taken charge of and detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(f) Here state the facts.

1. Facts indicating Insanity observed by myself (f)

Frederick Wright hangs his head, & will take notice of nothing going on. He will not answer readily any question, He says he is lost and cannot be saved. He says he is happy at the retreat, and would rather return there than go home.

(g) Here state the information, and from whom.

2. Other facts (if any) indicating Insanity communicated to me by others (g)
(Give full name of informant)

George Thomas Addison (His attendant) tells me, he sometimes passes his water in his bed and pays no attention to the calls of nature during the day.
That he has the greatest difficulty in getting him to answer any questions: being always in a depected condition.

(h) Name in full

Signed, Name, (h) Edmund Lyall Haynes

Place of Abode, York Dispensary New Street York.

Dated this Twenty fifth day of January One Thousand Eight Hundred and Eighty Eighty nine.

– 1660 –

NOTICE OF ADMISSION,

To be forwarded to the Commissioners in Lunacy within one clear day *from the Patient's reception.*

THE RETREAT,
YORK.

I hereby give you Notice, that _____

_____

was admitted into this Hospital as a Private Patient, on the _____

_____ day of _____ 18 , and I hereby transmit a Copy of the Order and Medical Certificates on which he was received

Signed, _____

Superintendent of the Retreat, York.

Dated this _____ day of _____

One Thousand Eight Hundred and Eighty _____

To the Commissioners in Lunacy.

Lunatics 1.
(16 & 17 Vict c. 96, sched. C. s. 24; 25 & 26 Vict. c. 111.)
Private Patient.

SHAW & SONS,
Fetter Lane, London,
Publishers of "*The Justice of the Peace,*" a Weekly Legal Journal, price 5½d., post free.
(76 O.B. -10-88.)

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ORDER FOR THE RECEPTION OF A PRIVATE PATIENT.

16 & 17 Vict. c. 96, Sched. (A.) No. 1, Sects. 4, 8.

I, the undersigned, hereby request you to receive Daniel Watson of the School Hotel Ackworth

(a) Here insert street, and name or number of the house.

whom I last saw at (a) Ackworth, School Hotel

(b) Within one month previous to the date of the order.

on the (b) 7th day of February 1889

a Person of unsound mind as a Patient into your House.

(Repeat the Name)

Subjoined is a Statement respecting the said Daniel Watson.

(Signed), Name, Ann Watson

Occupation (if any), Hotel Keeper

Place of Abode, School Hotel Ackworth

Degree of Relationship (if any) or other circumstances of connection with the Patient. Wife

Dated this 7th. day of February One Thousand Eight Hundred and Eighty nine.

To Dr. BAKER, *The Retreat, York.*

STATEMENT.

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

Name of Patient, with Christian Name at length	Daniel Watson
Sex and Age	Male. 47 Years.
Married, Single, or Widowed	Married.
Condition of Life, and previous Occupation (if any)	Hotel Proprietor
Religious Persuasion, as far as known	Friend
Previous Place of Abode	Shelley Jn Huddersfield Yks.
Whether First Attack	47.
Age (if known) on First Attack	None —
When and where previously under Care and Treatment	Since June 1888.
Duration of existing Attack	Not known
Supposed Cause	No
Whether subject to Epilepsy	No
Whether Suicidal	No.
Whether Dangerous to others	
Whether found Lunatic by Inquisition, and Date of Commission or Order for Inquisition	None.
Special Circumstances (if any) preventing the Patient being examined, before Admission, separately by Two Medical Practitioners	
Name and Address of Relative to whom Notice of Death to be sent	Mrs Watson, School Hotel Ackworth

(c) Where the person signing the statement is not the person who signs the order, the following particulars concerning the person signing the statement are to be added.

(Signed), Name, (c) Ann Watson

Occupation (if any), Hotel Keeper

Place of Abode, School Hotel Ackworth

Degree of Relationship (if any), or other circumstances of connection with the Patient. Wife

MEDICAL CERTIFICATE.

16 & 17 Vict. c. 96, Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

N.B.—Medical Certificates of Patient's Examination, and the Signatures, are required, by the above Statute, to be dated within SEVEN clear days of the Patient's Reception.—In stating the Residence, the number of the House must be specified, when there is any. If the House has neither name nor number, the name of the Occupier should be stated.

(a) Here 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, Member of Royal College of Surgeons England, &c.

(b) Physician, surgeon, or apothecary, as the case may be.

(c) Here insert the street and number of the house (if any) or other like particulars.

(d) A. B. of——Insert residence and profession, or occupation (if any) of the patient.

I, the undersigned, being a Doctor of Medicine (Here insert qualification, and from whence the Degree or Diploma was obtained.) (a) of the University of Edinburgh and being a duly Registered Practitioner and in actual practice as a (b) Surgeon hereby certify, that I, on the Seventh day of February 1889 (Insert street and No. of house (if any)) at (c) The School Hotel Cockworth W. Riding Street in the County of York separately from any other Medical Practitioner, personally examined (d) Daniel Walson (Name in full) (Occupation) Hotel Keeper (Insert exact address) of School Hotel. Cockworth and that the said Daniel Walson is a Person of unsound mind, and a proper Person to be taken charge of and detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(f) Here state the facts.

1. Facts indicating Insanity observed by myself (f)

Incoherent talk. erroneous ideas of wealth which he formerly had correct ones. Imagines he is about to build a new large house with wonderful stables at Cockworth Park. He informs me he has already won two Derbys & three St. Legers. all of which he never thought of doing himself. all this is the opposite to facts.

(g) Here state the information, and from whom.

2. Other facts (if any) indicating Insanity communicated to me by others (g) (Give full name of informant)

Mr Cundeans of Cockworth Solicitor informs me he has for some time past neglected to follow the orders given for Cabs &c about which formerly he was so particular & accurate.

(h) Name in full

Signed, Name, (h) George Wood.

Place of Abode, Cockworth W. Riding Street.

Dated this Seventh day of February One Thousand Eight Hundred and Eighty Eight.

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MEDICAL CERTIFICATE.

16 & 17 Vict. c. 96, Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

N.B.—Medical Certificates of Patient's Examination, and the Signatures, are required, by the above Statute, to be dated within SEVEN clear days of the Patient's Reception.—In stating the Residence, the number of the House must be specified, when there is any. If the House has neither name nor number, the name of the Occupier should be stated.

(a) Here 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, Member of Royal College of Surgeons England, &c.

(b) Physician, surgeon, or apothecary, as the case may be.

(c) Here insert the street and number of the house (if any) or other like particulars.

(d) A. B., of ——Insert residence and profession, or occupation (if any) of the patient.

I, the undersigned, being a Licentiate of the Royal College (Here insert qualification, and from whence the Degree or Diploma was obtained.) (a) of Physicians & Royal College of Surgeons Edin and being a duly Registered Practitioner and in actual practice as a (b) Surgeon hereby certify, that I, on the fifth day of February 1889 (Insert street and No. of house (if any)) at (c) the Temperance Hotel Ackworth in the County of York separately from any other Medical Practitioner, personally examined (d) Daniel Watson (Name in full) Hotel proprietor (Occupation) (Insert exact address) of School Temperance Hotel Ackworth and that the said Daniel Watson is a Person of unsound mind, and a proper Person to be taken charge of and detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(f) Here state the facts.

1. Facts indicating Insanity observed by myself (f)

Restless & Rambling in his conversation He thought I had come to make a friendly call. and asked me with a number of others to dinner. Told me that a gentleman had given him a pair of thoroughbred horses which was not the fact but a delusion

(g) Here state the information, and from whom.

2. Other facts (if any) indicating Insanity communicated to me by others (g) (Give full name of informant)

Vz by Mr Herbert Burdett of Westgate was asked who tells me We wanted to purchase a corp of stable fitting when there is no need for them. Would go to Leeds today without money to pay for Railway fare. ~~Which was a delusion~~ Conversation disjointed & at Random. sometimes violent

(h) Name in full

Signed, Name, (h) H. G. Simms

Place of Abode, Corn Market Pontefract

Dated this 6th day of February One Thousand Eight Hundred and Eighty nine

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NOTICE OF ADMISSION,

To be forwarded to the Commissioners in Lunacy within one clear day *from the Patient's reception.*

THE RETREAT,
YORK.

I hereby give you Notice, that _____

_____

was admitted into this Hospital as a Private Patient, on the _____

_____ day of _____ 18 , and I hereby transmit a Copy of the Order and Medical Certificates on which he was received _____

Signed, _____

Superintendent of the Retreat, York.

Dated this _____ day of _____

One Thousand Eight Hundred and Eighty _____

To the Commissioners in Lunacy.

Lunatics 1.
(16 & 17 Vict c. 96, sched. C. s. 24; 25 & 26 Vict. c. 111.)
Private Patient.

SHAW & SONS,
Fetter Lane, London,
Publishers of "The Justice of the Peace," a Weekly Legal Journal, price 4½d., post free.

(76 .B. -10-88.)

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ORDER FOR THE RECEPTION OF A PRIVATE PATIENT.

16 & 17 Vict. c. 96, Sched. (A.) No. 1, Sects. 4, 8.

I, the undersigned, hereby request you to receive Sarah Chadwick Haigh whom I last saw at (a) Mickleover Asylum on the (b) Twenty eighth day of January 1889 a Person of unsound mind as a Patient into your House.

(a) Here insert street, and name or number of the house.

(b) Within one month previous to the date of the order.

(Repeat the Name) Subjoined is a Statement respecting the said Sarah Chadwick Haigh

(Signed), Name, Jno. O. Jones.

Occupation (if any), Solicitor Halifax

Place of Abode, Solicitor for the Trustees of the Will of the late Thomas Haigh deceased Petitioner in Lunacy

Degree of Relationship (if any) or other circumstances of connection with the Patient.

Dated this Eighteenth day of February One Thousand Eight Hundred and Eighty nine

To Dr. BAKER, *The Retreat, York.*

STATEMENT.

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

Name of Patient, with Christian Name at length	Sarah Chadwick Haigh
Sex and Age	Female about 47
Married, Single, or Widowed	Single
Condition of Life, and previous Occupation (if any)	Gentlewoman. No occupation
Religious Persuasion, as far as known	Church of England
Previous Place of Abode	Halifax till May 1888 Matlock Bank till December 1888 then Mickleover Asylum & Workhouse Bakewell
Whether First Attack	Believe not
Age (if known) on First Attack	Probably 15 or 16
When and where previously under Care and Treatment	Mickleover Asylum from 31 December 1888 to 11th February 1889
Duration of existing Attack	Several years.
Supposed Cause	Cannot say
Whether subject to Epilepsy	Cannot say
Whether Suicidal	Cannot say
Whether Dangerous to others	Yes at times
Whether found Lunatic by Inquisition, and Date of Commission or Order for Inquisition	Petition presented. Date of Inquisition not yet fixed.
Special Circumstances (if any) preventing the Patient being examined, before Admission, separately by Two Medical Practitioners	Thomas Hall Arrowsmith 6 Arcade Chambers St Mary's Gate Manchester.
Name and Address of Relative to whom Notice of Death to be sent	~~Copy of this Inquisition may be sent to the undersigned~~

(c) Where the person signing the statement is not the person who signs the order, the following particulars concerning the person signing the statement are to be added.

(Signed), Name, (c) Jno. O. Jones.

Occupation (if any), Solicitor

Place of Abode, Halifax

Degree of Relationship (if any), or other circumstances of connection with the Patient. Solicitor to Trustees Petitioner in Lunacy

MEDICAL CERTIFICATE.

16 & 17 Vict. c. 96, Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

N.B.—Medical Certificates of Patient's Examination, and the Signatures, are required, by the above Statute, to be dated within SEVEN clear days of the Patient's Reception.—In stating the Residence, the number of the House must be specified, when there is any. If the House has neither name nor number, the name of the Occupier should be stated.

(a) Here set forth the qualification entitling the person certifying to practise as a physician, surgeon, or apothecary, ex. grs.:—Fellow of the Royal College of Physicians in London, Member of Royal College of Surgeons England, &c.

(b) Physician, surgeon, or apothecary, as the case may be.

(c) Here insert the street and number of the house (if any) or other like particulars.

(d) A. B. of——Insert residence and profession, or occupation (if any) of the patient.

I, the undersigned, being a Fellow of the Royal College of
(Here insert qualification, and from whence the Degree or Diploma was obtained.)
(a) Surgeon. Edinburgh and being a duly Registered Practitioner and in actual practice as a (b) Surgeon hereby certify, that I, on the 14th day of February 1889
(Insert street and No. of house (if any))
at (c) The Union Infirmary. Bakewell. Derbyshire in the County of Derby separately from any other Medical Practitioner, personally examined (d) Sarah Chadwick Haigh
(Name in full)
(Occupation)
Spinster. no occupation
(Insert exact address)
of The Union Infirmary Bakewell. Derbyshire
and that the said Sarah Chadwick Haigh
is a Person of unsound mind, and a proper Person to be taken charge of and detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(f) Here state the facts.

1. Facts indicating Insanity observed by myself (f)

She was in a depressed state. She would not talk at first or answer any questions. I asked her about her home. She said "I want to go to see my mother." "I have not seen her for some time" — Her mother being dead I told her she could not see her. She persisted numerous in her wards." I will go to see her." She could not tell me the said." When she had been crying or when she was ill."

(g) Here state the information, and from whom.

2. Other facts (if any) indicating Insanity communicated to me by others (g)
(Give full name of informant)

Nurse Susan Baker. nurse Union Infirmary. Bakewell. informed me that since her admission she has been very depressed & very silent. She would stay in bed, though perfectly able to get up.

(h) Name in full

Signed, Name, (h) Thomas M. Dolan
Place of Abode, Hunton House. Halifax

Dated this 14th day of February One Thousand Eight Hundred and Eighty nine

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MEDICAL CERTIFICATE.

16 & 17 Vict. c. 96, Sched. (A.). No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

N.B.—Medical Certificates of Patient's Examination, and the Signatures, are required, by the above Statute, to be dated within SEVEN clear days of the Patient's Reception.—In stating the Residence, the number of the House must be specified, when there is any. If the House has neither name nor number, the name of the Occupier should be stated.

(a) Here 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, Member of Royal College of Surgeons England, &c.

(b) Physician, surgeon, or apothecary, as the case may be.

(c) Here insert the street and number of the house (if any) or other like particulars.

(d) A. B. of——Insert residence and profession, or occupation (if any) of the patient.

I, the undersigned, being a Bachelor of Medicine
(Here insert qualification, and from whence the Degree or Diploma was obtained.)
(a) of London University and being a duly Registered Practitioner and in actual practice as a (b) Surgeon
hereby certify, that I, on the 16th day of February 1889
(Insert street and No. of house (if any))
at (c) The Union Infirmary . Bakewell
in the County of Derby separately from any other Medical Practitioner,
(Name in full)
personally examined (d) Sarah Chadwick Haigh
(Occupation)
spinster no occupation
(Insert exact address)
of The Union Infirmary Bakewell
and that the said Sarah Chadwick Haigh
is a Person of unsound mind, and a proper Person to be taken charge of and detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(f) Here state the facts.

1. Facts indicating Insanity observed by myself (f)

She has a nervous fidgety manner so that when reading a newspaper she casts short sudden glances up every few minutes. When she has finished reading she abruptly throws her book down and hastily picks up another, her replies to any remark at this time being given in a calm quiet tone.
In reply to the query, How long was it since you last saw your mother? she says "I dont know, perhaps 100 years"
Asked where her mother is, she replied "In a foundling hospital gone to find a father for Japhet."

(g) Here state the information, and from whom.

2. Other facts (if any) indicating Insanity communicated to me by others (g)
(Give full name of informant)

Mary Ann Stone a sane pauper inmate of Bakewell Union Workhouse informs me that Sarah Chadwick Haigh has got out of bed and lain down on the table in the ward on two occasions, within the last 24 hours.

(h) Name in full

Signed, Name, (h) Charles Walker Evans.
Place of Abode, Bakewell
Dated this Sixteenth day of February One Thousand Eight Hundred and Eighty nine

– 1662 –

NOTICE OF ADMISSION,

To be transmitted within ONE CLEAR DAY from the day of the Patient's Reception.

I hereby give you Notice, That _____

_____

(a) House or hospital.

was admitted into this (a) _____ as a Private Patient, on the _____ day of _____ 18___, and I hereby transmit a Copy of the Order and Medical Certificates on which he was received (b)

(b) *If a private patient be received upon one certificate only, the special circumstances which have prevented the patient from being examined by two medical practitioners to be here stated, as in the statement accompanying the order for admission.*

Signed, _____

(c) _____

(d) _____

(c) Superintendent or proprietor of———

(d) Full address.

Dated this _____ day of _____

One Thousand Eight Hundred and _____

To the Commissioners in Lunacy.

Lunatics 1.
(16 & 17 Vict c. 96, sched. C. s. 24; 25 & 26 Vict. c. 111.)
Private Patient.

SHAW & SONS,
Fetter Lane, London,
Publishers of "*The Justice of the Peace,*" a Weekly Legal Journal, price 1½d., post free.
(2-11-88.)

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ORDER FOR THE RECEPTION OF A PRIVATE PATIENT.

Sched. (A.) No. 1, Sects. 4, 8.

I, the undersigned, hereby request you to receive Sarah Annie Simmons whom I last saw at 61, Bayston Road, Stoke Newington on the 18th day of October 1888 (a) a (b) person of unsound mind as a Patient into your House.

(a) Within one month previous to the date of the order.

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

Subjoined is a Statement respecting the said Sarah Annie Simmons

(Signed), Name, Emma Simmons

Occupation (if any),

Place of Abode, 61, Bayston Road, Stoke Newington

Degree of Relationship (if any) or other circumstances of connection with the Patient.

Dated this 18th day of October One Thousand Eight Hundred and eighty eight

To Dr. Wood

(c) (d)

(c) Proprietor or superintendent of ——

(d) Describing the house or hospital by situation and name, if any.

STATEMENT.

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

Name of Patient, with Christian Name at length	Sarah Annie Simmons
Sex and Age	Female, 32 years
Married, Single, or Widowed	Single
Condition of Life, and previous Occupation (if any)	None
Religious Persuasion, as far as known	Friends
Previous Place of Abode	61, Bayston Road, Stoke Newington
Whether First Attack	Yes
Age (if known) on First Attack	32
When and where previously under Care and Treatment	Nowhere
Duration of existing Attack	One month
Supposed Cause	Unknown (Grandfather in Asylum)
Whether subject to Epilepsy	No
Whether Suicidal	Nightly
Whether Dangerous to others	No
Whether found Lunatic by Inquisition, and Date of Commission or Order for Inquisition	No
Special Circumstances (if any) preventing the Patient being examined, before Admission, separately by Two Medical Practitioners	None
Name and Address of Relative to whom Notice of Death to be sent	Mrs. Emma Simmons (Mother) 61, Bayston Road, Stoke Newington

(c) Where the person signing the statement is not the person who signs the order, the following particulars concerning the person signing the statement are to be added.

(Signed), Name, (c) Annetta R. Tyler

Occupation (if any), 64, London Road, Clapton, E.

Place of Abode,

Degree of Relationship (if any), or other circumstances of connection with the Patient.

N.B. The Medical Superintendent of Hoxton House reports that this patient is "very suicidal"

TRANSFER OF PRIVATE PATIENT.

16 & 17 Vict., cap. 96, § 20.

CONSENT.

We, the undersigned, Commissioners in Lunacy, hereby consent to the removal, on or before the 25th day of February 1889, of Sarah Annie Simmons a.s.w. a Private Patient in Hoxton House, Hoxton. N.

to The Retreat, York

Given under our hands this 11th day of February in the year of Our Lord One Thousand Eight Hundred and Eighty-nine

W. E. Lee
John D Coates
} Commissioners in Lunacy.

ORDER.

I,* Emma Simmons the undersigned, a.s.w. having Authority to discharge Sarah Annie Simmons a.s.w. a Private Patient in Hoxton House, Hoxton N

hereby order and direct that the said Sarah Annie Simmons a.s.w. be removed therefrom to The Retreat, York

Given under my hand this* 13th day of February in the year of Our Lord One Thousand Eight Hundred and Eighty-nine

(Signed) Emma Simmons

Place of Abode 61 Bayston Rd
Stoke Newington

* Note. This order must be signed and dated *subsequently* to the consent of the Commissioners; and it must be signed by—

1. The person *who signed the order* for the Patient's admission:
2. If such person be incapable (by reason of insanity, or absence from England, or otherwise), or if he be dead, then by the *Husband or Wife* of the patient:
3. If there be no Husband or Wife, then by the Patient's *Father:*
4. If there be no Father, then by the Patient's *Mother:*
5. If there be no Father or Mother, then by any *one* of the Patient's *nearest of kin:* or by the person *who made the last payment* on the Patient's account.

R & S (34,896a) 1000 7—88

MEDICAL CERTIFICATE.—Sched. (A.) No. 2. Sects. 4, 5, 8, 10, 11, 12, 13.

I, the undersigned, _____

(a) Here 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.

(b) Physician, surgeon, or apothecary, as the case may be.

being a (a) Member of the Royal College of Surgeons, Edinburgh and Licentiate of the Society of Apothecaries

and being in actual practice as a (b) Surgeon

hereby certify, that I, on the 15th day of October

(c) Here insert the street and number of the house (if any), or other like particulars.

at (c) 61, Bayston Road, Stoke Newington

in the County of Middlesex separately from any other Medical Practitioner

personally examined Sarah Annie Simmons

(d) Insert residence and profession, or occupation (if any) of the patient.

of (d) 61, Bayston Road, Stoke Newington and that

the said Sarah Annie Simmons

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

is a (e) person of unsound mind and a proper Person to be taken charge of and detained under Care and Treatment, and that I have formed this opinion upon the following grounds; viz.:—

(f) Here state the facts.

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

She is suffering from various delusions. Believing the medicine she has taken has brought them on. One delusion is that she has a serpent in her stomach which twists and twists about, she says she has something on her mind which is too dreadful to tell any one. At times she is perfectly rational and can do anything.

(g) Here state the information, and from whom.

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

Her mother (Emma Simmons) says that she cannot sleep after 4 o'clock in the morning, that she says she is too wicked for God to take her in and wants her brother to bury her in the garden. She says the devil has got hold of her.

Signed, Name, F. Wheeler-Brown, M.R.C.S. etc.

Place of Abode, 56, Rectory Road, N.

Dated this 15th day of October One Thousand Eight Hundred and eighty eight

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MEDICAL CERTIFICATE.—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

I, the undersigned,

(a) Here 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.

being a (a) Licentiate of the Royal College of Physicians and Surgeons, Edinburgh, and of the Society of Apothecaries, London.

(b) Physician, surgeon, or apothecary, as the case may be.

and being in actual practice as a (b) Surgeon

hereby certify, that I, on the 15th day of October

(c) Here insert the street, and number of the house (if any) or other like particulars.

at (c) 61, Rayston Road, Stoke Newington

in the County of Middlesex separately from any other Medical Practitioner,

personally examined Sarah Annie Simmons, no occupation

(d) Insert residence and profession or occupation (if any) of the patient.

of (d) 61, Rayston Road

and that the said Sarah Annie Simmons

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

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

(f) Here state the facts.

1. Facts indicating Insanity observed by myself (f) She tells me her doctor has given medicine that has placed a serpent inside her, it rises up and turns about. At another time she says Satan is inside her heart and God has entirely cast her off, that she will have to be put under the ground, that she has committed an unpardonable sin which she cannot tell to anyone. She says her brother Eby will have to bury her in the garden.

(g) Here state the information, and from whom.

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

Her sister (Mrs Annetta R. Zyler) says she argues with her to try to prove she ~~she~~ has had the plague. She says she is falling to pieces – the medicine is dissolving her. – Her mother (Emma Simmons) says she complains that she was dying and they woke her up and prevented her dying.

Signed, Name, Millice Culpin, L.R.C.P. Edin & L.A. Lond.

Place of Abode, 39, Stamford Hill

Dated this 15th day of October One Thousand Eight Hundred and eighty eight

NOTICE OF ADMISSION,

To be forwarded to the Commissioners in Lunacy within one clear day *from the Patient's reception.*

THE RETREAT,
YORK.

I hereby give you Notice, that _____

_____

was admitted into this Hospital as a Private Patient, on the _____

_____ day of _____ 18 , and I hereby transmit a Copy of the Order and Medical Certificates on which he was received

Signed, _____

Superintendent of the Retreat, York.

Dated this _____ day of _____

One Thousand Eight Hundred and Eighty _____

To the Commissioners in Lunacy.

Lunatics 1.
(16 & 17 Vict c. 96, sched. C. s. 24; 25 & 26 Vict. c. 111.)
Private Patient.

SHAW & SONS,
Fetter Lane, London,
Publishers of "The Justice of the Peace," a Weekly Legal Journal, price 4½d., post free.

(76 O.R. -10-88.)

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT.

16 & 17 Vict. c. 96, Sched. (A.) No. 1, Sects. 4, 8.

I, the undersigned, hereby request you to receive Timothy Maud

whom I last saw at (a) the house of Mr Bellerby, Lockwith

on the (b) 13th day of March 1889.

a Person of unsound mind as a Patient into your House.

(a) Here insert street, and name or number of the house.

(b) Within one month previous to the date of the order.

(Repeat the Name) Subjoined is a Statement respecting the said Timothy Maud

(Signed), Name, Elizabeth Brown

Occupation (if any), None

Place of Abode, Schoolhouse Hampsthwaite

Degree of Relationship (if any) or other circumstances of connection with the Patient. Sister in Law

Dated this 13th day of March

One Thousand Eight Hundred and Eighty Nine

To Dr. BAKER, *The Retreat, York.*

STATEMENT.

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

Name of Patient, with Christian Name at length	Timothy Maud
Sex and Age	Male 41
Married, Single, or Widowed	Married
Condition of Life, and previous Occupation (if any)	Worsted
Religious Persuasion, as far as known	Wesleyan
Previous Place of Abode	43 Church Street Bingley
Whether First Attack	yes
Age (if known) on First Attack	39
When and where previously under Care and Treatment	no where
Duration of existing Attack	2 years
Supposed Cause	unknown
Whether subject to Epilepsy	no
Whether Suicidal	yes
Whether Dangerous to others	no
Whether found Lunatic by Inquisition, and Date of Commission or Order for Inquisition	no
Special Circumstances (if any) preventing the Patient being examined, before Admission, separately by Two Medical Practitioners	none
Name and Address of Relative to whom Notice of Death to be sent	Isabella Maud 43 Church St. Bingley

(c) Where the person signing the statement is not the person who signs the order, the following particulars concerning the person signing the statement are to be added.

(Signed), Name, (c) Elizabeth Brown

Occupation (if any), None

Place of Abode, ~~Hampsthwaite~~ Schoolhouse Hampsthwaite

Degree of Relationship (if any), or other circumstances of connection with the Patient. Sister in Law

MEDICAL CERTIFICATE.

16 & 17 Vict. c. 96, Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

N.B.—Medical Certificates of Patient's Examination, and the Signatures, are required, by the above Statute, to be dated within SEVEN clear days of the Patient's Reception.—In stating the Residence, the number of the House must be specified, when there is any. If the House has neither name nor number, the name of the Occupier should be stated.

(a) Here 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, Member of Royal College of Surgeons England, &c.

(b) Physician, surgeon, or apothecary, as the case may be.

(c) Here insert the street and number of the house (if any) or other like particulars.

(d) A. B. of——Insert residence and profession, or occupation (if any) of the patient.

(f) Here state the facts.

(g) Here state the information, and from whom.

(h) Name in full

I, the undersigned, being a Surgeon · Royal College of Surgeons
(Here insert qualification, and from whence the Degree or Diploma was obtained.)

(a) _____ and being a duly Registered Practitioner and in actual practice as a (b) Surgeon

hereby certify, that I, on the 9th day of March 1889
(Insert street and No. of house (if any))

at (c) Jacksonville at Mr Billcliffe's Jacksonville

in the County of York separately from any other Medical Practitioner,
(Name in full)

personally examined (d) Timothy Maud
(Occupation)

Woolsorter
(Insert exact address)

of 43 Church St Bingley

and that the said Timothy Maud

is a Person of unsound mind, and a proper Person to be taken charge of and detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself (f)

Refusing food - Believed he was consuming with inward heat - Wished to be out when raining with the idea of the rain cooling him - walks about continually -

2. Other facts (if any) indicating Insanity communicated to me by others (g)
(Give full name of informant)

Signed, Name, (h) Frederick Robert Clarkson

Place of Abode, Jacksonville Nr York

Dated this 12 day of March One Thousand Eight Hundred and Eighty nine

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MEDICAL CERTIFICATE.

16 & 17 Vict. c. 96, Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

N.B.—Medical Certificates of Patient's Examination, and the Signatures, are required, by the above Statute, to be dated within SEVEN clear days of the Patient's Reception.—In stating the Residence, the number of the House must be specified, when there is any. If the House has neither name nor number, the name of the Occupier should be stated.

(a) Here 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, Member of Royal College of Surgeons England, &c.

(b) Physician, surgeon, or apothecary, as the case may be.

(c) Here insert the street and number of the house (if any) or other like particulars.

(d) A. B. of——Insert residence and profession, or occupation (if any) of the patient.

I, the undersigned, being a Surgeon
(Here insert qualification, and from whence the Degree or Diploma was obtained.)
(a) Member of the Royal College of Surgeons England and being a duly Registered Practitioner and in actual practice as a (b) Surgeon
hereby certify, that I, on the 13th day of March 1889
(Insert street and No. of house (if any))
at (c) 6. St Leonards Place York
in the County of York separately from any other Medical Practitioner,
(Name in full)
personally examined (d) Timothy Maud
(Occupation)
wool sorter.
(Insert exact address)
of 43. Church Street Bradley in County of York
and that the said Timothy Maud
is a Person of unsound mind, and a proper Person to be taken charge of and detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(f) Here state the facts.

1. Facts indicating Insanity observed by myself (f)

He constantly wanders up and down.
Looks dejected and miserable. Tells me that he is afraid he is going to a bad place (meaning hell) and this makes him miserable. Tells me that God has taken his flesh away

(g) Here state the information, and from whom.

2. Other facts (if any) indicating Insanity communicated to me by others (g)
(Give full name of informant)

Mrs Elizabeth Moon of Hampsthwaite tells me that he is constantly wandering about & praying aloud.
He imagines that he is going to be burnt.
Says that God has left him, & he cannot be saved.

(h) Name in full

Signed, Name, (h) Frederick Shann
Place of Abode, 6. St Leonards Place York

Dated this 13th day of March One Thousand Eight Hundred and Eighty nine

- 1664 -

NOTICE OF ADMISSION,

To be forwarded to the Commissioners in Lunacy within one clear day *from the Patient's reception.*

THE RETREAT,
YORK.

I hereby give you Notice, that _____

_____

was admitted into this Hospital as a Private Patient, on the _____

_____ day of _____ 18 , and I hereby transmit a Copy of the Order and Medical Certificates on which he was received _____

Signed, _____

Superintendent of the Retreat, York.

Dated this _____ day of _____

One Thousand Eight Hundred and Eighty _____

To the Commissioners in Lunacy.

Lunatics 1.
(16 & 17 Vict. c. 96, sched. C. 24;
25 & 26 Vict. c. 111.)
Private Patient.

SHAW & SONS,
Fetter Lane, London,
Publishers of "The Justice of the Peace," a Weekly Legal Journal, price 4d., post free.

(76 O.B. -10-88.)

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT.

16 & 17 Vict. c. 96, Sched. (A.) No. 1, Sects. 4, 8.

I, the undersigned, hereby request you to receive James Williamson

(a) Here insert street, and name or number of the house.

whom I last saw at (a) 7. Belle Vue Terrace, York

(b) Within one month previous to the date of the order.

on the (b) 20th day of March 1889

a Person of unsound mind as a Patient into your House.

(Repeat the Name) Subjoined is a Statement respecting the said James Williamson

(Signed), Name, Joseph Fawcett Hogg

Occupation (if any), Chemist

Place of Abode, 17. Spring Terrace, North Shields.

Degree of Relationship (if any) or other circumstances of connection with the Patient. Brother-in-law

Dated this 20th day of March

One Thousand Eight Hundred and Eighty nine.

To Dr. BAKER, *The Retreat, York.*

STATEMENT.

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

Name of Patient, with Christian Name at length	James Williamson
Sex and Age	Male. 47
Married, Single, or Widowed	Widower
Condition of Life, and previous Occupation (if any)	Chemist & Druggist
Religious Persuasion, as far as known	Baptist
Previous Place of Abode	15. Spring Terrace, North Shields.
Whether First Attack	Yes
Age (if known) on First Attack	44
When and where previously under Care and Treatment	Nowhere
Duration of existing Attack	Melancholia gradual during some years
Supposed Cause	Tendency to depression.
Whether subject to Epilepsy	No
Whether Suicidal	Expressed himself so recently
Whether Dangerous to others	No
Whether found Lunatic by Inquisition, and Date of Commission or Order for Inquisition	No
Special Circumstances (if any) preventing the Patient being examined, before Admission, separately by Two Medical Practitioners	None
Name and Address of Relative to whom Notice of Death to be sent	J. B. Williamson. 23, Northumberland Square, North Shields.

(c) Where the person signing the statement is not the person who signs the order, the following particulars concerning the person signing the statement are to be added.

(Signed), Name, (c) Joseph Fawcett Hogg.

Occupation (if any), Chemist

Place of Abode, 17. Spring Terrace, North Shields.

Degree of Relationship (if any), or other circumstances of connection with the Patient. Brother-in-law.

MEDICAL CERTIFICATE.

16 & 17 Vict. c. 96, Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

N.B.—Medical Certificates of Patient's Examination, and the Signatures, are required, by the above Statute, to be dated within SEVEN clear days of the Patient's Reception.—In stating the Residence, the number of the House must be specified, when there is any. If the House has neither name nor number, the name of the Occupier should be stated.

(a) Here 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, Member of Royal College of Surgeons England, &c.

(b) Physician, surgeon, or apothecary, as the case may be.

(c) Here insert the street and number of the house (if any) or other like particulars.

(d) A. B. of——Insert residence and profession, or occupation (if any) of the patient.

I, the undersigned, being a M.R.C.S. Eng. & (Here insert qualification, and from whose Degree or Diploma was obtained.) (a) L.R.C.P. London. and being a duly Registered Practitioner and in actual practice as a (b) Surgeon hereby certify, that I, on the Twentieth day of March 1889 (Insert street and No. of house (if any)) at (c) 7. Belle Vue Terrace York. in the County of York separately from any other Medical Practitioner, personally examined (d) James Williamson (Name in full) (Occupation) Chemist (Insert street and address) of ~~12~~ 15 Spring Terrace. North Shields and that the said James Williamson is a Person of unsound mind, and a proper Person to be taken charge of and detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(f) Here state the facts.

1. Facts indicating Insanity observed by myself (f)

James Williamson has told me that he has been suffering for seven years from depressed spirits brought on by his wife's illness, and afterwards made worse by her death. He says he has frequently felt very low and depressed and has at times put material into his pocket with which to take his life, he says he has put opium into his pocket, but has never taken it. He says he feels worse when alone, and yesterday he thought of throwing the chairs out of the window and then getting out after them.

(g) Here state the information, and from whom.

2. Other facts (if any) indicating Insanity communicated to me by others (g) (Give full name of informant)

Joseph Fawcett Hogg, the patient's Brother in law of 17 Spring Terrace informs me that for some time he has noticed James Williamson's low state of health, & that James Williamson has confided in him, that he has put Opium into his pocket meaning when he did it, to take his life, because everything seemed so gloomy. and ~~from~~ James Williamson has asked the informant to have him placed in some place of Control where he can be watched as he cannot answer for his actions. Informant says that James Williamson told him, that if he was not had he been with him on his way; he would have jumped out of the train

(h) Name in full

Signed, Name, (h) Edmund, Lyall, Haynes.

Place of Abode, New Street, York.

Dated this Twentieth day of March One Thousand Eight Hundred and Eighty Nine.

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MEDICAL CERTIFICATE.

16 & 17 Vict. c. 96, Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

N.B.—Medical Certificates of Patient's Examination, and the Signatures, are required, by the above Statute, to be dated within SEVEN clear days of the Patient's Reception.—In stating the Residence, the number of the House must be specified, when there is any. If the House has neither name nor number, the name of the Occupier should be stated.

(a) Here 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, Member of Royal College of Surgeons England, &c.

(b) Physician, surgeon, or apothecary, as the case may be.

(c) Here insert the street and number of the house (if any) or other like particulars.

(d) A. B. of ——Insert residence and profession, or occupation (if any) of the patient.

I, the undersigned, being a M. R. C. S. England & L. S. A. London
(Here insert qualification, and from whence the Degree or Diploma was obtained.)

(a) _____ and being a duly Registered Practitioner and in actual practice as a (b) Surgeon

hereby certify, that I, on the 20th (Insert street and No. of house (if any)) day of March 1889.

at (c) No. 7 Belle Vue Terrace. York.

in the County of York separately from any other Medical Practitioner,

personally examined (d) James Williamson (Name in full)

a Chemist (Occupation) of 15 Spring Terrace (Insert exact address)

of North Shields

and that the said James Williamson

is a Person of unsound mind, and a proper Person to be taken charge of and detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(f) Here state the facts.

1. Facts indicating Insanity observed by myself (f) He says that he has been depressed in mind for seven years, gradually getting worse. That he has put opium into his pocket to kill himself therewith. Also on March 11th 1889 he got four ounces of Liquor Morphia, knowing that the same would surely kill him. Also that he went to Tynemouth a few days ago intending to drown himself off the ~~[illegible]~~ end of the pier.

(g) Here state the information, and from whom.

2. Other facts (if any) indicating Insanity communicated to me by others (g) (Give full name of informant)

(h) Name in full

Signed, Name, (h) William Hoor.

Place of Abode, Castlegate House, York.

Dated this 20th day of March One Thousand Eight Hundred and Eighty nine

NOTICE OF ADMISSION.

To be transmitted within ONE CLEAR DAY from the day of the Patient's Reception.

I hereby give you Notice. That Joseph Henry Craven.

(a) House or hospital.

was admitted into this (a) House as a Private Patient, on the 5th day of July 1876 and I hereby transmit a Copy of the Order and Medical Certificates on which he was received (b)

(b) *If a private patient be received upon one certificate only, the special circumstances which have prevented the patient from being examined by two medical practitioners to be here stated, as in the statement accompanying the order for admission.*

Signed, H. Stilwell.

(c) Superintendent *or* proprietor of ———

(d) Full address.

(c)

(d)

Dated this 6th day of July

One Thousand Eight Hundred and Seventy six.

To the Commissioners in Lunacy.

I certify that this is a true & Correct Copy of the order & certificates upon which Mr. Joseph Henry Craven was received as a Private Patient into Moorcroft. Haringey on July 5. 1876.

D. G. Johnston M.B.

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Lunatics 1.
(16 & 17 Vict. c. 96, Sched. C. s. 24.)
(25 & 26 Vict. c. 111.)
Private Patient.

LONDON:
SHAW AND SONS,
Fetter Lane, E.C.
(2—11-87.)

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT.

Sched. (A.) No. 1, Sects. 4, 8.

I, the undersigned, hereby request you to receive Joseph Henry Craven whom I last saw at Denham on the fifth day of July 18 (a) a (b) person of unsound mind as a Patient into your House.

(a) *Within one month previous to the date of the order.*

(b) Lunatic, or an idiot, or a person of unsound mind.]

Subjoined is a Statement respecting the said Joseph Henry Craven.

Signed, *Name,* Tom Craven.

Occupation (if any), Manufacturer.

Place of Abode, Keighley.

Degree of Relationship (if any) or other circumstances of connection with the Patient. Brother.

Dated this Fifth day of July One Thousand Eight Hundred and Seventy Six.

To Dr Tilwell

(c) Proprietor of Moorcroft House Killingbeck

(c) Proprietor or superintendent of ——

(d) *Describing the house or hospital by situation and name, if any.*

STATEMENT.

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

Name of Patient, with Christian Name at length	Joseph Henry Craven.
Sex and Age	Male. 41.
Married, Single, or Widowed	Married.
Condition of Life, and previous Occupation (if any)	Spinner & Manufacturer
Religious Persuasion, as far as known	Church of England.
Previous Place of Abode	Keighley.
Whether First Attack	no
Age (if known) on First Attack	37.
When and where previously under Care and Treatment	Moorcroft & Sheldon Killingbeck Since Sept. 23 1875
Duration of existing Attack	Two days.
Supposed Cause	alcohol
Whether subject to Epilepsy	no.
Whether Suicidal	yes.
Whether Dangerous to others	no. not so far as I know
Whether found Lunatic by Inquisition, and Date of Commission or Order for Inquisition	no
Special Circumstances (if any) preventing the Patient being examined, before Admission, separately by Two Medical Practitioners	
Name and Address of Relative to whom Notice of Death to be sent	John Craven. Steeton Hall nr. Leeds.

(e) *Where the person signing the statement is not the person who signs the order, the following particulars concerning the person signing the statement are to be added.*

Signed, *Name,* (e) Tom Craven.

Occupation (if any), Manufacturer.

Place of Abode, Keighley

Degree of Relationship (if any), or other circumstances of connection with the Patient. Brother

MEDICAL CERTIFICATE.—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

I, the undersigned, Charles Roberts.

(a) Here 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.

being a (a) Member of the Royal College of Surgeons of England.

(b) Physician, surgeon, or apothecary, as the case may be.

and being in actual practice as a (b) Surgeon.

hereby certify, that I, on the fifth day of July 1876

(c) Here insert the street and number of the house (if any) or other like particulars.

at (c) The Lambert Arms Inn Denham.

in the County of Buckinghamshire separately from any other Medical Practitioner,

personally examined Joseph Henry Graven Esq.

(d) Insert residence and profession, or occupation (if any) of the patient.

of (d) The Cedars Hillingdon. Middlesex. Manufacturer

and that the said Joseph Henry Graven

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

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

(f) Here state the facts.

1. Facts indicating Insanity observed by myself (f) A restless & excitable Condition generally. will not answer a single question I ask him — during my questions he shouts for his brother to proceed on the journey, & will take no notice of me in any way — nor enter into any Conversation.

(g) Here state the information, and from whom.

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

Bryan Slater, coachman to Mr. Graven informs me that he frequently talks to himself, and to the wall, and calls to imaginary individuals to come out — Two days since he walked from his home day & night until he reached Luton in Bedfordshire without informing his friends of his intention.

Signed, Name, Chas. Roberts.

Place of Abode, Uxbridge.

Dated this Fifth day of July One Thousand Eight Hundred and Seventy six.

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MEDICAL CERTIFICATE,—Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13

I, the undersigned, William Rayner.

(a) Here 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.

being a (a) Member of the Royal College of Surgeons Eng. And a Licentiate of the Apothecaries' Society London

(b) Physician, surgeon, or apothecary, as the case may be.

and being in actual practice as a (b) Surgeon.

hereby certify, that I, on the fifth day of July 1876

(c) Here insert the street, and number of the house (if any) or other like particulars.

at (c) The Lambert Arms. Denham.

in the County of Bucks separately from any other Medical Practitioner,

personally examined Joseph Henry Craven Esqre.

(d) Insert residence and profession or occupation (if any) of the patient.

of (d) The Cedars. Killingdon. Manufacturer

and that the said Joseph Henry Craven.

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

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

(f) Here state the facts.

1. Facts indicating Insanity observed by myself (f)

That he is very restless & excited in manner, refuses absolutely to answer any question put to him or even to look up when spoken to. I have seen him about walking in such a way as indicates his condition.

(g) Here state the information, and from whom.

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

Mr Coachman Brian Slater informs me that he has been violent (he having left his home and set out on a walk of over forty miles) by striking him in the face and making endeavours to obtain drink at every opportunity and abusing the Inn Keepers.

Signed, Name, William Rayner.

Place of Abode, 69 St Andrews.

Dated this fifth day of July One Thousand Eight Hundred and Seventy Six.

– 1666 –

NOTICE OF ADMISSION,

To be forwarded to the Commissioners in Lunacy within one clear day *from the Patient's reception.*

THE RETREAT,
YORK.

I hereby give you Notice, that _____

_____

was admitted into this Hospital as a Private Patient, on the _____

_____ day of _____ 18 , and I hereby transmit a Copy of the Order and Medical Certificates on which he was received

Signed, _____

Superintendent of the Retreat, York.

Dated this _____ day of _____

One Thousand Eight Hundred and Eighty _____

To the Commissioners in Lunacy.

Lunatics 1.
(16 & 17 Vict c. 96, sched. C. s. 24; 25 & 26 Vict. c. 111.)
Private Patient.

SHAW & SONS,
Fetter Lane, London,
Publishers of "The Justice of the Peace," a Weekly Legal Journal, price 8½d., post free.
(76 O.B. -10-78.)

195

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT.

16 & 17 Vict. c. 96, Sched. (A.) No. 1, Sects. 4, 8.

I, the undersigned, hereby request you to receive Lydia Mary Wood

whom I last saw at (a) Menston Asylum nr Leeds

on the (b) seventh day of March 1889

a Person of unsound mind as a Patient into your House.

(a) Here insert street, and name or number of the house.

(b) Within one month previous to the date of the order.

(Repeat the Name) Subjoined is a Statement respecting the said Lydia Mary Wood

(Signed), Name, Sarah Jane Wood

Occupation (if any),

Place of Abode, 37 Churchill St. Liverpool

Degree of Relationship (if any) or other circumstances of connection with the Patient. Mother

Dated this fourth day of April

One Thousand Eight Hundred and Eighty Nine

To Dr. BAKER, *The Retreat, York.*

STATEMENT.

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

Name of Patient, with Christian Name at length	Lydia Mary Wood
Sex and Age	Female 29
Married, Single, or Widowed	Single
Condition of Life, and previous Occupation (if any)	Assistant in Stationery Shop.
Religious Persuasion, as far as known	Member of the Society of Friends
Previous Place of Abode	222 Windsor St. Liverpool
Whether First Attack	Yes
Age (if known) on First Attack	29
When and where previously under Care and Treatment	Menston Asylum nr Leeds from the 7th of 3rd mo (March) till the 5th of 4th mo 1889
Duration of existing Attack	About five weeks
Supposed Cause	Grief for Loss of Friend
Whether subject to Epilepsy	Yes
Whether Suicidal	Doubtful
Whether Dangerous to others	No
Whether found Lunatic by Inquisition, and Date of Commission or Order for Inquisition	No
Special Circumstances (if any) preventing the Patient being examined, before Admission, separately by Two Medical Practitioners	
Name and Address of Relative to whom Notice of Death to be sent	William Wood 37 Churchill St. Liverpool

(c) Where the person signing the statement is not the person who signs the order, the following particulars concerning the person signing the statement are to be added.

(Signed), Name, (c) Sarah Jane Wood

Occupation (if any),

Place of Abode,

Degree of Relationship (if any), or other circumstances of connection with the Patient.

MEDICAL CERTIFICATE.

16 & 17 Vict. c. 96, Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

N.B.—Medical Certificates of Patient's Examination, and the Signatures, are required, by the above Statute, to be dated within SEVEN clear days of the Patient's Reception.—In stating the Residence, the number of the House must be specified, when there is any. If the House has neither name nor number, the name of the Occupier should be stated.

(a) Here 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, Member of Royal College of Surgeons England, &c.

(b) Physician, surgeon, or apothecary, as the case may be.

(c) Here insert the street and number of the house (if any) or other like particulars.

(d) A. B. of——Insert residence and profession, or occupation (if any) of the patient.

I, the undersigned, being a Member of the Royal College of Surgeons
(Here insert qualification, and from whence the Degree or Diploma was obtained.)
(a) and Licentiate of the Apothecaries Comp.ᵃ London and being a duly Registered Practitioner and in actual practice as a (b) Surgeon —
hereby certify, that I, on the fifth day of April 1889 —
(Insert street and No. of house (if any))
at (c) the Station Master's Office, N.E. Railway Comp.ᵃ York
in the County of York separately from any other Medical Practitioner,
(Name in full)
personally examined (d) Lydia Mary Wood, Ass.ᵗ in Stationery Shop
(Occupation)
(Insert exact address)
of 222 Mudson St. Liverpool
and that the said Lydia Mary Wood
is a Person of unsound mind, and a proper Person to be taken charge of and detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(f) Here state the facts.

1. Facts indicating Insanity observed by myself (f) Conversation rambling and incoherent - States that she hears voices and is able to carry on conversations with her friends whilst in her bedroom - That God has frequently talked to her; and that when her fits are coming on she has been able to ward them off by knocking her head with her knuckles -

the 5th of April 1889

(g) Here state the information, and from whom.

2. Other facts (if any) indicating Insanity communicated to me by others (g)
(Give full name of informant)

Has just been discharged from the West Riding Asylum, Menston, "relieved" informed by Kate Lucas —

(h) Name in full

Signed, Name, (h) J. Ragellesbeagston
Place of Abode, Clifton - York -

Dated this fifth day of April One Thousand Eight Hundred and Eighty nine

MEDICAL CERTIFICATE.

16 & 17 Vict. c. 96, Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

N.B.—Medical Certificates of Patient's Examination, and the Signatures, are required, by the above Statute, to be dated within SEVEN clear days of the Patient's Reception.—In stating the Residence, the number of the House must be specified, when there is any. If the House has neither name nor number, the name of the Occupier should be stated.

(a) Here 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, Member of Royal College of Surgeons England, &c.

(b) Physician, surgeon, or apothecary, as the case may be.

(c) Here insert the street and number of the house (if any) or other like particulars.

(d) A. B. of——Insert residence and profession, or occupation (if any) of the patient.

I, the undersigned, being a Bachelor of Medicine & Master (Here insert qualification, and from whence the Degree or Diploma was obtained.) (a) in Surgery of the University of Edinburgh and being a duly Registered Practitioner and in actual practice as a (b) Surgeon hereby certify, that I, on the 5th (Insert street and No. of house (if any)) day of April 1889 at (c) The Station-master's office N.E. Railway Comp.y York in the County of York (Name in full) separately from any other Medical Practitioner, personally examined (d) Lydia Mary Wood assistant in Stationery shop (Insert exact address) of 222 Windsor St. Liverpool and that the said Lydia Mary Wood is a Person of unsound mind, and a proper Person to be taken charge of and detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(f) Here state the facts.

1. Facts indicating Insanity observed by myself (f) In her conversation she speedily forgets the subject asked but rambles away from it. She told me she could only keep off her "fainting fits" by scratching her legs & holding her head to one side & that then she could see "Hell & Heaven & the such like"
She also tells me she hears voices & has frequently talked with her sister since her death.

(g) Here state the information, and from whom.

2. Other facts (if any) indicating Insanity communicated to me by others (g) (Give full name of informant)
Has just come from the West Riding Asylum - Menston - & is improving -
Informed by Kate Dixon

(h) Name in full

Signed, Name, (h) Alwyn Raines

Place of Abode, 2 Scarcroft Rd. York

Dated this 5th day of April One Thousand Eight Hundred and Eighty 9

— 1667 —

NOTICE OF ADMISSION,

To be forwarded to the Commissioners in Lunacy within one clear day *from the Patient's reception.*

THE RETREAT,
YORK.

I hereby give you Notice, that _____

_____

was admitted into this Hospital as a Private Patient, on the _____

_____ day of _____ 18 , and I hereby transmit a Copy of the Order and Medical Certificates on which he was received

Signed, _____

Superintendent of the Retreat, York.

Dated this _____ day of _____

One Thousand Eight Hundred and Eighty _____

To the Commissioners in Lunacy.

Lunaties 1.
(16 & 17 Vict c. 96, sched. C. s. 24; 25 & 26 Vict. c. 111.)
Private Patient.

SHAW & SONS,
Fetter Lane, London,
Publishers of "*The Justice of the Peace,*" a Weekly Legal Journal, price 1½*d.*, post free.
(76 O.B.—10-88.)

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ORDER FOR THE RECEPTION OF A PRIVATE PATIENT.

16 & 17 Vict. c. 96, Sched. (A.) No. 1, Sects. 4, 8.

I, the undersigned, hereby request you to receive Mary Ann Bissell whom I last saw at (a) Eccles. (51 Shaftesbury St) on the (b) Twelveth day of april 1889 a Person of unsound mind as a Patient into your House. ~~Yours~~ Retreat ~~York~~. Subjoined is a Statement respecting the said Mary Ann Bissell

(a) Here insert street, and name or number of the house.

(b) Within one month previous to the date of the order.

(Repeat the Name)

(Signed), Name, Charles Bissell

Occupation (if any), Joiner &c

Place of Abode, 51 Shaftesbury St Eccles.

Degree of Relationship (if any) or other circumstances of connection with the Patient. Husband.

Dated this 12th day of april.

One Thousand Eight Hundred and Eighty Nine

To Dr. BAKER, *The Retreat, York.*

STATEMENT.

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

Name of Patient, with Christian Name at length	Mary Ann Bissell
Sex and Age	female 44
Married, Single, or Widowed	Married
Condition of Life, and previous Occupation (if any)	House wife.
Religious Persuasion, as far as known	Friend
Previous Place of Abode	51 Shaftesbury Street Eccles.
Whether First Attack	Ditto.
Age (if known) on First Attack	about 28.
When and where previously under Care and Treatment	Oct 21 1877 to Mar. 16 1878. The Retreat York. Feb 25 1887. to July 2 1887
Duration of existing Attack	10 days.
Supposed Cause	Domestic cares.
Whether subject to Epilepsy	No
Whether Suicidal	attempts to injure herself.
Whether Dangerous to others	If not guarded.
Whether found Lunatic by Inquisition, and Date of Commission or Order for Inquisition	No
Special Circumstances (if any) preventing the Patient being examined, before Admission, separately by Two Medical Practitioners	None.
Name and Address of Relative to whom Notice of Death to be sent	Chas Bissell. Eccles.

(c) Where the person signing the statement is not the person who signs the order, the following particulars concerning the person signing the statement are to be added.

(Signed), Name, (c) Chas Bissell

Occupation (if any), Joiner &c.

Place of Abode, Shaftesbury St Eccles

Degree of Relationship (if any), or other circumstances of connection with the Patient. Husband.

MEDICAL CERTIFICATE.

16 & 17 Vict. c. 96, Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

N.B.—Medical Certificates of Patient's Examination, and the Signatures, are required, by the above Statute, to be dated within SEVEN clear days of the Patient's Reception.—In stating the Residence, the number of the House must be specified, when there is any. If the House has neither name nor number, the name of the Occupier should be stated.

(a) Here 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, Member of Royal College of Surgeons England, &c.

(b) Physician, surgeon, or apothecary, as the case may be.

(c) Here insert the street and number of the house (if any) or other like particulars.

(d) A. B. of——Insert residence and profession, or occupation (if any) of the patient.

I, the undersigned, being a Doctor of Medicine of Edin.t Univ.y (Here insert qualification, and from whence the Degree or Diploma was obtained.)

(a) _____ and being a duly Registered Practitioner and in actual practice as a (b) Physician & Surgeon

hereby certify, that I, on the 12th day of April 1889 (Insert street and No. of house (if any))

at (c) 51. Shaftesbury St. Eccles

in the County of Lancaster separately from any other Medical Practitioner,

personally examined (d) Mary Ann Bissell (Name in full), ~~of 51. Shaftesbury St.~~ (Occupation) J.J.C. ~~St. Eccles~~ (Insert exact address)

of 51. Shaftesbury St. Eccles

and that the said Mary Ann Bissell

is a Person of unsound mind, and a proper Person to be taken charge of and detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

(f) Here state the facts.

1. Facts indicating Insanity observed by myself (f) I saw her two nights ago when she was very violent owing to an attack of acute mania—
To-day she is in a quieter condition, talks very incoherently at times, & is rather melancholic—

1889 to Mar. 16 1888.
1887. to July 2 1887

(g) Here state the information, and from whom.

2. Other facts (if any) indicating Insanity communicated to me by others (g) (Give full name of informant)

Her husband, Charles Bissell, 51. Shaftesbury St. Eccles, tells me she has been placed under restraint (J.J.C.) ~~times~~ twice at The Retreat, York
I certified her as insane the last time she was admitted to The Retreat.

(h) Name in full

Signed, Name, (h) Joshua John Cosc M.D.

Place of Abode, Elsinore, Eccles, Manchester

Dated this 12th day of April One Thousand Eight Hundred and Eighty nine —

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MEDICAL CERTIFICATE.

16 & 17 Vict. c. 96, Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

N.B.—Medical Certificates of Patient's Examination, and the Signatures, are required, by the above Statute, to be dated within SEVEN clear days of the Patient's Reception.—In stating the Residence, the number of the House must be specified, when there is any. If the House has neither name nor number, the name of the Occupier should be stated.

(a) Here 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, Member of Royal College of Surgeons England, &c.

(b) Physician, surgeon, or apothecary, as the case may be.

(c) Here insert the street and number of the house (if any) or other like particulars.

(d) A. B. of ——Insert residence and profession, or occupation (if any) of the patient.

(f) Here state the facts.

(g) Here state the information, and from whom.

(h) Name in full

I, the undersigned, being a M. R. C. S. England.
(Here insert qualification, and from whence the Degree or Diploma was obtained.)
(a) L. S. A. London and being a duly Registered Practitioner and in actual practice as a (b) Surgeon
hereby certify, that I, on the Twelfth day of April 1889
(Insert street and No. of house (if any))
at (c) Castlegate House, York.
in the County of York separately from any other Medical Practitioner,
(Name in full)
personally examined (d) Mary Ann Bissell,
(Occupation)
a Married woman wife of Charles Bissell a joiner
(Insert exact address)
of 51 Shakelstown St. Eccles, County of Lancashire
and that the said Mary Ann Bissell —
is a Person of unsound mind, and a proper Person to be taken charge of and detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz.:—

1. Facts indicating Insanity observed by myself (f) She is depressed, and it is difficult to get her to answer questions. "She says she often thinks that she is a cow." "and is often tempted to do away with herself" —.

2. Other facts (if any) indicating Insanity communicated to me by others (g)
(Give full name of informant)

Signed, Name, (h) William Hood.
Place of Abode, Castlegate House, York.
Dated this 12th day of April One Thousand Eight Hundred and Eighty nine.