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1546

### NOTICE OF ADMISSION,

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

THE RETREAT, NEAR YORK.

## J hereby give you Notice, That\_\_\_\_\_

(a) House or hospital.

100

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

(b) If a private patient be received (b), 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. 56, Sched. C. 5.34.) (25 & 50 Vict. c. 111.) Private Patient. LONDON: S HAW AND SONS, Fetter Lane. 16766-10-76.

#### ORDER FOR THE RECEPTION OF A PRIVATE PATIENT Sched. (A.) No. 1, Sects. 4, 8. H, the undersigned, hereby request you to receive Jane Ugala whom I last saw at to Cowfee Street, Chapeltown Road, deeds (a) Within one month pre. on the wious to the date of the order. luay - 1886 (\*) First day of (b) Lunatic, or an idiot, or a (") Helson of Illesound lund as a Patient into your House. a person of unsound mind. Subjoined is a Statement respecting the said Sauce Ulal Signed, Name, George Dally Occupation (if any), tuo to Cowfee St; Chapellow Rd. Leods Place of Abode Degree of Relationship (if any), or Step = daughter's Husbaud (Step daughter weavert living relation) tion with the Patient. Hust day of May Dated this One Thousand Eight Hundred and Seventy Light = Nº Baker To THE RETREAT, NEAR YORK.

STATEMENT.

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

willing before marriage

Jane heal

yes

2410

40

40

40

40

Female - 78

locoleyau Briggate Leed,

stigner . ~75

leot Kuowa #

al House

Name of Patient, with Christian Name at } length..... Sex and Age..... Married, Single, or Widowed. ..... Condition of Life, and previous Occupa- } tion (if any) ..... Religious Persuasion, as far as known .... Previous Place of Abode ..... Whether First Attack ..... Age (if known) on First Attack ..... When and where previously under Care ? and Treatment ...... Duration of existing Attack ..... Supposed Cause ..... Whether subject to Epilepsy ..... Whether Suicidal ..... Whether Dangerous to others..... Whether found Lunatic by Inquisition, and Date of Commission or Order for 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) Where the person sign-ing the statement is not the person who signs the order, the following particulars concern-ing the person signing the statement are to be added.

low

George Bally - bo Couper Street, Chapellour Road Leed.

\_ Step = daughter's husband

Name, (\*) George Dally Signed, Occupation (if any), to liel

Place of Abode, to Cowper Street, Chapeltour, Rodd . Local Degree of Relationship (if any), or other circumstances of connection with the Patient.

A, the undersigned, Groge Herbert Powe

of Suglaced

(a) Here set forth the quali-faction entitling the person certifying to practise as a phy-sician, surgeon, or apotheoary, ex. gra. - Fellow of the Royal College of Physicians in London, Licentiate of the Apotheoarting Commence being a (a) tuember of the Royal College of Sugeons and being in actual practice as a (b) Sungeon

Apothecaries Company, as the case may be. (b) Physician, surgeon, or apothecary, as the case may be, hereby certify, that I, on the

Forot Day of May 1886-(c) Here insert the street at (c) bo foropee Sheet, Chapeltown Rood, Leeds and number of the house (if any), or other like particulars. york in the County of separately from any other Medical Practitioner Sauce leal ( Widdow ) personally examined

(d) Insert residence and pro-fession, or occupation (if any) of the patient.

of (d) to Katel forspec St; Chapeltown Read . Leedo and that the said Sauce Weal

a person of unsound mind.

(e) Lunatic, or an idiot, or is a (e) person of unsound king 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 yes - - Says she has weder been warned but when asked how long her husband has been dead answers about 6 yes . Cannot tele we how beauny days in the week there are - Says she is going house to her cuother with whom She says the leves \_ Says she wet her worther in the street gestaday.

(g) Here state the information, and from wrom

2. Other facts (if any) indicating Insanity communicated to me by others (g) Ur3 : -By lun Hauch Dalby patients step - daughter Patient ties to lun away - Rends accorpapers, books & other articles - Cries & laughs a qual deal sometimes -Constantly Talks about going home to her lecother ( who I am Told has been dead 21 years)

Name, G. Herberthow Signed, Place of abode, Hillary Place, Leedo

One Thousand Eight

First Day of May Dated this Hundred and Server Eghty = 8132

& member of the Royal College of Physicians Indon

I, the undersigned, Charles. Mon laque Chadmelo:

(a) Here set forth the quali-faction entilling the person certifying to practice as a phy-sician, surgeon, or apothecary, ex. gra. -- Fellow of the Royal College of Physicians Inder Royal College of Physicians Inder and being in actual practice as a (b) Physician

(b) Physician, surgeon, or hereby certify, that I, on the thir tielte Day of april 1886.

(c) Here insert the street at (c) 60. Gwhen Sheel Chapelbin Road Leedo, and number of the house (if any), or other like particulars. in the County of Inte: separately from any other Medical Practitioner personally examined Jane heal ( Widow) (d) Insertresidence and pro. of (d) to Croper Steel Chapel him Road Leed, and that Session, or occupation (if any) of the patient.

(e) Lunatic, or an idiot, or is a (e) person funsound 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 .:-

the said Jam Neal

(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 manuel. Dres not know her matried hame. Dies not know the name of her step-daughter helt whom she lives -It as never leard of her has beend -

(g) Here state the information, and from whom

2. Other facts (if any) indicating Insanity communicated to me by others (g) there Step-daughter Mr. Hannah Dalhy - state - that patien . L' destruction - lounders away ipshe can - "when Exceled says that she is illased - Cannot remain things for a miniate together - Does not know he to put her clothes m - to knik - or sew-

Ligned

Name, Charles. Montaque Chadunch

Day of April One Thousand Eight

Place of Abode, 3. Vark Square Lerds

30 4

Dated this Hundred and Seventy Sighty Sisc

### NOTICE OF ADMISSION,

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

THE RETREAT, NEAR YORK.

## D hereby give you potice, That\_

(a) House or hospital.

was admitted into this (a) \_\_\_\_\_\_as a Private Patient, on the

Day of187	,	and	Ι	hereby	\$
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transmit a Copy of the Order and Medical Certificates on which he was

(b) If a private patient be received (b). 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

Lunatics 1. (15 & 17 Viet. e. 96, Schod. C. 5. 54) (95 & 50 Viet. e. 111.) Private Patient. LONDON: 8 HAW AND SONS, Fetter Lane. 16766-10-76. To the Commissioners in Lunacy.

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

to receive the undersigned, hereby request you to receive Maxing Miller of Brangeton Norfelk whom I last saw at Bramerton at Fullers House 14 (a) Within one month pre. On the vious to the date of the order. day of (\*) the wy (b) Lunatic, or an idiot, or a furst find bund as a Patient into your House. mud Subjoined is a Statement respecting the said Marian Miller Francis Miller Signed, Name, Fruit Grower Occupation (if any), Brauerton Hear Horwich Place of Abode Fatter Degree of Relationship (if any), or ) other circumstances of connection with the Patient. 5 th Muy Dated this day of One Thousand Eight Hundred and Seventy\_ Eighty Six Robert Baker M. J. To THE RETREAT, NEAR YORK. STATEMENT.

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

Marian

Willer

Name of Patient, with Christian Name at ) length..... Sex and Age ..... Married, Single, or Widowed. ..... Condition of Life, and previous Occupa- ) Religious Persuasion, as far as known .... Previous Place of Abode ..... Whether First Attack ..... Age (if known) on First Attack ..... When and where previously under Care ) and Treatment ..... Duration of existing Attack ..... Supposed Cause ..... Whether subject to Epilepsy ..... Whether Suicidal ..... Whether Dangerous to others..... Whether found Lunatic by Inquisition, 7 and Date of Commission or Order for Inquisition ...... J Special Circumstances (if any) preventing the Patient being examined, before Admission, separately by Two Medical Practitioners ..... Name and Address of Relative to whom 1 Notice of Death to be sent .....

(c) Where the person sign-(c) Friere the period aga-ing the statement is not the person who signs the order, the following particulars concern-ing the person signing the statement are to be added.

Female in 26 thy cur \_ 8th Sept 1860 -Single Living with parents previously a teacher, Lastly Friends Companion -Sveicty of Friends Broydon - Swrrey First attack at Croydon Iwenty Hurce Vetaber 18\$3 at broy doce attucks frequent since Runas last-V very such ver chinging employment preciously distanted ust subject that I am aware of I have tung to be dangerous het by Inquischer

Hone

Intouring Miller \_ Brauner low Morwell

Francis Miller

Fruit yrower

Bramerton wind lorwich

Father

Signed, Name, (°) Occupation (if any), \_ Place of Abode,

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

Indoric Bakman

Medicine, and Fellow of the

London

separately from any other Medical Practitioner

H, the undersigned,

being a (a) Soctor-(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.

Physicians of Royal College of Musician and being in actual practice as a (b)Day of May 1886 hereby certify, that I, on the n

ather, at Bramulton

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

> Marian Milles personally examined

1 her

(d) Insert residence and pro- of (d) Mamertons, ression, or occupation (if any) of the patient. governess the said Marino Miller

and that

(e) Lunatic, or an idiot, or 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 :--

(f) Here state the facts.

1. Facts indicating Insanity observed by myself (f)

unual incoherence of conversation. nort Laugho in a childer to manner at every question put & hur.

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

2. Other facts (if any) indicating Insanity communicated to me by others (g) Her mother informs me that she is destinction has shown sheets on the fire lately, and has thrown glasses and enfor ather sister, and she (the mother) fears she will do some bodily harneto huretatiaes mapit of passione, she art hurhain In some months hy mother hes Unto short and heuroblight to the scissors from her, owing wee In Apensity to destroy her clothes 1 3 a runan MO JeRCP Signey, Tuderie: orwic

Place of abode,

Dated this

Hundred and Soventy lighty Sice

Day of May

One Thousand Eight

and a Sicentiate of The Shothe cases Compan

Songe fillet

Marian Whilles

E, the undersigned,

(a) Here set forth the quali-dottion entitling the person certifying to practize as a phy-iscian, surgeon, or apethecary, ex. gra. --Fellow of the Royal College of Physicians in London, Licentiate of the Anotherania Comment on an Anotherania Comment on an es. gra: --Fellow of the Royal College of Physicians London -in London, Licentiate of the Apothecaries Company, or as and being in actual practice as a (b) Surfice. Re the case may be.

(b) Physician, surgeon, or hereby certify, that I, on the apothecary, as the case may be.

in the County of

Sich Day of Maz (c) Here insert the street at (c) her Halleer House, in Blatterster and number of the house (if any), or other like particulars. north separately from any other Medical Practitioner

Member of the Royal College of Furgeon

personally examined

(d) Insert residence and pro- of (d) fession, or occupation (if any) of the patient.

Hamerton Sourceh Marian Muller the said

(e) Lunatic, or an idiot, or is a (e) Wilton of Untornal River 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 .:--

Heater Allution Incolinant Convolution and Coolice Condel

(f) Here state the facts.

1. Facts indicating Insanity observed by myself (f)

Thental delusion; Incoherent Converses And Socied Condition. Frucies here Fisters and others are trying to 20th her of her foods; consequently is hot lade usely the is always looking offer theme 2. Other facts (if any) indicating Insanity communicated to me by others (g)

(g) Here state the information, and from whom

Her Vatter States That She is at there, and humanafialle and Very Excitatel destruction to any thing that Come in herelon. Shatis That the has been Ablific Ha Hallen To Extrain her from using violence to her Sen Sillett Ligned Name, northe, hotolk Place of Abode, \_

Julto Dated this Hundred and Seventy Liflety die

Day of Mary

One Thousand Eight

and that

15

### NOTICE OF ADMISSION.

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

THE RETREAT, NEAR YORK.

J hereby gibe you potice, That

(a) House or hospital.

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Day of

as a Private Patient, on the

188 , and I hereby

transmit a Copy of the Order and Medical Certificates on which he was

(b) If a private patient be received (b), 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)

Dated this

day of

One Thousand Eight Hundred and Eighty

To the Commissioners in Lunacy.

[ Annatics 1. (16 & 17 Viet. c. 95, Schod. C. s. 24.) (25 & 25 Viet. c. 111.) Private Patient.

LONDON SHAW AND SONS, Fetter Lane.

D.B.-5-80.)

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

H, the undersigned, hereby request you to receive Joseph Speciall

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

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

Renevello House Pourton whom I last saw at Conta fint on the thirty day of May 1886 (ª) a ( )penson of unsund in as a Patient into your House. Subjoined is a Statement respecting the said Joseph Speciale Modetann Signed, Name.

terchant-Occupation (if any), Place of Abode Hanhopedrad Darlin gton Degree of Relationship (if any), or other circumstances of connec-Nephen

tion with the Patient.

Dated this thirty fint day of Mary One Thousand Eight Hundred and Eighty Any

To 30 Ras

THE RETREAT, NEAR YORK.

Jusser

Og yean

famaly schoolmaster

#### STATEMENT.

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

widnes

male

ocieta.

yes

denes.

Name of Patient, with Christian Name at ) length..... Sex and Age ..... Married, Single, or Widowed. . . . . . . . Condition of Life, and previous Occupa- ) tion (if any) ..... Religious Persuasion, as far as known .... Previous Place of Abode ..... Whether First Attack ..... Age (if known) on First Attack ..... When and where previously under Care ? and Treatment ..... Duration of existing Attack ..... Supposed Cause ..... Whether subject to Epilepsy ..... Whether Suicidal ..... Whether Dangerous to others. . . . . . 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 .....

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

about one month anknow to me Not that Rnow a Has enade one attempt Think not 10

freciall, Southover, Lewes

this Buelltan w

Signed. Name, (º) Occupation (if any), Place of Abode,

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

(a) Set forth the qualification entitling the person certifying to practise as a physician, surgeon or a poldecary, ex. gra. series of the Royal College of Physicians in London, Liscentiate of the Apothecaries' Company, or as the case may be.

the last

and a

協議

limente

(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.

Acthe Chaplas 1; the undersigned, Filen the Ryal Ches Surgers Edu

hereby certify, that I, on the 30 at (c) Renorello Boardery	day of May - 1886 House Busen
in the County of Jerly personally examined Joseph Sp	separately from any other Medical Practitioner,
 of (d) Lewes. Susses the said Joseph Special	. Gentleman and that

is a (e) **function** 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 (1) the has an

hisaue sapression - weeks chrouse that's his nepheurs are going to huy hein alive this afternoon - says they such we to toment here in his lask moments. is doomed to terrest punishmuch

(g) Herestate the information, and from whom.

2. Other facts (if any) indicating Insanity communicated to me by others (g) tills me Appin Thos Powell Forwers. A he has delusions on the subjects this money matters a port nybe ago. he attempted to cuthis throat with a knife. In the allempt he wounded himself severely

Name, Arthur Sheplan Signed, Place of Abode, Buch

30 Dated this Hundred and Right Fist

day of May

One Thousand Eight "

(a) Set forth the quali-floation entilling the person certifying to practice as a phy-sician, 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. F, the undersigned, (b) Physician, surgeon, or and being in actual practice as a (b) apothecary, as the case may be, the case (6) Physic day of hereby certify, that I, on the checary, (c) Here insert the street at (c) and number of the house (if any), or other like particulars. in the County of (c) Here and number any), or othe separately from any other Medical Practitioner, personally examined and that (d) Insert residence and of (d) profession, or occupation (if any) of the patient. the said and a proper Person to be taken charge of and detained (d) Inse (e) Lunatic, or an idiot, or is a (e) a person of unsound mind. profession. ong) of the under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :---1. Facts indicating Insanity observed by myself (f)\_ (f) Here state the facts. (e) Luna a person of (J) Here 2. Other facts (if any) indicating Insanity communicated to me by others (g) (g) Here state the infor-mation, and from whom. the counts 2.2 (z) Here a tion, and .

the secrety		the state of the s
Signed, Name,	R 24	
Place of Abode,	Mart -	
Dated this	day of	One Thousand Eigh
Hundred and		

Friderick Turner

Day of May 1886

separately from any other Medical Practitioner

and that

(a) Bere set forth the quali- being a (a Mmber of The Royal bolly of Surgers hope Scation entitling the person certifying to practise as a phycertifying to practice as a pay-sician, surgeon, or apothecary, ex. gra.:-Fellow of the Royal College of Physicians in London, Licentiate of the Apothecaries' Company, or and being in actual practice as a (b) curgion as the case may be.

t, the undersigned,\_

12

cal Practicate

of and desired

rounds, in ;-

and Esti

ad that

(b) Physician, surgeon, or hereby certify, that I, on the Mitik

(c) Here insert the street at (c) The Renorllo Boarding House Higher Busclow and number of the house (if any), or other like particulars. in the County of Derley -

of (d) Lewes, Suisese, Gentleman (d) Insert residence and profession, or occupation (if any) of the patient. the said Joseph Speciall

a person of unsound mind.

(e) Lunatic, or an idiot, or is a (e) person of mering 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 :-

personally examined Joseph Speciall

1. Facts indicating Insanity observed by myself (f)

(f) Here state the facts.

(z) Here state the information, and from wrom.

alive ; . He tells me that he has no money to pay for anything, and that he is a pauper. at the Same time thewe me a receipt from his lawyer of certain shares or eccuntus in his manne, His he has tom up I have altended him after a determined altempt to comment 2. Other facts (if any) indicating Insanity communicated to me by others (g) Mr. Thomas Powell Fawens, his rephen, till me that he labour under delusions as this pecuniary position and his relations conspiring to put him in the workhance

HE tells me that his repland are going to bury him

Signed,

Inderick Turner Place of abode, Grafton House, Button Dated this thertieth Day of May

Hundred and Eighty Suc

One Thousand Eight

	H, the undersigned,
(a) Here setforth the quali- fication cultiling the person certifying to practise as a phy- sician, surgeon, or apothecary,	being a (a)
ex. gra.:Fellow of the koyal College of Physicians in London, Licentiate of the Apothecaries Company, or as the case may be.	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 projession, or occupation (if	of (d)and that
any) of the patient.	the said
(e) Lunatic, or an idiot, or	is a (c) and a proper Person to be taken charge of and detained
a person of unsound mind.	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)
to bear which	Ho tells our that his article days and
	alies . He telle one that he has no n
	for anothing and that he is a fair he
	Barne Trank Cheer man a secretific from
	of centering Exares or Economican and a
	the mas some ago
(g) Here state the informa-	2. Other facts (if any) indicating Insanity communicated to me by others $(g)$
along all	
	5. Supple the Calmen anderdelisaion
	Signed Name,
hatten	Place of Abode,
	Dated this Day of One Thousand Eight
due il reperiettante	, or One Industria Dig-
	Hundred and Eighty



## NOTICE OF ADMISSION.

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

## J hereby give you Notice, That

day of

(a) House or hospital.

was admitted into this (a)

18 , and I hereby

as a Private Patient, on the

transmit a Copy of the Order and Medical Certificates on which he was

(b) If a private patient by received (b) 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 pro-prietor of -----(d) Full address.

Dated this

day of

One Thousand Eight Hundred and

To the Commissioners in Lunacy.

Lunatics 1. (16 & 17 Vict. e. 96, Sched. C. 8, 24.) (25 & 26 Vict. c. 111.) Private Patient. LONDON : SHAW AND SONS Fetter Lane, E.C. (1-11-85.)

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT. Sched. (A.) No. 1, Sects. 4, 8. Sup Frances t, the undersigned, hereby request you to receive maria Swanton whom I last saw at Kingsgah Street ( Sunchester (a) Within one month pre- on the settenth da rious to the date of the order. (b) Lunstie, or an idiot, or a (b) firson of unoound mind. . day of hely 1869 (ª) as a Patient into your House. Subjoined is a Statement respecting the said frances Maria hvaul Name, Charles Mereton Signed, Occupation (if any), Rector of St Marys' Redford Place of Abode, Rectory of St Mary Bidford Degree of Relationship (if any) or Cousin, a court of kin by denie other circumstances of connection with the Patient. Dated this by lewith day of Luly One Thousand Eight Hundred and ht mil Foles Duslow (c) Proprietor or super-intendent of —— (d) Describing the house or hospital by situation and (ª) Mandenburgh Hom () Profinetor of 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 ) Frances manton length..... Sex and Age ..... Married, Single, or Widowed ..... neli the Rever 7 Smanton, Vie Condition of Life, and previous Occupaall danchten tion (if any) ..... . ~ I Balton Stacy min m. comm ch pen Religious Persuasion, as far as known .... 56 Kings gate d. Winchester Previous Place of Abode..... 2 Whether First Attack ..... unsometimen of rime was of gradual progress of to 1803 Age (if known) on First Attack.... When and where previously under Care ¿ Was under the care of & Forbes Window from Feb 10 186 3 (She was marked in formed in 1866, but after two returns hours because works formed in 1866, but after two returns hours and Treatment ...... Duration of existing Attack ..... Supposed Cause ..... I cound - song Whether subject to Epilepsy ..... no no Whether Suicidal ..... Whether Dangerous to others..... no Whether found Lunatic by Inquisition, ) no and Date of Commission or Order for Inquisition..... Special Circumstances (if any) preventing the Patient being examined, before Admission, separately by Two-Medical Practitioners ..... Winchester Revi 7. Swantin Name and Address of Relative to whom ] Notice of Death to be sent ..... (c) Where the person sign-ing the statement is not the person who signs the order, the following particulars con-cerving the person signing the statement are to be added. Name, (1) Charles Meretro Signed. Occupation (if any), Rector of St- hangs Braford Place of Abode, Rectory of & Many's Meelford Degree of Relationship (if any), or Corsin of the patient, by the des of her fattin whose weak state of real tion with the Patient. prevented his analone out this shall in

#### OF PRIVATE PATIENT. TRANSFER

16 & 17 Vict., Cap. 96, § 20.

#### CONSENT.

WE, the undersigned, Commissioners in Lunacy, hereby consent to the removal, on or before 1886, of Frances Maria Invanton 8th day of June the Brandenburgh House, Hanmersmith

a Private Patient in

to The Friends' Bretreat, near york.

Given under our hands this 24 th day of May

in the year of Our Lord One Thousand Eight Hundred and Eighty- Susc .

Repradd on the

Commissioners inLunacy.

Charles Brereton I.\* having Authority to discharge Frances Maria Inanton

the undersigned,

a Private

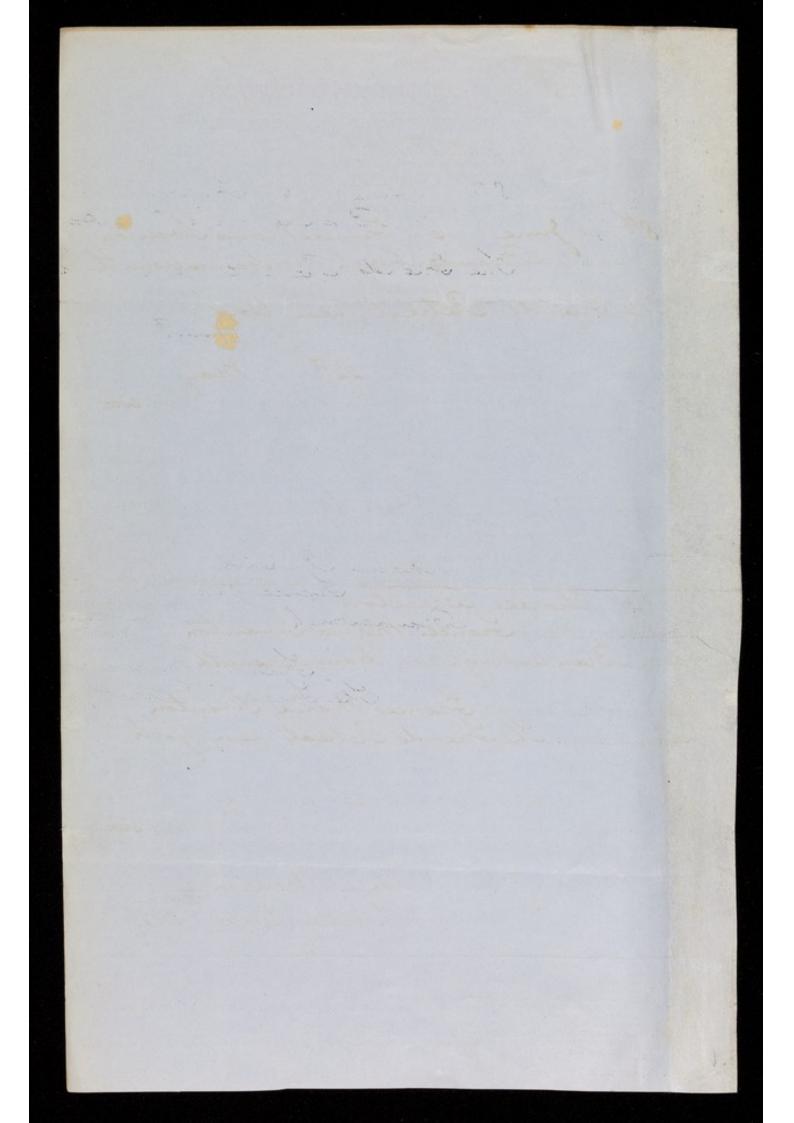
Patient in Brandenburgh House, Sammersmith

hereby order and direct that the said Frances Maria Iwanton be removed therefrom to The Friends' Network new York.

Given under my hand this 25" day of May in the year of Our Lord One Thousand Eight Hundred and Eighty- dice

(Signed) hackes Mreuton Place of Abode I. Mary's Rectory, Helford

- \* NOTE .- This order must be signed and dated subsequently to the consent of the Commissioners ; and it must be signed by-
- The person who signed the order for the Patient's admission:
   If such person be incapable (by reason of in-auity, or absence from England, or otherwise), or if he be dead, then by the Husband or Wife of the Patient :
   If there be no Husband or Wife, then by the Patient's Hother:
   If there be no Father, then by the Patient's Mother:
   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.



(a) Set forth the qualification entitling the person entitling the person erifying to practise as a physician, surgeon or apothecary, er. gra. — Fellow of the Roral College of Physicians in Lond" Licentinte of the Apothe. « Company, or at the case may be.
 A) Physician

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

(f) Here state the facts.

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

12, the undersigned, Charles Thomas Wickham being a (a) Quencher ofthe College of Surgern of England and a decentrate of the apostreaming company

(b) Physician, surgeon, or and being in actual practice as a (b) Surgeon hereby certify, that I, on the hytenth day of hely

c) Here insert the street at (c) 5-6 Kinget H; Linchuster an aumber of the house (if any) or other like particulars. in the County of **Joultia** from separately from any other Medical Practitioner, personally examined Frances Preasina Divanton

(d) Invest residence and of (d) 5-6 Kings get St- Winchester profession or occupation (if of (d) the said frances main Inventor the said Frances Miaria Swanton

producity har lond talking.

and that

is a (e) furmer of muse . I much 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) hip Smanton whole manner is that if a fresh of unsored mind when asked questions by myself never annues but descus to go at of the room. at times when I have been in the house I have heard houd and angry tail form her room, there being no person rear, on me recarron

policeman called at the door to know the course of the disturbance

(a) Herestate the information, and from whom

2. Other facts (if any) indicating Insanity communicated to me by others (g) Lan informed by Sarah Harding that hip Swanton for a fortingthe did not go to hed causing great personal inconvenience Therself, which same thing has occurred frequently. On one occurren himp Swanton struck Sarah Harding in the Jace withint any provocation. I am informed that her delusions are manily that the is under the command of others in the exercise of her eccentricity Signed, Name, Charles Flormas Wickles Winchesting Place of Abode, N. Munas 165 July One Thousand Eight day of Dated this

Hundred and sighty zure.

(a) Set forth the quali-fication entilling the person certifying to practise as a phy-sician, 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. Friderick John Butter to the undersigned, being a (a) dicentrate often apotheternes company as the case may be. (b) Physician, surgeon, or and being in actual practice as a (b) Surgeon hely hereby certify, that I, on the six tunth day of (c) Here insert the street at (c) 5.6 Kings gate Street and number of the house (if any), or other like particulars. in the County of I outhampton separately from any other Medical Practitioner. personally examined Frances Querna Iwanton (d) Insert residence and of (d) Kings gate St. Winchester profession, or occupation (if the said France, maria Smanton and that the said Frances maria Smanton (e) Lanatic, or an idiot, or is a (e) furmer of unsound rund 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 (1) Obstruct sullening (f) Here state the facts. and refusal transmer any questions. When approached endearnes to excape and hide herself. attend unmanageable 2. Other facts (if any) indicating Insanity communicated to me by others (g)(g) Here state the information, and from whom. her fattur - Sarah Harding her ward state that for more than two years has refused to go outside the house heing in good health. fancus energhody is emplining against her talks vehemently Therself or some imaginary person alterness disturbing the neighbourhood. It's up half the mell doing nothing TC. TC Name, Signed, Place of Abode, day of he Dated this by teenth One Thousand Eight Hundred and hy ty mul .

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

F, the undersigned, hereby request you to receive Harniet Omary

day of

June

glon

18861

30 Louisa

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

Jwelt on the (b) Lunatic, or an idiot, or a person of unsound mind. a (b) Person of unsound mound into your House.

whom I last saw at

Subjoined is a Statement respecting the said Harriet Smaple Signed. Name. Occupation (if any), Place of Abode BO Low Degree of Relationship (if any), or other circumstances of connec-tion with the Patient. Husband Dated this dwelf day of One Thousand Eight Hundred and Eighty Or JL  $T_o$ 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 } arriel Umarc length..... Sex and Age ..... years o Tema Married, Single, or Widowed. ..... Condition of Life, and previous Occupation (if any) ..... Religious Persuasion, as far as known .... Previous Place of Abode ..... Whether First Attack ..... Innurs. Road Age (if known) on First Attack ..... When and where previously under Care ? 30 Loc and Treatment ..... Duration of existing Attack ..... Supposed Cause ..... ho Whether subject to Epilepsy ..... Whether Suicidal ..... Mes Whether Dangerous to others..... ho Whether found Lunatic by Inquisition, and Date of Commission or Order for Inquisition..... Special Circumstances (if any) preventing the Patient being examined, before Adthe mission, separately by Two Medical Practitioners ..... Name and Address of Relative to whom ) Notice of Death to be sent ..... (c) Where the person sign-ing the statement is not the person who signs the order, the following particulars concern-ing the person signing the statement are to be added. Name, (e) Signed, Occupation (if any), Place of Abode, 36 Louis Degree of Relationship (if any), or han other circumstances of connection with the Patient.



### NOTICE OF ADMISSION.

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

THE RETREAT, NEAR YORK.

## D bereby gibe you Notice, That

(a) House or hospital.

1. ay 11.

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

(b) If a private patient be received (b). 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 state-ment accompanying the order for admission 4

(c) Superintendent or pro-prietor of \_\_\_\_\_.

(c)

Signed,

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 & 25 Vict. c. 111.) Private Patient. LONDON SHAW AND SONE, Fetter Lane. D.B.-5-80.)

E, the undersigned, Francis Henry Weekes Here setforth the quali-a childing the person ing to practise as a phy-surgeon, or apothecary, raz - Pellow of the Odloge of Physicians ondow, Licentiate of the ontoor, Licentiate of the ontoo and being in actual practice as a (b) Surgeon the case may be. (b) Physician, surgeon, or hereby certify, that I, on the 182 \_\_\_ Day of \_\_\_\_\_ (c) Here insert the street at (c) \_\_\_\_\_ a number of the house (if y), or other like particulars. 3 Severands - Turk 82 in the County of Junk separately from any other Medical Practitioner personally examined Harriet Smare (d) Insert residence and of (d) 30 Louis a St - & anlington wife of Win Smare vession, or occupation (if y) of the patient. the said Harriet Smare e) Lonatic, or an idiot, or is a (e) ferson of unsound 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 (1) Patient informs me 1) Here state the facts. that some peoble ( He drich national union ) have cous fined to depune her character - That these Jerfle imploy erows to watch & stry whom her She is very voluble, but tothe talks in a rampling farhion 2. Other facts (if any) indicating Insanity communicated to me by others (g) Here state the informad from whom, Name, 7. H. Weeke Ligned Place of Abode, 3 84. Severand's - Jork 18 - Day of June One Thousand Eight

Dated this

Hundred and Eighty

	Y	
	H, the undersigned.	
	being a (a	- 
certifying to practice are pay-	•	*
ez. gra .: - Fellow of the	and being in actual practice as a (b)	29.00
the case 2007 00-	D of	-
<ul> <li>(b) Physician, surgeon, or apothecary, as the case may be.</li> </ul>	hereby certify, that 1, on the Day of	
(c) Here insert the street and number of the house (if any), or other like particulars.	antala from any other Medical Practition	er
daug ), or states and p	in the County of separately from any outer	
	personally examinedand th	-
(d) Insert residence and profession, or occupation (if	of (d)	10
any) of the patient.	the said	-
	and a proper Person to be taken charge of and detain	bd
(c) Lunatic, or an idiot, or a person of unsound mind.	under Care and Treatment, and that I have formed this opinion upon the following grounds ; viz.:	
(f) Here state the facts.	1. Facts indicating Insanity observed by myself $(f)$	
(f) Harestone machine		
	a = 1	
(g) Here state the inform tion, and from whom.	2. Other facts (if any) indicating Insanity communicated to me by others $(g)$	
tion, and from whom		
	Signed, Name,	
1	* Place of abode,	
	Day of One Thousand E	ight

Hundred and Eighty

K, the undersigned, fich and laylor leauson (a) Here set forth the quali- being a (a frice which to of the Royal Cellefe nician, surgeon, or apolocary, . They Sacians of ex. gra. - Fellow of the Royal College of Physicians Sinburgh in London, Licentiste of the and being in actual practice as a (b) Muy Si Ci an as the case may be. (b) Physician, surgeon, or hereby certify, that I, on the pin Th Day of une (c) Here insert the street at (c)-30-Louisa St. and number of the house (if any), or other like particulars. Darlington Darlian in the County of separately from any other Medical Practitioner personally examined Harriet mare. (d) Insert residence and of (d) 30-housa Sr. Darlington, wife of William mand that any of the patient. the said charnet mare (e) Lunatic, or an idiot, or is a (exerson of and oursour & mindered a proper Person to be taken charge of and detained a person of unsound mind. 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 conversation with her she informed me that she did not go out because she was watched by evenies; That She did act go to cheful because The preachers made public allusion to mis contact she and filsely charged with; that her evenies had trained crows to fly about watch her & That two chimneys had been used for ø the same parfore & that The engines on the line whichled a Kinte the information 2. Other facts (if any) indicating Insanity communicated to me by others (g) Her hushand states That she kas a delucion The persons fall kinds are in a causkiracy to defame her & charge her with ele sort of evil : Vaylor Mauson Signed, Place of abode, 12 Skinerfile lerter Hane One Thousand Eight Ninth Day of Dated this Hundred and Eighty Jifr

It, the undersigned, Charles andrews ald c Bachelor (a) Here setforth the quali- being a (a) The master eme fication entitling the person certifying to practise as a phycortifying to practise as a pay-netian, margene, or apothecary, ex. gra. \_-Pellow of the Royal College of Physicians in London, Licentiate of the toutheraries Company, or and being in actual practice as a(b)marcia as the case may be. 1886 me (b) Physician, surgeon, or hereby certify, that I, on the apothecary, as the case may be Day of (c) Here insert the street at (c) <u>30 Louisa</u> Strict and number of the house (if any), or other like particulars. 100 Jarh Pu separately from any other Medical Practitioner in the County of Emarc personally examined ul Darling for wife of Millians Thesend that (d) Invert residence and of (d) of projection, or occupation (if any) of the patient. so course Imarc the said (e) Lunstie, or an idiot, or is a (e) firston of uncound thunded 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) During couversahon the (f) Here state the facts. that a mumber of people, including myself Trad Ind mi wornaw Why to make her conspired oral an inn crows +burds, had been imployed number downo, watch her refear her also that to the Salvah marked woman, the could Rhe w army to a 02 bee The people 21 struct the his her aparend remarks, about her be much at woman, Mat the whistlings ! moral aufines lu intended to deriel projetes attention to her. I 2. Other facts (if any) indicating Insanity communicated to me by others (g) (g) Here state the informaand from when the huchands states believes, that she have said the is and in more 4 < 4 writes alters to make theh The the comes cruin him 1000 a not to believe an Ru eh 20 Name, Charles andrew rouside Signed Place of Abode, Brookside Darhuflow ifth Day of Inc Dated this One Thousand Eight Hundred and Eighty Se



### NOTICE OF ADMISSION.

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

THE RETREAT, NEAR YORK.

<b>I</b> bereby give you potice, Th	
was admitted into this (a)	as a Private Patient, on the
Day of	188 , and I hereby

(a) House or hospital.

188 , and I hereby

transmit a Copy of the Order and Medical Certificates on which he was

(b) If a private palient be received (b). 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 state-ment 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 .Viet. e. \$6, Sched. C. 8, 24.) (25 & 26 Vict. c. 111.) Private Patient.

LONDON SHAW AND SONE, Fetter Lane.

D.B. 5-80.)

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

H, the undersigned, hereby request you to receive James Maig care (a) Within one month pre- whom I last saw at vious to the date of the order. on the day of 188 6 (b) Lunatic, or an idiot, or a (b) Locara I hussened Rund as a Patient into your House. Subjoined is a Statement respecting the said far. as Whegleaves 6habelk Signed. Name, Halalea Occupation (if any), 20 0 pale 1 Place of Abode & La Degree of Relationship (if any), or (6) Inst other circumstances of connec-11 tion with the Patient. calor mg) of th Dated this day of One Thousand Eight Hundred and Eighty (r) Luna a period 0 6 To THE RETREAT, NEAR YORK. STATEMENT. () Ber If any Particulars in this Statement be not known, the Fact to be so stated. Name of Patient, with Christian Name at ) James Hacques length..... Sex and Age ..... ale Married, Single, or Widowed. ..... Condition of Life, and previous Occupa- ) tion (if any) ..... Religious Persuasion, as far as known .... ar. Previous Place of Abode ..... Aword Whether First Attack ..... Age (if known) on First Attack ..... 2 P 4bra (2)80 When and where previously under Care ) Pla and Treatment ..... Duration of existing Attack 4001-1 Supposed Cause ..... Whether subject to Epilepsy ..... no Whether Suicidal ..... Whether Dangerous to others. ..... Whether found Lunatic by Inquisition, and Date of Commission or Order for 20 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 ..... (c) Where the person sign-(c) Prervine person against the statement is not the person who signs the order, the following particulars concern-ing the person signing the statement are to be added. Name, (°) Signed. Vacarlea Occupation (if any), Place of Abode, Swel Degree of Relationship (if any), or other circumstances of connection with the Patient.

I, the undersigned. Francis Henry Weekes (a) Here set forth the quali- being a (a Fellow of the Royal College of Surfeous, Engt Acation entitling the person certifying to practise as a phyerriging to practice at a pro-sician, surgeon, or apothecary, ex. gra.:-Fellow of the Royal College of Physicians in London, Licentiate of the Apothecaries' Company, or and being in actual practice as a (b) Jurleon as the case may be (b) Physician, surgeon, or hereby certify, that I, on the apothecary, as the case may be. (c) Here insert the street at (c) 13 Belle Vue St and number of the house (if any), or other like particulars. D Day of hme Tork Healington Maad-York . separately from any other Medical Practitioner personally examined Hargneaves pro occupation James (d) Insert residence and of (d) SE Stephen's place - Fleetwood and that the said James Hargeaues (e) Lunatic, or an idiot, or is a (e) fresson of him burn mint and a proper Person to be taken charge of and detained a person of unsound mind. under Care and Treatment, and that I have formed this opinion upon the following grounds ; viz :-1. Facts indicating Insanity observed by myself (f)is unlidy in his dress The papert The packing sells me that se reads the news papers a good deal but he is unable to sell me the names of the meen or Prime

2-2

(1)

d.

(f) Here state the facts.

ministen; & he is quite ignorant of the Home null question The pahint seemed to be reading a houte when I cyamined tim, but was unable to sell me any thing about its (1) Here state the informa-2. Other facts (if any) indicating Insanity communicated to me by others (9) Surgeral res tion, and from who has lived with him as attendent for the list's monthas menent, I shat he often passes water in front of women - That he would "himself withinkeep a mile of nome, & has had to be brought home With police - That James Nargemes about once a mouth is subject to allers of vert exertement during which he will shike herbe upon Juy the provocation - That 3 weeks ago, he several times struck medy with an unheller in the on the heart, for requesting him 12 04

Name, Francis Henry Weeke Signed, Place of abode, 3 84 Leonards

Dated this

21 st Day of June

One Thousand Eight

Hundred and Eighty Suf

Pur. realy t, the undersigned, \_\_\_\_ Chlere (a) Here set forth the quali-being a (a) MCMU extifying to practise as a phyyal n, surgeon, or apothecar gra. :-Fellow of th 020 tenis glai the koyal College of Physicians in London, Licentiate of the and being in actual practice as a (b) Jurgeon Apothecaries Company, or as the case may be. oti (b) Physician, surgeon, or hereby certify, that I, on the Day of 140 Acolicylon avad, (c) Here insert the street at (c) and number of the house (if any), or other like particulars. separately from any other Medical Practitioner in the County of unes Hang reaves, personally examined Helword and that (d) Insert residence and of (d) ace procession, or occupation (if any) of the patient. Hargreaves ames the said is a (e) houn Vf unsound mund and a proper Person to be taken charge of and detained (e) Lunatic, or an idiot, or person of unsound mind. under Care and Treatment, and that I have formed this opinion upon the following grounds ; viz .:--1. Facts indicating Insanity observed by myself (f) (f) Here state the facts. He is evidently a person of defective mental development; and, judging from his affectance, manners, and conversation, he is unable properly to quide lunced 14 life; The assistance some being necessary In his welfare. count 2. Other facts (if any) indicating Insanity communicated to me by others (g) (g) Here state the informa-on, and from whom. Schon Kennedy who has been James Hargeloves' attendant during the last 5 nenttes, informs me that fames Hargreaver has attacks of excitement about every month during me of which such attacks he entered The servants bedrow at 6 oclock in the morning, and struck at Dr John Tauset of Hestword, in whose house he was living, with a stick. Solu Renne dy also tells me That James Harplane, soils the bed linen with his notions, that he does indecast actions before women, and that he has several times loandered about the house in a acked state. Signed Name, Henry Oglesby dane, Numery Place of Abode, 220 June One Thousand Eight Day of Dated this Hundred and Eighty Suce

## NOTICE OF ADMISSION.

15-82

To be forwarded to the Commissioners in Lunacy within one clear day

from the Patient's reception. The Friends' Retreat LAWRENCE HOUSE, YORK. Patrie I hereby give you Notice, That was admitted into this (a) as a Private Patient, on the

(a) House or hospital.

2 nd day of 1886 , and I hereby

transmit a Copy of the Order and Medical Certificates on which he was

(b) If a private patient be received upon one certificate only the special circumstances which have provented 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 pro-prietor of -----

Dated this

day of

One Thousand Eight Hundred and Eighty

To the Commissioners in Lunacy.

Lunatics 1. (16 & 17 Viet. c, 96, Schod. C. 8, 24.) (25 & 26 Vict. c. 111.) Private Patient. LONDON : SHAW AND SONS, Fetter Lane, E.C. (2-5-84.)

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT. Sched. (A.) No. 1, Sects. 4, 8. H, the undersigned, hereby request you to receive whom I last saw at nall (a) Within one month pre 9 day of on the (a) W main one month pre-vious to the date of the order.
 (b) Lunatic, or an idiot, or a person of unsound mind. undounding of Patient in your House. a (°) reyon atte Subjoined is a Statement respecting the said Signed, Name Occupation (if any); upris des Place of Abode, Degree of Relationship (if any) or other circumstances of connec-(i) But tion with the Patient. 9 mar () (1 the day of mated this One Thousand Eight Hundred and Eighty Dr. SWANSON, () Lossi To a (c) Superintendent or propornes of (d) Describing the house or hospital by situation and name, if any. Lawrence House, York. e uperinter deal Proprietor of STATEMENT. If any Particulars in this Statement be not known, the Fact to be so stated. () Here Name of Patient, with Christian Name at ) a cano 8. length..... ears Sex and Age ..... Married, Single, or Widowed ..... Condition of Life, and previous Occupa- ) hole rides 40 tion (if any) ..... Religious Persuasion, as far as known .... Previous Place of Abode..... Whether First Attack ..... alo Age (if known) on First Attack .... When and where previously under Care 1 and Treatment ...... Duration of existing Attack ..... Supposed Cause ..... (s) Hare Whether subject to Epilepsy ..... Whether Suicidal ..... na hun an Whether Dangerous to others. ..... Whether found Lunatic by Inquisition, 0 and Date of Commission or Order for Inquisition..... Special Circumstances (if any) preventing the Patient being examined, before Admission, separately by Two Medical Practitioners ..... unsden Ferrag Name and Address of Relative to whom" Notice of Death to be sent ..... (e) Where the person sign-ing the statement is not the person who signs the order, the following particulars con-cerning the person signing the statement are to be added. Name, Signed. cond a Occupation (if any), Place of Abode, Degree of Relationship (if any), or other circumstances of connection with the Patient.

Thomas Richard Desol h, the undersigned, \_\_\_\_ Allow of the Royal College (a) Here set forth the quali- being a (a) loation entiting the person vertifying to practise as a phy-r and being in actual practice as a (b) \_ / Wifen othecaries' Company, as the case may be. (b) Physician, surgeon, or contecary, as the case may be. hereby certify, that I, on the \_\_\_\_day of \_\_\_\_\_ 1006 post-Lenace (c) Here insert the street at (c) \_\_\_\_\_ and number of the house (if any) or other like particulars. 14 Rausden Leed. in the County of separately from any other Medical Practitioner cel film Deacon in this personally examined (d) Insert residence and of (d) 14 Raue den Terrac. -profession or occupation (if any) of the patient. Lee and that the said Taki de Hypins is a (e) person flusonal regard a proper Person to be taken charge of and detained (e) Lunatic, or an idiot, or a person of unsound mind. under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :--1. Facts indicating Insanity observed by myself : (1) Here state the facts. (1) & feneral restlessmen - Telly me his father derive an opportunity of shooting this, I herely fimounce him hemetic hinder ter dering me to type. Lell, he he may be purtified to taking h he cantantly her toices in the next room laking to And him 2. Other facts (if any) indicating Insanity communicated to me by others : we that he often tries to (g) Here state the information, and from whom. An father horn heeps from this catrol at his home . tath has attempted he heaper of the window. himself At times Lolent Threatening Lodily La (the fatient') Silen wh-2001 Signed, Name, Leed, Place of Abode, Inly. day of \_ One Thousand Eight Dated this Hundred and Eighty 14

el.

etreal

17

1, the undersigned, France Edward Cane. (a) Here set forth the quali-fication entitling the person certifying to practise as a phy-sician, surgeon, or apothecary, ex. gra. :-Fellow of the Royal College of Physicians in Losnon, Licentiate of the Apothecaries' Company, or as the case may be. (a) Licentiate of the hop and being in actual practice as a (b) lepican v al Col mycon of Elinburgh Physiciae and myeon as the case may be. nly 1886 (b) Physician, surgeon, or apothecary, as the case may be. hereby certify, that I, on the First day of Leeds, Jerrace-(c) Here insert the street at (c)\_ and number of the house (if any), or other like particulars. 14 Ramsden separately from any other Medical Practitioner m in the County of Deacon 2 The gins. Trick 0 a personally examined tholis C a Tee Foraceand that (d) Insert residence and of (d). profession, or occupation (if any) of the patient. Higgins atrick the said (e) Lunatic, or an idiot, or is a (e) person of unsound mind and a proper Person to be taken charge of and detained a person of unsound mind. under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :--1. Facts indicating Insanity observed by myself : (f) Here state the facts. (f) Ac Entreme Car cater state of not the why haspisited people war 1 he Calle WCAL and Fac ruch Way Scaling wal fard noleny. this face state & drawn mild excerta 90 pre 4 2. Other facts (if any) indicating Insanity communicated to me by others : pinas (g) Here state the infor- (g) mation, and from whom. got noto ann Church Lee moning wanted le an trung The grounds The m do Les Indon Hamis Leids. Rev Canon A tra Thi This own window mom Loune fathe 400 An Ild me g -her ll.l. Eigned, tin Name,\_ Francis Edward 5 Sunswich Place of Abode, Leeds 2 Dated this day of One Thousand Eig. Hundred and Eighty

#### NOTICE OF ADMISSION.

1583 -

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

We hereby gibe you Notice, That Marie Beatrice Siordet

(a) House or Hospital.

was admitted into this  $^{(a)}$  House as a Private Patient, on the 2.1

day of December 1885 , and we hereby transmit a Copy of

the Order and Medical Certificates on which othe was received (b) .

is an accurch Copy of to Orginal Cethicale upon which the Siddet was admitted (b) If a Private Patient be received upon one certificate only, the special circumstances which have prevented the rationt from being examined by two medical practitioners to be here stated, as in the statement accompanying the order for admission.

Signed,

(0)

PROPRIETORS OF

BRISLINGTON HOUSE.

Dated this 22 nd

\_day of December

One Thousand Eight Hundred and Eighty five

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

To the Commissioners in Lanacy.

ALL NAMES SHOULD ORDER FOR THE RECEPTION OF A PRIVATE PATIENT. Sched. (A.) No. 1. Sects. 4, 8. 2, the undersigned, hereby request you to receive Marie Beatrice Stordet whom I last saw at the Star Hotel, Manchester for (a) Within one month pre- on the 2/d day of December 1885 (4) vious to the date of the order. (3) Lunatie or an idiot, or a a (b) herson of unsound mindas a Patient into your House. the person of unsound mind. Subjoined is a Statement respecting the said Marcet Beatrice Stordet a Pri Name George Grosbel Swordet Signed. Occupation (if any) Manufacturer Place of Abode The Larches, teches & m2 Husband Degree of Relationship (if any), or ) other circumstances of connection with the Patient day of December 21th Dated this\_ One Thousand Eight Hundred and Eighty J. To Drs. CHARLES & BONVILLE FOX. (c) Proprietor or superintend-ent of \_\_\_\_\_ (c) PROPRIETORS OF (d) BRISLINGTON HOUSE, NEAR BRISTOL. (d) Describing the house or hospital by situation and name (if any). STATEMENT. If any Particulars in this Statement be not known, the Fict to be so stated. Name of Patient, with Christian Name Marie Beatrice Scordet at length ... ... Sex and Age Semale twenty eight Married, Single, or Widowed ... Married ..... Condition of Life and previous Occu-Lacar pation (if any) .. ... ... ... Religious Persuasion, as far as known destant. Patie Previous Place of Abode ... ... Both Street Southport 15 Whether First Attack ... ... Age (if known) on First Attack .... 14 and bereh When and where previously under Prenhnown 2 Forres Care and Treatment ... ... be re Duration of existing Attack months State ... Supposed Cause ... ... Childbirth .... .... Whether subject to Epilepsy ho .... Whether Suicidal ... ... yes 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, benone for Admission, separately by Two Medical Practitioners ... ... Name and Address of Relative to ) U. C. Scordet The Larches Eccles whom Notice of Death to be sent ( . CSiordet (c) Where the person signing Nume (c) Sigued. the statement is not the person Occupation (if any) who signs the order, the following particulars concerning the person signing the state ment are to be added. Place of Abode Degree of Relationship (if any), or other circumstances of connec-RAS (8 tion with the Patient

#### TRANSFER PRIVATE PATIENT. OF

16 & 17 Vict., Cap. 96, § 20.

CONSENT.

WE, the undersigned, Commissioners in Lunacy, hereby consent to the removal, on or before 1886, of have beatree Viordetthe 2 Hay of Lu House, acar Aze Are a Private Patient in 10 The Retreation, Jork Given under our hands this 14 -day of Seel in the year of Our Lord One Thousand Eight Hundred and Eighty. Repiald for they Commissioners in anex Walkes Lunacy. ORDER. det the undersigned, L.º a beatrice todeh having Authority to discharge a Private House, hear histol Patient in Brookuplan hereby order and direct that the said Prarie Scattice Viorder cat Horaz heret be removed therefrom to Given under my hand the feel here of Sal in the year of Our Lord One Thousand Eight Hundred and Eighty-(Signed) 14 neel Street, Princes Place of Wernor

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

- The person who signed the order for the Patient's admission:
   If such person be incapable (by reason of insuity, or absence from England, or otherwise), or if he be dead, then by the Husband or Wife of the Patient:
   If there be no Husband or Wife, then by the Patient's Father:
   If there be no Father, then by the Patient's Mother:
   If there be no Father, then by the Patient's Mother:
   If there be no Father, then by the Patient's Mother:
   If there be no Father, 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.

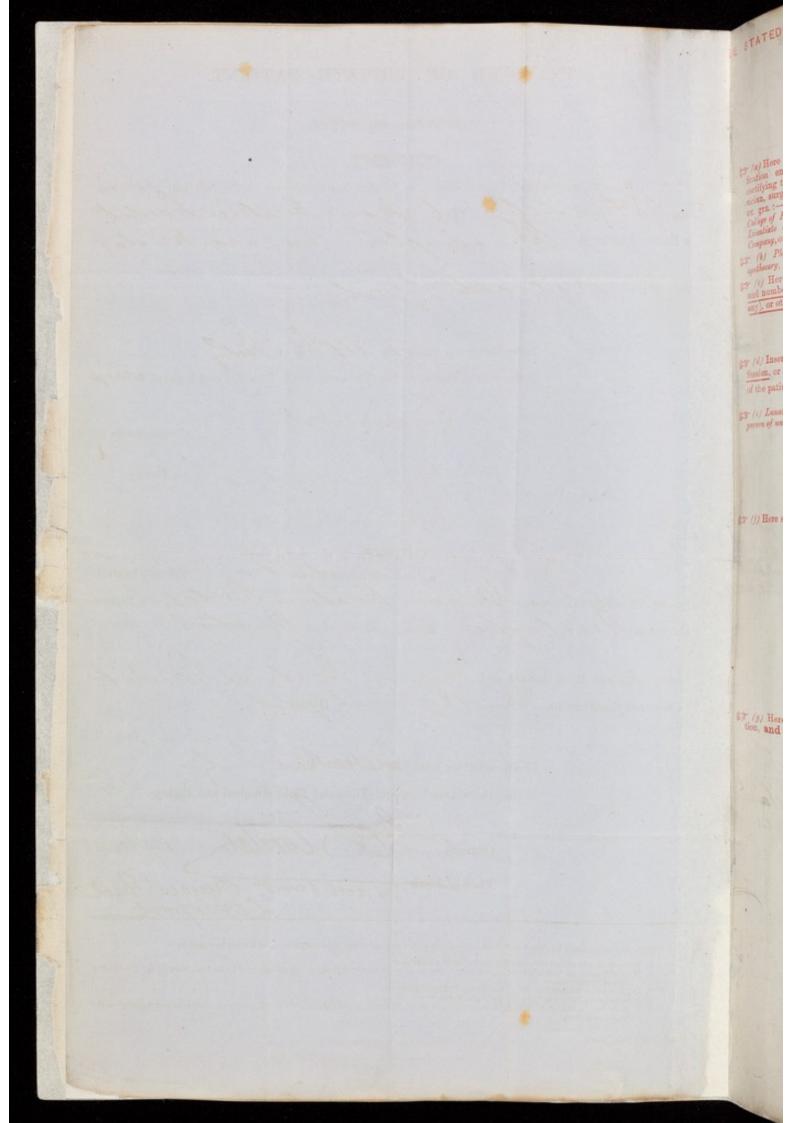
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MEDICAL CERTIFICATE. Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

(3) 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.

(3° (b) Physician, surgeon, or apotheoury, as the case may be (3° /c/ Here insert the street, and number of the house (if any), or other like particulars.

 $\begin{array}{c} (c) \quad (d) \text{ Insert residence and } \\ \underline{fession, \text{ or occupation}}_{\text{of the patient.}} (if any) \end{array}$ 

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

I, the undersigned, Joshua John Cor being a w Doctor of Medicine of Edinburgh Universite resident at 54 Gildabrook A Lecle Manchester and being in actual practice as a physician and surgeon hereby certify, that I, on the 21th day of December 1885 at (c) The Star flotel Deansgate Manchester in the County of Lancaster separately from any other Medical Practitioner, personally examined Mary Beatrice Scordet Crossie Storde of (d) & Bindloss avenue, Eccles, wife Alenge and that the said Mary Beatrice Stordet is a (e) pusow funsound 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. :---

I first time five months all one month after her for the of her first time five months all one month after her confirment pluer first and only child at the detime the had well marked pluer first and only child at the detime the had well marked insanity with strong religious defisions ound a tender to commit suiled which the attempted one night during my attendance whoon her the mental condition is now as were then. The requesses freely her desire to commit suile a has the same peculity delusions common in sudget of what the has spid & dowe has has taken acong he hight to live and that the aught to commit decen

(g) Here state the information, and from whom. Mrs Sion det's Sister Mrs Burkhardt & Windsov (were Eccles informed the a few days ago that Mos Sionder (mary Beatuce Fiordet) attempted to proceed chlorodyne

from a chemist to as to commit suicide Mary Gliffith attendant upon Mary Beatrice Siorder informed me this morning that the would not lead mary Beatrice Siordet alone for even a few minute mary Beatrice Siordet alone for even a few minute Southport last week with Mary Beatrice Siordet Southport last week with Mary Beatrice Siordet

Place of Abode 54 Gildabrook R

day of December Dated this 21th One Thousand

Eight Hundred and Eighty file

### ALL NAMES SHOULD BE STATED IN FULL

MEDICAL CERTIFICATE. Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 19, 13.

being a (a) Doctor of medicine of the University of

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

hereby certify, that I, on the 2/26 day of December

at () The Star Hotel Deans Gate Manchester

Abacken and resident at 260 Oxford hourd, manche

1885

I, the undersigned, William Japp Sinclair

(A) Here set forth the qualilocation entitling the person certifying to practise as a physician, surgeon, or apotheenry, ox. gta :-Fellow of the Royal Callege of Physicians in London, Licentiate of the Apothecaries' Company, or as the case may be, (b) Physician, surgeon, or pothecary, as the case may be, (c) Here insert the street, and number of the house (if any), or other like particulars.

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

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

personally examined Mary Beatrice Sindet of (d) 6 Bindloss Owence Coles, wife of George brosbie Sing and that the said Mary Beatrice Stordet is a (e) person of unsound mindend a proper person to be taken charge of and detained under Care and Treatment, and that I have formed this opinion upon the

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

following grounds, viz. :---

(f) Here state the facts.

tion, and from whom.

1. Facts indicating Insanity observed by myself<sup>(1)</sup>. She has a faced idea that auring to something she has said and done she has no right to live and she withe to deprive herself of life. She history of the case is that of marked puerperal insanity.

2. Other facts (if any) indicating Insanity communicated to me by others (1). Mary Guiffith her action a ant says that Mary Beatrice Scordet has cepeatedly attempted to strangle herself and by brying to getter the sea when eesiding at Southpolt. She speak quietly of her attempts at suicide.

Signed, Name IN. J. Sinclair

Place of Abode 260 Oxford Road Manchester

Bated this Twenty first day of December One Thousand

Eight Hundred and Eighty five

1584 -

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 \_\_\_\_\_\_158 , and I hereby

transmit a Copy of the Order and Medical Certificates on which he was

(b) If a private patient be received upon one certificate only, the special circumstances which have prevented the patient from being esamined 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 Viet. c. 36, Sched. C. 8 24.) (25 & 24.) Private Patient. LONDON : S H A W A N D S O N S Fetter Lane, E.C. (807 D.B.-6-86.)

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT. Sched. (A.) No. 1, Sects. 4, 8. to the undersigned, hereby request you to receive Julia Louisa Fry whom I last saw at 2 Belpare Lodge, Camden Road, Bath on the twenty second day of July 1886 . (°) (a) Within one month pre-vious to the date of the order. a (") person of lensound tund as a Patient into your House. Sybjoined is a Statement respecting the said Julia Louise (b) Lunatic, or an idiot, or a person of unsound mind. Jug Julia Fry Signed, Name, Occupation (if any), he becupation Place of Abode, 2 Belframe Ludge, Camden Road, Batt Degree of Relationship (if any) or other circumstances of connechother tion with the Patient. Dated this hvery Lecond day of One Thousand Eight Hundred and Eighty \_ D. Baker To THE RETREAT, NEAR YORK. STATEMENT. If any Particulars in this Statement be not known, the Fact to be so stated. Valia Louisa Fry Name of Patient, with Christian Name at ) length..... Female aged 35 year Sex and Age ..... finelle Married, Single, or Widowed ..... Residing with her parent. Condition of Life, and previous Occupa- ) tion (if any) ..... Saptist Religious Persuasion, as far as known ... Belpan Lody, Canden Road, Batt Previous Place of Abode..... to yes Whether First Attack ..... 23. Age (if known) on First Attack.... In Kingdown Hour and Box from glue 1874 to afind and in the Patient, york pour april 1875 to afine 18 1875 When and where previously under Care ) 12 years Hereditary 12 Duration of existing Attack ..... Supposed Cause ..... ho Whether subject to Epilepsy ..... ho Whether Suicidal ..... ho Whether Dangerous to others..... Whether found Lunatic by Inquisition, lev and Date of Commission or Order for Inquisition..... Special Circumstances (if any) preventing the Patient being examined, before Adhour mission, separately by Two Medical Julie Fry 2 Bel par Frdge, Cander Rd, Bass Practitioners ..... Name and Address of Relative to whom ] Name, () Quelia Fug Notice of Death to be sent ..... (c) Where the person signing the statement is not the person who signs theorder, the following particulars con-cerning the person signing the statement are to be added. Signed, none Occupation (if any),\_\_\_\_ Place of Abode, 2 Bolgease and ge Combu Roud Bull mother 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.

all

, Bath

to afent 1895

Rd, Buy

1 the undersigned, Saac Marnell Williams (a) Hereset forth the qualification entitling the person or entitling to practise as a phynician, surgeon or a pothecary, e.g., gra. :---Fellow of the Boval College of Physicians in London, Licentiate of the Apothecaries' Company, or as the case may be.
 (b) Physician being a (a) M. MCS S and being in actual practice as a (b) Jurgeon (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) 48 Michiliphe in the County of separately from any other Medical Practitioner, mlia doursa personally examined Camden 100 (d) Insert vesidence and of (d) \_\_\_\_\_\_ profession or occupation (if (my) of the patient. gravedodie and that Inha Louisa Try the said\_ (e) Lanatic, or an idiot, or is a (e) retton open sound hundered 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. :---. Facts indicating Insanity observed by myself (f)(f) Here state the facts. Louisa In is an mecile and unable carry on any Coherent Conderstation denthy needs to be under care and supervision 2. Other facts (if any) indicating Insanity communicated to me by others (g) (g) Herestate the information, and from whom. Signed, Name, michlegete. York Place of Abode, \_\_\_\_ 2300 day of July Dated this One Thousand Eight Hundred and Eighty \_ Auf .

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

E, thoundersigned, Wale un 1/0 n A. Z. C. S. Sup J. S. & Low being a (a). June, con and being in actual practice as a (b)(b) Physician, surgeon, or apotheckry, as the case may be. 0 232 July, 1886. day of\_ hereby certify, that I, on the 28 Carlos tile 1021. at (c)\_\_\_\_ separately from any other Medical Practitioner, on? in the County of 2.0 personally examined Zoon, Balh, and that (d) Insert residence, and of (d) \_\_\_\_\_ profession, or occupation (if of (d) \_\_\_\_\_ any) of the patient. Bell nden 20 a Spinshi the said e is a (e) of us \_and a proper Person to be taken charge of and detained Rac ---under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :---1. Facts indicating Insanity observed by myself (1) She is manifully, the fle mbucche bring gor Lonverse mable 18 20 mil 20 20 0 15 X 2. Other facts (if any) indicating Insanity communicated to me by others (g)Signed, Name, Mu deram the c, a Place of Abode, OLZ Dated this day of One Thousand Eight Hundred and Eighty Jun

(a) Here set forth the qualification estilling the person sectifying to practice as a phy-sician, surgeon, or apptheeary, ex. gra. -- Fellow of the Royal College of Physicians in London, Licentinte of the Apothecaries' Company, or as the case may be.
 (b) Physicians

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

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

(f) Here state the facts.

(g) Here state the infor-wotion, and from whom.

1585 -

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

#### THE RETREAT, NEAR YORK. 4.60 -June .

### 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

(b) If a private patient be received upon one certificate, only, the special circum-stances which have precented the patient from being es-amined by two medical prac-titioners to be here slated, as in the statement accom-panying the order for admis-rion.

Signed.

(c)

(e) Superintendent or proprietor of ---

Dated this

\_day of \_\_\_

One Thousand Eight Hundred and Eighty \_

To the Commissioners in Lunacy.

2° ...

Lunatics 1. (16 & 17 Viet. c. 96, Sched. C. s. 24.) (25 & 26 Viet. c. 111.) Private Patient. LONDON : SHAW AND SONS Fetter Lane, E.C. (807 D.B.- 6-86.)

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT. Sched. (A.) No. 1, Sects. 4, 8. t, the undersigned, hereby request you to receive Hannah Larcock m. House whom I last saw at the Gecond day of\_ august (a) Within one month pre vious to the date of the order Angelumand mina as a Patient into your Hoys D Phys Hannah Day 109 (b) Lunatic, or an idiot, or Subjoined is a Statement respecting the said a person of -unsoural mind (c) Here and number any) or other 4 ames aurant Name. 4 Signed, 100 2 Hay noch Belinda Occupation (if any), \_ Dunnen Place of Abode,\_ Dusban Degree of Relationship (if any) or) other circumstances of connec-( Jean tion with the Patient. (m) of the Dated this Cecone angust day of One Thousand Eight Hundred and Eighty\_118 To gr Bahar person of THE RETREAT, NEAR YORK. STATEMENT. (J) Here If any Particulars in this Statement be not known, the Fact to be so stated. Name of Patient, with Christian Name at ) Dannah Kay coch length..... Pemale Sex and Age ..... Zarrea Married, Single, or Widowed ..... Condition of Life, and previous Occupation (if any) ..... Religious Persuasion, as far as known ... Previous Place of Abode..... Whether First Attack ..... Age (if known) on First Attack ... .. When and where previously under Care ) and Treatment ..... mon Duration of existing Attack ..... Supposed Cause ..... (a) Heres los, and fo Whether subject to Epilepsy ..... In Whether Suicidal ..... Whether Dangerous to others..... 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 ..... (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. Name, (°) . Signed. lastur. lay Occupation (if any), eedy Place of Abode, Degree of Relationship (if any), or 00 other circumstances of connection with the Patient.

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

31 -

Stome Richard Jessop

day of July

Lead

and that

separately from any other Medical Practitioner,

the undersigned,\_\_ (a) Here set forth the quali-fication entitling the perion certifying to practise as a phy-nector, surgeon or apothecary, es. gra. ---Fellow of the Royal College of Physicians in London, Licentiate of the Apothecaries' Company, or as the case may be.
 (b) Physicians or being a (a) Fillow of the Royal College of Largeon to and being in actual practice as a (b) Surger

Lordon

hereby certify, that I, on the\_\_\_

York

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

Layin

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(c) Here insert the street and number of the house (if any) or other like particulars. at (c) De freg House . De freg Jenace . in the County of\_\_\_\_\_

of (d) Se Grey House. Se frey Terrace. Leek (d) Insert residence and profession or occupation (if any) of the patient. the said Hannal Laycock

(e) Lunatic, or an idiot, or is a (e) person of unsound hund 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. :--

personally examined Haunch Laycock wife of James Lay

(f) Here state the facts.

1. Facts indicating Insanity observed by myself (f) I forma her slorenty etting with little that on than her sight does - wandering store the house . Immediality + without any questioning the legan b- abuse her Son, charging him with hartoning frontitutes & with violed assault. if a levely hi consequence gher interference . The information that the is hi the habit of lying outside her Son's hed soon for hours in the night tis leaving I his conscriction with bed bornen, I that in me okcers; when report admittance to his bed soon Retries to set fine to the lind. The desire, that her In that he former 2 that I that take 2000 to here here here take to for in fait. 2. Other facts (if any) indicating Insanity communicated to me by others (g)

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

Her kubant - James Laycoste - informs we that she summons the Police in the wind the gilts higher to later him h. fring - that the searcher with lighted piers of chip - or hoper - haden the feels for concealed lorses that the her tries to the hay & have of - that the has ridere without of reg King which the heater the formation - Her In - William Lagente. hoforms he that the host-wit- his bed soon when he was a lay of seather the mapphin has soon for bornon - that she was find language I that the a the occasion tries to part him but the fire. ferror TR.c. Place of Abode, 32 Tark Space - 1 Leck 3/12 day of July One Thousand Eight

Hundred and Eighty My

Dated this

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

thin William Mayolcobeou F, the undersigned .\_ (a) Here set forth the qualification entitling the person certifying to practice as a phy-sician, surgeon, or apothecary, ex. gra.:--Fellow of the Reval College of Physicians in London, Licentiate of the Apothecaries' Company, or as the case may be.
 (b) Physicians teller of the Royal College of being a (a). mfland Sinfern and being in actual practice as a (b)(b) Physician, surgeon, or apothecary, as the case may be. hereby certify, that I, on the Muritieth 1886 day of mey Home, De mey Jenac (c) Here insert the first and number of the house (if any),or other like particulars. parately from any other Medical Practitioner, in the County of Layer Hansh personally examined . mey Home, It ney Jee. of (d)\_H (d) Insert residence and profession, or occupation (if any) of the patient. and that Hannah Caycoc the said (e) Lunatic, or an idiot, or is a (e) person & unsound Turned 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 (1) She has taken a vir (f) Here state the facts. dislike to her husband + they ildest on & accurs thee of Reeping Mestresses whe is not the care . The has backen + hanged her furniture + alloved the home to become filth Wheren prevendy she was most tides & elean. She pros about the home without faper clothing constantly; where formerly che was proved of her appenance to always next. . 4 (g) Here state the infor-ation, and from whom. 2. Other facts (if any) indicating Insanity communicated to me by others (g) a chanoman M. Greaves states that the attempted I set the the home & that she attempted to strangle herself with a sheet ; she says that the Layards is extremely vorlent to her husband, stubing him with a poken a anything handy & tearing his hair a of act which we never Layorde, his kustand, dates that she is accurring her has this Preciment + trying to take away Daging that he scant with bad work tried to comment sciencies, me by Fileing of the her twice hiel to act the hours a free to teen due He omp tried & G a, whi is not her C nee by Manfle -6 herself : He says the + mice pre't hat souten she kan Signed, Name, awayonoboogou Place of Abode, Hillary Place, Ceed. Dated this Mustick day of One Thousand Eight Hundred and Eighty \_ Sce

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

> RETREAT, NEAR YORK. THE 1 wan dian barried

J hereby give you Notice. That. annello

day of au

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(A. 54

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"Posta "

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Signed.

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was admitted into this (a) 9 nd

as a Private Patient, on the

1586 , and I hereby

transmit a Copy of the Order and Medical Certificates on which he was

(b) If a private patient be received upon one certificate only, the special encound stances which have precented the patient from being ex-mined by two medical proc-titioners to be here stated, as in the statement accom-panying the order for admis-tion. 1 42 1 6 1

and allera a real free

(c) House on hospitale

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and the Car

(c) Superintendent or pro-prietor of -----

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One Thousand Eight Hundred and Eighty

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To the Commissioners in Lunacy.

8.00 106. 425.5

Lunatics 1. (18 & 17 Vict. c. 96, Sched. C. s. 24.) (15 & 26 Vict. e. 111.) Private Patient.

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

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT. Sched. (A.) No. 1, Sects. 4, 8. aller It, the undersigned, hereby request you to receive. tammerlow whom I last saw at the Trent 220 day of. on the (a) Within one month prea (") Suron of normal mas a Vatient into your House. vious to the date of the order. (i) Physic dill's Mally (b) Lunatic, or an idiot, or Subjoined is a Statement respecting the said. a person of unsound mind. annesta (a) Here is ond assumbly Signed, Name, ing) or other h Occupation (if any), Ozen Place of Abode, X nut: Degree of Relationship (if any) or other circumstances of connec-(i) Intert tion with the Patient. (1) of the pa day of Dated this. One Thousand Eight Hundred and Eighty (e) Lenatic, person of uns To\_ THE RETREAT, NEAR YORK. STATEMENT. () Here stat If any Particulars in this Statement be not known, the Fact to be so stated. ammentor Name of Patient, with Christian Name at ) length..... Sex and Age ..... Married, Single, or Widowed ..... Condition of Life, and previous Occupaen tion (if any) ..... Religious Persuasion, as far as known .... 4 Previous Place of Abode..... no Whether First Attack ..... au Age (if known) on First Attack.... . . . Charten On When and where previously under Care and Treatment ..... mores Duration of existing Attack ..... Mullino Supposed Cause ..... (a) Here state ion, and from a no Whether subject to Epilepsy ..... no Whether Suicidal ..... 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 ..... (c) Where the person signing the statement is not the person who signs the order, the following particulars con-cerning the person signing the statement are to be added. Name, ( Signed, 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.

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It's the undersigned, he Minn Hood (a) Here set forth the quali-loation entitling the person wrifying to practice as a phy-Son being a (a) h. Z. C. S. Eng. and J. S. C. London action, surgeon or apothecary, ex. gra. :--Fellow of the Royal College of Physicians in London, Liccentiate of the Apothecaries' Company, or as the case may be. is the case may be. and being in actual practice as a  $(b)_{\dots}$ Sargun (b) Physician, surgeon, or apothecary, as the case may be. hereby certify, that I, on the Summe day of angun? 1886. (c) Here insert the street and number of the house (if at (c) Then Frinds Retrieur - Histington Proved. york. in the County of Yan separately from any other Medical Practitioner, personally examined teraller Atomillon Hammer Ron of (d) Use Bors, Acards lone. \_ le Grocer, and that (d) Insert residence and profession or occupation (if any) of the patient. the said Walten Hamilton Hammer Ronis a (e) Sumaler (e) Lunatic, or an idiot, or 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) He is in may african (f) Here state the facts. in a condition of General peratzois of the Insance. He is emerging from an Spalefiliform Dierove; write dificulty is made to under twind what is said I hum, and cannor-like his own name or where is residing. he has just passed his wine in hed abertain Com 2. Other facts (if any) indicating Insanity communicated to me by others (g) (g) Herestate the informa-tion, and from whom. Committed by George Thomas addison Hund allend wal in The Relican: " Thur bealen Hammoston has been a baarder in the Belien for 5 months . That - six wents ago the Thad a veries of Equilipleform Divy uns, he work zuowar to a partial extint . This montal condition . und thend - Themas Daing evers

Turnen in an July 26. That Waking Hummerlow is alway 3 in a constant id Condition - His lift legund tom on purel 2000, Helin 20 ford ford Lucham Hoor Name, Signed, Place of Abode, 28 Contragala . Jon's Dated this Second day of angus 2 - One Thousand Eight Hundred and Eighty Six .

26

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

Amar

E, 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, Licentiste of the Apothecaries' Company, or as the case may be.
 (b) Physicians

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

Ya all 4 being a (a)(b) Physician, surgeon, or and being in actual practice as a (b) spothecary, as the case may be. w G day of\_ Ulu the hereby certify, that I, on the 0 ¥ lou rent ell at (c)\_ Un fla he F T separately from any other Medical Practitioner, in the County of you personally examined umer Un of (d). hr lo la 0 and that li Han the said

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

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

is a (e) Olion of Justow hun 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 uncle Saylike orhow kin Says he may be he here. U. 60 Ca. Istue Mur h at Ma A hewa In h I mul Jayo he h \$0 Smenter lengthing Jeht. hhu Affects In a dayed and then The adleda hest shes give a reply thick has hoconnelles Shiding; hendes much loss he Left an gover of

(g) Here state the infor-mution, and from whom.

2. Other facts (if any) indicating Insanity communicated to me by others (g). la Commune cate se C 4 a at The Ketreal ele heels ago hat oh he left as heathe - Yles 9 hera the fed the ettack Tepiai ford 8 Y ha has had two attech une h The almost legan hu terras htterel Ca Signed, Name, a Place of Abode, ullyate 2 m Dated this\_ day of tuyush One Thousand Eight Hundred and Eighty \_\_\_\_\_

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

I bereby give you Notice, That Octavins ti athan

day of

(a) House or hospital.

as a Private Patient, on the 1586, and I hereby

transmit a Copy of the Order and Medical Certificates on which he was

auf

was admitted into this (a)

4 5

(b) If a private patient be received upon one certificate only, the special circum-stancer which have prevented the patient from being ex-amined by two medical prac-titioners to be here stated, as in the statement accom-panying the order for admis-sion.

(c) Superintendent or pro-

(d) Full address.

Dated this

day of

One Thousand Eight Hundred and

Signed,

(c)

(d)

To the Commissioners in Lunacy.

Lunatics 1. (16 & 17 Vict. c. 96, Sched. C. s. 24.) (25 & 26 Vict. c. 11L.) Private Patient. LONDON : SHAW AND SONS Fetter Lane, E.C. (2-7-86.)

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT. Sched. (A.) No. 1, Sects. 4, 8. It, the undersigned, hereby request you to receive Octavius whom I last saw at Maley welly House Leatham on the Marty Just Subjoined is a Statemen especting the said allarmy be day of (1) (a) Within one month preus to the date of the order. a (°) (b) Lunatic, or an idiot, or a person of unsound mind. alarmi Kealkan Veathan Hleun Signed, Name. Occupation (if any),. Place of Abode, Neusconthe Hall 1 onteh Father Degree of Relationship (if any) or other circumstances of connection with the Patient. alut av of One Thousand Eight Hundred and Eight a pers Setres peperintender To DZB sker (c) Proprietor or super- (d) Describing the house or hospital by situation and name, if any. (f) H STATEMENT. If any Particulars in this Statement be not known, the Fact to be so stated. Claving Leathan Name of Patient, with Christian Name at ) length..... 32 Ten Sex and Age ..... unde Married, Single, or Widowed ..... Condition of Life, and previous Occupa- Jagmerly Back Maus tion (if any) ..... J Church & England Religious Persuasion, as far as known ... A. emtouth Previous Place of Abode..... flesh attac Whether First Attack ..... hirty one Age (if known) on First Attack. . . . Munter. oute the When and where previously under Care ? (g) He and Treatment ..... Jus mou Duration of existing Attack ..... Overlacetion Supposed Cause ..... no Whether subject to Epilepsy ..... no Whether Suicidal ..... Sen. Whether Dangerous to others..... 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 ..... (e) Where the person signing the statement is not the person who signs the order, the following particulars con-cerning the person signing the statement are to be added. Vealle Name, Signed, Occupation (if any) Heurworth Sall, Portifier Place of Abode, Falter 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.

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

(a) Here set forth the quali-floation entitling the person certifying to practise as a phy-sician, surgeon, or spothecary, ex. gra. --Fellow of the Royal College of Physicians in London, Licentiste of the Apothecaries' Company, or as the case may be. Is the undersigned, Thomas Secte being a (a) bottor of medicine of the humanty and being in actual practice as a (b) Ihy sician

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

leg B H Kelk

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have faith

(c) Here insert the street at (c) Ilkley Well's Struce, Ilkley and number of the house (if any), or other like particulare. in the Countr of Country in the County of Seck separately from any other Medical Practitioner,

of (d) & fleuse atta Hall, Portegrach, Bank manage and that (d) Insert residence and profession, or occupation (if any) of the patient. the said between deathan

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

(f) Here state the facts.

Facts indicating Insanity observed by myself (f)\_

personally examined Ochavias deather

y Edinberge

requises to take food; is constantly en. deavaring to get out & have welliant any Hasan; does not receptine her forends.

is a (e) person y un come 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 .:---

(g) Here state the infor-mation, and from whom.

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

Has been at trues notuch and en. deavened to have attendants hand. Jore his shirt y several heres an municature by Edward Nervers lipcher Companie to Octavie dealtran

Signed, Name, Thereas Secte Place of Abode, Membered Stance, Slike

Dated this Hand day of august One Thousand Eight Hundred and Eugerby diry .

Chysician

Reand

Octavius Leathan

day of august 1006

separately from any other Medical Practitioner,

(a) Here set forth the quali-fecation entities the person ertifying to practise as a phy-sician, europeon or apothecary, e.e. gra. --Fellow of the Boyal College of Physicians in London, Licentiate of the Apothecaries' Company, or as the case may be.

(b) Physician, surgeon, or and being in actual practice as a (b) apothecary, as the case may be.

(c) Here insert the street at (c) Jakley Wills Itnise, They and number of the house (if any) or other like particulars.

(d) Insert residence and of (d) Hensworth Hale, Portepact, Bank Managel and that profession or occupation (if any) of the patient. the said Octavis for the Octavius Teathan (e) Lunstic, or an idiot, or is a (e) uson flusand mind and a proper Person to be taken charge of and detained a person of unsound mind. under Care and Treatment, and that I have formed this opinion upon the following grounds, viz :--

(f) Here state the facts.

Facts indicating Insanity observed by myself (f)\_

YorR

hereby certify, that I, on the

in the County of

personally examined

This mability to recognize those about him & with whom he Vhueld by gente familier. This inability to concerse rationally although Couscises . This want of appreciation of his position and Surrandings . This Vacant manner and leave

(g) Herestate the informa-tion, and from whom.

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

have hume Lockwood hyomas me that two days ago palent his inter on getting out of to a find he was Con - fines a comption sugure ( Cerebel ) and shugghet Valently wert these whe has to rochem him.

Un

day of\_

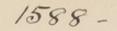
Signed,

Name, 4 Place of Abode, /Sy Mamicu

Dated this Hundred and eighty vise

One Thousand Eight

hadford



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

J hereby give you Notice, That

day of

(a) House or hospital.

was admitted into this (a)

as a Private Patient, on the 18 , and I hereby

transmit a Copy of the Order and Medical Certificates on which he was

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

(c) Superintendent or pro-(d) Full address.

> mated this One Thousand Eight Hundred and

Signed,

(c)\_\_

(d)

4 day of

To the Commissioners in Lunacy.

Lunatics 1. (16 & 17 Vict. c. 96, Sched. C. 8, 24.) (25 & 26 Vict. c. 111.) Private Patient. LONDON : SHAW AND SONS, Feller Lane, E.C. (1-11-85.)

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 Blackfree day of July 1870 (a) Within one month pre. on the 29 th July tions to the date of the order. (b) Lunatic, or an idiot, or a (b) person of unsound mind as a Patient into your House. Subjoined is a Statement respecting the said Mary Farrell Henry Peufold Name, Signed» Occupation (if any), Jurgeou Wainham Kent Place of Abode, Degree of Relationship (if any) or Noue. acting as a friend of the tion with the Patient. I all all of any of Luly Dated this 29 th One Thousand Eight Hundred and Seventy In Forbes Winslow To (c) Proprietor or super-intendent of —— (d) Describing the house or hospital by situation and () hed Superintent of Brandenbuck 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 ) Mary Farrell length..... fem Sex and Age ..... Married, Single, or Widowed ..... Condition of Life, and previous Occupa- ) Hewoman tion (if any) ..... Religious Persuasion, as far as known .... tanan merwald Previous Place of Abode..... in Whether First Attack ..... Age (if known) on First Attack .... When and where previously under Care 7 Duration of existing Attack ..... the deitement of mind caused by the Supposed Cause ..... hresent Whether subject to Epilepsy ..... Has spoken Whether Suicidal ..... of U ho Whether Dangerous to others..... Whether found Lunatic by Inquisition, and Date of Commission or Order for Go Inquisition..... hove Special Circumstances (if any) preventing the Patient being examined, before Admission, separately by Two Medical Practitioners ..... Mr Ges Blackett Still Green Name and Address of Relative to whom Notice of Death to be sent ..... Storkbury Ken Name, () Henry Perfold (e) Where the person signing the statement is not the person who signs the order, the following particulars con-cerning the person signing the statement are to be added. Signed, Occupation (if any), Jureon Place of Abode, ainham Kent Degree of Relationship (if any), or other circumstances of connection with the Patient.

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#### 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 24 th day of August 1886, of Mary Farrell a Private Patient in Brandenburgh House, Sammersmith, to The Friends' Retreat, near york.

Given under our hands this

9 the day of August

in the year of Our Lord One Thousand Eight Hundred and Eighty dix .

W.S. Frere. Rychiclian

Fanell

Commissioners in Lunacy.

I, William George Laws having Authority to discharge Man Lanell Patient in Brandenburgh House, Hammersmith,

House U

Aruse

1 July Ke

the undersigned,

a Private

hereby order and direct that the said Many Farrell be removed therefrom to The Friends' Returnet, near york.

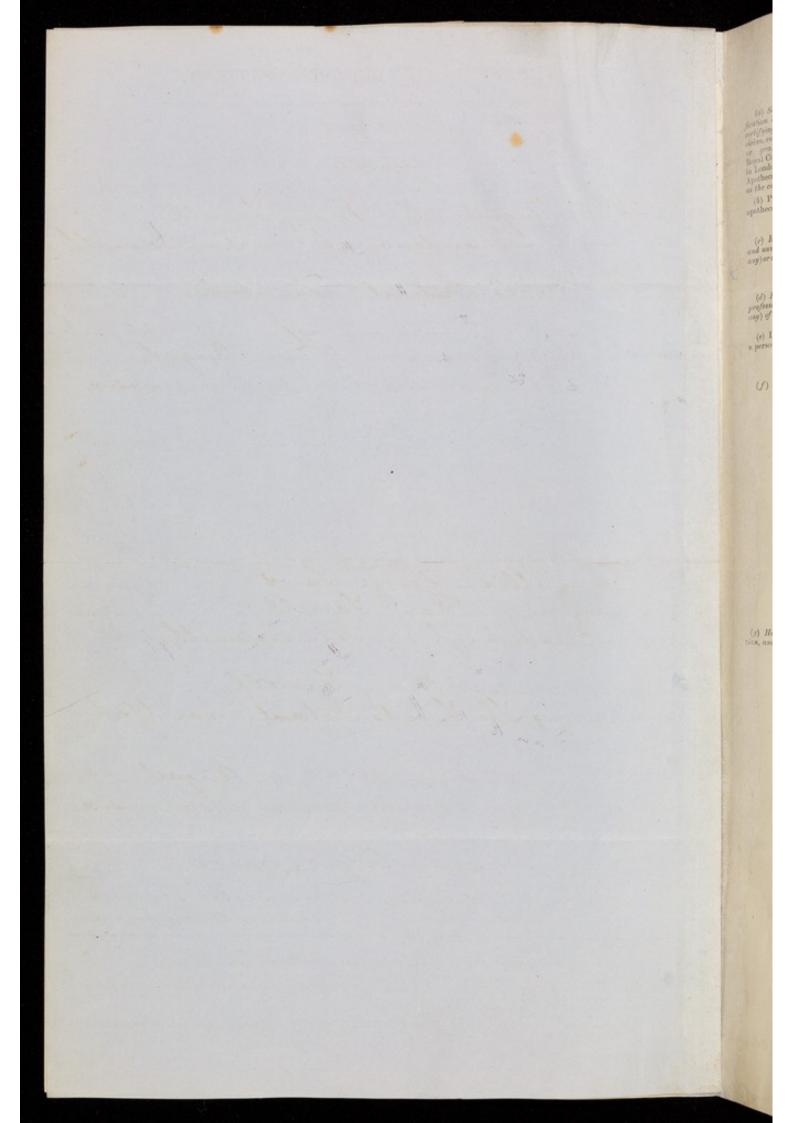
Given under my hand this tenth, day of August in the year of Our Lord One Thousand Eight Hundred and Eighty- dix .

(Signed) Wycoracos Place of Abode 5 Winchester Service neuracter ou Lyn

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

- The person who signed the order for the Patient's admission:
   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:
   If there be no Husband or Wife, then by the Patient's Father:
   If there be no Father, then by the Patient's Mother:
   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.

- Patient's account.



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

(a) Set forth the quali-faction enlitting the person certifying to practise as a phy-ician, surgeon or a pothecary, ex. gen. -- Fellow of the Royal College of Physicians in London, Licentriate of the bastheorement. Concentry of the Apothecaries' Company, or as the case may be.

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

(f) Here state the facts.

12, the undersigned, Charles Herry Bennett being a (a) Doctor of medicine of the annually of I andrew and a member of the Royal College of Jurgion England (b) Physician, surgeon, or and being in actual practice as a (b). General machtions hereby certify, that I, on the frist day of au Just 1870 (c) Here insert the street at (c) / G Rulland Igam Mall Road and number of the house (if any) or other like particulars. in the County of Muddlesox separate Hanneismith

separately from any other Medical Practitioner, personally examined Mary Farrell

(d) Insert residence and of (d) NO4 Buerland Servace Maidstone Kent Parties and that profession or occupation (if the said Mary Larrell the said Mary Larrell

is a (e) person of uncound transeld 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 (1) There is a very unatural

expression of continance generally - of the eyes in particular great indisposition to speak - ohe declines to latte food of any Rivid because her throat ou tells me is aute closed up, then being no ground for the abour opten as the can swallow very well

(g) Herestate the information, and from whom

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

her attendant Louisa Collard informs me has the greatest difficulty to Induce to die. 2 as the states oursa The wants Informs me that the masticated her ford to day of Then put it into her pocket

Signed,

Name, CA Bennett Place of Abode, College Mouse day of august

One Thousand Eight

Vauneroni

Dated this first Hundred and Seventy

MEDICAL CERTIFICATE.-Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13. (a) Set forth the quali-fication estilling the person certifying to practise as a phy-sician, surgeon, or apollocary, ex. gra. — Fellow of the Royal College of Physicians in London, Licentiate of the Apothecaries' Company, or as the case may be. to the undersigned, Chunna Kenry Rudderforth being a (a) Gellow of the Royal College of Surgeous nglan as the case may be. (b) Physician, surgeon, or and being in actual practice as a (b) Surgeon apothecary, as the case may be. hereby certify, that I, on the twenty frink day of Suly 1870 (c) Here insert the street at (c) Radley Hotel Mage & Blackfrians and number of the house (if any), or other like particulars, in the County of Middlesey separately from any other separately from any other Medical Practitioner. personally examined Mary Farrell (d) Issert residence and of (d) 4 Buckland Lerrae Maidstone Kent profession, or occupation (if any) of the patient. the said Mary Farrell and that (e) Lunatic, or an idiot, or is a (e) person of unsound tune of 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 (1) acute Melancholed (f) Here state the facts. telucions not being able remanin and al Reveral a times 2. Other facts (if any) indicating Insanity communicated to me by others (g)(g) Here state the information, and from whom . A. Rudderfor Name, Signed, Place of Abode, ull, Dated this twenty much day of such in One Thousand Eight Hundred and Selection he i true copy the order 5 certify the ale me & ch in Fernell

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

#### THE RETREAT, NEAR YORK.

D hereby give you Notice. That. Robertshaw was admitted into this (a) as a Private Patient, on the

15-89

(a) House or hospital.

17

1 -3

10.1

the 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 certification only, the special circum-tences which have presented the patient from being ea-thing of the onder stated, is in the statement accom-panging the order for admis-tion.

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. 5, 24.) (25 & 26 Vict. c. 111.) Private Patient. LONDON : SHAW AND SONS Fetter Lane, E.C. 807 D.B.- 6-86.)

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT. Sched, (A.) No. 1, Sects. 4, 8. shu t, the undersigned, hereby request you to receive. Robertshan whom I last saw at The alus Horses Harright on the secondeenth day of augus (a) Within one month precious to the date of the order. a (") useon of luconor him as a Patient into your H Rother I Wobert (b) Lunatic, or an idiot, or a person of unsound mind. Subjoined is a Statement respecting the said istin Signed, Name, \_ Occupation (if any) Mai Caro Place of Abode, Sin Degree of Relationship (if any) or other circumstances of connec-(1) In tion with the Patient. an) of 1 day mated this One Thousand Eight Hunfired and Eight (e) Lat Janer DOPING .  $T_{O}$ THE RETREAT, NEAR YORK. STATEMENT (f) Her e Forct to be so Rated. If any Particulars in this Statement be not known where have Name of Patient, with Christian Name at The length..... male Sex and Age ..... mancell Married, Single, or Widowed ..... the the hurrago Condition of Life, and previous Occupation (if any)..... Religious Persuasion, as far as known .... sle hin 11 Juo 2 1 e Whether First Attack ..... Age (if known) on First Attack.... 1879 When and where previously under Care and Treatment ..... Duration of existing Attack ..... Supposed Cause ..... (d) Here its, cad fr Whether subject to Epilepsy ..... no Whether Suicidal ..... no Whether Dangerous to others...... Whether found Lunatic by Inquisition," no lar and Date of Commission or Order for Inquisition..... J Special Circumstances (if any) preventing the Patient being examined, before Ad-20ne mission, separately by Two Medical Practitioners ..... 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 con-cerning the person signing the statement are to be added. Name, () Signed. as abo 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.

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12 the undersigned, Mar (a) Here set forth the quali-(a) Hereset forth the quali-fication entitling the person certifying to practise as a phy-sician, surgeon or apothecary, e.e. gra. ----Fellow of the Boyal College of Physicians in London, Licentiate of the Apothecaries' Company, or at the case more here. afens . and resulent . being a (a) \_\_\_\_ and College of Thy new is the case may be. un and being in actual practice as a (b)(b) Physician, surgeon, or apothecary, as the case may be. august 1026 Sorculesathe day of hereby certify, that I, on the (c) Here insert the street and number of the house (if any) or other like particulars. Maude tar Parenal ash at (c) ma separately from any other Medical Practitioner, in the County of\_ Xola Robertshan personally examined I goul their mad na turney or and that (d) Insert residence and profession or occupation (if any) of the patient. of (d)\_ Men Korgholian the said is a (e) Pron Mulmul new and a proper Person to be taken charge of and detained (e) Lunatic, or an idiot, or a person of unsound mind. under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :---1. Facts indicating Insanity observed by myself (f)(f) Here state the facts. Karrent that her the Jurguta 1 the. That he is under the moleuring of prom. and The Forles of Bradfack have assaught unto the cleansts to mism, hear , Man durhan has her produced by prom 2. Other facts (if any) indicating Insanity communicated to me by others (g) (g) Herestate the informa-tion, and from whom. Carle lont an saftas le umus mal, Crucher or musmered, and these her he is a limear of hed cleanach. almosted her hame worther is to a correct of 12d Cleanader Have Men Haut Name, Ligned, Place of Abode, Maus Jah-Souleuth day of august One Thousand Eight Dated this Hundred and Eighty\_ Lug ~

33

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

octor y medicine and member

you Olive

hereby certify, that I, on the downlenth day of My und 1886

E, the undersigned ... (a) Here set forth the qualification entitling the person certifying to practise as a phy-sician, surgeon, or apothecary, ex. gra.:-Fellow of the Roral College of Physicians in London, Licentiate of the Apothecaries' Company, or as the case may be.
 (b) Physicians and being in actual practice as a (b) Muy sician

being a (a).

n

personally examined

the said\_

Im Rigal College

alun tonses

In

In Robertshaw

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

(c) Here insert the street at (c) \_\_\_\_\_ and number of the house (if at (c) \_\_\_\_\_ any), or other like particulars. in the County of \_\_\_\_

separately from any other Medical Practitioner, april

madford, lunlyon

4 Muglicians London

and that

Harronal

Robulshaw

(d) Insert residence and profession, or occupation (if of (d) 53 - Lyrel Le 1 any) of the patient.

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

is a (e) furson of hus our 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 (1) Jally chiefe or cononing and being deceived. Contorsates confused & williand. manne clater. days his Jaku ( who died latel) harle Behund 5 hudden a is now a

(g) Here state the infor-mation, and from whom.

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

Calls his mother & other relations le for have and nor wilfe Conunce her, m same wwent

Signed, Name, rould ca Harrogal Place of Abode, Dated this\_ aufust day of One Thousand Eight

Hundred and Eighty

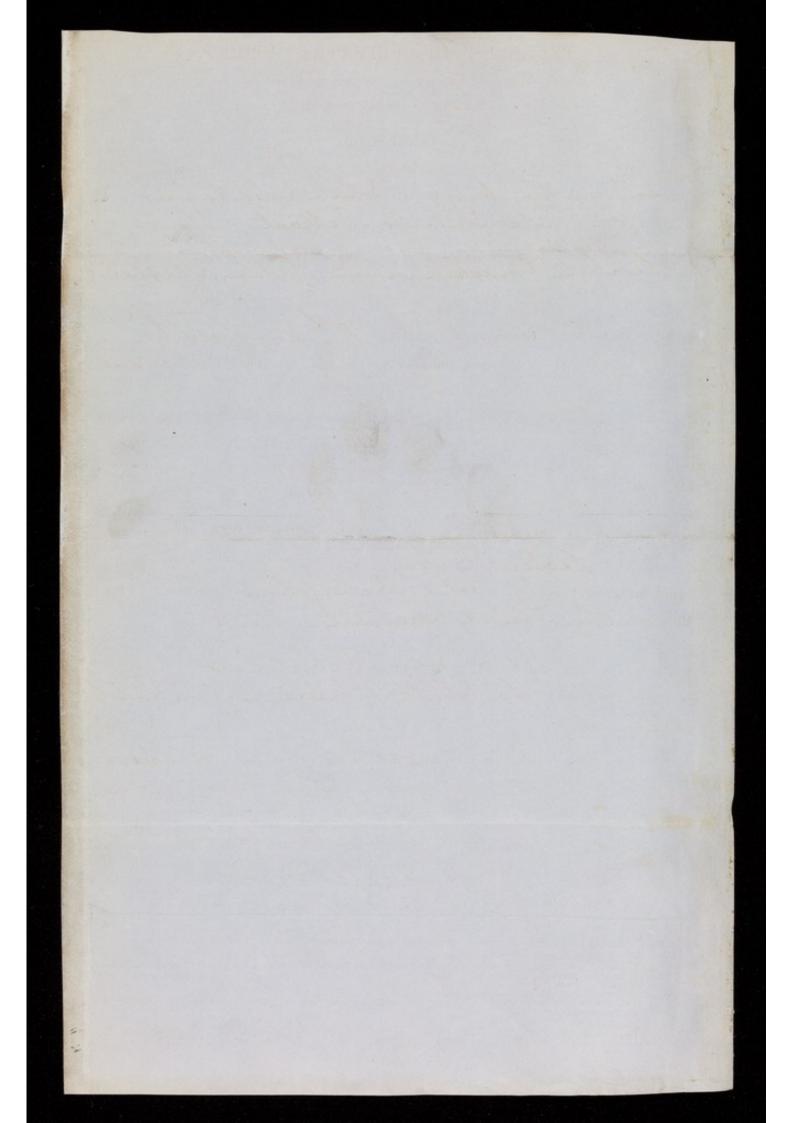
### TRANSFER OF PRIVATE PATIENT.

16 & 17 Vict., Cap. 96, § 20.

CONSENT.

WE, the undersigned, Commissioners in Lunacy, hereby consent to the removal, on or before the 24 th day of November 1886, of John Robertshaw a Private Patient in the Friends' Settimat, Mork to the South Morteshire asylum, Wadeley, Sheffeld. Given under our hands this 9th day of November in the year of Our Lord One Thousand Eight Hundred and Eighty-Lex . mer Wilher. Commissioners John Statin in Lunacy. Lister Walker I.\* the undersigned, John Robertshaw having Authority to discharge a Private Patient in the Friendo' Thetreat , york John Robertshaw hereby order and direct that the said South Morkstore asylum Wadsley be removed therefrom to the Sheffeld Given under my hand this 10 day of November in the year of Our Lord One Thousand Eight Hundred and Eighty-Liz (Signed) Lister I Place of Abode Allar Cars ullincu \* NOTE .- This order must be signed and dated subsequently to the consent of the Commissioners ; and it must be signed by- The person who signed the order for the Patient's admission:
 If such person be incapable (by reason of incanity, or absence from England, or otherwise), or if he be dead, then by the Husband or Wife of the Patient:
 If there be no Husband or Wife, then by the Patient's Father:
 If there be no Father, then by the Patient's Mother:
 If there be no Father or Mother, then by any one of the Patient's measurest of kins: Or by the person who made the last payment on the Datient's count. Patient's account.

R & S (8268) 2000 7-83



1590.

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

#### RETREAT, NEAR YORK. THE

# J hereby give you Notice. That\_

(a) House or hospital.

was admitted into this (a)

as a Private Patient, on the \_day of\_\_\_\_\_\_158

, and I hereby

transmit a Copy of the Order and Medical Certificates on which he was

(b) If a private patient be received (b) (b) If a private patient by received upon one certificate only, the special circum-stances which have presented the patient from being ex-amined by two medical prac-titioners to be here stated, as in the statement accom-panying the order for admis-sion.

Signed.

(c)

(c) Superintendent or pro-prietor of ----

Dated this\_\_\_\_

day of

One Thousand Eight Hundred and Eighty

To the Commissioners in Lunacy.

Lunatics 1. (16 & 17 Vict. c. 96, Schod. C. 8, 24.) (25 & 26 Vict. c. 111.) Private Patient. LONDON 1 SHAW AND SONS Fetter Lane, E.C. (807 D.R.- 6-86.)

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT. Sched. (A.) No. 1, Sects. 4, 8. Elizabeth H, the undersigned, hereby request you to receive. ackwood Heesed Jarnegato whom I last saw at august 188619) and. day of\_ on the (a) Within one month pre-vious to the date of the order. a (") Dorson of uncound mind as a Patient into your House. /Subjoined is a Statement respecting the said Eugabeth (b) Lunatic, or an idiot, or a person of unsound mind. Lockwood 40000 ose Signed, Name, roursion Occupation (if any), Morbeth Place of Abode, Hubas Degree of Relationship (if any) or (1) Javert m other circumstances of connec-5 legabe of the said tion with the Patient. in of the path Dated this wenty second day of\_ One Thousand Eight Hundred and Eighty dix (d) Louatic, d wran of max Dr. Baker To. THE RETREAT, NEAR YORK. STATEMENT. (f) Here state If any Particulars in this Statement be not known, the Fact to be so stated. Elizabeth Lockwood Name of Patient, with Christian Name at } length..... about 50 years Sex and Age ..... married) Married, Single, or Widowed ..... House Hife Condition of Life, and previous Occupation (if any) ..... J Kesleyan methodid Religious Persuasion, as far as known .... norbeth Street Hall Previous Place of Abode. ..... Cho !! 2/1st attack Whether First Attack ..... 50 Age (if known) on First Attack .... When and where previously under Care ) not been under care below Three month Duration of existing Attack ..... religious depression Supposed Cause ..... (1) Treature the rs, cal fran who no Whether subject to Epilepsy ..... no Whether Suicidal ..... no Whether Dangerous to others. ..... Whether found Lunatic by Inquisition, 7 and Date of Commission or Order for Special Circumstances (if any) preventing the Patient being examined, before Adnone mission, separately by Two Medical 2 morpeth State Mall Practitioners ..... 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 con-cerning the person signing the statement are to be added. 001 Name, () Signed, Occupation (if any), rovalin 0 12 morbeth Street full Place of Abode, Degree of Relationship (if any), br other circumstances of connec-Husband tion with the Patient.

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seph and \* un to the undersigned, (a) Here set forth the quali-fication entitling the person certifying to practise as a phybeing a (a). Licenteate of The bolnecar erigy only to practice as a pay-eleian, surgeon or apothecary, e... gra. .--Fellow of the Royal College of Physicians in Loodon, Licentiate of the Apothecaries' Company, or at the case menu he (b) Physician, surgeon, or and being in actual practice as a (b) as the case may be. spothecary, as the case may be. hereby certify, that I, on the Ulecon luquet trop day of Holly Cottage (c) Here insert the street Storney ale and number of the house (if any) or other like particulars. at (c). ono separately from any other Medical Practitioner, in the County of Bligater personally examined Their 0 nouseth and that (d) Invert residence and of (d). rofession or occupation (if 19) of the patient. Celizabeth the said od is a person of unsound mind a proper Person to be taken charge of and detained (e) Lunatic, or an idiot, or person of unsound mind. under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :---1. Facts indicating Insanity observed by myself (f)(f) Here state the facts. Otto no 50 years under ( hauser, 1.0 Sho has put Acctem riods It freaks with clepusion They hauskow, nen alternating Aleefo testurbed Thofeno, Chilusion Ja religiou an la ed into was being have 2. Other facts (if any) indicating Insanity communicated to the by others (gfor some time) (g) Herestate the information, and from whom. Her sister Omo Shiptered who has been our Ther attends tue abrand or the grast 3 kints inforces + hes the Of Sunstrend price (Sh died of stiffing nother Steen in a low way also she o the sister Qu. affirment that who is cash out If Good presente clamsing and treat evereftod of as devering the 2 been . ac - the Dovil' agents Name, Jos. Mountain Signed, Place of Abode, Remayud House. Culoupt Jull Curquet One Thousand Eight Dated this Mouty first day of\_ Hundred and Eighty . & 4

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to the undersigned. James no hneuse (a) Here set forth the quali-fication estilling the person certifying to practise as a phy-sician, 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) Soctor of medicine & andews. Thumber of the leollize of Lingoons (b) Physician, surgeon, or and being in actual practice as a (b) Surgeon hereby certify, that I, on the Wenty served day of angua (c) Here insert the street at (c) atting any, or other like particulars. (c) Here insert the street folly Catter York in the County of \_\_\_\_\_ separately from any other Medical Practitione: personally examined Elizabeth Lookword 72 morpeth Street. Aule (d) Insert residence and profession, or occupation (if of (d)...... any) of the patient. and tha Elizabeth Lapord the said (e) Lunatic, or an idiot, or is a (e) lunation and a proper Person to be taken charge of and detained a person of unsound mind. under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :-1. Facts indicating Insanity observed by myself (1) She is wild in hammer (f) Here state the facts. " motherent in tath, farrying all mannu of abour Conditions. Using inducent tanguage & calling his attendants foul hames .... (g) Here state the infor-2. Other facts (if any) indicating Insanity communicated to me by others (g)m, and from whom. Brip Sinclois and her hurse ( the Haikes ) till me that she refrass all ford twill lake it & throw it at them - She has lately shown a tendency to tear up clothing the yesterday the day before Jisterday the words if not postsamed have set the house myne Signed, Name, James notineux mo Anole Place of Abode,\_\_\_\_ 22 20 \_ day of angust One Thousand Eight Dated this\_ Hundred and Eighty \_ Art

## 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.

# J 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

(b) If a private patient be received upon one certificate only, the special circum-stances which have prevented the patient from being es-amined by two medical prac-titioners to be here stated, as in the statement accom-panying the order for admis-zion.

Signed.

(c)

(c) Superintendent or pro-prietor of ----

mated this\_\_\_\_

day of\_\_\_\_

One Thousand Eight Hundred and Eighty

To the Commissioners in Lunacy.

Lunatics 1. (16 & 17 Viet. c. 96, Sched. C. s. 24.) (25 & 26 Viet. c. 111.) Private Patient. LONDON : SHAW AND SON S Fetter Lane, E.C. (807 D.B.- 6-86.)

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT. Sched. (A.) No. 1, Sects. 4, 8. agnes Lothe undersigned, hereby request you to receive. Jurne 94 Gloucester Sheet Newcastle on In whom I last saw at day of p October 1886 (9) leath (a) Within one month pre-vious to the date of the order. on the the case m a (\*) person functured wind as a Patient into your House. (b) Physici Subjoined is a Statement respecting the said agnes (b) Lunatic, or an idiot, or a person of unsound mind. Jumes (c) Here in Jumes Catrack and number of any) or other hi Charles Name. Signed, Secretary Occupation (if any), avenue lewrasth 69 Place of Abode, 6 onsin Degree of Relationship (if any) or other circumstances of connec-(d) Jasert tion with the Patient. w) of the path October day of\_ Dated this eleven the One Thousand Eight Hundred and Eighty Ola (e) Lonatic, Colert Staker . M. D a person of uns To THE RETREAT, NEAR YORK. STATEMENT. (f) Here sta If any Particulars in this Statement be not known, the Fact to be so stated. "agnes Furney Name of Patient, with Christian Name at } h · longth..... Female aged liventy eight Sex and Age ..... Single Married, Single, or Widowed ..... occupation Condition of Life, and previous Occupano tion (if any) .... hunch of Gugland Then Slymonth Breker Religious Persuasion, as far as known .... alexandra Jenace Whitles by the o Secentric and Strange in behavion Whether First Attack ..... for the past twelve years Age (if known) on First Attack .... .... When and where previously under Gare ] at home and Treatment ..... tom leen um the Duration of existing Attack ..... nRnown (1) Herest Supposed Cause ..... 5,690 fra no Whether subject to Epilepsy ..... nor get Whether Suicidal ..... moted not 6 60 Whether Dangerous to others..... Whether found Lunatic by Inquisition, and Date of Commission or Order for Inquisition..... Special Circumstances (if any) preventing the Patient being examined, before Ad-mission, separately by Two Medical Princybatnach by Holly avenue herring . Notice of Death to be sent ..... haves Sonney Catuach (c) Where the person signing the statement is not the person of a signs the order the following particular to concerning the person signing the statement are to broadded. Name, (°) Signed, Occupation (if any), Place of Abode, Degree of Relationship of any), or other circumstances of connection with the Patient.

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Lic the undersigned, (a) Here set forth the quali-fication entitling the perior certifying to practise as a phy-sician, surgeon or apothecary, ex. gra. --Fellow of the Eoval College of Physicians in London, Licentiate of the Apothecaries' Company, or as the case may be.
 (b) Physicians exceen or being a (q) n h and being in actual practice as a (b) 0 (b) Physician, surgeon, or apothecary, as the case may be. 0 hereby certify, that I, on the day of\_ (c) Here insert the street and number of the house (if any) or other like particulars. rest 2 4 at (c) separately from any other Medical Practitioner, ner in the County of 4 Z personally examined and that e n (d) Insert residence and rofession or occupation (if of (d). any) of the patient. an Co the said and a proper Person to be taken charge of and detained (e) Lunatic, or an idiot, or a person of unsound mind. is a (e) u 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. Co a a Cn 4 de U in ly wat heles ple hh The to rl 1 Abalin confina A la 0 ha, hum hu 2 2. Other facts (if any) indicating Insanity communicated to me by g (g) Here state the informa-tion, and from when into my cha Wa acher Inc Acides Mill ,150 d. dim a W CA 14 The 1 A La hu wa 4 an a are h hittin inall in 4 Name, m a Signed, SIMIT Place of Abode, Mon One Thousand Eight day of Dated this VCX Hundred and Eighty.

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

innow E, the undersigned, (a) Here set forth the quali-floation entitling the person certifying to practice as a phy-sician, rargeon, or apothecary, ex. gra. --Fellow of the Royal College of Physicians in Loedon, Licentiste of the Apothecaries' Company, or as the case may be.
 (b) Photode the lu eral 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 at (c) any), or other like particulars. In K.h in the County of 1 Casi ceparately from any other Medical Practitioner, 10 personally examined (d) Insert residence and of (d) and that the said\_ U Som and a proper a proper Person to be taken charge of and detained um u is a (e) 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. mo 41 Ohl un us en 14 6 lu her au le u l 2. Other facts (if any) indicating Insanity communicated to me by others (g)(g) Here state the infor-motion, and from whom. en 60 Un m l unth en 110 Signed, Name, da humona auce Place of Abode,\_ C 04 ch no en Dated this day of One Thousand Eight Hundred and Eighty

profession, or occupation (if any) of the patient.

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

## NOTICE OF ADMISSION.

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

1592 -

#### THE RETREAT, NEAR YORK.

W:11 J hereby give you Notice. That\_\_\_\_ her was admitted into this (a) Hospital as a Private Patient, on the day of October 1886 , and I hereby 14-

(a) House or hospital.

transmit a Copy of the Order and Medical Certificates on which he was

(b) If a private patient be received upon one certificate only, the special circum-stances which have prevented the patient from being ex-amimed by two medical pro-titioners to be here stated, as in the statement accom-panying the order for admis-sion.

(o) Superintendent or pro-

prictor of ----

Signed, U.Z. (c) pro Robert Medial Superintende

day of October Dated this

One Thousand Eight Hundred and Eighty Kes

To the Commissioners in Lunacy.

Lunatics 1. (16 & 17 Vict. c. 96, Schod. C. s. 24.) (25 & 26 Vict. c. 111.) Private Patient. LONDON : SHAW AND SONS Fetter Lane, E.C. (807 D.R.- 6-86.)

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT. Sched. (A.) No. 1, Sects. 4, 8. und Hell E, the undersigned, hereby request you to receive ) Here Takingste billa whom I last saw at 4 day of a tober on the ·lty (a) Within one month pre-vious to the date of the order. 0338 record pinas a Patient into your House (b) Physic Rera M a ( CAT'S. Such (b) Lunatic, or an idiot, or a person of unsound mind. Subjoined is a Statement respecting the said /// 20000 (r) Here i and number any) or other Signed: Name .. arr Occupation (if any), unc. Leed. Place of Abode, 1/2 Cum 91 Degree of Relationship (if any) or Met other circumstances of connec-(d) Insert tion with the Patient. day of actober any) of the p Dated this 14 One Thousand Eight Hundred and Eighty 6 lit (e) Lunatio a person of m To De 120 Idar THE RETREAT, NEAR YORK. STATEMENT. (f) Here If any Particulars in this Statement be not known, the Fact to be so stated. Name of Patient, with Christian Name at ) Hurt LU length..... Eught harl Sex and Age ..... Married, Single, or Widowed ..... Condition of Life, and previous Occupation (if any) ..... Religious Persuasion, as far as known ... Previous Place of Abode. ..... yset Mac V Whether First Attack ..... do Age (if known) on First Attack .... .... No When and where previously under Care ) and Treatment ..... Lif Grecht Duration of existing Attack ..... Mental Passure (a) Here at Supposed Cause ..... tion, and fry Whether subject to Epilepsy ..... Whether Suicidal ..... 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 Adp. mission, separately by Two, Medical Practitioners ..... Name and Address of Relative to whom ] Nectos Notice of Death to be sent ..... 16 00 are 11 (c) Where the person sign Name, Signed, ing the statement is not the person who signs the order, the ena Occupation (if any),\_ 14 following particulars con-cerning the person signing the statement are to be odded. Place of Abode, Degree of Relationship (if any), or No ner other circumstances of connection with the Patient.

to the undersigned, Leun College of her the being a (a). ongland ralous and being in actual practice as a (b)20 0 13 all hereby certify, that I, on the day of shergate at (c) separately from any other Medical Practitioner, in the County of All ed personally examined toherate ungeow and that of (d)19 alfred the said is a (e) forsm of unsound unand 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) Ac states stry chune by howould of helu formed Mee medic has Ink hor 10 ou all 20 0ult Castrate 11110 ford which Ne The Mal asleep. 4 when I saw him was housauce Lable was delasenes. I Runo to he au These statements 2. Other facts (if any) indicating Insanity communicated to me by others (g) Aco mother 0 Says 40 every nel Warnes de life agamen u stapp authe 120 in pup 4 1 au Au 0 21 Name. Signed, a au uner Place of Abode, 13 M day of October One Thousand Eight Dated this Hundred and Eighty

(a) Here set forth the qualification entitling the person certifying to practise as a physician, unycon or apothecary, ex. gra. i—Fellow of the Eval College of Physicians in London, Licentiate of the Apothecaries' Company, or as the case may be.
 (b) Physician entry of the set of the apothecaries' company.

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(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.

(a) Here set forth the quali-Recation entitling the person certifying to practice as a phy-scian, surgeon, or apothecary, e. gra. --Félow of the Royal College of Physicians in London, Licestine of the Apothecaries Company, or as the case may be. of Physicians and Turgeous of Edin bugh Physician Y Surgion as the case may be. and being in actual practice as a (b)\_\_\_\_ (b) Physician, surgeon, or spothecary, as the case may be. hereby certify, that I, on the Mirleuth day of October 1886 (c) Here insert the street at (c) Fishing at billa York any, or other like particulars. in the County of York ... separately from any other Medical Practitioner, personally examined alfred Itil (d) Insert residence and of (d) Fishingan Villa York Surgeon and that any) of the patient. alford Hill the said\_ (e) Lunatic, or an idiot, or kind and a proper Person to be taken charge of and detained is a (d) L a person of unsound mind. under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :---(1) Here state the facts. 1. Facts indicating Insanity observed by myself (1) Says That various penons an constantly poisoning his food - that he heard a person tilling the landlady of an une where he had a chigh that there was Stryching ... tà the chop \_ that some mila he had in his own house trafso contained Stryclan The demeaned is in the last degree dejuted and despondent out of an proportion to his real anyieties . this conversation is vapre and disconnecled (g) Here state the infor-mation, and from whom. 2. Other facts (if any) indicating Insanity communicated to me by others (g)andia Hobon his trousekeeper plates that last highs he refused to sleep in his www house because the relatives of the barlier. intended to poison his many and Pogeon his mother says that the morning he accused har of coustioning with the houselleeper to burn time after he was Troisoned + that crackling of the fire under hu for he would then hear The under his bed Place of Abode, 23 montegat Unit Dated this 13 4 day of Oclo One Thousand Eight Hundred and Eighty Jey

## NOTICE OF ADMISSION.

To be forwarded to the Commissioners in Lunacy within one clear day from the Patient's reception. 1

- 1593 -

#### RETREAT, NEAR YORK. THE

# J hereby give you Notice. That\_

\_day of

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House or hospital.

. .

was admitted into this (a)

188 , and I hereby

as a Private Patient, on the

transmit a Copy of the Order and Medical Certificates on which he was

(b) If a private patient be received upon one certificate only, the special circum-stances which have prevented the patient from being ex-amined by two medical prac-titioners to be here stated, as in the statement accom-panying the order for admis-cion.

Signed.

(c)

(c) Superintendent or pro-prietor of ----

Dated this\_

day of \_\_\_\_

One Thousand Eight Hundred and Eighty \_

. . . .

To the Commissioners in Lunacy.

Lunatics 1. (16 & 17 Vict. c. 96, Schod. C. s. 24.) (25 & 26 Vict. c. 111.) Private Patient. LONDON : SHAW AND SONS Fetter Lane, E.C. (807 D.ft.- 6-86.)

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT. Sched. (A.) No. 1, Sects. 4, 8. E, the undersigned, hereby request you to receive. rary yak gless Ismall whom I last saw at 3 St on the Jwenty seventh day of October 1886 \_\_(a) (a) Within one month previous to the date of the order. fransand hund as a Patient into your House. a (°) person Subjoined is a Statement respecting the said Mary Mabet (b) Lanatic, or an idiot, or a person of unsound mind, Cooth Pecilia Jeabuls Signed, Name, r other Occupation (if any), look Place of Abode, 3 Degree of Relationship (if any) or other circumstances of connec-(d) Jaser tion with the Patient. ey) of the 2 day of\_ mated this. One Thousand Eight Hundred and Eighty 2005 (i) Luna a perion of Not Baker To THE RETREAT, NEAR YORK. STATEMENT. (F) Here If any Particulars in this Statement be not known, the Fact to be so stated. mary 2 Name of Patient, with Christian Name at ) vrabeth length..... 32 Sex and Age ..... Married, Single, or Widowed ..... Condition of Life, and previous Occupafulterom tion (if any) ..... mlan Religious Persuasion, as far as known .... - Vork 3 15 Whether First Attack ..... 32 Age (if known) on First Attack. ... ..... when When and where previously under Care ) and Treatment ...... Duration of existing Attack ..... Supposed Cause ..... (3) Merca and fr Whether subject to Epilepsy ..... Whether Suicidal ..... Whether Dangerous to others..... Doutopur . Whether found Lunatic by Inquisition, 7 du and Date of Commission or Order for Inquisition..... al how Special Circumstances (if any) preventing the Patient being examined, before Ad-Sci mission, separately by Two Medical Practitioners ..... 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 con-cerning the person signing the statement are to be added. Name, (°) Signed, Occupation (if any), Place of Abode, \_3 Degree of Relationship (if any), or other circumstances of connection with the Patient.

of Thysician Loudon

It's the undersigned, Frederick Sharin munder of the Royal College of Sugar (a) Here set forth the quali-fication entitling the person certifying to practise as a phy-nician, surgeon or apotheoary, es. gra. ----Pellow of the Royal College of Physicians in London, Licentiate of the Apothecaries' Company, or as the case may be. being a (a) Surgrove & Licentrate of the Royad College as the case may be. and being in actual practice as a (b) \_\_\_\_\_ Surg tou

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(b) Physician, surgeon, or apothecary, as the case may be. hereby certify, that I, on the 27 the day of October

at (c) ho 3. St Pater's Terrace york (c) Here insert the street and number of the house (if any) or other like particulars. in the County of york

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

personally examined Mary Elizabete Croft (d) Insert residence and of (d) 3. 5t Siter's Timace, ho supportion profession or occupation (if any) of the patient. and that the said Mury Elizabethe Croft is a (e) purson of unsound man 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 (1) She talks constantly and incoherrintly. Is notless and moving about in an acim less manner. Does not answer the simplest guistions vaboually, but wanders from one subject to another, sometimes bring apparently under the un pursion that she is acting a part or mesmorthing

(f) Here state the facts.

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

(g) Herestate the informa-tion, and from whom. I use told by marganet Branchamp when has been in attendance whom her, that for some time she has talked almost incessently. During the Cast fortuight She has imagined that the was dead, She has also imagined herself to be the Queen, the Prince of Wales, and various characters. During the last few days the has been Scripture and has repared to take food at times. bistrut

Frederick Shaun Name, Signed, 69. Rterpate York Place of Abode, \_ \_\_\_\_\_day of \_\_\_\_\_ One Thousand Eight Dated this 27 the Hundred and Eighty Stk

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separately from any other Medical Practitioner,

Richard Hewetton t, the undersigned. (a) Here set forth the quali-fication entilling the person certifying to practise as a phy-sician, surgeon, or apothecary, ex. gra. :- Fellow of the Koyal College of Physicians in London, Liecentiate of the Apothecaries' Company, or as the case may be. ber of the Noyal College of being a (a)pland record Jurjeon and being in actual practice as a (b)\_ hereby certify, that I, on the wenty Seventh day of October 1886 sters Iswace . York (c) Here insert the street and number of the house (if at (c), any), or other like particulars. No separately from any other Medical Practitioner. in the County of Ulijabeth Mary personally examined , no occupations and that Peter Smaa, 4sk 3 of (d) 10 lijabeth Croth Mary the said offunsmund hund and a proper Person to be taken charge of and detained prom is a (e) under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :--1. Facts indicating Insanity observed by myself (1) The talks without (f) Here state the facts. Suting without cohosence. Thurks She Cassing, but 4 possessed of Treard sight & can forelall Socula This of they workdo . Shappan su 19 restless au are Supricious in her manner. Refuses to take her & takes great deligate in throwing it about bed a Belesoco She is the Luesa . The I mucces 1 bed goon . Wales. It. Paul & other persons, and That She & Several differsul 18 married people. Ilso that She is dead. 2. Other facts (if any) indicating Insanity communicated to me by others (q)(g) Here state the infor-motion, and from whom. Sarah Sambert, one of her kurses, has tota demently That Ky Excited & letter She the 10 he and at during her convenation last flu days The occa las Susr m nor watto Vio Sheek her the. Nambert combonates all also tacto Judica nysel

Hewetra Tebard Signed, Name, \_\_ Place of Abode, 36. Booth YA

One Thousand Eight

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

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

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

hisanily observed

Dated this wents I Eventh day of October

Hundred and Eighty \_ Fey

## - 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.

J hereby give you Notice. That

(a) House or hospital.

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. .

was admitted into this (a) \_\_\_\_\_\_ as a Private Patient, on the day of \_\_\_\_\_\_ 158 , and I hereby

- transmit a Copy of the Order and Medical Certificates on which he was

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

Signed.

(c)

(c) Superintendent or proprietor of ----

mated this

day of\_\_\_\_\_

One Thousand Eight Hundred and Eighty

To the Commissioners in Lunacy.

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT. Sched. (A.) No. 1, Sects. 4, 8. I, the undersigned, hereby request you to receive Aury Whitele of leiste Saudal Parte Saudal whom I last saw at. day of hovember 1880 6 on the (a) Within one month previous to the date of the order. a (") putton of undorund heart of as a Patient into your House. Subjoined is a Statement respecting the said Murry When Eley (b) Lunatic, or an idiot, or a person of unsound mind. (c) Her Name, Elina whiteley Signed, and numb any)or oth Sandall Grove Farme Occupation (if any), his hele Think fandale Place of Abode, \_\_ his hr Degree of Relationship (if any) or ) other circumstances of connec-(d) Inn tion with the Patient. profession my) of th day of november Dated this One Thousand Eight Hundred and Eighty & Sice (e) Las Tople Baker a person THE RETREAT, NEAR YORK. STATEMENT. (f) H If any Particulars in this Statement be not known, the Fact to be so stated. Name of Patient, with Christian Name at ) Surry Whiteley length..... male . Sex and Age ..... married Married, Single, or Widowed ..... Farmer Condition of Life, and previous Occupation (if any) ..... Westernes Religious Persuasion, as far as known .... 1Eur R Jaudal Previous Place of Abode..... YES Whether First Attack ..... 74 Age (if known) on First Attack.... . . Nous When and where previously under Care ) and Treatment ..... 10 when Duration of existing Attack ..... worry in basiness Supposed Cause ..... (g) He tion, and 120 Whether subject to Epilepsy ..... 425 Whether Suicidal ..... no Whether Dangerous to others..... Whether found Lunatic by Inquisition, 20 and Date of Commission or Order for Inquisition..... Special Circumstances (if any) preventing the Patient being examined, before Admission, separately by Two Medical Practitioners ..... In the tiley his wafe, Subscribed Name and Address of Relative to whom ] Notice of Death to be sent ..... Name, () Eliza Whileley (c) Where the person signing the statement is not the person who signs theorder, the following particulars concerning the person signing the statement are to be added. Signed. Occupation (if any), his Suche Place of Abode, Kirka Landall Degree of Relationship (if any), or other circumstances of connechis wer tion with the Patient.

Physician

ertify, that I, on the 12 day of horren ber 1880

It's the undersigned, John Sykes (a) Here set forth the quali-Scation entitling the person certifying to practize as a phyician, surgeon or applecting, cz. 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.

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

in the County of York av \_\_\_\_ separately from any other Medical Practitioner, amined HEury Whiteley Andall grove Farm personally examined Aleury

(d) Insert residence and of (d)\_profession or occupation (if any) of the patient. the said Henry Whiteling

her

heribed

(e) Lunatic, or an idiot, or is a (e) purson of unsound kning 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)

Mr. S. Elin Edin :

hereby certify, that I, on the\_

First Saudal

FRCPLondon.

Says that he shall fo off his head . walks incessantly round his woon & cannot Lit Still. I are in variably recurs to the worry he has had in his bresiness, which he says he cannot diseris from his thoughets.

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

Has frequently said that he sunst destroy Tim self her is 20 miscrable. Was found in an outhouse yester day with a cope apparently arranging to have kindelp. By Su's daughter mary Whether Name, John Sykes Signed, Place of Abode, 23 South Parade, Doncast day of November One Thousand Eight Dated this Hundred and Eighty SIX .

(g) Here state the informa-tion, and from whom.

InS. Show Heidelberg.

Saudah

672

In Pl Pidin boro

urke Jaudal

personally examined Henry Whiteley

hereby certify, that I, on the

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"Irink

Frederick Pays for Fairbauto

day of\_

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Jaid Hurry When teley, Sudall from Bas al . Janua 24 and that

F, the undersigned .\_\_\_ (a) Here set forth the quali-fication entitling the person certifying to practise as a phy-sician, 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) Bandula being a (a)\_ and being in actual practice as a (b) Muggician

(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. at (c)

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

rig Hurry Whiteley Sandall grown

(d) Insert residence and of (d). ofession, or occupation (if any) of the patient. the said Steway Whiteley

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

(f) Here state the facts.

1. Facts indicating Insanity observed by myself (f)

Jells sue that he sunt destroy kinself he caund bear his life he is so miscrable. asks me to lake his head off. Wanders about this room cannot sit still for a moment togetter

is a (efterson fundound hind 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. :--

(g) Here state the infortion, and from whom

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

Has Juguently Said that he much drown him self & them he will be out of his misery. Yesterday he was found in an outhouse wohi when which he afterwards a dented in was arranging to hang him self sup, Ais daughelis name Wheileles signed, Name, F. R. Fair bace Place of Abode, Done certis 6 day of Howen ber One Thousand Eight Dated this Hundred and Eighty \_\_\_\_

## NOTICE OF ADMISSION.

1595-

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

(b) If a private patient be received (b) (b) If a private patient be received upon one certificate only, the special circum-stances which have prevented the patient from being ex-amined by two medical proc-titioners to be here stated, as in the statement accom-panying the order for admis-sion.

Signed.

(c)

50

(c) Superintendent or proprietor of ----

Dated this \_\_\_\_\_ day of \_\_\_\_

One Thousand Eight Hundred and Eighty \_

To the Commissioners in Lunacy.

A Lunatics 1. (16 & 17 Vict. c. 96, Sched. C. s. 24.) (25 & 25 Vict. c. 111.) Private Patient. LONDON : SHAW AND SONS Fetter Lane, E.C. (807 D.B.- 6-86.)

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT. Sched. (A.) No. 1, Sects. 4, 8. H, the undersigned, hereby request you to receive. Leorge Vuoall whom I last saw at / Traptur Wall Rillingth Jola day of hovember hute (a) Within one month pre-vious to the date of the order. on the a (\*) 1886 serien quesona miner as a Patient into your House. (b) Phys Lenge abecary (b) Lunstic, or an idiot, or Subjoined is a Statement respecting the said\_ a person of unsound mind. sull VI (c) Here and number any) or othe Name, Edward Signed. Lan Occupation (if any), Ruaptin Ta Place of Abode, \_\_ Degree of Relationship (if any) or other circumstances of connec-(d) Inn tion with the Patient. professio any) of th noolule.) Murth day of\_ Dated this One Thousand Eight Hundred and Eighty Sig (e) Las a person o To. THE RETREAT, NEAR YORK. STATEMENT. (J) H If any Particulars in this Statement be not known, the Fact to be so stated. SEORGE Tindall Name of Patient, with Christian Name at Male: Forty Fine Whe 16 Jept 1886 length..... Sex and Age ..... Single Married, Single, or Widowed ..... Coffee Plantee in Ceylon Condition of Life, and previous Occupation (if any) ..... Church of England Religious Persuasion, as far as known .... Jeart Previous Place of Abode..... The Second attack NO Whether First Attack ..... Forly Four Age (if known) on First Attack. . . . 6 - Jor 1986 10 17 14 1886 - 1886 -The Retrea When and where previously under Care and Treatment ..... 6 or 7 week Duration of existing Attack ..... Ann Jungle Ferri in Gerflow Supposed Cause ..... (g) Her tion, and No Whether subject to Epilepsy ..... No Whether Suicidal ..... I thuill not - but an not certain Whether Dangerous to others..... 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 ..... Edward Varda Name and Address of Relative to whom ] Notice of Death to be sent ..... Name, () Edward Tindall (c) Where the person sign ing the statement is not the Signed. person who signs the order, the following particulars con-cerning the person signing the statement are to be odded. Occupation (if any), dauched Propried Pilling Ink Place of Abode, \_ / Tuaplare Degree of Relationship (if any), or many other circumstances of connection with the Patient.

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Certan

12, the undersigned, John William Feal (a) Here set forth the quali-fication entitling the person certifying to practize as a phybeing a (a) Fellow oftwe Royal College of Surgeo certifying to prove the ast a physician, surgeon or a pothecary, ex. gra. :-- Fellow of the Royal College of Physicians in London, Licentiate of the Apothecaries' Company, or as the case may be. of Sugland ly & aminchin and being in actual practice as a (b) Surger (b) Physician, surgeon, or apothecary, as the case may be. hereby certify, that I, on the 5th 1886 hoocuba \_day of\_\_\_ Kuapta Hau Rillingto (c) Here insert the street and number of the house (if any) or other like particulars. 40 at (c)\_\_\_\_\_ in the County of York separately from any other Medical Practitioner, personally examined George Julau (d) Insert residence and of (d) Uniding ab Kuspton Itale, ho occupation profession or occupation (if any) of the patient. and that the said George Luidace is a (e) person of furtous and a proper Person to be taken charge of and detained (e) Lunatic, or an idiot, or a person of unsound mind. under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :--1. Facts indicating Insanity observed by myself (f) will Specific (f) Here state the facts. people have agre San Suppen deliber to the a Has taken ajambo lu Zoward Ju a comin hr. perh he is ! 2. Other facts (if any) indicating Insanity communicated to me by others (g) (g) Here state the informa-W. Edeond Junlale un tion, and from whom. offer while. deel Un lo Lach auch to the Jance C Dra di atthen 4 an certin u unperfect me . Name, John bollion Signed, 2Bilor Lunce Scarlis Place of Abode, novemba day of One Thousand Eight Dated this Up. Hundred and Eighty\_\_\_

-

William to the undersigned, Jour Jula (a) Here set forth the qualification estilling the person scriftfying to practise as a phy-sician, surgeon, or apothecary, ex. gra. 1-Fellow of the Royal College of Physicians in London, Licentiate of the Apothecaries' Company, or as the case may be.
 (b) Dispitale being a (a) Doctor Medicine of no & a member the Royal alles andrews and being in actual practice as a (b) ud rere ferenal pra (b) Physician, surgeon, or apothecary, as the case may be. hurto hereby certify, that I, on the \_\_\_\_ day of vv Le. (c) Here insert the street and number of the house (if any), or other like particulars. at (c) Maplon Hall ulle Ja separately from any other Medical Practitioner, in the County of Leorge Lu personally examined\_ (d) Insert residence and profession, or occupation (if of (d)\_ any) of the patient. plus Hall 20 occupation and that nu long Turball the said\_ is a (e) person of un sound and a proper Person to be taken charge of and detained (e) Lunatic, or an idiot. or a person of unsound mind. under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :--1. Facts indicating Insanity observed by myself (f) (f) Here state the facts. appears will & Excited lines li Zay anythe y Su ver će Sh sh in that peop lotte n a hi 2. Other facts (if any) indicating Insanity communicated to me by others (g) (g) Here state the infor-mation, and from whom. Mr Erond Ludall tells he he is ave hin la Ucaro - Muli Mun Ma 2sa levago wan 6 app Carl a real husettled 0 Walter Signed, Name, Place of Abode, Lottesay Ita hoven be One Thousand Eight day of\_\_\_\_ Dated this\_ Hundred and Eighty

## NOTICE OF ADMISSION.

1596

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

## THE RETREAT, NEAR YORK.

# J hereby give you Notice. That\_\_\_\_

· · · ·

(a) House or hospital.

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was admitted into this (a) \_\_\_\_\_ as a Private Patient, on the

day of 158 , and I hereby

transmit a Copy of the Order and Medical Certificates on which he was

(b) If a private patient be received upon one certificate only, the special circum-stances which have prevented the patient from being ex-amined by two medical prac-tiltioners to be here stated, as in the statement accom-panying the order for admis-sion.

Signed.

(c)

(c) Superintendent or pro-prietor of ----

Dated this \_\_\_\_\_ day of \_\_\_\_\_

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47

One Thousand Eight Hundred and Eighty \_\_\_\_

To the Commissioners in Lunacy.

Lunatics 1. (15 & 17 Vict. c. 95, Sched. C. s. 24.) (25 & 25 Vict. c. 111.) Private Patient. LONDON : SHAW AND SONS Fetter Lane, E.C. (807 D.B.- 6-86.)

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT. Sched. (A.) No. 1, Sects. 4, 8. Win abeth H, the ndersigned, hereby request you to receive\_ Jaldwin whom I last saw at Mailat Aow den November 1856 24day of\_ on the (a) Within one month previous to the date of the order. a (a person of mondonind as a Patient into your House. (b) Lunatic, or an idiot, or Subjoined is a Statement respecting the said Mr. abeth. a person of unsound mind. Baldwin Name, Billion Baldwin Signed, Tohaila Occupation (if any), Mailante Howden Place of Abode, Justand Degree of Relationship (if any) or other circumstances of connection with the Patient. Forenber 24' day of\_\_\_ mated this\_ One Thousand Eight Hundred and Eighty\_\_\_\_\_ 5 Bater To\_ THE RETREAT, NEAR YORK. STATEMENT. If any Particulars in this Statement be not known, the Fact to be so stated. Elizabeth Baldwins Name of Patient, with Christian Name at ) length..... Female . 26 geno Sex and Age ..... manied Married, Single, or Widowed ..... E. Acullewman Condition of Life, and previous Occupa- ) tion (if any)..... J Protestant. Religious Persuasion, as far as known .... Portefract. No Whether First Attack ..... 24. Age (if known) on First Attack .... Spring of 1885 - at home When and where previously under Care ¿ Two months. Duration of existing Attack ..... bant of society & unsentable neglibourhood Supposed Cause ..... -No Whether subject to Epilepsy ..... No Whether Suicidal ..... No Whether Dangerous to others, ..... Whether found Lunatic by Inquisition, 7 No and Date of Commission or Order for Inquisition..... Special Circumstances (if any) preventing the Patient being examined, before Ad-Anne mission, separately by Two Medical Practitioners ..... William Baldwinn Howden Name and Address of Relative to whom Notice of Death to be sent ..... William Baldwin (c) Where the person signing the statement is not the person who signs theoreder, the following particulars con-cerning the person signing the statement are to be added. Name, (°)\_\_\_ Signed. Solicit Occupation (if any), towder Place of Abode, . Degree of Relationship (if any), or other circumstances of connection with the Patient.

& a Licentiate of the Roy of Coley of Lungaons, Wind

ano, Erist

and that

day of November 1886

separately from any other Medical Practitioner,

me Sentral

Howden

John Chestrath

being a (a) Licentrate of the Royal College of Physics

hereby certify, that I, on the musicant

York

in the County of\_

personally examined

to the undersigned, \_\_\_\_ (a) Hereset forth the quali-(a) Heresel forth the quali-fication entitling the person certifying to practise as a phy-nician, mergeon or apothecary, e.t. gra. :-Fellow of the Royal College of Physicians in London, Licentiate of the Apothecaries' Company, or as the case may be. as the case may be.

(b) Physician, surgeon, or and being in actual practice as a (b) Physician Surgeon

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

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

the said Elizabeth Baedwin (e) Lunatic, or an idiot, or is a (e) peron of unsortens rime 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. :--

Elizabet Bacdwins

(f) Here state the facts.

1. Facts indicating Insanity observed by myself (f) The un ap mas Certain of her neighbours have a macine influence our her, That she is electrified or meancored by turning to stone, + that at she is th Thinks She is being porsoned by assuni, an thist. ffers from various dracions ac through That t she I bodily health. The gets frequently State will 402 moody 1uto a hoters when spotten to.

(g) Here state the informa-tion, and from whom.

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

wallen lette micherant 13 Cottobrati various esple; p and The tack of server by my 9. Cheshull Name, Signed,

erwent Horse. Place of Abode, Dated this twenty third day of Noteenby One Thousand Eight

0130 Hundred and Eighty\_

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E, the undersigned, Theman Puffind Auburt (a) Here set forth the qualification entitling the person-certifying to practise as a phys-sician, surgeon, or apotherary, ex. gra. :--Fellow of the Royal College of Physicians in London, Licentiate of the Apotheraries' Company, or as the case may be.
 (b) Physicians being a (a) . Fellow of the Ray elfallege of Physicians Lands and being in actual practice as a  $(b)_{-}$ (b) Physician, surgeon, or spothecary, as the case may be. day of lovere hereby certify, that I, on the levent, Ic and Johnten (c) Here insert the street and number of the house (if any), or other like particulars. - a A heid at (c) 6. Parke trune in the County of separately from any other Medical Practitioner, lizabet Jan Hogilgale 2 lave (d) Insert residence and of (d) further . profession, or occupation (if of (d) further . any) of the patient. tuanied loon and that Jak the said Elizabeth thous Saldwin le (c) Lunatic, or an idiot, or a person of unsound mind. is a (e) person of cur med line 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) (f) Here state the facts. Alter incoherince while en an Cry presence. Disparlin to Lette on tinane of all of varge 15 Delusions and Delusions noh on. herendoes faith one austers. I de instead any fixed delica her arey the lendences 2. Other facts (if any) indicating Insanity communicated to me by others (g) (g) Here state the infor-mation, and from whom. has husles tran letton ollen e l Means The Chestrutt those Minn 15 , litro in coheren bor Cuscisal mdu has thoody to the Elocated Nales and hear is lecci d. signed, Name, Mes Cheford Rebutt Place of Abode, 6 prece kent day of November One Thousand Eight Dated this 22 Hundred and Eighty Ry

# 1594 NOTICE OF ADMISSION.

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

#### RETREAT, NEAR YORK. THE

# J hereby give you Notice, That\_\_\_\_

(a) House or hospital.

as a Private Patient, on the was admitted into this (a) \_

. day of \_\_\_\_\_\_158 , and I hereby

transmit a Copy of the Order and Medical Certificates on which he was

(b) If a private patient be received upon one certificate only, the special circum-stances which have prevented the patient from being es-amined by two medical prac-titioners to be here stated, as in the statement accom-panying the order for admis-sion.

Signed.

(c) Superintendent or pro-prietor of ----

mated this \_\_\_\_\_ day of \_\_\_\_

(c)

One Thousand Eight Hundred and Eighty \_\_

To the Commissioners in Lunacy.

Lunatics 1. (15 & 17 Vict. c. 96, Schod. C. s. 24.) (25 & 26 Vict. c. 111.) Private Patient. LONDON: SHAW AND SONS Fetter Lane, E.C. -807 D.fl.- 6-86.)

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT. Sched. (A.) No. 1, Sects. 4, 8. H, the undersigned, hereby request you to receive. Eliza Horda 14 Winga whom I last saw at. et 26 day of\_ vanber on the no (a) Within one month previous to the date of the order. pellon of unsound mindas a Patient into a ( your House (b) Lunatic, or an idiot, or Subjoined is a Statement respecting the said 643 a a person of unsound mind. Signed, Name. Occupation (if any), Place of Abode, 14/1/12 Degree of Relationship (if any) or other circumstances of connection with the Patient. 26 day of mated this. One Thousand Eight Hundred and Eighty 💸 To GAT Balen THE RETREAT, NEAR YORK. STATEMENT. If any Particulars in this Statement be not known, the Fact to be so stated. Guz Name of Patient, with Christian Name at length..... rears Sex and Age ..... arri Married, Single, or Widowed ..... Condition of Life, and previous Occupa-20 carra tion (if any) ..... Religious Persuasion, as far as known .... Whether First Attack ..... Age (if known) on First Attack. . . . When and where previously under Care ) Duration of existing Attack ..... 6 hild Supposed Cause ..... w Whether subject to Epilepsy ..... Whether Suicidal ..... nn Whether Dangerous to others..... Whether found Lunatic by Inquisition, no 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 ..... (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 odded. Name, ( Signed, Occupation (if any), Place of Abode, Degree of Relationship (if any), or other circumstances of connection with the Patient.

(a) Here set forth the quali-feation entitling the person certifying to practise as a phy-nician, 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. 1; the undersigned, u Royal College auber being a (a)L 000 aud o Jurgeon (b) Physician, surgeon, or apothecary, as the case may be, and being in actual practice as a (b) november hereby certify, that I, on the day of (c) Here insert the street and number of the house (if at (C) any) or other like particulars. N ustu in the County of separately from any other Medical Practitioner, personally examined K Lacon (d) Insert residence and of (d), profession or occupation (if any) of the patient. 14 and that the said lon (e) Lunatic, or an idiot, or a person of unsound mind. undound griand a proper Person to be taken charge of and detained is a (e) Denson under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :---1. Facts indicating Insanity observed by myself (f)1 (f) Here state the facts. 120 A C our Le. bulo lu 2400 idea 10 accomples Laure The 2. Other facts (if any) indicating Insanity communicated to me by others (g) (g) Here state the informa-tion, and from whom. 6 attensted 00 kc. zel on undas A lus ac 02 She aus 111

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Dated this

Hundred and Eighty\_\_\_

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Ligned,

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Place of Abode,

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Name,

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One Thousand Eight

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Willy

E, the undersigned, Willieue Sederick Watto (a) Here set forth the quali-fication entitling the person certifying to practise as a phy-sician, 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) ellewaber of the Moyal College Jurgeons of Loudon as the case may be. and being in actual practice as a (b) sugern (b) Physician, surgeon, or spothecary, as the case may be. hereby certify, that I, on the twenty fifthe day of November (c) Here insert the street and number of the house (if at (c)\_\_\_\_\_ any), or other like particulars. estgate Deustu 14 in the County of Ur separately from any other Medical Practitioner, personally examined Eliza Ardyton (d) Insert residence and profession, or occupation (if ang) of the patient. Dustury of (d)\_\_\_\_ 14 Westgate and that odyson the said Ellha 9 (e) Lunatic, or an idiot, or a person of unsound mind. is a (e) herson of unsoind minand 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 (1) Dejected appearance (f) Here state the facts. Say that the attempted Auce to her clother - that fire brechard 1u WHUT the desire the and resulting duling 4 but that the impulse to self distruction present is still (g) Here state the infor-motion, and from whom. 2. Other facts (if any) indicating Insanity communicated to me by others (g)Attempted Anicide on Lunday November husband Charles Hadgeon the 21ets her gave me the information 5 \* 1. 16 Ξ. Signed, Name, Willeava Frederick Water Place of Abode, 2 Willow Sheet Daw hury Dated this liverily fifth day of November One Thousand Eight Hundred and Eighty Line

and south

### 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 as a Private Patient, on the was admitted into this (a) (a) House or hospital. 188 day of , and I hereby

transmit a Copy of the Order and Medical Certificates on which he was

(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 pro-

Dated this day of

51

One Thousand Eight Hundred and Eighty

To the Commissioners in Lunacy.

Lunatics 1. (16 & 17 Vict. c. 96, Schod. C. 8, 24.) (25 & 26 Vict. c. 111.) Private Patient. LONDON : SHAW AND SONS, Fetter Lane, E.C. (2-9-84.)

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT. Sched. (A.) No. 1, Sects. 4, 8. H, the undersigned, hereby request you to receive Charles genfley whom I last saw at 66 St mary Road Bradford December (a) Within one month preon the Stewerth day of (ª) vious to the date of the order. (b) Lumatic, or an idiot, or a person of unsound mind. a ( ) person of ungoing simples a Patient into your House. Subjoined is a Statement respecting the said Charles Sentley Signed, Name, Occupation (ij any), Apsurance Clerk Place of Abode, 66 St mary Rd Brodford Degree of Relationship (if any) or other circumstances of connec-Brother in law tion with the Patient. day of December Dated this Seventh One Thousand Eight Hundred and Eighty Jup Dibakon To (c) Superintendent or pro-prietor of \_\_\_\_\_\_\_.
 (d) Describing the house or hospital by situation and name, if ony. ends () Retree STATEMENT. If any Particulars in this Statement be not known, the Fact to be so stated. Name of Patient, with Christian Name at ) Senles Charles length..... Thirty one Sex and Age ..... Jingle Farmers man Married, Single, or Widowed ..... Condition of Life, and previous Occupa- ) tion (if any) ..... ) Friend Member Religious Persuasion, as far as known .... Catshaw Farm Wyersdale Previous Place of Abode..... no Whether First Attack ..... Thirty one Age (if known) on First Attack ..... 9 mos ago When and where previously under Care ? never and Treatment ........ a week Duration of existing Attack ..... hilepsy Supposed Cause ..... Whether subject to Epilepsy ..... Ves yes Whether Suicidal ..... yes Whether Dangerous to others..... Whether found Lunatic by Inquisition, and Date of Commission or Order for Special Circumstances (if any) preventing the Patient being examined, before Adnone mission, separately by Two Medical Practitioners ..... ..... 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 edded. annel gill Signed, Name, (°) wanco Cliss Occupation (if any), Britond Place of Abode, 66 54 Manjo Rd. 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.

Nal agliate 12 the undersigned, Judala Uni every haduate in medicine of the (a) Here set forth the quali- being a (d)\_ fication entitling the person certifying to practise as a physician, mrgeon or apothecary, ex. gra.:-Fellow of the Royal College of Physicians in London, Licentiate of the Edubuch and being in actual practice as a (b) Meleon Apothecaries' Company, or as the case may be. (b) Physician, surgeon, or apothecury, as the case may be. hereby certify, that I, on the \_\_\_\_\_\_ December 1886 day of\_\_\_ Villas. Brad Valuer (c) Here insert the street at (C) \_ and number of the house (if any) or other like particulars. 6 separately from any other Medical Practitioner in the County of. harles senter personally examined 740 mer and that (d) Insert residence and of (d)refersion or occupation (if ng) of the patient. nam 6 or UR. Butt harles the said\_ (e) Lauratic, or an idiot, or is a (e) pursound unswerne minut a person of unsound mind. under Care and Theatment, and that I have formed this opinion upon the following grounds, viz. :--1. Facts indicating Insanity observed by myself : (1) Here state the facts. (8) Jalks continually inthiout stopping about religious Anine manifestationes & revelation tungs + Vie him. Sold one he had been tempted to -Kill out topured his pocset - mig that + look hove; but he add ed moble thought prebailed al loted me he had considered the - novis abili 1 Milling whom tus Sumuel Gill In described as best neud, in order to send him thearm as soon as hos. eible but the repaired in care m bill might north quit, ther facts (if any) indicating Insanity communicated to me by others : Brother-in law tells me Charles (g) Herestate the informa-(1) Samuel gill. tion and from whom. Kept spring out of her on night 6 utty herrow nights) hautice art December ran henor his vaice messages from for has 1 also he that qua rotter places ras tus a hm 10 eur cult manne in hag liat molea Name, Signed, Place of Abode, of tralucer Villas on. 140 day of Necutier One Thousand Eight Dated this Swenth Hundred and Eighty

1

52

H, the undersigned, Haber Coddington Major (a) Here set forth the quali-tication entitling the person certifying to practise as a phy-sician, surgeon, or apollecary, ex. gra. - Fellow of the Royal College of Physicians in London, Licentiate of the Apothecarics' Company, or as the case may be. as the case may be day of tecember (b) Physician, surgeon, or apothecary, asthe case may be. hereby certify, that I, on the\_ Leven (c) Here insert the street at (c) 66 J. Many's Rood Manuingha and unmber of the house (if ang), or other like particulars. ra separately from any other Medical Practitioner in the County of . tes Bentley 6 personally examined " many's R. Manningham Madfor; a farthar and that (d) Insert residence and of (d) 66 w profession, or occupation (if any) of the patient. harles Wente the said is a (e) herson of lucesours him and a proper Person to be taken charge of and detained (e) Lunatic, or nn idiot, or a person of unsound mind. under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :---1. Facts indicating Insanity observed by myself : (1) Here state the facts. (1) this general shareye and concited demander, which is dolinately teperes to reply condently morbid present Saying he has only one doctor and that is the devil It ad the Various Sharry allitudes in a shorthing au heak and into trud, malinal ringing 2. Other facts (if any) indicating Insanity communicated to me by others : (g) Here state the infor. (g) mation, and from whom. Yile Tipe of pahend, informes multich ration present allach of cacikement came on about a week as an chileptic fit and has continued whice mits of hoisy cuteme hallercinations ato talks almost cover tantly and making on religious subjects Hober. lator mad. Name, Signed, Place of Abode, 154 Maninghan hadford Raue day of December Dated this Seventh \_One Thousand Eight Hundred and Eighty Der .

## 1599 -NOTICE OF ADMISSION.

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

#### RETREAT, NEAR YORK. THE

# J hereby give you Notice. That\_

\_\_\_\_day\_of\_\_\_\_

(a) House or hospital.

was admitted into this (a) as a Private Patient, on the

188 , and I hereby

transmit a Copy of the Order and Medical Certificates on which he was

(b) If a private patient be received (b) (b) If a private patient be received upon one certificate only, the special circum-trapes which have prevented the patient from being ex-amined by two medical prac-titioners to be here stated, as In the statement accom-panying the order for admis-sion.

Signed.

(c)

(c) Superintendent or pro-

2224

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.)

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT. Sched. (A.) No. 1, Sects. 4, 8. f, the undersigned, hereby request you to receive Hent 6 emelen whom I last saw at on the  $/3\frac{1}{5}$ day of Tilla (a) Within ovemanth previous to the date of the order. a (\*) Feren of Unsound mundas a Patient into your House. (b) Lunatic, or an idiot, or Subjoined is a Statement respecting the said \_ 1ml. a person of unsound mind. Jeenna Poo Name. Signed, Occupation (if any), ley flor Place of Abode, \_ line Degree of Relationship (if any) or other circumstances of connec-tion with the Patient. 4th ucen mated this day ( One Thousand Eight Hundred and Eighty\_ De Baker To THE RETREAT, NEAR YORK. STATEMENT. If any Particulars in this Statement be not known, the Fact to be so stated. Henn Pool Name of Patient, with Christian Name at ) length..... Mal. Fifty Three Sex and Age ..... Marries Married, Single, or Widowed ..... Bour + mut - manufaltmer Condition of Life, and previous Occupation (if any) ..... Much Religious Persuasion, as far as known ... Bushm Hell Luch 6 emeter Previous Place of Abode..... no Whether First Attack ..... ighteen Age (if known) on First Attack ... .. When and where previously under Care Jud attack October and Treatment ...... es dans Duration of existing Attack ...... Expresse and yiely, caused by his Brakene Supposed Cause ..... 40 Whether subject to Epilepsy ..... his ho Whether Suicidal ...... ho agerous to others..... Whet Whe d Lunatic by Inquisition, ho t Commission or Order fo and Inquisition..... Special Circumstances (if any) preventing hone the Patient being examined, before Admission, separately by Two Medical a Pool. 87 Gemeter Road Bud Mill Practitioners ..... Name and Address of Relative to whom Notice of Death to be sent ..... Decima (c) Where the person sign-ing the statement is not the person who signs the order, the Name, (°). Signed. Occupation (if any),. following particulars con-cerning the person signing the statement are to be odded. Place of Abode, Degree of Relationship (if any), or other circumstances of connection with the Patient.

being a (a) Member of the logal College of Sugers of Supland

It, the undersigned, Thomas Scattergood

and a dicentrate ofthe afotheraries Company

(a) Here set forth the quali-scation entitling the person certifying to practise as a phy-bician, surgeon or apothecary, ex. graz. --Pellow of the Royal College of Physicians in London, Liccentiate of the bachemarical Commence Apothecaries' Company, or de 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 partice

0

(d) Insert residence profession or occup gng) of the patient.

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

(f) Here state the

tud

WANTER

(g) Here state the inf. and from whom

THE ASYLUM, BOOTHAM. YORK.

Hurry Pool was first admitted

and being in actual practice as a (b) Augeon

hereby certify, that I, on the Austeenth

Om & Baker

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14 Den 1006

deed and that

It and hut manofacture

y other Medical Practitioner,

day of December 1886

Lee 3

taken charge of and detained

the following grounds, viz. :---

30 July 1853. alt 19. 200 attach. 1100 ppearance is weld at afe of (8). reatlemens, I sometimes hadles excitiont, gueral want of violent gesticulation self control. not succedal not Daugerous to other 2 her this and his Discharged reeven 26 sep 15-3 ange from his 23 jy 60 the before. In 8 Feb 65 he Juddenly stopped 31 may 67 magniling person: 2 IN 69 terview in a bold

his rate of payment was 21/-prover when they were a few then ge has been often the get hall age the show the show the show the show out the Balling

(2) Communication to me by hor moley of maturen Road, a neighbour and friend of 16 years standing : Mich & taken a matter & coursely aversion to be and be family with it is the has been to long interester. We jumped out of bed last night when he was not watch and true to get out of the window. He has been biolest and excites, shouting touty without lause, and lathing to insginary persons. Ligned, ' Name, Thomas Seath good Place of Abode, 41 Park Square dead Bated this therteenth day of December One Thousand Eight

Hundred and Eighty

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

E, the undersigned, hereby request you to receive Henry,

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

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

6 emetery , Belston whom I last saw at \_\_\_\_\_ on the  $/3 \frac{1}{2}$ plels Je comber day of Tate 1886 a (°) Person of unsound mundas a Patient into your House. Subjoined is a Statement respecting the said Denny for

Jeenna Pool Signed, Name, Occupation (if any),

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ited.

timer

(d) Inser (any) of the profes

(e) Luni a person of

1400

(b) Physics spathecary, a

(c) Here and no mber any) or other

If any

Name of Patient, v length..... Sex and Age..... Married, Single, or Condition of Life, tion (if any).... Religious Persuasic Previous Place of 4

Whether First Atta

Age (if known) on When and where j and Treatment . . Duration of existin

Supposed Cause ...

Whether subject to

Whether Suicidal . .

Whether or the second s

Inquisition..... Special Circumstan the Patient being mission, separat

Practitioners ... 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.

Occupation (if any),

Signed,

Place of Abode,

Name, ().

Decime

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am

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

by his Braken (a) Her 08. and

Procest Bush Bill

(J) He

Scattergood 1 the undersigned, 1 hour (a) Here set forth the quali-Section entitling the person certifying to practise as a phy being a (a) Member of the logal College of Surgeon of Supland bician, surgeon or apothecary, e.s. gra.:—Fellow of the Royal College of Physicians in London, Licentiate of the And a dicentrate ofthe apothecaries Company Apothecaries' Company, or as the case may be. and being in actual practice as a (b) Augeon (b) Physician, surgeon, or apothecary, as the case may be. hereby certify, that I, on the Austeenth day of Secender 188 (c) Here insert the street at (c) 87 Cametery Road, Holbeck, Lee & separately from any other Medical Practitioner, your in the County of\_\_\_\_ personally examined Henry Vool, Bolt and nut mansfeller 87 Cemetery Road Holbeck dead and that (d) Insert residence and of (d)\_\_\_\_ profession or occupation (if gay) of the patient. the said Acury Pool is a (e) person of he sound hundered a proper Person to be taken charge of and detained (e) Lunatic, or an idiot, or a person of unsound mind. under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :---1. Facts indicating Insanity observed by myself (f) this appearance is weld (f) Here state the facts. and excited ; his conversation loud and sometimes maker and accompanies by internant and often violant gestreulation He talk, useasingly and volubly, and in this and his exited manner there is an cutire change from h conduct as Known to the before. Affearance and he Juddenly stop the middle of her conversation with me To hurn and speak in a low tone to lunaquility person: An The pumper in and and g bed during our saterview in a wild a) excited have 2. Other facts (if any) indicating Insanity communicated to me by others (g) (g) Herestate the informaand from whom. (") Communicated to sue by his lorde. His manner and bearing are entired, different to what they were a few days ago: Since his return from the og his sick brother ge has been often excited in his manner and bearing : kneeling down in the brokest hall an excited in his manner and bearing : kneeling down in the brokest hall an this house to pray long and even behaventy : show out the Balues 3 the day (2) armunicates to me by her morley of malvern Road, a neighbour and friond of 16 years standing Herde taken a matter & cursely aversion to her and her family with it in the has been to long intimate. He pumper art of bed last night when he was not watch and tried to get ort of the window. He has been biolest and excites, shouting lowly without lause, and Patking to inspinary persons. Signed, Name, On our of the offer offer offer of ud hill Name, Chomas Seatt - 190 Place of Abode, 41 Park Square deed Therewith day of Secande One Thousand Eight Bated this Hundred and Eighty Act

55

Alfred Edward Drury k, the undersigned. L (a) Here set forth the quali-cation entitling the person rtifying to practise as a phybeing a (a) dicentiate of the Royal Callege of Surgeons erritging to practise as a phy-trian, surgeon, or apothecary, ex. gra. :- Fellow of the Royal College of Physicians in Losdon, Licentiate of the Apothecaries' Company, or as the case may be. FEderaber and of Thepsiecaus & and being in actual practice as a (b) Thepsecian Hourgeon (b) Physician, surgeon, or spothecary, as the ease may be. day of December 1886 Euth. hereby certify, that I, on the Isley Rectory near Ruswood (c) Here insert the street and number of the house (if any), or other like particulars. in the County of Aau separately from any other Medical Practitioner. Henry Vool, Bolt and Nut manufacturer personally examined Cemetery Road Buston Hill, Leeds (d) Insert residence and profession, or occupation (if any) of the patient. of (d) 8 and that the said Acurey 100 (c) Lunatic, or an idiot, or a person of unsound mind. 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 (1) on the teuth of December (f) Here state the facts. Eighten hundred & Eighty Sex found him dancing to on the hearth rug Jasked home what he was doing that for, he said he was dancing a horn pipe to please the Lord - his manney eve 1 Since most excited, and on the night ofthe twelfthe Just he attempted to jump out of the window, (g) Here state the infor-mation, and from whom. 2. Other facts (if any) indicating Insanity communicated to me by others (g) Decima Tool Information from his wife - Since his return from Halley he has lecentra wild excited condition stamping on the floor rapping on the table with his hands Singing the peals in a very loud voice. which is most umatural the agnesellorley Information from les Morley of Malvern hard herds - who has been internate friend of his for over Sixteen years - He use most abusine language to Afred Edward Drary Signed, Name, \_\_ Ringwood - Hampshire Place of Abode,\_\_ Dated this histeenth. day of December One Thousand Eight Hundred and Eighty \_\_ See.

COPY

1600 -

OF

## ORDER AND CERTIFICATES.

56

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

m. Low be be bed

R & S (18,000a) 500 8-86

## ORDER FOR THE RECEPTION OF A PRIVATE PATIENT.

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

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

I. the undersigned, hereby request you to receive Ellen Moorhouse) whom I last saw at Keading day of November 1879 (1) 29th on the a (") person of unsound mind , as a Patient into your House. Subjoined is a statement respecting the said Ellen Moorhouse. Name S. Moorhouse Signed, Com miller Occupation (if any) Place of Abode Il Verginia Ro Leeds brother to patient Degree of Relationship (if any),) or other circumstances of connexion with the Patient) 5th Day of December Dated this One Thousand Eight Hundred and Seventynine To E. Storer (ª) \_\_\_\_ 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 Ellen Moorhouse Sex and Age ...... Female aged Horgears Married, Single, or Widowed ..... Condition of Life, and previous Occupa-) no occupation tion (if any) ......) Religious Persuasion, as far as known ..... Society of Friends Previous Place of Abode ..... Leed 9 Has been accentric for a number of years and got of decidedly unsound mind he last few (day byears) Whether First Attack ..... Age (if known) on First Attack ..... When and where previously under Care? under none before Duration of existing Attack ...... Cannot answer Supposed Cause ...... Unsound mind aggravated by love affairs Whether subject to Epilepsy ...... Ro Whether Suicidal ..... 92 Whether Dangerous to others ..... no Whether found Lunatic by Inquisition,) no and Date of Commission or Order for Inquisition .....) Special Circumstances (if any) preventing) the Patient being examined, before Admission, separately, by Two Medical None S. Moorhouse Rd Name and Address of Relative to whom? (e) Where the person signing the statement is not the person who signs the order, the fol-lowing particulars con-cerving the person signing the statement are to be added. Signed, Name (°) S. Moorhouse) Occupation (if any) Place of Abode Degree of Relationship (if any),) or other circumstances of connexion with the Patient

OF PRIVATE PATIENT. TRANSFER

16 & 17 Vict., Cap. 96, § 20.

CONSENT.

WE, the undersigned, Commissioners in Lunacy, hereby consent to the removal, on or before day of De 188 6, of Iller the 24 e' a Private Patient in Th arge of minue upole 0 20 to Given under our hands this 10th day of December in the year of Our Lord One Thousand Eight Hundred and Eighty Dies Warles Malmur Phillips **Commissioners** inLunacy. ORDER the undersigned, ork a Private having Authority to discharge charge file Patient in The 240 ICile hereby order and direct that the said be removed therefrom to the Nett Given under my hand this /1 the day of Dee = in the year of Our Lord One Thousand Eight Hundred and Eighty-& Moohonse (Signed) Place of Abode 41 Sholebroke avenue

\* NOTE .- This order must be signed and dated aubsequently to the consent of the Commissioners ; and it must be signed by-

- The person who signed the order for the Patient's admission :
   If such person be incapable (by reason of in-anity, or absence from England, or otherwise), or if he be dead, then by the Husband or Wife of the Patient :
   If there be no Husband or Wife, then by the Patient's Father :
   If there be no Father, then by the Patient's Mother :
   If there be no Father, then by the Patient's Mother :
   If there be no Father, then by the Patient's Mother :
   If there be no Father, then by the Patient's Mother :
   If there be no Father, then by the Patient's Mother :
   If there be no Father, 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

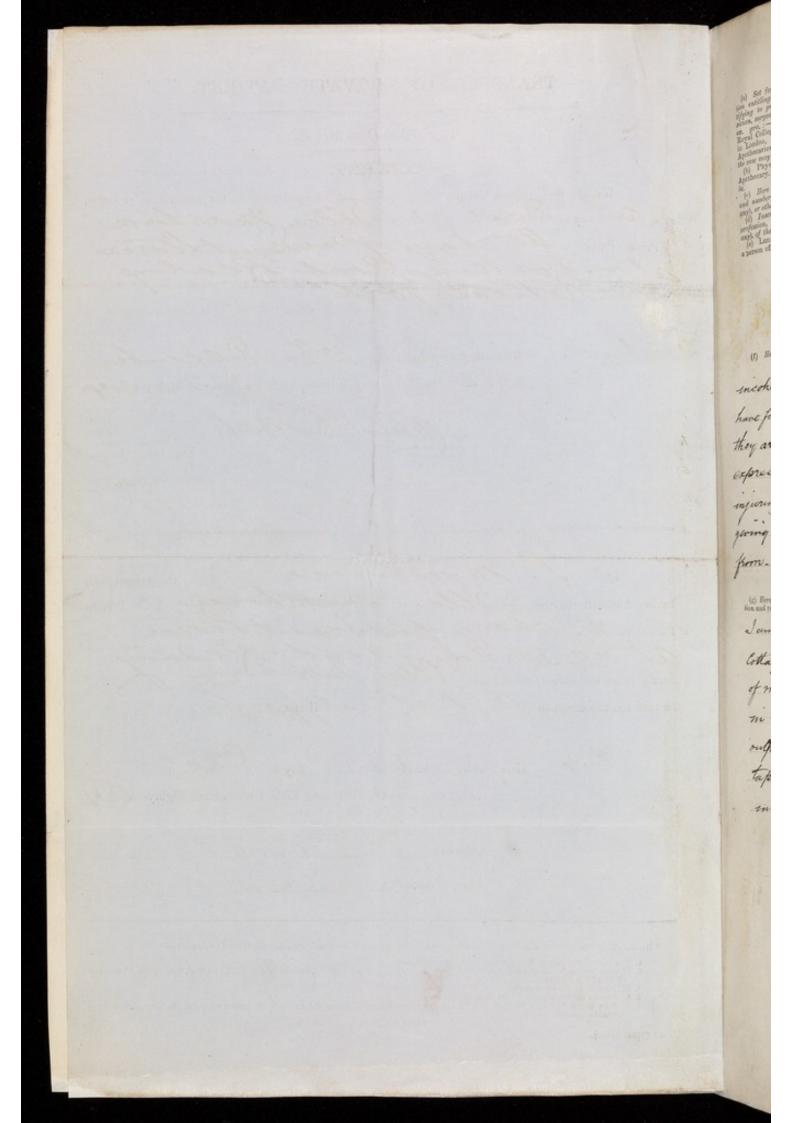
T.ZB

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affairs



(a) Set forth the qualifica-tion entilling the person cer-tifying to proceedies as a phy-neces, grat, --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.

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

Edward Wells M.D. H, the undersigned, being a (\*) Fellow of the Royal College of Physicians in London

te. (\*) Here insert the street and being in actual practice as a (b) Physician and another of the house (if) any), or other like particulars. (a) Insert revolution (if) Actther Cottage, Exstern Avenue, Ear any), or the patient. (e) Lunatic, or an idlot, or a person of unsound mind. Berkshire . day of December 1879. at (°) · Letther Cottage, Eastern avenue, Earley in the County of separately from any other Medical Practitioner, personally examined Ellen Morchouse of (4) and that . 236 Kings Road Reading, Berkehire, Aprinster the said Ellen moorhouse is a (\*)

and a proper Person to be taken charge of nerson 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 (1) a restless mannet,

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 oneans of the spirit) any diseases they may themselves fuffer from - and other facts shewing that she is suffering from Erotic mania.

2. Other facts (if any) indicating Insanity communicated to me by others (\*) (g) Here state the informa-tion and from whom, I am informed by Mrs Davis, wife of Mr Davis, Sentteman, residing at Latter 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 dothes on even in the winter -

Name, Edward Wells Mh 7. R.C.P. Signed, Place of Abode, 15 Friar St. Reading Placks with day of December One Thousand Eight Dated this Hundred and sevenity nine

58

(a) Set forth the qualifica-tion entitling the person cer-tifying to protective as a phy-metric structure of the Royal College of Physicians in Londer, Licentiate of the Apothecaries' Company, or as the case may be. (b) Physician, Surgeon, or Apothecary, as the case may be.

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

It, the undersigned, Henry George armstrong being a (\*) member of the Royal College of Surgeons (e) Here insert the street and being in actual practice as a (b) Surgeon and number of the house (if hereby certify, that I, on the 5th day of December (d) Insert results and being in actual practice as a (b) Surgeon (d) Insert results and being in the Contact of the patient. (e) Liner transfer and the patient. (f) Insert results of an idiot, or Sucher Cottage, Eastern avenue Reading in the Contact of the patient. (e) Liner transfer and idiot, or Berches a person of unsound mind.) · Singland . at (\*) in the County of separately from any other Medical Practitioner, personally examined Ellen Moorhouse of (4) . 236 Kings Road Reading Berks the said Ellen Moorhouse and that is a (°) . person of unlownst mint and a proper Person to be taken charge of and detained under Care and Treatment, and that I have formed this opinion upon the

(f) Here state the facts.

1. Facts indicating Insanity observed by myself (1) Jalks incessantly and very rapidly - Says that she is being illreated at the house where the is lodging that there are two young men from deeds, who have followed her both withing to get an influence for evil over her, I that she is searching for them constantly to get them to marry her.

(g) Here state thei nforma-tion and from whom,

2. Other facts (if any) indicating Insanity communicated to me by others (\*) Have been informed by More Davis of Luther Collage Eastern Avenue Reading that she is at times very abusive in her language without any causethat she talks about in her bedroom as if addressing several men and that she sponges hereelf allover with cold water even in the coldesp weather, with all her dother on

Signed,

following grounds, viz. :

Name, It.G. armstrong M.R.C. Place of Abode, 160 Friar At Rending

6th day of December One Thousand Eight Dated this Hundred and Leventy nine.

## NOTICE OF ADMISSION.

1601 -

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

#### RETREAT, NEAR YORK. THE

# J hereby give you Notice. That

-

(a) House or hospital.

admitted into this (a)	as a Private Patient, on th	8
day of	188 and I hereby	v

transmit a Copy of the Order and Medical Certificates on which he was

was

(b) If a private patient be received upon one certificate only, the special circum-stances which have precented the patient from being ex-amined by two medical prac-titioners to be here stated, as in the statement accom-panying the order for admis-sion.

Signed.

(c)

(c) Superintendent or pro-prietor of ----

. . .

Dated this\_\_\_\_ \_\_day of \_\_\_

One Thousand Eight Hundred and Eighty

To the Commissioners in Lunacy.

1

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. A (807 D.B.- 6-86.)

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT. Sched. (A.) No. 1, Sects. 4, 8. H, the undersigned, hereby request you to receive. Herest frington Million Nolimon In honer 32 thanow II - deeds whom I last saw at day of (lormany 18 on the murt (a) Within one month pre-vious to the date of the order. a the case Insomed hundas a Patient into your House. (b) Physic neupin n. spothecary, om (b) Lunatic, or an idiot, or Subjoined is a Statement respecting the said a person of unsound mind. (c) Here and number ( any) or other William Robinste Ounoon) Signed, Name Aquent Frint. Machme Malten Occupation (if any), Place of Abode, 32 Anencia St-new Cam Lecus 30 Hather Jahent Alke. Degree of Relationship (if any) or ) 6 other circumstances of connec-(d) Inset tion with the Patient. profession any) of the th 4 Omany Dated this day of One Thousand Eight Hundred and Eighty -d. thin (e) Lun To ph Bullen a person o THE RETREAT, NEAR YORK. STATEMENT. (f) He If any Particulars in this Statement be not known, the Fact to be so stated. Name of Patient, with Christian Name at ) Shulli one Allemon length..... Ma 31 geno Sex and Age ..... Marnet Married, Single, or Widowed .... 4. Traveler all to his Hatter Valen Condition of Life, and previous Occupation (if any) ..... deal mus Religious Persuasion, as far as known ... 66 Tholebroot Arenew Lecus yco forel allacko Whether First Attack ..... Age (if known) on First Attack.... nowhere When and where previously under Care ) and Treatment ..... about 3 multo Duration of existing Attack ..... Cause giol Mnown Supposed Cause ..... (g) Her tion, and au Whether subject to Epilepsy ..... W. ### C Whether Suicidal ..... es. Whether Dangerous to others..... Whether found Lunatic by Inquisition, 7 no and Date of Commission or Order for Inquisition. Special Circumstances (if any) preventing the Patient being examined, before Admission, separately by Two Medical Practitioners ..... as abour Name and Address of Relative to whom Notice of Death to be sent ..... lun (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 odded. Name, () Signed. urged Occupation (if any), Clayton un Place of Abode, Degree of Relationship (if any), or other- ing law other circumstances of connection with the Patient.

Jurgeon

day of January , 1007

It the undersigned, Shower Richard Jesoph

personally examined John William Robinson

(a) Here set forth the qualification entitling the person certifying to practise as a phybeing a (a) Fellow 57 hs Royal College of Surgeons an erican surgeon or apollocary, ex. gra. :-Fellow of the Royal College of Physicians in London, Licentiate of the Apothecaries' Company, or as the case may be.

Lordon

and being in actual practice as a (b)\_\_\_\_

hereby certify, that I, on the 34

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

(c) Here insert the street at (c) 32 Francis Street. New Leeks. Leek and number of the house (if any) or other like particulars. in the County of gork separately from any other Medical Practitioner,

Malte

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Faller

of (d) 66 Sholebroke & Ince . Leed, Fareller or and that (d) Insert residence and profession or occupation (if any) of the patient. the said John William Robinson

(e) Lunatic, or an idiot, or is a (e) ferto of kusomet Amit and a proper Person to be taken charge of and detained a person of unsound mind. 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) For serveral beck, his whiculation has allived after the manner of a ferenal Taral 5. Hering elway been modert and une faring he has become Fourtful of his portes and of his means - projecting large und 4 falusine hereases a allogether begont his reach.

(g) Herestate the informa-tion, and from whom.

2. Other facts (if any) indicating Insanity communicated to me by others (g) His Father his hother and his wife supermet he that on One occasion a few hight sys he suddenly swoke in the middle of the right - charged his wife with attempting to form him a left his house, walker a distance to his Father home, tonsed them all one gher had semained his king exaction Indition to many lowing . the same relatives informative that he has taken a Cab this day of one for me shop to shop heking abour Mesor & arme censary buis chases TR.C.S. Name, Signed, Leck Place of Abode, \_ 31 day of \_ Amer One Thousand Eight Dated this Hundred and Eighty Leren

Robert Jurney Land E, the undersigned, (a) Here set forth the qualification entitling the person certifying to practise as a phy-sician, 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) Physicians being a (a) Doctor of medicine of the University of Eduburgh Mysecau and being in actual practice as a (b)(b) Physician, surgeon, or apothecary, as the case may be. day of January hereby certify, that I, on the four (c) Here insert the street and number of the house (if any),or other like particulars. rances SV Vew Leeds, deeds. 32 at (c)\_\_\_\_ York separately from any other Medical Practitioner, in the County of William John obuson personally examined havely or salesman interpris father. (d) Insert residence and Tholebroke avenue, 66 of (d)\_ and that profession, or occupation (if any) of the patient. John Williamo loburn the said\_ is a (e) person of unsound mind and a proper Person to be taken charge of and detained (e) Lunatic, or an idiot, or a person of unsound mind. under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :--1. Facts indicating Insanity observed by myself (1) The spremin of his (f) Here state the facts. face & general bearing. Think hunself formens of andruarys powers, & contemplates & proposes Thing of a very unusual nature. She the 16 - Wehim I was summent in the made of the night & found him a dangerous state of sectement, having suddenf got out of her & proceeder This fathers rendered proclaiming that his wife had poisoner kin The actuation in his effect is also characteristic (g) Here state the infor-mation, and from whom. 2. Other facts (if any) indicating Insanity communicated to me by others (g) Believes will all his relations wealthy by the Tale of musical works, composed by himself. His hemper unreliable, Sleeps badly This parents have communicates this sul, also that resterday he took a cat from the hoshop in heed & purchaser strangant many

articles, not needer, & which has the religned.

Place of Abode, Stanley House, Newsleek, Leeds.

Rout. J. Land

Dated this Fourth day of faurary One Thousand Eight

Hundred and Eighty Secure

. Signed, Name,

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT.			
To be forwarded to the Commissioners in Linucy within one clear day from the Patient's reception.			
whom I last snw at			
(*) THE RETREAT, NEAR YORK.			
rise to the inte of the order. a (b) as a Patient into your House.			
<b>I</b> hereby give you Notice.	(4) Lauratic, or an idiot, or a person of annoored mine. Subjoined is a Sta that		
(a) House or hospital. was admitted into this (a) $\frac{e^{2\pi m D V}}{e(\pi m D)}$	as a Private Patient, on the		
day of	158 , and I hereby		
transmit a Copy of (the Order) and			
ices of counce-	other circumsta		
(b) If a private patient be received (b)	tion with the Pa		
only, the special circum. TO VED	alt Galeb this		
the patient from being ex Thyill bas berbaul	One Thousand Eight I		
titioners to be here stated, as in the statement accom-			
panging the order for admission SASN NAR TARETAR SHT			
A T' E M E N T . ment be not known, the Fact to be so stated.			
11	Name of Patient, with Christian Name at }		
	Sex and Age		
	Married, Single, or Widowed		
	Condition of Life, and previous Occupa- }		
	tion (if any) f Religious Persuasion, as far as known		
Signed,	Previous Place of Abode		
(a) Supportendent or up. (C)	Whether First Attack		
(c) Superintendent or pro-	Age (if known) on First Attack		
the state of the second s	When and where previously under Care )		
	and Treatment		
	Duration of existing Attack		
	Whether subject to Epilepsy		
Dated this .	Whether Soicidal		
One Thousand Eight Hundred and	Whether found Lunatic by Inquisiting		
	Special Circumstances (if any) merconting )		
- To the Commissioners in Lunacy.	the Patient being examined, before Ad- mission, separately by Two Medical Practitioners		
Lunatics 1.	Name and Address of Relative to whom }		
8. 24.)	(c) Where the present days		
Private Patient.	person who again the most the following performance one Occupation (9		
	statement are to be added. Place of		
	Degree of Relations		
	other circumstant tion with the Pa		

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT. Sched. (A.) No. 1, Sects. 4, 8. H, the undersigned, hereby request you to receive be Ledale whom I last saw at House any 1887. (1) Lata day of\_ on the 6 (a) Within one month prea (") a person of quitning as a Patient into your House. vious to the date of the order. n Phy Isabel (b) Lunatic, or an idiot, or a person of unsound mind. Subjoined is a Statement respecting the said. Jupper (e) Here i ad number of her Name, Edward a Signed, amer Occupation (if any), Place of Abode, Buchword Fisters Redale. Degree of Relationship (if any) or 1 as other circumstances of connec-tion with the Patient. (d) Insert profession or my) of the po Dated this Hutte day of One Thousand Eight Hundred and Eighty\_\_\_ 788 (e) Lematic a person of an Dr. Baker. To THE RETREAT, NEAR YORK. STATEMENT. (f) Here sta If any Particulars in this Statement be not known, the Fact to be so stated. Jabel Shepherde Name of Patient, with Christian Name at ) length..... Semple - Sigears Sex and Age ..... Singles Married, Single, or Widowed ..... Baughter of Edward Shepherds farmer Condition of Life, and previous Occupa- ) Surch of Dugland tion (if any) ..... Religious Persuasion, as far as known .... Previous Place of Abode..... Ser Whether First Attack ..... 31 Seated Age (if known) on First Attack.... u attaco No where When and where previously under Care ) There In outh and Treatment ..... J Duration of existing Attack ..... Theutal Shock Supposed Cause ..... (a) Here state no tion, and from Whether subject to Epilepsy ..... Ro Whether Suicidal ..... ho Whether Dangerous to others..... Whether found Lunatic by Inquisition, ho and Date of Commission or Order for hone. Special Circumstances (if any) preventing the Patient being examined, before Ad-Derchen ord Ho mission, separately by Two Medical Edward Shephend distant Practitioners ..... Name and Address of Relative to whom Notice of Death to be sent ..... Edward S (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. Name, (°)\_ Signed, 1 armer Occupation (if any),. Aiskan Place of Abode, Degree of Relationship (if any), or other circumstances of connection with the Patient.

H, the undersigned, 100 (a) Here set forth the quali-(a) Hereset forth the quality footion entilling the person certifying to practise as a phy-sician, surgeon or apotheoary, ex. gra.: —Fellow of the Royal College of Physicians in London, Liccentiate of the Auchemanical Commun. or 46 how seous in Angland nember being a  $(a)_{-}$ and a Metatiate apothecatics " Apothecaries' Company, or as the case may be. Cap Othe carry and being in actual practice as a (b) Miller (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 at (c) any) or other like particulars. with in the County of separately from any other Medical Practitioner, henner personally examined Jelchwoo House 5 (d) Insert residence and profession or occupation (if any) of the patient. of (d). and that Sherk the said is a (e) herden & Muland a proper Person to be taken charge of and detained (e) Lunatic, or an idiot, or a person of unsound mind. under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :--1. Facts indicating Insanity observed by myself (f) the is patientally of na (f) Here state the facts. hysterical or her woud temp og ament an dill al excitates, at other times depresse teres Stubrichet and Hovelional ly Somet a later Delfu affel 4 Subyer culstion art Th delasions and is in cohorent a her speach. 2. Other facts (if any) indicating Insanity communicated to me by others (g) (g) Here state the informa-tion, and from whom. marting ab th heelo About 3 months afor when Which the we soudder. HOCK by a Shreen. The West her fat in Muc arcent The S da then first they terto hanget. chear as Ze Sh constantly Watched. the have 6 hart to be den Vinkedow her medical attendant ocklington , H.J.A. SUR1 There Ligned, Name, othenire Idale Place of Abode, anary \_\_One Thousand Eight day of Dated this Moven. Hundred and Eighty\_

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EI 21 11 01 8 3 4 ats MEDICAL CERTIFICATE. Sched. (A.) No. 2 Sects. 4, 5, 8, 10, 11, 12, 13.

t, the undersigned (a) Here set forth the qualification extilling the person certifying to practise as a physician, swygeon, or apothecary, ex. gra. :--Fellow of the Roval College of Physicians in London, Licentiate of the Apothecaries' Company, or as the case may be.
 (b) Physicians external of the Apothecaries' Company, or as the case may be. being a (a) he laui Ember of the abothe lom Lucinta 01the car lo ny. (b) Physician, surgeon, or and being in actual practice as a (b) Img En 88 hereby certify, that I, on the day of anuary Bre (c) Here insert the street and number of the house (if at (c), any), or other like particulars. duw on in the County of separately from any other Medical Practitioner, Isabella Shepherder personally examined. (d) Insert residence and profession, or occupation (if any) of the patient. mand that of (d)\_ belle Shepherd the said (e) Lunatic or an idiot, or is a (e) find to of the one of mild and a proper Person to be taken charge of and detained siv schoors griwolunder Carnand Treatments and that I have formed this opinion upon the following grounds, viz. :----1. Facts indicating Insanity observed by myself (G) ibni stori . 1 (f) Here state the facts. aceas lin (g) Here state the information (2. Other facts (if any) indicating Insanity communicated to the by others (g) at she will be also well long ofmormetion ocurr m denved from ale TK: being Sister. mis S. Sheppend ustin neuroue Leuperature Ja 4 Eroa upor a tim I timed from Erguned Lave an Ward pet-holon nurse m allerdand. mis Sligsbeth Slepherd Signed, Name, m Bedal 8 Place of Abode, Dated this day of auchary One Thousand Eight Hundred and Eighty Joe

## NOTICE OF ADMISSION.

1603 -

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

#### THE RETREAT, NEAR YORK.

# J 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

(b) If a pricate patient be received upon one certificate only, the special circum-stances which have prevented the patient from being ex-amined by two updical proc-litioners to be here stated, as in the statement accom-panying the order for admis-cion.

Signed.

(c)

(c) Superintendent or pro-prietor of -----

\_\_\_\_\_day of \_\_\_\_ Dated this\_

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.)

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

(a) Here set for H, the undersigned, hereby request you to receive. tion entities Vising to pro Severard Harver houfedon whom I last saw at J Belle buc Jenece york. 124 on the 13th Farmary 1887 (°) day of. (a) Within one month prea the case may vious to the date of the order. persone unsour mindas a Patient into your House. (b) Physician a (b)\_ pothecary, ast (b) Lunatic, or an idiot, or Subjoined is a Statement respecting the said Scoussed a person of unsound mind. aaron Thogopton (c) Here int and number of any) or other li lodgson Elisabeth . Signed, Name. To occupation Occupation (if any), Place of Abode, 5 Burnage Pren Levenshulene Degree of Relationship (if any) or other circumstances of connecmother tion with the Patient. (d) Insert professi cay) of the p 15-11 day of\_ Dated this seaf One Thousand Eight Hundred and Eighty (e) Lanati To Osa Baller a person of THE RETREAT, NEAR YORK. STATEMENT. (f) Here If any Particulars in this Statement be not known, the Fact to be so stated. Name of Patient, with Christian Name at } Stonard Caron Thompson length..... male Sex and Age ..... Multe Married, Single, or Widowed ..... holecupation Condition of Life, and previous Occupation (if any) ..... Deciety of Friends Religious Persuasion, as far as known .... affel Whether First Attack ..... turth more or less of undound mind since Age (if known) on First Attack ... .. When and where previously under Care } Under private care at Sand Side In Muluthon and Treatment .... d ince birth Duration of existing Attack ..... Mulquoiou Supposed Cause ..... (g) Here al ion, and from Whether subject to Epilepsy ..... 1 10 Whether Suicidal ..... Whether Dangerous to others. ..... Pal Whether found Lunatic by Inquisition, and Date of Commission or Order for Inquisition..... Special Circumstances (if any) preventing Sevensthalene the Patient being examined, before Admission, separately by Two Medical Practitioners ..... Myabeth Hodgson & Burnage Buen 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. Name, () plugabeth Hoodson Signed, hopaur Occupation (if any), Levenstulare Place of Abode, 5Burnage blew Degree of Relationship (if any), or other circumstances of connecnother tion with the Patient.

A. Z. C. S. Enguna L. S. a. Jondon

day of Junny 1887.

separately from any other Medical Practitioner,

Jango

Lemera auron Thrompson

Wdiam Hood

134

Yuns

1; the undersigned, \_\_\_\_ (a) Here set forth the quali-faction entitling the person certifying to practise as a phy-sician, surgeon or apothecary, ex. gra.:---Pellow of the Royal College of Physicians in London, Licentiate of the Autothecarics'. Commun. or being a  $(a)_{-}$ Apothecaries' Company, or as the case may be, and being in actual practice as a (b)\_\_\_

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

(c) Here insert the street at (c) Mundar 7. Bills Victor Jinenen, Histing Pon Rauch, Yorks

hereby certify, that I, on the

in the County of \_\_\_\_\_

personally examined\_\_\_\_

(d) Insert residence and of (d) S: Jalm's Gross House, Jandoide, Lichthouse no occupation profession or occupation (if any) of the patient. the said Leanand lear on Thompson

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

(f) Here state the facts.

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, Childrist in his commution, unable & commune rationally usanchers from one subject to another. for enslince, The Day, 2 Unal wines Threepince & bury 4 lange Jofr lall made of work to plaz with, and Supporce to re He cannot read two 2 ands of I bring 2- Lie two smale figues logethere nutur hu

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

By Ins Elizaberty Harreson, 5Burnage View, Times Bulme near deminister. The deather of the above Terness A. Thompson Evens, effort has been made to like him to read but in vain Ho has sequered the constant - care of an attendant - for account of his geelile me Thurly fine zuers on completion, unmanagelile and gregewith excelled dalily, he has burne Hizards, or un olulas littar in The metro in day the aliam 1+more Name, Signed, Place of Abode, 28 Castinguli - your day of Jhurry One Thousand Eight Dated this Hundred and Eighty Server

(g) Herestate the information, and from whom.

Ther Len

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hereby certify, that I, on the

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personally examined.

Ernset Bateman

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separately from any other Medical Practitioner,

noreuba

H, the undersigned, (a) Here set forth the qualification entilling the person sertifying to practice as a phy-sician, surgeon, or apothecary, ex. gra.:--Pellow of the Royal College of Physicians in London, Licentinte of the Apothecaries' Company, or as the case may be.
 (b) Physicians being a (a). and being in actual practice as a (b)

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

(c) Here insert the street at (c)\_ and number of the house (if at (c)\_ any), or other like particulars. in the County of

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

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

restmereland and that andarde Intholp 67030 ohn of (d)\_\_\_\_\_ 0 mara aarn show the said is a (e) person fursound men 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.

10 octon 1. Facts indicating Insanity observed by myself (f) A a mila Mars ho back rlegs 1Can Va beck. The Neisa can norcarly Con he can Hen a re & the 4 M but Muph becausches mother Jull 1 Cannor bull AL 1 write a be useful etilta agad also a huku g it hight 6 4 boo amarker o chandkerthey mille 45 G

(g) Here state the infor-

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

5 Surmaye new me Then Very states it his uses mochen mar down Sometin C one, an : four highls rea one arou hin ajo a 24 Wes avragen he bed he seyeste hand thorn her Violent. Mater Unest Visa Signed, Name, Place of Abode, Vanualy One Thousand Eight Dated this\_ day of\_ Hundred and Eighty Server

## NOTICE OF ADMISSION.

- 1604 -

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

#### RETREAT, NEAR YORK. THE

Rederick J hereby give you Notice. That Villiam lass Hospital as a Private Patient, on the was admitted into this (a) 26 a day of Januar \_1887 , and I hereby

transmit a Copy of the Order and Medical Certificates on which he was

(b) If a private patient be received upon one certificate only, the special circum-stances which have precented the patient from being es-amined by two medical prac-titioners to be here stated, as in the statement accom-panying the order for admis-sion.

(a) House or hospital.

Signed.

(c)

(c) Superintendent or pro-prietor of ----

Dated this.

day of\_

One Thousand Eight Hundred and Eighty \_

To the Commissioners in Lunacy.

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Lunatics 1. (16 & 17 Vict. c. 96, Schod. C. s. 24.) (25 & 26 Vict. c. 111.) Private Patient. LONDON: SHAW AND SQNS Fetter Lane, E.C. (807 D.B.- 6-86.)

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT. Sched. (A.) No. 1, Sects. 4, 8. H, the undersigned, hereby request you to receive. Nert Fordarch William black whom I last saw at I Somercel Villar, hordelig Road 252 day of famary 1887 (a) on the (a) Within one month previous to the date of the order. of the cost of a (")ferson of mesound the into as a Patient into your House. (b) Physicia Subjoined is a Statement respecting the said Frederick William (b) Lunatic, or an idiot, or thecary, as a person of unsound mind. Clark ann. Clark (c) Here is and number any) or other Name. Signed, ariton Occupation (if any), \_ Place of Abode, & Somerset Villas Level to Road Stokellewaylin Degree of Relationship (if any) or) other circumstances of connec-Lustin tion with the Patient. (d) Insert profession of the p 252 day of Jamon mated this One Thousand Eight Hundred and Eighty deven (e) Lunati 92 Baker a person of m To THE RETREAT, NEAR YORK. STATEMENT. (f) Here st If any Particulars in this Statement be not known, the Fact to be so stated. Frederick Williams Clark Name of Patient, with Christian Name at ) length..... male 52 years Sex and Age ..... Single Married, Single, or Widowed ..... Brush - Seller Condition of Life, and previous Occupa- ) tion (if any) ..... Luaker Religious Persuasion, as far as known .... Previous Place of Abode..... I Somerel Villa, hewship RD, Starte First attack Whether First Attack ..... 52 Age (if known) on First Attack. . . . When and where previously under Care ) the months Duration of existing Attack ..... chur for fait the at Known Fin Pa Supposed Cause ..... come Cause 1 (g) Here state a what the (1) Herestell emlep Hern Whether subject to Epilepsy ..... Whether Suicidal ..... they attempted to jump out of windows Whether Dangerous to others..... Doublful . In Sauguour of the sailed Whether found Lunatic by Inquisition, and Date of Commission or Order for 40 Inquisition..... J Special Circumstances (if any) preventing the Patient being examined, before Ad-Love mission, separately by Two Medical Practitioners ..... Amblark heather Name and Address of Relative to whom ] tent R Viles Notice of Death to be sent ...... (c) Where the person signing the statement is not the person who signs theorder, the following particulars concerning the person signing the statement are to be added. am Clark Signed. Name, (°)\_ Witow Occupation (if any),\_ Place of Abode, I Some not Ville, here top Re turten Degree of Relationship (if any), or . other circumstances of connection with the Patient.

PATIENT

12, the undersigned, Hugh Courting For (a) Hereset forth the quali-faction entilling the person certifying to practise as a phy-vician, surgeon or apothears, ex. gra: --Fellow of the Royal College of Physicians in London, Licentiate of the Apothecaries' Company, or at the case may be. Silipher being a (a) twen ber of the Roy College of Saymes and 1811 Licentiate of the Jociety of apatheesries ur House le Willia (b) Physician, surgeon, or and being in actual practice as a (b) Surgeon apothecary, as the case may be. day of January 1887 hereby certify, that I, on the 253 (c) Here insert the street at (c) I Somergel Villes Lerdihip hoad, Stoke herigh Lochet her. in the County of his Vleret separately from any other Medical Practitioner, personally examined frederick William black (d) Insert residence and of (d) & Somercal Villes, Lerdrhip Road Bruchsoleer and and that Runny profession or occupation (i) say) of the patient. Presento Williams black the said (e) Lunstic, or su idiot, or is a (effection of un sound line 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 (1A Dalarions : - I against the work (1) Here state the fails of the Sory of Friends - such an the other on a Quesicano this to the fails of the Sory of Friends - such as that allow an Quesicano this to the former as to the to the former as to the to the former as the to the former as the to the former as the to the to the to the former as the to the t stated. Clark 52 years abrime Ifilting longuege, even dealy and before his mother . LN, Sta 2. Other facts (if any) indicating Insanity communicated to me by outers of pray half the alter of the the the pray half the the tears of 2. Other facts (if any) indicating Insanity communicated to me by others (g) 34 (g) Herestate the informa-Cipp, and from whom, out of the window the manup 7 the truly, the applied to to the territican stored high tid other it has Filesto to come wen a de det "Tell S- A- Cango I highly respected guilten and living at flagting t His wolter stated in y premee that she wont in fear of her life . Vitur , to Signed, Name, Hughbourtoney Fix · Place of Abode, Lowship Terrace State Mewing his 252 day of farmany One Thousand Eight Dated this Hundred and Eighty deven

(a) Here set forth the qualification estilling the person or right of the set of the s

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

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

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

is a (e) WMM M. Mond mmd 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 (1) to in measurantly chattering great nubbesh - accusing his frinks and som an highess personage in the land of acts of indicincy - In uses filting language in discribing then. Days he has told his agad mostre his despusting where any In with stop the traffer in the street, stop in with beat down the Bank of angland - throws ofm the wondow and serious out and words that he seam ruises a large crowd.

(g) Here state the infor-mation, and from whom.

2. Other facts (if any) indicating Insanity communicated to me by others (g) algua Patterson his attendant powered have got out of the window and run the risk of himg killed had he not been restrained In has been radmitty rawing all day. he is shipling escape when under the influence of dauge -

signer, Name, Glipp Bartotoman up Place of Abode, 156 Stoke Wermonton Roud London Dated this Werely pyth day of January One Thousand Eight Hundred and Eighty \_ 28100 EBY.

to the undersigned, Elijah Basherbornen being a (a) fremtiate of the allege of Physicians of London

and being in actual practice as a (b) hereby certify, that I, on the Twinky fight day of Junuary (c) Here insert the street at (c) Somersel Vilne Lordship Road Make Warrengton and number of the house (if at (c) Somersel Vilne Lordship Road Make Warrengton any), or other like particulars. in the County of Mallis K separately from any other Medical Practitioner

> personally examined Frederick William Clark of (d) I Somersa Vilia Lordship Rout aforesaid dealum Brusheand that the said Fruhurick William churk

## NOTICE OF ADMISSION.

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

1605-

#### THE RETREAT, NEAR YORK.

J 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

(b) If a private patient be received upon one certificate only, the special circum-stances which have precented the patient from being ex-amined by two medical pro-titioners to be here stated, as in the statement accom-panying the order for admis-sion.

Signed.

(c)

(c) Superintendent or pro-prietor of ----

day of\_\_\_\_\_ Dated this\_

One Thousand Eight Hundred and Eighty \_\_\_\_

-

To the Commissioners in Lunacy.

Lunatics 1. (16 & 17 Vict. c. 36, Schod. C. s. 24.) (25 & 26 Vict. c. 111.) Private Patient. LONDON : SHAW AND SONS Fetter Lane, E.C. (807 D.B.-6-86.)

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT. Sched. (A.) No. 1, Sects. 4, 8. F, the undersigned, hereby request you to receive. (a) Her Villiano mercer Back whom I last saw at new houses Scafaleau Square Joarbrough 2360 day of Janey 1867 on the (a) Within one month pre-vious to the date of the order. as a Patient into your House. Luciatio a (°) (b) P Subjoined is a Statement respecting the said Mulleans here Back (b) Lunatic, or an idiot, or 15 10 rson of unsound mind (0) Lydia Appleyard Name. Signed, any)-or Occupation (if any), Teafalgas Square Tearborng. Place of Abode, Degree of Relationship (if any) or other circumstances of connec-(d) tion with the Patient. profes eng) 9 26' ay of Dated this One Thousand Eight Hundred and Eighty (0) ge Baker To\_ a pers THE RETREAT, NEAR YORK. STATEMENT If any Particulars in this Statement be not known, the Fact to be so stated. Williamo Merrer Back Name of Patient, with Christian Name at ) length..... 3 Lash march Sex and Age ..... Married, Single, or Widowed ..... Hail SP Ko Condition of Life, and previous Occupa- ) Somely Royala tion (if any) ..... Eggland 2 Church Religious Persuasion, as far as known ... Londow Putney Previous Place of Abode..... ho Whether First Attack ..... Abrah 20 Age (if known) on First Attack. . . Londow Stout 5 Orene Lucker When and where previously under Care ) and Treatment ..... bout with towarths & Daugh. Duration of existing Attack ..... + Lad Supposed Cause ..... (7) tion. ho Whether subject to Epilepsy ..... ho Whether Suicidal ..... Me. Whether Dangerous to others..... Whether found ¿Lunatic by Inquisition, ) ho and Date of Commission or Order for Inquisition..... Special Circumstances (if any) preventing the Patient being examined, before Admission, separately by Two Medical Lydia Appleyard. Practitioners ..... Name and Address of Relative to whom ] Notice of Death to be sent ..... (c) Where the person sign-ing the statement is not the person who signs theorder, the following particulars - con-cerning the person signing the statement has dead Name, (') Signed. Occupation (if any), statement are to be added. Place of Abode, Degree of Relationship (if any), or other circumstances of connection with the Patient.

Is the undersigned, Frank John Torimer (a) Here set forth the qualification entitling the person certifying to practice as a phyand master achelor inclus, surgeon or apotheouty, ex. grs. :-Fellow of the Royal College of Physicians in London, Licentiate of the Apothecaries' Company, or as the case may be. "being a (a). rene Sugery o I dubus the mercili hysileau and being in actual practice as a (b)(b) Physician, surgeon, or apothecary, as the case may be. Surpeon hereby certify, that I, on the Weute, Light day of\_ aman (c) Here insert the street and number of the houses(if any) or other like particulars. at (c) Car emare Ca in the County of\_ tor separately from any other Medical Practitioner, Wi lleau 1 personality examined merce (d) Insert residence and  $\hat{\operatorname{OF}}$  (d) \_\_\_\_\_ profession or occupation (if any) of the patient. Irabal Car Square, rou and that William merce the said (e) Lunatic, or an idiot, or is a (e) funatic 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. :---He talks contin > 1. Facts indicating Insanity observed by myself (f)(f) Here state the facts. au mcoherent A2 threatened murd m Jay and his food is boisoned. 2. Other facts (if any) indicating Insanity communicated to me by others (g) (g) Herestate the information, and from whom. ydia appleyard 3 Trafalgar sister m Sais 0 reque, 10 tak 1 was no grea am Tu 61 The devel reach porsone 2luna h u says he Tal Kamesherent Skeaferry of Showing Un blam ell. & his washing lafyge his for blood zu lotime, Signed, Name, albemarle Crescent Place of Abode, 47 Dated this twenty sixthe day of Samary, One Thousand Eight Hundred and Eighty Leveu

actiony

Pf.

Olesuking

rele

Is the undersigned, Robert Thomas Elen Barringlen Jooke (a) Here set forth the quali-fication entitling the period erritiging to practice as a phy-sicion, surgeon, or apollecary, ez. gra. - Fellow of the Boral College of Physicians in London, Licentiate of the and a Tuelshale of the Royal College of Physicians a Apothecaries' Company, or as the case may be. being a (a) Fellow of the Borgel College of Suysons, Edus bank (b) Physician, surgeon, or and being in actual practice as a (b) \_\_\_\_\_\_ hysician hereby certify, that I, on the Jartaly Sigle day of Lawary (c) Here insert the street at (c) 3 Jeafalger Fucan, Itarborowy any, or other like particulars. separately from any other Medical Practitioner, in the County of Lock personally examined William Ugreer Back, retired Clerk (d) Insert residence and of (d) 3 Trafalger Square, Scarborough profession, or occupation (if of (d) 3 Trafalger Square, Scarborough any) of the patient. and that the said William Ulerer Back (e) Lunatic, or an idiot, or is a (e) Junatic 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 (1) Jags he is huspited (f) Here state the facts. that he is the victim of a conspirance cambles from one subpet to another, talks increating and into hereally 2. Other facts (if any) indicating Insanity communicated to me by others (g)(g) Here state the information, and from whom in the set his sister W. Lydia Applesand litte me, that he favering the house is haunted by hifernal spirits. she also informs me that he has threatened the two 1.0 allendants yeary Watson and george Hard of Alteraile I ain also informed Crescent-3 the Said Syrence Vation of 47 Velson Street Sec. A. , that he has talked incentartly suce last Hickay the 21" ist. signed, Name, Nobul J. E. M. looke Place of Abode, The Havra, 35 Toplanade Lande Bated this Jeralysvalle day of Incarry \_ One Thousand Eight Hundred and Eighty Horn "

# NOTICE OF ADMISSION.

- 1606 -

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

#### RETREAT, NEAR YORK. THE

I hereby give you Notice, That\_

. .

(a) House or hospital. - 21

was admitted into this (a) \_\_\_\_\_\_ as a Private Patient, on the

day of 158 , and I hereby

transmit a Copy of the Order and Medical Certificates on which he was

(b) If a private patient be received (b)

(b) If a private patient be received upon one certificate only, the special circum-stances which have prevented the patient from being ex-mined by two medical prac-ditioners to be here stated, as in the statement accom-panying the order for admis-sion.

Signed.

(c)

(c) Superintendent or proprietor of ----

mated this \_\_\_\_\_ day of \_\_\_\_\_

One Thousand Eight Hundred and Eighty \_

To the Commissioners in Lunacy.

Lunatics 1. (16 & 17 Vict. c. 56, Sched. C. s. 24.) (25 & 26 Vict. c. 111.) Private Patient. LONDON I SHAW AND SONS Fetter Lane, E.C. . (807 D.B.- 6-86.)

1 -

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT. Sched. (A.) No. 1, Sects. 4, 8. H, the undersigned, hereby request you receive whom I last saw at of day (a) Within one month preon the UD vious to the date of the order. 3 Addie with vour House. do turn (b) Lunatic, or an idiot, or Subjoined is a Statement respecting the said 4 a person of unsound mind. Signed, Nam Occupation (if any), Place of Abode, Degree of Relationship (if any) or other circumstances of connec-(d) Int tion with the Patient. (ny) of th Dated this One Thousand Eight Hundred (e) Lans person of THE REAREAT, NEAR YORK. STATEMENT. () Here If any Particulars in this Statement be not known, the Eact to be so st Name of Patient, with Christian Name at ule length..... Sex and Age ..... Married, Single, or Widowed ..... Condition of Life, and previous Occupation (if any) ..... Religious Persuasion, as far as known ... Previous Place of Abode..... hu Whether First Attack ..... Age (if known) on First Attack ... .. When and where previously under Care ) and Treatment ..... Duration of existing Attack ..... nowm Supposed Cause ..... (a) He Whether subject to Epilepsy ..... Whether Suicidal ..... Whether Dangerous to others..... Whether found Lunatic by Inquisition," and Date of Commission or Order for Inquisition..... Special Circumstances (if any) preventing the Patient being examined, before Ad-mission, separately by Two Medical Practitioners ..... Name and Address of Relative to whom Notice of Death to be sent..... (c) Where the person sign-ing the statement is not the person who signs the order, the Name, () Signed. Occupation (if any), following particulars con-cerning the person signing the statement are to be added. Place of Abode, Degree of Relationship (if any), other circumstances of conner tion with the Patient.

H.Dunhile 12, the undersigned, \_\_\_\_ (a) Here set forth the qualition entitling the perso fying to practize as a phy B.C.P. the the MaD being a (a)the surger of a policy of the second of a policy of the second of a policy of the second of the seco hedical practice and being in actual practice as a (b) Physician, surgeon, or chary, as the case may be hereby certify, that I, on the day of (c) Here insert the street and number of the house (if at (c)\_ any) or other like particulars. 11 Lord hear ar Walk ohn Sort in the County of\_ \_\_\_\_ separately from any other Medical Practitione anna with personally examined\_ It wite (d) Insert residence and of (d)\_\_\_\_\_ profession or occupation (if any) of the patient. 31 on anahSmit the said\_\_\_ (e) Lunatic, or an idiot, or is a (effection of further 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) (f) Here state the facts. has been trange Some mouths loar going to porton all auch she will 2. Other facts (if any) indicating Insanity communicated to me by others (g) (g) Herestate the informanon fough an Harrison 46 John le sayethas a Unnight of Fibr 2. Mulou ony sutter of goton the condor the got have ghe by the the windiowail out Marah Ham & the took a Knipe Alm an if about to cal her there 1 there biblent when the mape was here from Name, latt Induce Ligned, SEng 1 (8 curl Place of Abode, day of Fronty One Thousand Eight Dated this Hundred and Eighty recerco

20

 (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, Licentiste of the Apothecaries' Company, or as the case may be.
 (h) Physicians

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

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

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

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

(f) Here state the facts.

John Martin E, the undersigned, CP. F. L.R.C.S.E being a  $(a)_{-}$ and being in actual practice as a (b) medical Dra NU 188 day of hereby certify, that I, on the 31 Dr yor separately from any other Medical Practitioner, in the County of Hanna personally examined William Smull and that st wife o 31 of (d)\_ Hannah Sunt the said is a (e) person of un sound 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 herple in her house have drugged her to poison her, also they moan but her out of the way so as to se her money

(g) Here state the information, and from whom. 2. Other facts (if any) indicating Insanity communicated to me by others (g)

Sarah Hannery states that on Friday du 11 just she suched to the pantry gat hold of a allemptro to cut her throat Kings + + pno to this time one said she would let out of 24 window The Febr, the ded le m from upstain bedroow The window bu rescued before any inputy. John Martin Signed, Name, \_\_ Clarence House Chursen Place of Abode,\_\_\_ york ton 12/4 One Thousand Eight day of\_ Dated this\_ Hundred and Eighty Som

## - 1607-OF ADMISSION. NOTICE

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

#### RETREAT, NEAR YORK. THE

## J hereby give you Notice, That\_\_\_\_ \_\_\_\_\_ as a Private Patient, on the was admitted into this (a) \_\_\_\_

(a) House or hospital.

\_\_\_\_day of

188 , and I hereby

transmit a Copy of the Order and Medical Certificates on which he was

(b) If a private patient be received upon one certificate only, the special circum-stances which have precented the patient from being ex-amined by two medical pruc-titioners to be here stated, as in the statement accom-panying the order for admis-sion.

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, Schod. C. s. 24.) (25 & 26 Vict. c. 111.) Private Patient. LONDON I SHAW AND SONS Fetter Lane, E.C. (807 D.B.- 6-86.)

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT. Sched. (A.) No. 1, Sects. 4, 8. • the undersigned, hereby request you to receive. Mary ann Dissell Unte whom I last saw at February 23 (a) Within one month pre-vious to the date of the order. on the day of. ") With of undoring mindas a Patient into your House (b) Lunatic, or an idiot, or Subjoined is a Statement respecting the said a person of unsound mind. mary an proselo. to harlest Justelo Signed, Name. omer Occupation (if any), eclea Place of Abode, Auch Degree of Relationship (if any) or) other circumstances of connection with the Patient. 24 th mated this\_ day of Jeven One Thousand Eight Hundred and Eighty TO BE Pokh 19 THE RETREAT, NEAR YORK. STATEMENT. (J) Here If any Particulars in this Statement be not known, the Fact to be so stated. mary ann Binell Name of Patient, with Christian Name at length..... 43 years Buall -Sex and Age ..... married Married, Single, or Widowed ..... Condition of Life, and previous Occupa-Wife to Tharles Binell tion (if any) ..... Friend Religious Persuasion, as far as known ... beells Previous Place of Abode..... Third attach Whether First Attack ..... Thirty-three years-Age (if known) on First Attack .... When and where previously under Care ] Retreat. Jork. about fire years ago. and Treatment ..... chewcek. Duration of existing Attack ..... Jeneral debility Supposed Cause ..... (1) Terratul Whether subject to Epilepsy ..... ro. Whether Suicidal ..... Tes 200 Whether Dangerous to others..... Whether found Lunatic by Inquisition, Examined reparately by S. Con sher Roz and Date of Commission or Order for Inquisition..... Special Circumstances (if any) preventing the Patient being examined, before Admission, separately by Two Medical Practitioners ..... 57 Shafleshay An Sacle Charles Dissell 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 theorder, the following particulars con-cerning the person signing the statement are to be added. Signed, Name, () 51 Shaftealung & Occupation (if any), Place of Abode Degree of Relationship (if any), or other circumstances of connec-Australa an tion with the Patient.

Joshua John Case

being a (a) Doctor of cledicine of a dimbrigh Munerity

and being in actual practice as a (b) foreight medical practitioner

2200

personally examined Mary ann Bissell

physician durgeon.

Formary, 1887

and that

day of\_

(a) Here set forth the quali-(a) Herear Join the quan-faction entilling the person certifying to practise as a phy-ulcian, surgeon or apotheouty, ex. gras.--Fellow of the Roral College of Physicians in London, Liccentiate of the Archivering' Commun. ar Apothecaries' Company, or as the case may be.

the undersigned, \_\_\_\_

hereby certify, that I, on the\_

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

(c) Here insert the street at (c) 51. Shaflesbury Street, Eccles any or other like particulars. in the County of Lancaster - - separately from any other Medical Practitioner,

(d) Insert residence and of (d) 51. Hafterbury St. Eccles profession or occupation (if any) of the patient.

the said Mary ann Rissell (e) Lunatic, or an idiot, or is a (e) person of cursound nind 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)The preserves an unbroken silence when spoken Why anyone - + Occaseoually mullers to herself in an incoherent fastion. She has all the appearance of a person likely to commit yult unwalched Ruicide

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

The has several times been out ofher mind. an inmate the friend's Retread, touce has her husband, Charles Dissell 1his Shafterburg & beck states to are this thom and also deduces that the allempled deveral to strangle herself with her night dres ting during mghtlast-Muca Name, Signed, 54. Vildah Place of Abode, ad Dated this day of \_\_\_\_ One Thousand Eight Hundred and Eighty\_\_

(g) Herestate the information, and from whom.

43 Mg

Yh!

MEDICAL CERTIFICATE .- Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13. Idirin Hodym Rot E, the undersigned Very a Member Mu Royal College of Ingenos (a) Here set forth the qualification entitling the person oretifying to practise as a physician, surgeon, or apothecary, ex. gra. :--Fellow of the Royal College of Physicians in London, Licentinte of the Apothecaries' Company, or as the case may be.
 (b) Physician and in Luculate of the aporthecares brend being a (a) (b) Physician, surgeon, or and being in actual practice as a (b) I approx Inc day of\_ hereby certify, that I, on the Sale 57 Shallobury It (c) Here insert the street at (c) \_\_\_\_\_ and number of the house (if at (c) \_\_\_\_\_ any), or other like particulars. separately from any other Medical Practitioner, ancista - in the County of Mull Than anni personally examined (d) Insert residence and profession, or occupation (if of (d) \_ any) of the patient. Hober and that 57 Acary Cen Uhanll the said is a (e) person of unsmithing and a proper Person to be taken charge of and detained (e) Lunatic, or an idiot, or a person of unsound mind. under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :---1. Facts indicating Insanity observed by myself (1) The lies with a varant (f) Here state the facts. stare, pays no attention when addressed, makes woreply, nors & then matters toherally 2. Other facts (if any) indicating Insanity communicated to me by others (g) (g) Here state the infor-mution, and from whom. mphil she bud Her Tell me ~ The herself orther might dress Manle nay Elizabe Ula ling, Oa 71 Spring upout of bed e cuid wante 590 lo the And In Signed, Name, Place of Abode, 0 One Thousand Eight day of Dated this Hundred and Eighty Merger

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

- 1608 -

#### RETREAT, NEAR YORK. THE

# J hereby give you Notice. That\_\_\_\_

(a) House or hospital.

as a Private Patient, on the was admitted into this (a)

day of \_\_\_\_\_ 188 , and I hereby

transmit a Copy of the Order and Medical Certificates on which he was

(b) If a private patient be received upon one certificate only, the special circum-stances which have presented the patient from being ex-animed by two medical prac-titioners to be here stated, as in the statement accom-panying the order for admis-tion.

Signed.

(c)

(c) Superintendent or pro-prietor 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 SON S Fetter Lane, E.C. (807 D.B.-6-86.)

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT. Sched. (A.) No. 1, Sects. 4, 8. H, the undersigned, hereby request you to receive my Mother (a) Here se tration entities Mary aluce M'alleun Lines, BET? whom I last saw at Hollin Still Miding Mill on Tyne gra. on the totaly Eights \_\_\_\_ day of March 1887. (ª) (a) Within one month pre-vious to the date of the order. Apotherarie of the case i a (°) person of unound mud as a Patient into your House. (b) Physi (b) Lunatic, or an idiot, or Subjoined is a Statement respecting the said Mary alune checury. a person of unsound mind. Mallum (e) Here Name, Stupe hurt M'alleun. Signed, and number any) or other Occupation (if any), \_ Shipowner Riding Ilice on Type Place of Abode,\_ Degree of Relationship (if any) or other circumstances of connection with the Patient. (d) Insert cay) of the day of . larch Dated this avery Eighth One Thousand Eight Hundred and Eighty \_ Sevtu (e) Lunit To Dr Baker. a person of THE RETREAT, NEAR YORK. STATEMENT. () Here If any Particulars in this Statement be not known, the Fact to be so stated. Name of Patient, with Christian Name at ) Mary aune Mallun length..... Female, fifty, Sex and Age ..... ardow Married, Single, or Widowed ..... Flutterooman Condition of Life, and previous Occupa- ) none tion (if any)..... Church of Eufland Religious Persuasion, as far as known .... Reduing Mall on Type Previous Place of Abode..... 18 " march, first attack Whether First Attack ..... 55 Age (if known) on First Attack ... .. When and where previously under Care ) nen Eleven dags Duration of existing Attack ..... unkuown Supposed Cause ..... (g) Here st no Whether subject to Epilepsy ..... tion, and from no Whether Suicidal ..... no Whether Dangerous to others..... Whether found Lunatic by Inquisition, no and Date of Commission or Order for Inquisition....... Special Circumstances (if any) preventing none the Patient being examined, before Admission, separately by Two Medical Practitioners ..... Allen Riding Jus Name and Address of Relative to whom ] Notice of Death to be sent ..... (c) Where the person sign-Name, (°) Freyte their Malleun Signed, ing the statement is not the person who signs the order, the following particulars con-cerning the person signing the Shepowner Occupation (if any),\_ Riding Mul statement are to be added. Place of Abode, \_ Degree of Relationship (if any), or other circumstances of connection with the Patient.

hereby certify, that I, on the touty Sight day of March 1887

personally examined Mr. Mary Anne M. Allum

12, the undersigned, Mach M. Lean (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) Physicians and the physicians and the physicians are physicians as the case may be. being a (a) Doctor of Medicine of the University of St. Andrews Memba Mt Royal Colleg Hourpons of Ingland Scicentiali of the Jociety of apothicaries Thousan Hurgron

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

(c) Here insert the street and number of the house (if at (c) Hollin Hills : Riding hill any) or other like particulars.

(d) Insert residence and of (d) Hollin Hills : Redmy Mill, Widow any) of the patient. the said Mary Anne M' Allum

(e) Lunatic, or an idiot, or is a (e) person funcound 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. :--

in the County of Northumbuland separately from any other Medical Practitioner.

(f) Here state the facts.

(g) Herestate the information, and from whom.

E

w

1. Facts indicating Insanity observed by myself (f) The is prequently very much excited & should trings - The gesticulates exceptively when she speaks - she suffers from delucions (below AMZ) 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 the has committed some bery unclicu ach which she is unable to specify.

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

She vays 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 inhabitant have lift it. The talk incoherently + is very easily exected & at times is violent. from her Sister fane Margaret Mather

signed, Name, Such de deun M. D. to Place of Abode, Corbonidge R. 1.0.

Dated this twenty - eighth day of March One Thousand Eight Hundred and Eighty Leven .

and that

01

avid Drummond

medicul

hypician

Clin Hills, Kiding Mull Minh and that

day of . Riding Mull-M

flum

(a) Here set forth the qualification entitling the person sertifying to practise as a phy-sician, surgeon, or apotheoary, ex. gra. :--Fellow of the Royal College of Physicians in London, Licentiate of the Apothecaries' Company, or as the case may be.
 (b) Mandala

t, the undersigned,

being a (a)

octor

hereby certify, that I, on the 26

auversity of Dab

personally examined Mary lune Me

(b) Physician, surgeon, or and being in actual practice as a  $(b)_{-}$  apothecary, as the case may be.

(c) Here insert the street and number of the house (if at (c) Hollin Hills any), or other like particulars. in the County of Northun berlaw separately from any other Medical Practitioner,

(d) Insert residence and profession, or occupation (if any) of the patient. of (d) /+0

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

angane M. Allum the said 1 is a (e) Person of unround hund 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) Altacks of arcitecture. Has delucions - unafiels that ug matches I hymus acted to Suesting.

(g) Here state the infor-motion, and from whom.

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

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Veu castle: on : me

One Thousand Eight

Signed, Name, Place of Abode,\_\_\_

2.60 Dated this Hundred and Eighty Leben

## - 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.

# J hereby give you Notice, That\_\_\_\_

-

(a) House or hospital.

was admitted into this (a) as a Private Patient, on the

day of \_\_\_\_\_\_158 , and I hereby

transmit a Copy of the Order and Medical Certificates on which # he was

(b) If a private patient be received (b)

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

Signed,

(c)

(c) Superintendent or proprietor of -----

mated this \_\_\_\_\_ day of \_\_\_\_\_

One Thousand Eight Hundred and Eighty \_\_\_\_\_

To the Commissioners in Lunacy.

Lunatics 1. (16 & 17 Vict. c. 96, Schod. C. 8, 24.) (25 & 26 Vict. c. 111.) Private Patient.

LONDON : SHAW AND SON S Fetter Lane, E.C. (807 D.S.- 6-86.)

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT. Sched. (A.) No. 1, Sects. 4, 8, H, the undersigned, hereby request you to receive. Marka Tun Cla Kill whom I last saw at oweby Bridge Herte 3/St day of\_ (a) Within one month pre-vious to the date of the order. march on the kason of ansound mind as a Patient into your House. a (b) Lunatic, or an idiot, or a person of unsound mind. Subjoined is a Statement respecting the said Marka Mun blag Signed, Name. Occupation (if any), afactures Hollingo Hill Towert, Bridge Place of Abode,\_ Degree of Relationship (if any) or other circumstances of connec-Brothe tion with the Patient. 3 1 st mated this day of One Thousand Eight Hundred and Eighty To. Jaker THE RETREAT, NEAR YORK. STATEMENT. If any Particulars in this Statement be not known, the Fact to be so stated. martha hun blay Name of Patient, with Christian Name at ) length..... Female 37 years Sex and Age ..... manied Married, Single, or Widowed ..... no occupation Condition of Life, and previous Occupa- ) tion (if any) ..... Wesleyan Religious Persuasion, as far as known .... Holling Hill Towerly Bridge Previous Place of Abode..... Whether First Attack ..... Age (if known) on First Attack ... .. 37 Jeans When and where previously under Care ? 40 arleve and Treatment ..... 3 weeks Duration of existing Attack ..... Mental Anerel Supposed Cause ..... ho Whether subject to Epilepsy ..... Luery Whether Suicidal ..... Whether Dangerous to others..... blful 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 ..... Nollings Hill Name and Address of Relative to whom 4 Bordyo Notice of Death to be sent ..... (c) Where the person signames la Signed, Name, () (c) W Mere the person sign-ing the statement is not the person shock signs the order, the following particulars con-cerning the person signing the statement are to be added. Occupation (if any), AQ Place of Abode, Degree of Relationship (if any), or other circumstances of connection with the Patient.

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James Millar

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1, the undersigned,\_ (a) Here set forth the quali-(a) Hereset forth the qualification entitling the person certifying to practice as a phys-rician, surgeon or apotherary, ex. gra. :--Fellow of the Boyal College of Physicians a London, Licentiate of the spothecaries' Company, or s the case may be. being a  $(a)_{-}$ and being in actual practice as a (b) Imprain & Surgeon

(b) Physician, surgeon, or apothecary, as the case may be. 4.63 14

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

hereby certify, that I, on the menty moth day of\_ march Comerly may lings All B in the County of. O separately from any other Medical Practitioner, Martha ann Clay personally examined 29 Vomely- Indel masst and that

(d) Insert residence and of (d) \_\_\_\_\_ profession or occupation (if way) of the patient. the said L

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

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

(f) Here state the facts. 1

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1. Facts indicating Insanity observed by myself (f) meany restless

Theo or anythem preking mannic Constauls ras au talk 5able 12. und. the an a en

(g) Herestate the informa-tion, and from whom.

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

neo informs he rede the urses ~ 20 ale su Ð an he 10 ma so that sh molet tord ane when Zel pled atten arder She has the tote 2e away. at 9hão m She 20 brokent au Illar amore Signed, Name, werly low havto Place of Abode, en Dated this his One Thousand Eight th day of even Hundred and Eighty -XXX

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separately from any other Medical Practitioner.

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and that

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day of

E, the undersigned, William Buister

. R. L.S. + L ..

(a) Here set forth the quali-fication estilling the person certifying to practise as a phy-sician, surgeon, or apothecary, ex. gra. :--Fellow of the Royal College of Physicians in London, Licentiste of the Apothecaries' Company, or as the case may be.

being a (a).

hereby certify, that I, on the

in the County of

the said\_

personally examined

(b) Physician, surgeon, or and being in actual practice as a (b) apothecary, as the case may be.

(c) Here insert the street at (c) 12, and number of the house (if at (c) 12, any), or other like particulars.

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

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

min D Unbount and a proper Person to be taken charge of and detained is a (e) a FU

(f) Here state the facts.

under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :--1. Facts indicating Insanity observed by myself (f) ansilon and ms im 10 rund her. hears Vouce min

(g) Here state the infor-mation, and from whom.

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

muni Ud 10ml ha hunse. Iam.

day of

Signed, Name,

Place of Abode, Dated this 5 Unn

Hundred and Eighty 7 Junn

One Thousand Eight

- 1610 -

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

### LAWRENCE HOUSE, YORK.

# J 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

(b) If a private patient be received upon one certificate on the patient bir constances which have presented the patient from being cramined by two medical practitioners to be here stated, as in the statement accompanying the order for admission.

Signed,

(c)

(c) Superintendent or pro-prietor of -----

Dated this day of

One Thousand Eight Hundred and Eighty

To the Commissioners in Lunacy.

Lunatics 1. (16 & 17 Vict. c. 96, Schod. C. 8, 24.) (25 & 26 Viet. 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. Thomas Salues H, the undersigned, hereby request you to receive\_ (a) Here Mack entifying Reservick on Tomes whom I last saw at Certey/ REVISI, SI rz. gra. . Royal Coll (a) Within one month pre-vious to the date of the order.
 (b) Lumatic, or an idiot, or a person of unsound mind. court 1 day of on the in Londos unsound Mud as a Patient into your House. Apothecari as the case beron of (b) Phy apothecary Subjoined is a Statement respecting the said Thomas Valuer Black (c) Her Sianed. Name. any) or oth sild manufacture Gardel Occupation (if any), Beswich in Ineed Allerley Villa Place of Abode, Father Degree of Relationship (if any) or other circumstances of connection with the Patient. (d) Inte Dated this Seventh profession any) of th day of Amil Seper One Thousand Eight Hundred and Eighty Dr. SWANSON, Jaker To (e) Lun (c) Superintendent or pro-(d) Describing the house or hospital by situation and name, if any. a person of Proprietor Lawrence House, York. The Rechard a achern den deur STATEMENT If any Particulars in this Statement be not known, the Fact to be so stated. (f) Her Name of Patient, with Christian Name at ) Thomas Oulmen Black length.... male 24 Sex and Age ..... Married, Single, or Widowed ..... Vingle Condition of Life, and previous Occupa- ) Student - has been in Cape Colony tion (if any) ..... J Baptist Chnom Religious Persuasion, as far as known .... Previous Place of Abode. ..... Bounch on Stona frig. Whether First Attack ..... Age (if known) on First Attack .... 24 When and where previously under Cara ) - nouveres for days Duration of existing Attack ..... Supposed Cause ..... mental existement in perpanny and deliming (s) Herestal tion, and from Whether Suicidal ..... he Whether Dangerous to others..... 400 Whether found Lunatic by Inquisition, ] hi and Date of Commission or Order for Inquisition..... Special Circumstances (if any) preventing the Patient being examined, before Adnone mission, separately by Two Medical Practitioners ..... Name and Address of Relative to whom illa SLAVE Black Si Allulus Bernon Notice of Death to be sent ..... (c) Where the person sign-ing the statement is not the Signed. Name, (°) lor person who signs the order, the person who signs the order, the following particulars con-cerning the person signing the statement are to be added. manufactures Occupation (if any), Jauded Berwick n. Tweed Place of Abode, Mulley Villa Degree of Relationship (if any), or Jas other circumstances of connection with the Patient.

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It's the undersigned, Thille Whitenide Malajare (a) Here set forth the quali-scation entitling the person while an 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. as the case may be. (b) Physician, surgeon, or apothecary, as the case may be. hereby certify, that I, on the \_\_\_\_\_\_ \_\_day of \_\_\_\_\_\_ 1887 (c) Here insert the street at (c) Allerlay Home, Carlle Jonan, Tomorh on Stored and number of the house (if any) or other like particulars. in the County of Mulhumland separately from any other Medical Practitioner personally examined Thomas Pohn Bhash (d) Insert residence and of (d) Alluly House, Bernen, Ardunt profession or occupation (if any) of the patient. and that the said Shown Owhow Mark (e) Lunatic, or an idiot, or is a (e) formation 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 : (1) Here state the facts. (1) Lafrid and incohorent taching, interrupted by mannah fits & hangiter, perfects different from his ordinary pour mamer . He Threw a Larger comptac vale from the mantel fune & the pround and stord langing, over the fragments calling attention he had ome - Southop walking to and for in the com with noting intrulations 2. Other facts (if any) indicating Insanity communicated to me by others : (9) Herestate the informa. (9) sleeplessneps, and emplant tollong or rather atterance of a funder of good mostly adaption in committee Reported by his falles and my on som In Charles S. mailupan g this from Name, Mmarlayon mD Signed, Place of Abode, Benuch on Stoud Dated this Comments day of April \_One Thousand Eight Hundred and Eighty Cent 28

Tomas trath 1, the undersigned, (a) Here set forth the quali-tection entitling the person certifying to practice as a phy-sician, surgeon, or apothecary, and hiccultake of the Edulburgh Colleges of Thysician Surgeon (a) Here set forth the quali-tection entitling the person certifying to practice as a phy-sician, surgeon, or apothecary, and hiccultake of the Edulburgh Colleges of Thysician Surgeon (a) Licentiate of the Apothecaries' Company, or and being in actual practice as a (b) Physician and Surgeon Vurk as the case may be. (b) Physician, surgeon, or apothecary, as the case may be, hereby certify, that I, on the Leventh day of april, (c) Here insert the street at (c) Allerley House, Castle Jerrace Beralch on Junce in the County of Northunberland separately from any other Medical Practitioner personally examined Mouras Talmer . ach Perrace, Gerure ( and that (d) Insert residence and of (d) allerley House, Castle profession, or occupation (if any) of the patient. almer Hack louas the said\_ is a (e) Serson of me Sound Muant a proper Person to be taken charge of and detained (e) Lunatic, or an idiot, or a person of unsound mind. under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :--1. Facts indicating Insanity observed by myself : (1) Here state the facts. (1) He Cornstantly aller up and low the room leuseless Words, and Monting Coudly ulthereu extravagant gesticul Cuble my blaced the a asked me head and love 14. 1. 14 2. Other facts (if any) indicating Insanity communicated to me by others : (g) Here state the infor-mation, and from whom. (g)Same uny ucht 4 oppund 44 his information und Jathe Signed, Name, Place of Abode, Dated this fee with april One Thousand Tight \_day of\_ Hundred and Eighty Leven

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

- 1611 -

## THE RETREAT, NEAR YORK.

## J hereby give you Notice. That\_\_\_\_

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(a) House or hospital,

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have !

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was admitted into this (a) as a Private Patient, on the 158 , and I hereby day of

transmit a Copy of the Order and Medical Certificates on which he was

(b) If a private patient be received apon age certificate only, the special direction stances which have precented the patient from being es-amined by two medical prac-titioneers to be here stated, ps in the statement accom-panying the order for admis-sion.

Signed.

(c)

1. · · · · · · · (c) Superintendent or pro-prietor of ----

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### Dated this\_

One Thoasand Eight Hundred and Eighty \_

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\_day of\_\_

To the Commissioners in Lunacy.

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Lunatics 1. ... Private Patient. LONDON : SHAW AND SONS Fetter Lane, E.C. (807 D.B. 1 6-86.)

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT. Sched. (A.) No. 1, Sects. 4, 8. Campbell H, the undersigned, hereby request you to receive\_ Thomas Pleyon Callow End Elm Villa whom I last saw at sixth day of april 183 on the fev (a) Within one month previous to the date of the order. unsound mas a Patient into your House. a (°) person (b) Lunatic, or an idiot, or a person of unsound mind. Subjoined is a Statement respecting the said Campbell Thomas Diyon Signed, Name, John Willia Jch Occupation (if any), \_ Amaster Place of Abode, 4 alexandra Place, Ilkley Degree of Relationship (if any) or other circumstances of connec-Brother tion with the Palient. Dated this 26 the 2 and rul day of One Thousand Eight Hundred and Eighty 10 obert aker MG 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 ) Campbell Dixon hounds length..... 28 last tuly Sex and Age ..... Jugle Married, Single, or Widowed ..... Condition of Life, and previous Occupa- ) always lived at home tion (if any) ..... riends Religious Persuasion, as far as kaluticiels Villa, Callow bud, Previous Place of Abode..... 11 no Worcester yes Whether First Attack ..... Birll Age (if known) on First Attack. . . . When and where previously under Care ) 2 montable and Treatment ...... he was born Duration of existing Attack ..... unkr Supposed Cause ..... never ha Whether subject to Epilepsy ..... 220 Whether Suicidal ..... much provoked. Whether Dangerous to others..... rot Whether found Lunatic by Inquisition, tro and Date of Commission or Order for Inquisition..... Special Circumstances (if any) preventing Toward 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) Where the person signing the statement is not the person who signs the order, the following particulars con-cerning the person signing the statement are to be added. ohn you Name, (°). Signed. Occupation (if any), 100 ma 4 alexandra Mace, Il Place of Abode, Degree of Relationship (if any), or other circumstances of connec-Brother tion with the Patient.

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(a) Hereset forth the quali-fication entitling the person certifying to practise as a phy-sician, surgeon or apothecary, e.z. 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 and being in actual practice as a (b),

t, the undersigned

hereby certify, that I, on the,

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in the County of

personally examined

being a (a)

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

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

(d) Insert residence and profession or occupation (if any) of the patient. of (d) 6 the said

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

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

umo and a proper Person to be taken charge of and detained

(f) Here state the facts.

1. Facts indicating Insanity observed by myself ( ang nng

(g) Herestate the informa-tion, and from whom.

2. Other facts (if any) indicating Insan NAM Signed, Nam Place of Abode, mm One Thousand Eight of Dated this Hundred and Eighty Stolla

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eparately from any other Medical Practitioner,

orus.

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(a) Here set forth the quali- fication entitling the person	£, the undersigned,						
certifying to practise as a phy- sician surgeon or apothecary.	being a (a)						
ex. gra. 2-Fellow of the Royal College of Physicians in London, Licentiate of the							
Apothecaries' Company, or							
(b) Physician, surgeon, or apothecary, as the case may be.	and being in actual practice as a $(b)$						
	hereby certify, that I, on the day of						
(c) Here insert the street	at (c)						
any), or other like particulars.							
	in the County of separately from any other Medical Practitioner,						
	personally examined						
(d) Insert residence and profession, or occupation (if	of (d)and that						
ang) of the patient.	the said						
( ) I must a sum thirt or							
(c) Lunatic, or an idiot, or a person of unsound mind.	and a proper resolt to be taken thange of and detailed						
	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)						
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	and a survey of the second and and						
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et e	the second se						
	The set of the set						
	Stand Contract and Stand						
(g) Here state the infor-	2. Other facts (if any) indicating Insanity communicated to me by others $(g)$						
and from whom.	x. Other faces (if any) indicating fusionly communicated to me by others $(g)$						
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1111	A. Martin . Martin .						
6 min in	and the second of the second second second second						
and the second	Signed, Name,						
and the second	· · · · · · · · · · · · · · · · · · ·						
	Place of Abode,						
	Dated this day of One Thousand Eight						
	Hundred and Eighty						

t, the undersigned, Bances Monto A Physiceans -2 dicen and being a (a). . Spotte carries y low eccutertie Physician apolhecary (b) Physician, surgeon, or apothecary, as the case may be. and being in actual practice as a  $(b)_{-}$ V 18th P8 hereby certify, that I, on the day, 6f (c) Here insert the street and number of the house (if at (c) the any) or other like particulare. Calla dan for Ece sours en les in the County of Worcester is separately from any other Medical Practitioner, Reso at the thrustands on 19th going 25th days of divis 1887 personally examined Caugh bell Horpest Hyore. Macenter and that (d) Insert residence and of (d) Ceasting profession or occupation (if any) of the patient. Loour Collon auphe the said\_ nay (e) Lumatic, or an idiot, or is (c) Arect man a person of unsound mind. and a proper Person to be taken charge of and detained 1 m X under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :--1. Facts indicating Insanity observed by myself (1) meshvence (f) Here state the facts. mean intitlack / againing fice me Care 2. Other facts (if any) indicating Insanity communicated to me by others (g) (g) Here state the information, and from whom. Jays 37ath n Ne Caucas bortes musiger Carretty watched furspected 2-Caun 1 Ki L cle 3 Ais ad has to men - to hum Est at he looutet to Excerts less Requiretty he Balt his food un Bays + parsons who key Takes their Chew it have down as he calls it threatens to sucon no theme I to tall the police non glben 0 Name, Maulen Az Signed, Place of Abode, The Thrabland Ruprey Dated this 25 40 day of afreit One Thousand Eight Hundred and Eighty Vence

E, the undersigned, Richard Coming James being a (a) monther of the Royal College of Surgion of England & a diantiate of the apothecaries & and being in actual practice as a (b) hargen & apothe cary hereby certify, that I, on the day of\_\_\_\_ 20 april 1857 (c) Here insert the street and number of the house (if at (c)\_ any),or other like particulars. Eastern Lodge Kumpsig in the County of Interestor separately from any other Medical Practitioner, personally examined Campbell Thomas Dixon Villa Callow End, Powick (d) Insert residence and profession, or occupation (if of (d) and that 2m hbill Thomas the said\_ ban Diron is a (e) purson of unsured 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 Has no knowledge of h defection geven - askad his name instance of promos it he spells it. not very cleanly in his habits 2. Other facts (if any) indicating Insanity communicated to me by, others (g)Infor ation received from his britten I de & Di teased find who con & stuke , within at maltin s bolt his food tis ust about the use of a Ru fork Treg, the day he will be formal Calk 5 the night at ny du , at his meals when remonstrates be very voracion R. C. Jan Signed, Name, Place of Abode, Eastern Lodge Kemps W? Worcete 2015 day of april Dated this\_ One Thousand Eight

(a) Here set forth the quali-fication entitling the person certifying to practise as a phy-sician, surgeon, or apathecary, ex. gra.:-Fellow of the Roval College of Physicians in London, Licentiate of the Apothecaries' Company, or as the case may be. as the case may be.

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

any) of the patient.

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

(f) Here state the facts.

(g) Here state the infor-mation, and from whom.

Hundred and Eighty \_\_\_\_\_

- 1612 -

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

#### RETREAT, NEAR YORK. THE

# J 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

(b) If a private patient be received (b) (b) If a private patient be received upon one certificate only, the special circum-stances which have prevented the patient from being ex-amined by two medical prac-titioners to be here stated, as in the statement accom-panying the order for admis-sion.

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, Schod. C. s. 24.) (25 & 26 Vict. c. 111.) Private Patient. LONDON : SHAW AND SONS Fetter Lane, E.C. (807 D.B.- 6-88.)

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT. Sched. (A.) No. 1, Sects. 4, 8. H, the undersigned, hereby request you to receive. NAS randle whom I last saw at\_ 3 12 12 of day of on the (a) Within one month preherson of unsound mindas a Patient into your House vious to the date of the order. (i) Physicia a (b). cary, dr John (b) Lunatic, or an idiot, or Subjoined is a Statement respecting the said a person of unsound mind. (a) Here in Lemand by how and number of any) or other l Name, Signed, Occupation (if any), 3 Bach Pli 15 Parcy gardens Place of Abode, \_ Lynumbh Degree of Relationship (if any) or other circumstances of connec-(d) Intert tion with the Patient. my) of the pa hird day of mated this One Thousand Eight Hundred and Eighty (a) Lunatie, person of un To. Jakes THE RETREAT, NEAR YORK. STATEMENT. () Here t If any Particulars in this Statement be not known, the Fact to be so stated. Name of Patient, with Christian Name at ) Show length..... Teans Sex and Age ..... Married, Single, or Widowed ..... Condition of Life, and previous Occupa- ) anager tion (if any) ..... Religious Persuasion, as far as known ... mer attack Whether First Attack ..... Age (if known) on First Attack ..... When and where previously under Care ) and Treatment ..... ner ahrow wel Duration of existing Attack ..... menta rr and Supposed Cause ..... (1) Here ala no ion, and fra Whether subject to Epilepsy ..... Lym Has. no Shown Whether Suicidal ..... Ø outi Whether Dangerous to others. ..... Whether found Lunatic by Inquisition, 7 and Date of Commission or Order for Inquisition..... Special Circumstances (if any) preventing the Patient being examined, before Adour mission, separately by Two Medical Practitioners ..... 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 con-cerning the person signing the statement are to be added. Name, () Signed. Bunk 1 seh Occupation (if any), 15 Kercy Gar Place of Abode, Ly manery Degree of Relationship (if any), or other circumstances of connection with the Patient.

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he undersigned, being a (a)and being in actual practice as a (b)

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hereby certify, that I, on the

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

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

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

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

hour the said Joursoud Munded a proper Person to be taken charge of and detained heron under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :--

(f) Here state the facts.

Instimal conduct 1. Facts indicating Insanity observed by myself (f)here.T Las ren wife du ang alimi Ch aa mas a imuldiate latins mosel 20 a manuacal laving. recasional Macks as

(g) Herestate the informaand from whom.

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

P mar 041 1 al lennes berg lauring hel ng low h. Au nouriohm ent naint hises night lugg ml 40 lol 1 5 Mim es Signed, Name, orkwray Iquare, north Shelds Place of Abode, ma One Thousand Eight Mina day of Dated this Hundred and Eighty for

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separately from any other Medical Practitioner,

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(a) Here set forth the qualification entitling the person entitling the person eretifying to practice as a physician, surgeon, or apothecary, ex. gra. :--Fellow of the Royal College of Physicians in London, Licentiste of the Apothecaries' Company, or as the case may be.
 (b) Physicians

H, the undersigned,

personally examined

the said

0

being a (a)

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

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

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

(e) Lunatic, or an idiot, or is a (e) Person of unformed things 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) Jalks ucoheunt

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and being in actual practice as a (b)

hereby certify, that I, on the first

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(g) Here state the infor-motion, and from whom.

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

, lou lu 20m timen : with Com afu Tenee Miratened

David Drumon Signed, Name, Ta Arucin e Place of Abode, 320 . de . Ty One Thousand Eight Dated this day of May

Hundred and Eighty\_

1613 -

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

### THE RETREAT, NEAR YORK.

House or hospital.	I hereby give you Notice. That						
	was admitted into this (a)	as a Private Patient, on the					
	day of	168 , and I hereby					
	transmit a Copy of the Order and Me	dical Certificates on which he was					
f a private patient be t upon one certificate the special circum- which have prevented tient from being ex- by two medical prac- by two medical prac- r to be here stated, the statement accom- g the order for admis-	received (b)						

Signed,

(c)

(c) Superintendent or proprietor of ----

(a)

b) eit aly, and so p

Dated this \_\_\_\_\_ day of \_\_\_\_

One Thousand Eight Hundred and Eighty \_\_\_\_\_

<sup>1</sup> To the Commissioners in Lunacy.

Lunatics 1. (16 & 17 Viet. c. 96, Sched. C. & 29.) (25 & 25 Vict. c. 111.) Private Patient. LONDON: S H AW AND SON S Fetter Lane, E.C. (807 D.D.-6-86.)

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT. Sched. (A.) No. 1, Sects. 4, 8. H, the undersigned, hereby request you to receive Mary Douglass Tills whom I last saw at Summert Villa Or \_\_day of\_ 23 -1/any 1887 on the (a) Within one month previous to the date of the order. a ( ) person of unsound mind as a Patient into your House. (b) Lunstie, or an idiot, or a person of unsound mind. Subjoined is a Statement respecting the said Mary Douglan Hills Signed. Name. Communitor Agent-Occupation (if any), Place of Abode, Itewast Willow Purky Parks Stufford Degree of Relationship (if any) or Husland other circumstances of connection with the Patient. 23 rue day of Muy TSS mated this One Thousand Eight Hundred and Eighty\_denn To Dr Baker THE RETREAT, NEAR YORK. STATEMENT. If any Particulars in this Statement be not known, the Fact to be so 'stated. Horny Mary Douglass Tills Name of Patient, with Christian Name at ) length..... Fin 39 years of age Sex and Age ..... Married Married, Single, or Widowed ..... Condition of Life, and previous Occupa- ) life of commission Agent tion (if any) ..... ) FreThember of Soundary of Friendo Religious Persuasion, as far as known .... Penday Park Stafford Previous Place of Abode. ..... no Whether First Attack ..... 38 years Age (if known) on First Attack.... When and where previously under Care ? Between Mary & October 88640 ... Coton Will anytom Your months. Duration of existing Attack ..... Unkomm Supposed Cause ..... no Whether subject to Epilepsy ..... Ges Whether Suicidal ..... Whether Dangerous to others..... no Whether found Lunatic by Inquisition, 7 no and Date of Commission or Order for Inquisition..... Special Circumstances (if any) preventing the Patient being examined, before Admone mission, separately by Two Medical Permy Hills. Sturast Villa Pouly Park Practitioners ..... Name and Address of Relative to whom Notice of Death to be sent ..... Name, (1) Flenny Hills (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. as above Occupation (if any), Place of Abode, Degree of Relationship (if any), or other circumstances of connection with the Patient.

1; the undersigned, (a) Hereset forth the quali-(a) Hereset forth the qualification entitling the person rifying to practice as a phy-nian, surgeon or apothecary, 2. gra. :---Fellow of the Royal College of Physicians in London, Licentlate of the Apothecaries' Company, or at the case mean be of the Tradunt in Michicum being a (a)rdeen vint of as the case may be. hun (b) Physician, surgeon, or apothecary, as the case may be. hereby certify, that I, on the 22 ud May day of (c) Here insert the street and number of the house (if at (c) <u>Stewart</u> Bills any) or other like particulars. Howley Park tray ford in the County of Joffor desseparately from any other Medical Practitioner, Mary Douglan Hills personally examined (d) Insert residence and of (d) Stewart Dille, Rowly Park Hafford, Married and that any) of the patient. Many Douglan Hills the said\_ is a (e) ferror of unround lundand a proper Person to be taken charge of and detained (e) Lumatic, or an idiot, or a person of unsound mind. under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :--1. Facts indicating Insanity observed by myself (f) \_ Lu in in an (f) Here state the facts. extremely depressed state, and can give to Bay the would like hearon Occurs 20 orch 5 en sen 20mers her bresent she cum? tres 4 mit. au non unjung ud two days ago 2011 Mu ACer while attemption Aluna fall 00 made 2. Other facts (if any) indicating Insanity communicated to me by others (g) (g) Herestate the information, and from whom. alea les Have Hills tur turband informs her take states la Lu is continue ty ter tur bream leves ole 4 of any sign an Low Con 6 tt 5 Com the ling tuin here tatu haten a when shi was and Part- year Mu. Muc Name, Signed, Place of Abode, St Marys Georg Sta 22 4 day of May One Thousand Eight Dated this \_\_\_\_ Hundred and Eighty\_Ococe-

85

E, the undersigned, Samuel Cookean

being a (a) Muraber of the Boyal College

of Sugars Texplande

hereby certify, that I, on the 22 2 day of Mary

personally examined Mary Druglan Hills

(a) Here set forth the quali-fleation estilling 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

(b) Physician, surgeon, or and being in actual practice as a (b) day 3000 apothecary, as the case may be.

(c) Here insert the street at (c) Stewart Villa . Ruly Park Staffe

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

(d) Insert residence and of (d) Alewart Villes Bush Pack Stafferd and that any) of the patient. the said Mary Douglans Hell is a (e) 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 (1) to very low m

in the County of - Stafford separately from any other Medical Practitioner,

(f) Here state the facts.

depressed says the hear fuling Cause over her semetimes which she cause restra Seems to have a desin to be placed Where blue Can do herely, no leyeng Non a lay bruise a la farhead the result of a face cause as stated belan \_ seems decidedly secieidal

(g) Here state the infor-mation, and from whom.

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

he! Henry Ades her hurband says that two da apo the threw hered we the Starican + for a distance of some think feal, waranty saved free destruction by her dress catchery - the es Continually Minting of destroying leader they dave has leave her a kante - Non been in Rea asylum as a privier accased signed, Name, Samuel Cooksan Keld Place of Abode, & deslefuld Road. Stafford 22 day of hay One Thousand Eight Dated this \_\_\_\_ Hundred and Eighty Alover

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

- 1614 -

### THE RETREAT, NEAR YORK.

# J hereby give you Notice, That\_

day of

(a) House or hospital."

was admitted into this (a) \_\_\_\_\_\_ as a Private Patient, on the

188 , and I hereby

transmit a Copy of the Order and Medical Certificates on which he was

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

Signed,

(c)

5 1

4.

×.

(c) Superintendent or proprietor of ----

· 1 : 2.

### Dated this \_\_\_\_\_ day of \_\_\_\_\_

One Thousand Eight Hundred and Eighty \_\_\_\_

.

To the Commissioners in Lunacy.

Function 1. (16 & 17 Vict. c. 96, Sched. C. 8, 34.) (25 & 56 Vict. c. 111.) Private Patient. LONDON : S H A W A N D S ON S Fetter Lane, E.C. (807 D.R.-6-86.)

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT. Sched. (A.) No. 1, Sects. 4, 8. H, the undersigned, hereby request you to receive. anne Byottom whom I last saw at 1. Park View. dvvogate wenth day of fune 1887 on the (a) (a) Within one month previous to the date of the order. a () a per four unsumanied as a Patient into your House. (b) Lunatic, or an idiot, or Subjoined is a Statement respecting the said UMME a person of unsound mind. Bryttoin stan Isade !! Signed, Name,\_\_\_ Occupation (if any), A Clergy Man Place of Abode, 1-Park View Her Hel band Degree of Relationship (if any) or ) other circumstances of connection with the Patient. Dated this Selecuth day of One Thousand Eight Hundred and Eighty\_ Doctor Baker To\_ THE RETREAT, NEAR YORK. STATEMENT. If any Particulars in this Statement be not known, the Fact to be so stated. ttain Name of Patient, with Christian Name at } length..... Nel Jeans. Sex and Age ..... Married, Single, or Widowed ..... Condition of Life, and previous Occupa- ) Brill TH tion (if any)..... England unchor bero an Religious Persuasion, as far as known ... gate 1.5 19 Previous Place of Abode..... for a Jean Hasole Whether First Attack ..... Jeans seber Age (if known) on First Attack. . . When and where previously under Care ) Most Aioually at herab and Treatment ..... no Whether subject to Epilepsy ..... no Whether Suicidal ..... Ratter if not attended to Whether Dangerous to others..... Whether found Lunatic by Inquisition, 7 no and Date of Commission or Order for Inquisition..... Special Circumstances (if any) preventing the Patient being examined, before Ad-The hasbeen examined separately by two mission, separately by Two Medical Medical Practitumers, Practitioners ..... Name and Address of Relative to whom Rea Isaac Brittain I. Park Harrogate. Notice of Death to be sent ..... Name, () Isaac Brittain (c) Where the person sign-Signed. ing the statement is not the person who signs the order, the following particulars con-cerning the person signing the as above Occupation (if any),\_ statement are to be odded. Place of Abode, . Degree of Relationship (if any), or other circumstances of connection with the Patient.

a Fillain of the Plague Caking of Myham

It the undersigned, Adnin Binky (a) Hereset forth the quali-fication entitling the person certifying to practise as a phy-sician, surgeon or apothecary, ex. gra. --Fellow of the Boyal College of Physicians in London, Licentiste of the Apothecaries' Company, or as the case may be.
(b) Physician being a (a) Gruduate of the University of Cumbridge and being in actual practice as a (b) Thy Surton

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

day of June hereby certify, that I, on the Furth (c) Here insert the street and number of the house (if at (c) hol. Park Press. Harrysto any) or other like particulars. York in the County of separately from any other Medical Practitioner, wann personally examined un, Hunapete, Wohe of Chengy and that

(d) Insert residence and of (d) furth for any of the patient. the said

(e) Lanatic, or an idiot, or is a (e) purson 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)

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Maky at b In morent insternal delutions wanted & followed officing intre dragerand & hundle m in Waters und

(g) Herestate the information, and from whom,

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

of scalince Linca trequent boy readoney on The onast orthoney minse Alustiand. hum

Signed,

Name, AMum Binley Place of Abode, but Lea, Hangote

Dated this Furth day of fun

One Thousand Eight

Hundred and Eighty Smith

Is the undersigned, Neulla Williams (a) Here set forth the quali-fication estilling the person certifying to practise as a phy-sicion, surgeon, or apothecary, ex. graz. --Fellow of the Royal College of Physicians in London, Liccentiste of the Apothecaries' Company, or as the case may be. being a (a) Gradual after Unwersit a faubre en \* a member of the Rozal College of Lunges (b) Physician, surgeon, or and being in actual practice as a (b) durfton as the case may be. hereby certify, that I, on the 4 7 \_\_\_\_ day of Jun (c) Here insert the street at (c) / Roch View Honogah and number of the house (if at (c) / Roch View Honogah forth anne separately from any other Medical Practitioner, in the County of m Intain wife of lergyman personally examined\_ (d) Insert residence and of (d) North View Hanogah profession, or occupation (if of (d) A anne. and that. the said Mr. Bullain is a (e) person of Musond and a proper Person to be taken charge of and detained (e) Lunatic, or an idiot, or a person of unsound mind. under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :---1. Facts indicating Insanity observed by myself (f) \_\_\_\_\_\_ Lubyect L (f) Here state the facts. Lits of Violence, Lubject to debusions + daugerous thereby & attendants attal ton of memory with ratine depression of epirits. 2. Other facts (if any) indicating Insanity communicated to me by others (g) (g) Here state the infor-motion, and from whom. for the last twelve or sightin moulting she has been utterly make to attend to breek x at times requires her food attreations violunce to her prends nattindanl; Communicated & more shushand. Signed, Name, Neville Williams Place of Abode, Sydenham House Honogali Dated this 4 K \_\_\_\_\_ day of / une One Thousand Eight Hundred and Eighty \_ denen .

1615 -

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

#### RETREAT, NEAR YORK. THE

# J hereby give you Notice, That\_

(a) House or hospital.

as a Private Patient, on the was admitted into this (a)

> 188 , and I hereby day of\_

transmit a Copy of the Order and Medical Certificates on which he was

(b) If a private patient be reviewed upon one certificate ct.'y, the special circum-cturces which have precented the patient from being es-amined by two medical prac-titioners to be here stated, as in the statement accom-panying the order for admis-eron.

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Summer of	Τ.	п	п	E.	а	
-		55		*	~	

(c)

(c) Superintendent or proprietor of ----

> \_\_day of\_\_\_ Dated this.

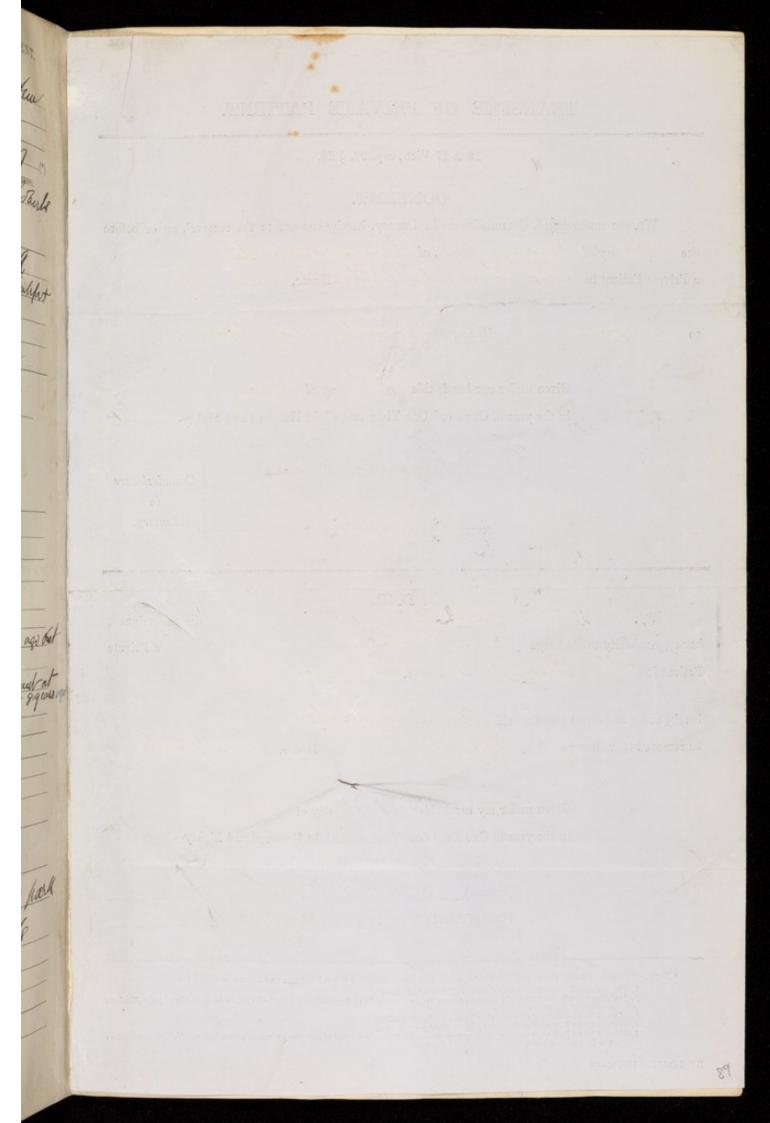
> > 14

One Thousand Eight Hundred and Eighty \_

To the Commissioners in Lunacy.

Lunatics 1. (16 & 17 Vict. c. 96, Schod. C. s. 24.) (25 & 26 Vict. c. 111.) Private Patient. LONDON : SHAW AND SONS Fetter Lane, E.C. (807 D.B.- 6-86.)

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT. Sched. (A.) No. 1, Sects. 4, 8. H, the undersigned, hereby request you to receive Monatua 140 Certs whom I last saw at 20 park brew, Halifar Surfeelli day of June 1881 (a) on the (a) Within one month previous to the date of the order. a (°) forson fruit rund une as a Patient into your House. Subjoined is a Statement respecting the said & Hun Mark (b) Lumatic, or an idiot, or a person of unsound mind, Auch Signed, Name. Glesk. Jucitoro Occupation (if any), Und Visit Halifat Place of Abode, Degree of Relationship (if any) or other circumstances of connechisbaud tion with the Patient. 1314 day of\_ une mated this\_ One Thousand Eight Hundred and Eighty feelu To Dr. Maker 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 ) a true Moderts length..... Sequale dell 32 Sex and Age ..... Menrad Married, Single, or Widowed ..... Shulow black Condition of Life, and previous Occupa- ) tion (if any)..... bougication al Religious Persuasion, as far as known .... Halfart a quel attack stort & years ago bet lark wew 20 Previous Place of Abode..... (ha) Whether First Attack ..... 44-Age (if known) on First Attack.... When and where previously under Care ) Ewa and Treatment .... moulas Duration of existing Attack ..... Muhuour Supposed Cause ..... No Whether subject to Epilepsy ..... ald Whether Suicidal ..... al tures Whether Dangerous to others. ..... Whether found Lunatic by Inquisition, 7 al and Date of Commission or Order for Special Circumstances (if any) preventing the Patient being examined, before Adalace mission, separately by Two Medical Tuster, Halfert To park Practitioners ..... Name and Address of Relative to whom? Name, () + testen Reberts Notice of Death to be sent ..... (c) Where the person sign-Signed. ing the statement is not the personwho signs the order, the following particulars con-cerning the person signing the as abor Occupation (if any), Place of Abode, 5 statement are to be added. 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 Roberto a Private Patient in The Friends' Retrettorte, near york , to Grove House, acomb, near york.

3 - day of May Given under our hands this in the year of Our Lord One Thousand Eight Hundred and Eighty-eight

Som & Venton

Commissioners in Lunacy.

I. austin Roberto

the undersigned,

a Private

having Authority to discharge ann Roberto Patient in The Friends' Restrict, near york,

hereby order and direct that the said ann Roberto Grove be removed therefrom to

House, acomb near york.

Given under my hand this 1 day of may

in the year of Our Lord One Thousand Eight Hundred and Eighty-Eight.

(Signed) Austin Rolets Place of Abode 20 park Tiew Halifar

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

- The person who signed the order for the Patient's admission:
   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:
   If there be no Husband or Wife, then by the Patient's *Hather:* If there be no Father, or Mother, then by the Patient's Mother:
   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.

Royal college of Anyrous of Ingland

1: the undersigned, Solowon Charles Smith (a) Here set forth the quali-fication entitling the person certifying to practise as a phy-sician, surgeon or apothecary, ex. gra. -- Fellow of the Royal College of Physicians in London, Licentiate of the Apothecaries' Company, or at the case mon be. being a (a) Doctor of hecticine and a member of the as the case may be.

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

and being in actual practice as a (b) Jurgen hereby certify, that I, on the with 8th day of June 1887 (c) Here insert the street at (c) 20 Purch View Halifax any) or other like particulars. in the County of 400k separately from any other Medical Practitioner, personally examined ann Roberts (d) Insert residence and of (d) 20 Purch Nien Hulijan profession or occupation (if any) of the patient. and that the said ann Roberts

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

(f) Here state the facts.

tion, and from whom.

lork

1. Facts indicating Insanity observed by myself (f) restlemen y unanne inderent talk - prequent laughter continued for mutime and apperently without cance. The states that there is electricity under the board of the house, but the way to incoherent and so full of langhter that it was difficult to unpossible To make her thoroughly describe her debesin

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

her husband anoten Roberts states that In a long time ann Roberts has been restless at night, withing about the house in his night dren, banging the door and east with wat out of doors in that state . that she talks about himing buy property which she does not posses that she think then an Electric win laid under the floor that the her theatened the promit with a knipe of has sword times attached & struck he daughter . Name, John Charles Smith Signed,

Place of Abode, St. Johns House Aulijane

11th day of from One Thousand Eight Dated this

Hundred and Eighty Seven

100

Anh-

personally examined M. aun Kobuto

hereby certify, that I, on the

It, the undersigned, John Houps Wife (a) Here set forth the quali-fication entitling the person certifying to practise as a phy-sician, 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) Mumber of the Road Colleges of dugerns of organ (b) Physician, surgeon, or and being in actual practice as a (b) duppen

(c) Here insert the street at (c) 20 Park Time. Halifrey any), or other like particulars. in the County of

separately from any other Medical Practitioner.

and that

day of he

(d) Insert residence and of (d) 20 Park Vin, Marign, Yolls, any) of the patient. the said Me ann Robots

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

is a (e) Russ of unsound lundand 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) monotoratel arta erson & Durseless talking . Makes Queen is her hulling that they would be his for to K Quein's Wedding in which Rid books

(g) Here state the infor-motion, and from whom.

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

Husband austin Roberts, till me that his wife an Roberts does not cleep - thinks do is the Sund, that do a violant & has attempted to attack he servent the with a Ring. with a Rings.

A

day of

louper.

Au

One Thousand Eight

Signed, Name, c Place of Abode,

Dated this

Hundred and Eighty Desta

### - 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.

# J 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

(b) If a private patient be received upon one certificate only, the special circum-stances which have prevented the patient from being es-amined by two medical prac-titioners to be here stated, as in the statement accom-panying the order for admis-sion.

Signed.

(c)

(c) Superintendent or pro-prictor 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.)

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT. Sched. (A.) No. 1, Sects. 4, 8. H, the undersigned, hereby request you to receive a) Here he inen whom I last saw at (a) Within one month pre-vious to the date of the order. on the day of. Mulonal Anado as a Patient into your House. a ( person of many (b) Lunatic, or an idiot, or Subjoined is a Statement respecting the said a person of unsound mind. Theto Whitwhan Kealow anes Signed, Name. bacconist Occupation (if any), main Street Dingler Place of Abode, Ausband Degree of Relationship (if any) or other circumstances of connection with the Patient. 27 day of Dated this One Thousand Eight Hundred and Eighty\_ (e) Lan DE Jack To a person o THE RETREAT, NEAR YORK. STATEMENT. (J) Hen If any Particulars in this Statement be not known, the Fact to be so stated. Oleza Whelloham Mary. Name of Patient, with Christian Name at ) length..... 4 Inca Sex and Age ..... arrie Married, Single, or Widowed ..... Condition of Life, and previous Occupaaomeet is m tion (if any) ..... Reform. leyan Religious Persuasion, as far as known .... reland Bridge Previous Place of Abode..... Rongles yes Whether First Attack ...... 224.1 13 Wer Ro Age (if known) on First Attack .... When and where previously under Care ¿ -nome as -own Famongst and Treatment ..... 11 week Duration of existing Attack ..... 20 hirown Supposed Cause ..... (g) Here. ice, and f Whether subject to Epilepsy ..... yes Whether Suicidal ..... b Whether Dangerous to others..... Whether found Lunatic by Inquisition, and Date of Commission or Order for Inquisition..... J Special Circumstances (if any) preventing the Patient being examined, before Adthe Mar mission, separately by Two Medical 4 Practitioners ..... nom 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 con-cerning the person signing the statement are to be added. Signed. Name, ( Occupation (if any), mai Place of Abode, Degree of Relationship (if any), or other circumstances of connection with the Patient.

3 × 1 / 4/-

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1 tus

the undersigned, (a) Here set forth the quali-fication extitling the person ertifying to practise as a phy-cicina, surgeon or apothecary, ex. gra. .--Fellow of the Royal College of Physicians in Inondon, Licentiate of the Apothecaries' Company, or as the case may be. 0 for being a (a) m 1Sile and being in actual practice as a (b)Un (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 12 of (d (d) Insert residence and and that profession or occupation (if ang) of the patient. the said reison (e) Lunatic, or an idiot, or a person of unsound mind. Undelind hund and a proper Person to be taken charge of and detained is a (e) under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :--1. Facts indicating Insanity observed by myself (f)(f) Here state the facts. ø 110 200 rown Ale ers 11 2. Over facts (if any) indicating Insanity communicated to me by others (g) (g) Herestate the informala d mally loa tion, and from whom. 1 11 1 Signed, Name, Place of Abode, One Thousand Eight Dated this day of Den Hundred and Eighty

Arbu F, the undersigned, ham (a) Here set forth the qualification estilling 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) D. --Li hun nearcul of 7 being a (a)\_ 1 centra Q4 Moreians where and being in actual practice as a (b) V Jurges macian (b) Physician, surgeon, or spothecary, as the case may be. hereby certify, that I, on the day of (c) Here insert the street at (c) \_\_\_\_\_ and number of the house (if at (c) \_\_\_\_\_ any), or other like particulars. and separately from any other Medical Practitioner, in the County of Whitwhan Una aru personally examined (d) Insert residence and and that of (d). profession, or occupation (if any) of the patient. the said wllam (e) Lunatic, or an idiot, or a person of unsound mind. and a proper Person to be taken charge of and detained is a (e)\_ Runa nc under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :--1. Facts indicating Insanity observed by myself (f) n my interview (f) Here state the facts. with her, which lasted hall an It was impossible to Engage her an Vational Conversation . all T. other was That Mu had C me terrible Sin against his husband which She was dure U warkuluch hungunary. She was very pusity Men and Much depressed and hardly Sver raised her 2. Other facts (if any) indicating Insanity communicated to me by others (g) (g) Here state the infor-motion, and from whom. believes that unless She dies Soon all his relatives hust and and This fact he mined. was tola alle Hannah 7 try D ul as Juilley rdge, and Signed, Name, WMMM e Lane, Place of Abode, 24 Reig low Pu un One Thousand Eight Dated this, day of Hundred and Eighty Shurn

# - 1614 -NOTICE OF ADMISSION.

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

#### RETREAT, NEAR YORK. THE

J hereby give you Notice, That\_\_\_\_

(a) House or hospital.

as a Private Patient, on the was admitted into this (a)

day of 158 , and I hereby

transmit a Copy of the Order and Medical Certificates on which he was

(b) If a private patient be received upon one certificate only, the special circum-tances which have prevented the patient from being ex-amined by two medical prac-tiliouers to be here stated, as in the statement accom-panying the order for admis-sion.

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Signed.

(c)

(c) Superintendent or pro-prietor of -----

Dated this \_\_\_\_\_ day of \_\_\_\_\_

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One Thousand Eight Hundred and Eighty \_ sa'

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To the Commissioners in Lunacy.

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Lunatics 1. (16 & 17 Vict, c. 96, Sched. C. s. 24.) (25 & 26 Vict, c. 11L) 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. H, the undersigned, hereby request you to receive. i) Here set for Non C tifying to pr Cla 12 14 almo House Roffman oud cel aus moh! lon on the (a) Within one month pre-vious to the date of the order. day of the case may unahe as a Patient into your House. a (\*) (b) Physician othecary, out (b) Lunatic, or an idiot, or a person of unsound mind. Subjoined is a Statement respecting the said \_\_\_\_ lla Cloak (c) Here isse and number of l any) or other like Signed, Name, Occupation (if any), rd. M 1 u Miss Hill Callage Maustre Degree of Relationship (if any) or) Joceblees alins U other circumstances of connec-(i) Jesert re u which tion with the Patient. refersion or ing) of the path mated this day of One Thousand Eight Hundred and Eighty. Sev (e) Lunatic, e 004 a person of uns Baker To THE RETREAT, NEAR YORK. STATEMENT. (f) Here stal If any Particulars in this Statement be not known, the Fact to be so stated. 6 Loak Name of Patient, with Christian Name at ) ALANN length..... male Sex and Age ..... 2m Married, Single, or Widowed ..... Condition of Life, and previous Occupa-Wallin tion (if any) ..... men RAI Religious Persuasion, as far as known .... 400 B Mansfield Her 91 Whether First Attack ..... Yeard Age (if known) on First Attack ... .. When and where previously under Care ) nowhe and Treatment ..... 2220 Duration of existing Attack ..... Supposed Cause ..... (g) Here state on, and from w Whether subject to Epilepsy ..... Usal Whether Suicidal ..... 0 Whether Dangerous to others...... Whether found Lunatic by Inquisition, and Date of Commission or Order for Inquisition...... Special Circumstances (if any) preventing 2001 the Patient being examined, before Admission, separately by Two Medical Practitioners ..... oak ark Name and Address of Relative to whom ) a Our Notice of Death to be sent ..... (c) Where the person signing the statement is not the person who signs the order, the following particulars con-cerning the person signing the statement are to be added. 16.al Name, (?) Signed. as above Occupation (if any), Place of Abode, Degree of Relationship (if any), or other circumstances of connection with the Patient.

the undersigned. (a) Here set forth the quali-fication entitling the person certifying to practise as a phy-rician, surgeon or apothecary, est. gra. ----Fellow of the foral College of Physicians in London, Licentiate of the Apothecaries' Company, or as the case may be.
 (b) Physicians 0 mus 1 being a (a)an aur Vind no Singrou 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 at (c) ho any) or other like particulars. us hand so Man Spiel nhu A. hr separately from any other Medical Practitioner, in the County of 41 personally examined o Wens Maus nund haullell and that of (d)\_ (d) Insert residence and profession or occupation (if any) of the patient. loar C 1 on the said is a (e) franovn & unoven Mugged a proper Person to be taken charge of and detained (e) Lunatic, or an idiot, or a person of unsound mind. under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :--. . 1. Facts indicating Insanity observed by myself (f) The is Continue ally (f) Here state the facts. moause, and mundy 1.4 and causes. innos aliel Coul Ela 16 au un an led a olecho q 200 hau nenconce lu maua g Gelli un mala 2. Other facts (if any) indicating Insanity communicated to me by others (g) (g) Here state the information, and from whom, Juno nors marid auil Ver. aux 1 14 374 ndon the

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he acture into au month, and all nget all 2 equirle and courtorto she

0 401 Name, Ligned, lauspielle Place of Abode,

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Dated this Anne Buth day of Hundred and Eighty & Luku

One Thousand Eight

It, the undersigned, floor Whilefuld Sparke (a) Here set forth the quali-fication entitling the person certifying to practise as a phy-sician, surgeon, or apothecary, ez. gra. -- Pellow 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 Suy cons Chyland (b) Physician, surgeon, or and being in actual practice as a (b)\_apothecary, as the case may be. day of\_ hereby certify, that I, on the (c) Here insert the street at Afflu brends any), or other like particulars. ans mis separately from any other Medical Practitioner, in the County of personally examined Mary Cloak menos alsons trous thansfield (d) Insert residence and profession, or occupation (if any) of the patient. the of (d)/H and that lan Cloak the said (e) Lunatic, or an idiot, or person of unsound mind. and a proper Person to be taken charge of and detained is a (e)\_ ) un under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :--neve 1. Facts indicating Insanity observed by myself (f) Here state the facts. a mony Helps opining H things out & pretting Says She Simething Washel lus W a money Is will incoherent - The never Leaves morning 2. Other facts (if any) indicating Insanity communicated to me by others (g)(p) Here state the infor-ation, and from whom. Thereast Bonne her heighbor Tells me al the above named may Cloal has been fuer for some time - Desturbes The neighbor hord Will her comes. Says she has no means of processing lood and delines to talle any support levre Whilelie Signed, Name, Place of Abode, haus Dated this One Thousand Eight day of Hundred and Eighty SWW

# - 1618 - For Consent brander see NOTICE OF ADMISSION. en ofvol. 2066-2168.

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)

day of 15 , and I hereby

as a Private Patient, on the

transmit a Copy of the Order and Medical Certificates on which he was

received (b)

1.24 1.20

(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 practificmers to be here stated, at in the statement accompanying the order for admission.

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(c) Superintendent or proprietor of -----

(d) Full address.

Dated this

day of

One Thousand Eight Hundred and

Signed,

(c)

(d)

To the Commissioners in Lunacy.

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

LONDON : 3 HAW AND SONS Fetter Lane, E.C.

(2-7+86.)

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT. Sched. (A.) No. 1, Sects. 4, 8. t, the undersigned, hereby request you to receive 14 Charles whom I last saw on the (a) Within one month pre-vious to the date of the order. a Martan Aun nu as a Patient in (b) Lunstic, or an idiot, or a person of unsound mind. Subjoined is a Statement respe Name, Signed, anti Occupation (if any), Place of Abode, Degree of Relationship (if any) or other circumstances of connec-Val tion with the Patient. eleli Dated this dred and One Thous nd E ap (c) Proprietor or super-intendent of —— (d) Describing the house or hospital by situation and mame, if any. To STATEMENT If any Particulars in this States not known, the Fact to ent be de so stated Refauna Ma rewal Name of Patient, with Christian Name at ) 16 length..... Sex and Age ..... Married, Single, or Widowed ..... Condition of Life, and previous Occupation (if any) ..... Religious Persuasion, as far as known .... Previous Place of Abode..... 402 Whether First Attack ..... Age (if known) on First Attack .... When and where previously under Care ) ae 188 Duration of existing Attack ..... Supposed Cause ..... Whether subject to Epilepsy ..... Whether Suicidal ..... no. Whether Dangerous to others..... Whether found Lunatic by Inquisition, no and Date of Commission or Order for Special Circumstances (if any) preventing the Patient being examined, before Adnone mission, separately by Two Medical Practitioners ..... hefel 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 con-cerning the person signing the statement are to be added. Signed, Name, Occupation (if any), Place of Abode, noner Degree of Relationship (if any), or other circumstances of connection with the Patient.

hereby certify, that I, on the Eighteenth

Aubert Coddington Major

day of July 100%

separately from any other Medical Practitioner,

(a) Here set forth the quali-floation entitling the person certifying to practise as a phy-sician, surgeon, or apothecary, ex. grs. :--Fellow of the Royal College of Physicians in London, Licentinte of the Apothecaries' Company, or as the case way be. E, the undersigned, being a (a) Voctor of medicine of the University of Eduburgh and being in actual practice as a (b) O kypician

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

at (c) Lofthouse Park, N: Wakefield (c) Here insert the street and number of the house (if any),or other like particulars. in the County of

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

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

(f) Here state the facts.

is a (e) herror of Musour 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 kells are that she

Lothouse Park Wi Wafefield ( flue occupation ) and that

personally examined Jarah Susanna Charlesworth

Jarah Susanna Charlesworth

Is annayed day and hight by the Voices of certain persons who follow he about and who whend to kill, first he relatives and then herself ; and that they cale he by hercelling harnes and use of come expressions hwards her . The is evidently profoundly mide the hifthence of these impremious which are achirely delusional, and the is mostidly lesened, Maspi-- Ciars and depressed in manurand affearance,

(g) Here state the infor-mation, and from whom.

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is the hefeld

2. Other facts (if any) indicating Insanity communicated to me by others (g) get. Joseph Charle worth, Jod Mouse Cark, brother of the Jodient, hiforms me that she is under contant dread from the delusiones above stated; that the locks here ef into to porm dening The day, and that she shows a marked change of feeling and behavious Truards he hearest relatives.

berM. Major Signed, Name, V Place of Abode, 1SZI Manninghas ydane,

Dated this Lighteenthe day of July Hundred and Lighty - Seven.

One Thousand Eight

Shyrician

day of July USBY

LamesAunter

hereby certify, that I, on the leighteerth

at (c) Lofthouse Lask near Walsfuld

(a) Here set forth the quali-focation eatisting the person certifying to practise as a phy-sician, surgeon or apothecary, ez. gra. - Fellow of the Bornal College of Physicians in London, Licentiate of the Apothecaries Company, or a the case way be. as the case may be.

(b) Physician, surgeon, or and being in actual practice as a (b) apothecary, as the case may be.

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

profession or occupation (if any) of the patient.

yark separately from any other Medical Practitioner, in the County of Sarah Susanna Charlieworth personally examined (d) Insert residence and of (d) Lof Thouse Park war Wakefuld. of wo occubation and that the said Larah Lusanna Charlisworth (e) Lunatic, or an idiot, or is a (e) person of unround lund and a proper Person to be taken charge of and detained a person of unsound mind.

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 course only her I asked why the locked hardf up in her room during the day and she replied that she was afraid & somerie away in a procession. She also complained of her Calling out names at her when out walking She was distulid at inght with certain worces usulting remarks making to her she heard voices during the day when about. the also said people secured tober platting against her

(g) Herestate the information, and from whom.

2. Other facts (if any) indicating Insanity communicated to me by others (g) Milstand charlesurth, her sister bachun She has expressed some very indicent delusions of which are very extranged was that she was the cent away unbed milt a champy pot a her head and setting on one ales send she was a second lesus thus

Signed,

amus Sunle Mike Cu Name, Place of Abode, Thought cause Walfuld.

day of

July

Dated this Muleut Hundred and Kighty - Sieve

One Thousand Eight

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### 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.

# J hereby give you Notice. That\_\_\_\_\_

(a) House or hospital.

was admitted into this (a)\_\_\_\_\_ as a Private Patient, on the

10

day of \_\_\_\_\_ 188 , and I hereby

.

transmit a Copy of the Order and Medical Certificates on which he was

(b) If a private patient be received upon one certificate only, the special circum-stances which have prevented the patient from being ea-amined by two medical prac-titioners to be here stated, as in the statement accom-panying the order for admis-sion.

Signed.

(c)

(c) Superintendent or proprietor of ----

Dated this\_\_\_\_

\_\_\_\_\_day of \_\_\_\_\_

One Thousand Eight Hundred and Eighty

To the Commissioners in Lunacy.

Lunatics 1. (15 & 17 Vict. c. 96, Sched. C. s. 24.) (25 & 26 Vict. c. 11L) Private Patient. LONDON : SHAW AND SON S Fetter Lane, E.C. (807 D.B.-6-86.)

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT. Sched. (A.) No. 1, Sects. 4, 8. ouna £. the undersigned, hereby request you to receive ... en whom I last saw at 19 day of on the (a) Within one month previous to the date of the order. unsonger. 3 a Patient in your H Persino 21 (b) Lunatic, or an idiot, or a person of unsound mind. Subjoined is a Statement respecting the saide How Signed, Name, L Occupation (if any), Place of Abode, Degree of Relationship (if any) or other circumstances of connection with the Patient. day of mated this One Thousand Eight Hundred and Eighty 19as 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 ) nomas reperson length..... 34 years Sex and Age ..... married Married, Single, or Widowed ..... Condition of Life, and previous Occupa-20110 tion (if any) ..... Religious Persuasion, as far as known .... Mond , live Previous Place of Abode..... in anna Whether First Attack ..... 34 years Age (if known) on First Attack ... .. When and where previously under Care ) 10 where and Treatment ...... 1200 nonlas Duration of existing Attack ..... Supposed Cause ..... W Known - unless the worny of public no Whether subject to Epilepsy ..... no Whether Suicidal ..... hof exactly - thas threesered to hum falous Whether Dangerous to others. ..... Whether found Lunatic by Inquisition," no and Date of Commission or Order for Inquisition..... Special Circumstances (if any) preventing the Patient being examined, before Adhous mission, separately by Two Medical Practitioners ..... Name and Address of Relative to whom ] na Notice of Death to be sent ..... (c) Where the person signing the statement is not the person who signs theorder, the following particulars con-cerning the person signing the statement are to be added. Name, ( Signed, Occupation (if any), Place of Abode, Degree of Relationship (if any), or other circumstances of connection with the Patient.

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H, the undersigned, Lepterron Nillian (a) Hereset forth the qualification entitling the person certifying to practise as a physician, surgeon or a pothecary, 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 Lic. Noy Coll I thuller. being a (a) Merry U.U. (b) Physician, surgeon, or and being in actual practice as a (b) apotheousy, as the case may be. the all day of hereby certify, that I, on the (c) Here insert the street and number of the house (if any) or other like particulars. 14 202 at (c). 0 separately from any other Medical Practitioner, in the County of error mas personally examined (d) Insert residence and of (d)\_ profession or occupation (if any) of the patient. nopo papaler and that in the said MANDO is a (e) france of minound hund and a proper Person to be taken charge of and detained (e) Lunatic, or an idiot, or a person of unsound mind. under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :--1. Facts indicating Insanity observed by myself (f)(f) Here state the facts. Wall math 40 Veni persuade mens about money maller Bothered 2. Other facts (if any) indicating Insanity communicated to me by others (g) (g) Here state the informa-tion, and from whom. inonus. 1.4 nos hr hau pols. in Ancon Ula error Signed, Name, han Repor Place of Abode, House anta Luch One Thousand Eight day of Dated this 0 the Hundred and Eighty Seven 14

E, the undersigned, (a) Here set forth the qualification entilling the person certifying to practise as a physician, surgeon, or apothecary, ex. gra. :--Fellow of the Royal College of Physicians in London, Licentiste of the Apothecaries' Company, or as the case may be.
 (b) Physicians ac being a (a). lleure Lau afins Las unglor 1 and being in actual practice as a (b)ċ (b) Physician, surgeon, or spothecary, as the case may be. day of hereby certify, that I, on the (c) Here insert the street and number of the house (if any), or other like particulars. 12 16 olli/a separately from any other Medical Practitioner, in the County of personally examined (d) Insert residence and of (d)\_6 un and that profession, or occupation (if any) of the patient. houas the said \$1102 (e) Lunatic, or an idiot, or a person of unsound mind. \_and a proper Person to be taken charge of and detained is a (e)\_ au under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :--1. Facts indicating Insanity observed by myself (f) (f) Here state the facts. her uc a lere about hune Mar de durio alio 57 Sale un wore 2. Other facts (if any) indicating Insanity communicated to me by others (g) (g) Here state the informotion, and from whom. are lu a hlea 4 Cos a 11 re m huser Signed, Name, Place of Abode, on 11 19 Dated this One Thousand Eight day of\_ ily

Hundred and Eighty Veler

### NOTICE OF ADMISSION.

- 1620 -

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

#### RETREAT, NEAR YORK. THE

# J hereby give you Notice, That\_\_\_\_

(a) House or hospital.

was admitted into this (a) \_\_\_\_\_\_ as a Private Patient, on the

\_day of \_\_\_\_\_\_ 158 , and I hereby

transmit a Copy of the Order and Medical Certificates on which he was

(b) If a private patient be received upon one certificate only, the special circum-stances which have precented the patient from being ex-amined by two medical prac-titioners to be here stated, as in the statement accom-panying the order for admis-sion.

Signed.

(c)

(c) Superintendent or pro-prietor of ----

day of\_\_\_\_ Dated this\_\_\_\_

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. (\$07 D.B.-6-86.)

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT. Sched. (A.) No. 1, Sects. 4, 8. H, the undersigned, hereby request you to receive\_ Francis Jalon Burn Hall new the whom I last saw at\_ Leend day of. on the twenty (a) Within one month pre-vious to the date of the order. funsored hind as a Patient into your House. a heren John Subjoined is a Statement respecting the said Aman (b) Lunatic, or an idiot, or a person of unsound mind. haveis Valor Name, 2. Gleadow withell Signed, Occupation (if any), Solicitor Hill Bushans Place of Abode, Mains forth Hale Ferry Degree of Relationship (if any) or Patient' Solicitor & Manager glang other circumstances of connection with the Patient. 25 day of mated this\_ One Thousand Eight Hundred and Eighty teren To\_ an 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 ) Bryan John Francis Jahon length..... male - will be 41 on 28th inshut Sex and Age ..... Jingle Married, Single, or Widowed ..... Condition of Life, and previous Occupa-Esquire, no previous occupetion tion (if any) ..... Tatholi Roman Religious Persuasion, as far as known ... Burn Hate, Surham Previous Place of Abode..... No Whether First Attack ..... 30 Age (if known) on First Attack.... ro Canton When and where previously under Care ) 5 minro Retreat 4 a. See ASI Abyry 884. 1882 . Dec. 1883 5 wich Duration of existing Attack ..... Conshhuhm Supposed Cause ..... No Whether subject to Epilepsy ..... Art Kumm Whether Suicidal ..... Not Kunn Whether Dangerous to others, ..... Whether found Lunatic by Inquisition, No and Date of Commission or Order for Inquisition..... Special Circumstances (if any) preventing None the Patient being examined, before Admission, separately by Two Medical Practitioners ..... Henre 23 Name and Address of Relative to whom ] Notice of Death to be sent..... In (c) Where the person sign-ing the statement is not the person who signs the order, the Signed. Name, ( following particulars con-cerning the person signing the statement are to be added. Occupation (if any), Place of Abode, Degree of Relationship (if any), or other circumstances of connection with the Patient.

hereby certify, that I, on the weat, fith day of fuly

personally examined Bryan John Francis Jalvin

England

1887

and that

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separately from any other Medical Practitioner,

It, the undersigned, Daac Menuel Williams (a) Hereset forth the quali-Scation entitling the person certifying to practise as a phy being a (a) Member Albertagal College Aburgeous. sician, surgeon or apofaceary, ex. gra. :-Fellow of the Royal College of Physicians in London, Liccentiate of the Apothecaries' Company, or as the case may be as the case may be. and being in actual practice as a (b) Juren

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

(c) Here insert the street and number of the house (if at (c) 4 Million Jenace, Hull Porr, York any) or other like particulars.

in the County of\_\_\_\_

of (d) Burn Hall near the lity Burham , Esquire (d) Insert residence and profession or occupation (if any) of the patient. the said Buy an John Francis Jalvin

(e) Lanatic, or an idiot, or is a (e) furtion of unternet hind 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.

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1. Facts indicating Insanity observed by myself (f) W. Laberin Hates hencever High abright the is depressed to his appearance and sets moved alter dofa, of is with great difficulty & can get him to assure any The refuses to buter bito enversation at all. question this appearance indicates a todarcy helancho

(g) Herestate the informaand from whom.

2. Other facts (if any) indicating Insanity communicated to me by others (g) George honas and ton Muk. Addison allending an Walten Make thathas pequently refused his book. Hastricht hegged M hour addison hun as The Cot life in the Wer going to Contract him wight - I declared he was gove the 6-ly Habber In addison Maler Maddignalso states uly any habits Signed, Name, hu um Place of Abode, 48Muchlefulr n Dated this One Thousand Eight day of \_ Zu Hundred and Eighty feven,

Sandford Scubell dessey F, the undersigned.\_ (a) Here set forth the qualification entitling the person serii fying to practice as a phy-sician, surgeon, or apotheoary, ex. gra. :-- Fellow of the Royal College of Physicians in Londos, Licentiate of the Apothecaries' Company, or as the case may be.
 (b) Physicians Manker of the Royal College of Lungeon being a (a)\_\_\_ Cashand and being in actual practice as a (b) Surp Son (b) Physician, surgeon, or apothecary, as the case may be. 262 July 185 day of\_\_\_\_ hereby certify, that I, on the Serra (c) Here insert the street and number of the house (if any), or other like particulars. milton John re at (c). separately from any other Medical Practitioner, Sont in the County of Lalvin Bryan John francis personally examined (d) Insert residence and profession, or occupation (if any) of the patient. Dum , hear theaty Hall Wher back bylight that of (d)\_ Bryan John branni Ja the said\_ (e) Lunatic, or an idiot, or a person of unsound mind. is a (e) Seron of usound mild 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 (1) Mr. Jahr appears Viry (f) Here state the facts. depressed. It sits refusing to Enter in to Conversation, and auswining only a fer of guestions put to him. When he does austor ne 5 then times slow in doing so, at others he replied readily. His replies are fairly accurate , though he Girso the line uncertainty. Hestates that he now and that his mening is worse than ar hight . Who a fer glass afo. 2. Other facts (if any) indicating Insanity communicated to me by others (g)S.S.L. (g) Here state the infor-George Thomas added on The alter dank says he talk him but to play

hill the Kuik - and hat to stab him and that he front someone was going to lorder He has sent dificulty in him. getting Think take his ford. ter kny dirty and mu howy talk to have on any salifert. We than the States that An Lalvo, herer alup at wight. Signed, Name, Tanafme Swhich hiskey Themand. South 6 Place of Abode,\_\_\_\_ 20 " they One Thousand Eight Dated this. day of\_\_\_\_ Hundred and Eighty \_\_\_

# NOTICE OF ADMISSION.

- 1621 -

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

tr.	as admitted into this (a). day of ansmit a Copy of the Ore			a Private Patie	ent, on the
f a private patient be TC		f			
f a private patient be TC	ansmit a Copy of the Or			18, and	I hereby
		der and M	ledical Certi	icates on which	he was
	ceived (b)	•			
upon one certificate he special circum- which have prevented					
ient from being ex- by two medical prac- to be here stated,					
the statement accom-					
			1		
	Signed,_		*****		
Superintendent or tor of		(c)			
full address.		(d)			
				** **	
			• • • • •		
·					
	Dated this		day of		
0	ne Thousand Eight Hun	dred and_			-

101

To the Commissioners in Lunacy.

Lunatics 1. (16 & 17 Vict. c. 98, Sched. C 5, 24.) (25 & 28 Vict. c. 111.) Private Patient. LONDON 1 S HAW AND SONS, Fetter Lane, E.C. (2-3-87.)

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ORDER FOR THE RECEPTION OF A PRIVATE PATIENT. Sched. (A.) No. 1, Sects. 4, 8. A, the undersigned, hereby request you to receive William West whom I last saw at the Railiony Hatten (a) Within one month preon the\_ Eighte day of 1887 (°) vious to the date of the order. (b) Lunatic, or an idiot, or person of undown) mind as a Patient into your House. a (°) a person of unsound mind, Subjoined is a Statement respecting the said William West Name, Theodore West Signed, Occupation (if any), myinees & Price, herrace Darligton Place of Abode,\_\_\_ Degree of Relationship (if any) or other circumstances of connec-Falter tion with the Patient. day of process righth Dated this\_ Leve One Thousand Eight Hundred and (c) Proprietor or super- To. -, Bake York Retteat () Superintendant STATEMENT. If any Particulars in this Statement be not known, the Fact to be so stated. Name of Patient, with Christian Name at ) William West length..... Male Thirty tion Sex and Age ..... Massie Married, Single, or Widowed ..... Condition of Life, and previous Occupaacent to the Montserret huis hice Con tion (if any) ..... Member of Society of themed Religious Persuasion, as far as known .... Belle View Monthemat West more Previous Place of Abode..... Whether First Attack ..... Yes Histy one or two ( doutful) Age (if known) on First Attack ..... When and where previously under Care ) Marchere) and Treatment ..... Doubtful Duration of existing Attack ..... NATuran Supposed Cause ..... Whether subject to Epilepsy ..... Mo. Whether Suicidal ..... No Whether Dangerous to others..... Sichore the b Whether found Lunatic by Inquisition, No and Date of Commission or Order for Inquisition..... Special Circumstances (if any) preventing More the Patient being examined, before Admission, separately by Two Medical the Practitioners ..... Name and Address of Relative to whom 7 his Vather as above Notice of Death to be sent ..... (e) Where the person sign ing the statement is not the Name, (1) Theodorettest Signed. is not the tay ine statement is not ine person who signs the order, the following particulars con-cerning the person signing the statement are to be added. Occupation (if any), Ingenion Manier Terrace Dashing to Place of Abode, \_ Fattier Degree of Relationship (if any), or other circumstances of connection with the Patient.

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Sec\_separately from any other Medical Practitioner,

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Aserrat, West ondies and that THO

 (a) Here set forth the qualification entitling the person certifying to practice as a physician, surgeon, or apothecary, ex. gra. --Fellow of the Roval College of Physicians in London, Licentinte of the Apothecaries' Company, or as the case may be.
 (b) Physicians are apothecary and being in a context of the case may be. and being in actual practice as a (b)\_\_\_

E, the undersigned .\_\_

hereby certify, that I, on the

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personally examined

the said

Fillow

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(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. at (c) in the County of

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

(c) Lanatic, or an idiot, or is a (c) 12 and of line of line of and detained

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

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(f) Here state the facts.

1. Facts indicating Insanity observed by myself (1) He answorn fresting very slowly and while its prot defeat of men Repeat the da pern M , Con uted a to his prese tocalil · Shi 1 hefle are kind to him , wich day atter Whe this a delusion. articlation affected, tory we trendland and his pait unstraty.

(g) Here state the infor-mation, and from whom.

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

Win houf. West Jays that Turgaret Hich her husband character bas completel changed that he cannot attend to mets, # 2 he appropriates property within 1 a Attat he had a delise an when on board when retur to Englis that know were being tharfend in andu to Rellin U.h

Signer, Name, Daniel Hack Tuke Place of Abode, Lyl an John Nanwelle w 816 day of august Dated this One Thousand Eight Hundred and 8

1, the undersigned, Harrington Jain sonry (a) Here set forth the quali-fication entitling the person certifying to practise as a phy-sicion, surgeon or apothecary, ex. gra. — Fellow of the Royal College of Physicians in London, Licentiate of the Apothecaries' Company, or at the case may be Doctor of Medicine of the University of London as the case may be. Physician and being in actual practice as a (b) \_ (b) Physician, surgeon, or apothecary, as the case may be. 81L august hereby certify, that I, on the day of\_\_\_\_ 1887 (c) Here insert the street at (c) \_\_\_\_\_ and number of the house (if any)or other like particulars. in the C 63 Wallack St W middlesex in the County of separately from any other Medical Practitioner, WEst to the montorenal ting Juice Con Limited ( the S., William personally examined (d) Insert residence and of (d)\_ profession or occupation (if any) of the patient. Sellence montserral-West Indies and that William Wist the said\_ (e) Lunatic, or an idiot, or is a (e) proof of un found mund 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 has a (f) Here state the facts. fatures Expression of face, is Blow and very hesitant in operch - he easily becomes composed in thought and this memory is my bad ( the is scarce fake to fix the time A his arrival from the best indies which was on the 6" dagast 1. He complains of inkindness on the part of the captains of Vekend and also of his take and hat - This is a delusia.

(g) Here state the information, and from whom. 2. Other facts (if any) indicating Insanity communicated to me by others (g) this Life Margarel Fleck LASI tills one that he has beene my much altered of late lang beene hop cions and imgin that people are ging to stal form him that he has susme times with might complained of people thing in the more, the trig a delusion \_ She state that the menung has fuiled hui grath of late

Harrington vaci mp Signed, Name, sang villek Place of Abode, h day of august Dated this \_\_\_One Thousand Eight Hundred and Eighty Store

## NOTICE OF ADMISSION,

- 1622 -

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

### THE RETREAT, NEAR YORK.

# J hereby give you potice, 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

(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 administra.

Signed,

(c)

11

(c) Superintendent or pro-prietor of -------.

mated this

day of

One Thousand Eight Hundred and Eighty

Lunatics 1. (15 & 17 Viet c. 95, sched, C. s. 24 ; 25 & 26 Viet, c. 111.) Private Patient.

SHAW & SONS, Petter Lane, London, Publishers of "The Justice of the Pence," a Weekly Leval Journal, price hid, post free, (2895 D.B.-8-87.)

To the Commissioners in Lunacy.

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT. Sched. (A) No. 1, Sects. 4, 8. It, the undersigned, hereby request you to receive Joseph James Spraggon It. Leorge's Square whom I last saw at 16 (a) Within one month preon the tent day of September (") vious to the date of the order. (3) Lunstic, or an idiot, or a (3) person of unsound using as a Patient into your House. Subjoined is a Statement respecting the said praffon Signed, walth Name Occupation (if any), Place of Abode, Degree of Relationship (if any), wy or other circumstances of connection with the Patient Leptember Fenth Day of Dated this One Thousand Eight Hundred and Eighty Llola 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] oseph James Spraggon length --Sex and Age . ale. 5 Married, Single, or Widowed married Condition of Life, and previous Occupa-Lentleman - previously farmer tion (if any) - - -Religious Persuasion, as far as known Tociet. 9 years at Hasting Hill, rear Sunderland Previous Place of Abode -Whether First Attack has been coming on gradually Age (if known) on First Attack 51/2 year When and where previously under Care ) nowhere before and Treatment -3 weeks Duration of existing Attack -Supposed Cause no occupation & constantly engaged with religious matters Whether subject to Epilepsy Whether Suicidal yes yes Whether Dangerous to others -Whether found Lunatic by Inquisition, and Date of Commission or Order for no Inquisition -. --Special Circumstances (if any) preventing the Patient being examined, before Admission, separately by Two Medical Practitioners Tione Name and Address of Relative to whom } Mrs Spraggon 16 St Horas Squa Notice of Death to be sent --Elizabeth and April for (c) Where the parson signing the statement is not the person who signs the order, the follow-ing particulars concerning the Signed. Name, (°) Occupation (if any), person signing the statement are to be added. corges Iquare Place of Abode, 16 Degree of Relationship (if any) or other circumstances of this w connection with the Patient

for alexander Bruce t, the undersigned, hediene, University of Odula, gh. Doctor (a) Here setforth the quali- being a (a) (a) Here setforth the quali-fication entitling the person certifying to practise as a phy-sician, surgeon, or apothecary, s.e. gra. i--Fellow of the Royal College of Physicians in London, Licentiate of the Apothecaries' Company, or as the case may be: The Noyal Why Silians of Edulargh Ve College and being in actual practice as a (b)  $\mathcal{A}$ 9eon as the case may be. (b) Physician, surgeon, or hereby certify, that I, on the apothecary, as the case may be. day Sunderlan (c) Here insert the street at (c) and number of the house (if any), or other like particulars. han in the County of separately from any other Medical Practitioner personally examined (d) Insert residence and of (d)and that profession, or occupation (if any) of the patient. oel pra the said Undowned mand a proper Person to be taken charge of and detained is a (e) lertou o (e) Lunatic, or an idiot, or a person of unsound mind under Care and Treatment, and that I have formed this opinion upon the following grounds ; viz.:rambles from 1. Facts indicating Insanity observed by myself (f)Ko (f) Here state the facts. . . . Subject functing auor oul without what te was going. "AC Jays has ave hus head. a had 10 take out lung a minute by Count inte by his orders & longer to Fell 1400 Dounds mes Very 11 Laying sometimels, what ne + there Take medicine + refuses to would 2. Other facts (if any) indicating Insanity communicated to me by others (z) Here state the info (g) 14 is wife tells make baid That in he ne would an Tunself & advised lud to thein Fare away Re wer. Ne was augry at enthing out The light Laid he have Killed tum, would bo Ren 0 The won have done. a Bruce Low Signed, Name. Waterloo Place 15 Place Abode. day of September One Thousand Eight Dated this Hundred and Eighty Leven

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E, the undersigned,

personally examined

(c)

being a (a) Member of hi College of (a) Here set forth the quali-fication entiting the person certifying to practice as a phy-sician, surgeon, or apothecary, ex. gra. ----Pel ow 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 cose maybe. and being in actual practice as a (b)\_

(c) Here insert the street and number of the house (if any), or other like particu-lars. in the County of

×

(d) Insert residence and pro-fession, or occupation (if any) of the patient. of (d)

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

ma sou the said Mutorud Munord a proper Person to be taken charge of and detained 1erson D is a (e)

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 Ecurbling & austouted Convertations, Informed the hist-he

had addressed his house of Country Mellerday Wary & Mal Samuel Wal meteul

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

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

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That he had allempiech to Shangle hinself last hight Jural my Men Vaux Tom 1/2M

midleland

Name,

Ligned,

Alla latu deller Place of Abode,

day of Halunher One Thousand Eight

Dated this

Hundred and Eighty-feven

### NOTICE OF ADMISSION,

1623 -

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

### THE RETREAT, NEAR YORK.

### J hereby give you potice, 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

(c)

(b) If a private patient be received (b). 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,\_

110000

(c) Superintendent or proprietor of ------.

mated this

day of\_\_\_\_

One Thousand Eight Hundred and Eighty

Lunatics 1. (15 & 17 Vict c. 56, sched, C. 55 & 26 Vict. c. 111.) Private Patient.

SHAW & SONS, Fetter Lane, London, Publishers of "The Justice of the Ponce," a Weekly Leval Journal, price Mds, postfree.

3

(2895 D.B.--8-87.)

To the Commissioners in Lunacy.

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

H, the undersigned, hereby Wequest you to receive Elit Van Norral annie whom I last saw at 2 Mean (a) Here fication end certifying b rickan, surg pedd (a) Within one month pre- on the ningthanth ellember day of a ar. gra.:-Royal Colb in Lendon, Apothecarie (b) Lunatic, or an idiot, or a person of unsound mind. a ( ) afterdar of undowned ming as a Patient into your House. Subjoined is a Statement respecting the said annie as the case Mourall (b) Phys spothecary Signed. Name, (c) Here and number any), or oth acturary Of Occupation (if any), historia Place of Abode, 34 Smaston Rom Degree of Relationship (if any), or other circumstances of as connection with the Patient (d) Inse profession, any) of the Day of Sellember Dated this One Thousand Eight Hundred and Eighty Seven To DR. BAKER, (e) Luni a person of 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] Tunie bligabeth Harrielt Morrall length --. (f) Her Female 8, timety twenty nine Sex and Age -Married, Single, or Widowed -Single Condition of Life, and previous Occupaassisting in household duries tion (if any) -- -Religious Persuasion, as far as known . Church of milland Previous Place of Abode -Derly Whether First Attack -720 swenty four Age (if known) on First Attack In 1882 under D' Hall of Headingly When and where previously under Care ] and Treatment -In Duration of existing Attack - about 10 days - derangement of Monthly herods Supposed Cause -(2)Heres tion, and fr 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 --Special Circumstances (if any) preventing the Patient being examined, before Adnone mission, separately by Two Medical Practitioners ---Name and Address of Relative to whom ) Morrall, 134 Osmaston Road, Derky. Notice of Death to be sent -(c) Where the person signing the statement is not the person who signs the order, the follow-ing particulars concerning the person signing the statement wre to be added. Seo' Morrally Signed, Name, (°) Occupation (if any), as above Place of Abode, Degree of Relationship (if any) or other circumstances of connection with the Patient

E, the undersigned, Charles montaque Charluch (a) Here set for the the quali-fication entiting the person-rician, surgeon, or applications and Menuter of the Royal College Mujicians London And Menuter of the Royal College Mujicians London and being in actual practice as a (b) Mujician Condon (b) Physician and being in actual practice as a (b) College Col hereby certify, that I, on the 19th day of Leplen her (b) Physician, surgeon, or apothecary, as the case may be. (e) Here insert the street at (c) <u>2</u>. Demand Villa Bainhigg Road and number of the house (if any), or other like particulars. in the County of <u>Yall</u> separately from any other Medical Practitioner personally examined <u>Annie Elizabeth Hanielte</u> Monall

of (d) 1 Gron Tenace or martin Road Derby. Spuister and that (d) Insert residence and profession, or occupation (if any) of the patient. the said anne Elizabeth Hauelte Monall

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

is a (e) person of Musound Man 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.

(g) Here state the informa-tion, and from schom.

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1. Facts indicating Insanity observed by myself (f) She is very excited talks on many subjects - is equinand of her own age tells Asrup compred of softwap and stam which she has cally prepared - anal that she is the mother of Une children - the Faller your training a we are relation - Then ignoaut where two of there duldien are but says meri oldering & to to le after its elf - The puttin denes her mothers relations hips to herself - and acards shange medical men of being the cause of persons dealter by ney leek -

2. Other facts (if any) indicating Insanity communicated to me by others (g) Her mollie Mistlizabelt Marull informs me - that altimes the patient threatens to muide her - atother times she is quite affectionale - In a pusini frage whe has Cality Cut off most of her hair of shich she was famer by perud The is in the habil of accusing any man offering the Father of children to herself - and matins taselers accusation aquin Langoue"

Name, Charles. Montaque Chadarch Signed, 3. Park Square Leeds. Place of Abode, \_\_\_\_\_

Dated this

day of Schlen her . One Thousand Eight

Hundred and Eighty Seron

19th

(a) Here set for the qualification entitling the person 

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(c) Here isseed the street and number of the house (if any), or other like particu-

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

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

(f) Here state the facts.

(g) Here state the information, and from whom

Fa.E. H. Monale

E, the undersigned, being a (a) Member of the Royal Coll: of Suyer myland & Mentrate of the aporthecaries Co London Surgen and being in actual practice as a (b) day of Jeptember hereby certify, that I, on the Headingley at (c) Omment Villa Baimbrigge Road separately from any other Medical Practitioner in the County of \_ HOV personally examined annie Wiatelt HarnelFe Monall Strusty of (d) 1 prove Jonace Duraston Roas Dorby and that the said annie Elijabeth Harrielte Morrall is a (e) Jurson of un from TM Kild's 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 very restlep porpetically talking in a rambling unconnected manner - She states that her mother unconnectes manner is constantly Endravoring to Kill by - That the has found poison secretes in her mother wardwhe, and that her mother has locked her up for Store & and has Indeavoured to strangle has with a lope another There is the mark of if on by nick -2. Other facts (if any) indicating Insanity communicated to me by others (g)

Hor aunt Mo! Roberts of mous Villa states that She prepares a hot bath on Jatinaay Sep 17" and Sat in it in her clothing - On Sakinday night Motorto of omoustilla states that on Jakinder with Sep 17 " She law out of the house screaming & Calling murder and when captures resided by return by force Signed, Name;

Place of Abode, Montan . Acadingley

Caten this

day of September One Thousand Eight

Hundred and Eighty Ilolla

- 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 potice, that\_

(a) House or hospital.

was admitted into this (a)\_\_\_\_\_as a Private Patient, on the \_\_\_\_\_day of \_\_\_\_\_188 , and I hereby

(c)\_\_\_\_\_

transmit a Copy of the Order and Medical Certificates on which he was

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

Signed,

(c) Superintendent or proprietor of \_\_\_\_\_.

mated this

day of\_\_\_\_

One Thousand Eight Hundred and Eighty

Lunaties 1. (16 & 17 Viet e. 96, sched. C. (25 & 26 Viet. c. 111.) Private Patient.

SHAW & SONS, Fottor Lamo, London, Publishers of "The Justice of the Pence" a Weekly Leval Journal, price tiple, post free, (2005 D.B.-8-867.) To the Commissioners in Lunacy.

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT. Sched. (A) No. 1, Sects. 4, 8.  ${f H},$  the undersigned, hereby request you to receive Rebecca Macnay nineteenth whom I last saw at my house on the Twenty fourth of Sep" day of September 1887 (a) Within one month pre-vious to the date of the order. on the 24 19th -(b) Lunatic, or an idiot, or a (") person of unsound mind as a Patient into your House. a person of unsound mind. Subjoined is a Statement respecting the said Rebecca Macnay as the c (b) P Name, Jusanna Macnay Signed. (e) H Occupation (if any), Letting apartments eny), or Red Bournemonth Place of Abode, Ladywell Knole Degree of Relationship (if any), or other circumstances of connection with the Patient Mother (0) 1 -24 the Josenty fanthe Day of September Dated this One Thousand Eight Hundred and Eighty Jeven To DR. BAKER, (e) L a perso THE RETREAT, NEAR YORK. STATEMENT. If any Particulars in this Statement be not known, the Fact to be so stated. Christian Name at Reference Macmay Name of Patient, with Christian Name at] length --(1)8 Female . 21 years Sex and Age single Married, Single, or Widowed -no occupation Condition of Life, and previous Occupation (if any) -- member of Society of Friends Religious Persuasion, as far as known Luton Bed for dohire Previous Place of Abode -..... Whether First Attack -The Third 17 years of asc Age (if known) on First Attack nowhere - except. I months at adies When and where previously under Care ] and Treatment --A fortright Duration of existing Attack -Excitement this marriage Ther sister Supposed Cause - -(x)Hetion, and ho Whether subject to Epilepsy no Whether Suicidal no Whether Dangerous to others -Whether found Lunatic by Inquisition, and Date of Commission or Order for no Inquisition -Special Circumstances (if any) preventing the Patient being examined, before Adnone mission, separately by Two Medical Practitioners mother Name and Address of Relative to whom ) Notice of Death to be sent -Susama Maenay (c) Where the psyson signing the statement is not the person who signs the order, the follow-ing particulars concerning the person signing the statement are to be added. Name, (°) Signed, Occupation (if any), Letting apastments Place of Abode, andywell Kuole Degree of Relationship (if any) or other circumstances of mother connection with the Patient

K, the undersigned, William Thomas Mould (a) Here setforth the qualification exhibing the person ortifying the person (a) Here is a physician 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 (c) Ladywell, Parhwood Road Pohitdown

(c) Here insert the street at (c) Ladywell, Jarnwood Moad Poherdown and number of the house (if any), or other like particulare. in the County of Southan flore separately from any other Medical Practitioner

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(d) Insert residence and of (d) \_\_\_\_\_ prefersion, or occupation (if any) of the patient. the said

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

is a (e) for for a function 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.:-

Ladywell, K nowle Road, Bournemonth and that

(f) Here st ite the/acts.

(g) Here state the information, and from whom. 1. Facts indicating Insanity observed by myself (f)

personally examined Rebecca Mac Nay

Rebecca mac Nay

Slow in her answers & generally wanting in melligence, they room was in a state of lisonder owing her things being packed up on floor a newspapers torn. She mistath me for Somebody shearnew previous & was anxious that 7 should not leaverher

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 electera. She respeld dress & undress henself several times a day a would not do as she was wanted to. Told me by mrs. Wingsure of the above address WMould Name,

Signed,

Place of Abode, 44 Fairholme Road, Kensington, London Bater this Menty-Mird day of September One Thousand Eight Hundred and Eighty- Seven

10%

22nd

Rebecca machay

day of depatern

Pokeodow

separately from any other Medical Practitioner

and that

I, the undersigned, flomas Trederick Jardner.

(a) Here set to the the quali- being a (a) duly registered medical Practitiones certifying to practise as a phy-rician, surgeon, or apothecary, ex. gra.:-Felow of the Roval College of Physicians in London, Lécentiate of the Apothecaries Company, or as the case may be. (b) Physician, surgeon, or npothecary, as the case may be. and being in actual practice as a (b) physician & surgeon

(c) Here insert the street at (c) Lady well Park Wood Rd and number of the house (if any), or other like particu-in the Control N in the County of \_ Hamphire

of (d) Ladywell Knole Rd Bournemonth (d) Insert residence and pro-fession, or occupation (if any) of the patient. the said Rebecca mac has

(e) Lunatic, or an idiot, or 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 :--

(f) Here state the facts.

1. Facts indicating Insanity observed by myself (f)She states she has heard me preach at seeds , 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 tar up paper. Rambles in her talk and can only smile in a fixed manner when asked questions. 2. Other facts (if any) indicating Insanity communicated to me by others (g)

(g) Here state the informa-tion, and from whom.

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 maked condition all night. Tears up all her clothes, requises to dress or be dressed

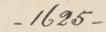
personally examined

Signer, Name, Fredfardner Place of Abode, Miruberg Boscombe Bournemont

2010t Dated this

day of Leptember One Thousand Eight

Hundred and Eighty Leven.



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

#### THE RETREAT, NEAR YORK.

J hereby give you potice, that\_\_\_\_

day of

(a) House or hospital.

was admitted into this (a)\_\_\_\_\_as a Private Patient, on the

188 , and I hereby

transmit a Copy of the Order and Medical Certificates on which he was

(b) If a private patient be received (b), 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 \_\_\_\_\_.

mated this

58

day of

.\*

One Thousand Eight Hundred and Eighty

Lumatics 1. (15 & 17 Vist c. 96, sched. C. 5 & 25 Vist. c. 111.) Private Patient.

SHAW & SONS, Fottor Lano, London, Publishers of "The Justice of the Poore" n Weekly Local Journal price tild., post free, (2005 D.B.-8-87.)

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT. Sched. (A) No. 1, Sects. 4, 8. Walter t, the undersigned, hereby request you to receive Isaac Buchauau (d) fication sician ex. Roya in Li Apol ex th (b) apoth Sowerby whom I last saw at (a) Within one month pre-vious to the date of the order. September 1887 (1) day of on the 29! Kerson of unsound mind as a Patient into your House. (b) Lunatic, or an idiot, or a (\* a person of unsound mind. Subjoined is a Statement respecting the said Walter Isaac Buchauau (e) and A. Buchanan Tru. Eigned, Name, boston of medicin Occupation (if any), Sowerly. Place of Abode, Degree of Relationship (if any), Father or other circumstances of connection with the Patient 29 H Day of September Dated this One Thousand Eight Hundred and Eighty Seven To DR. BAKER, a ptr 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 Walter Laace Buchanan length -th ma le years Sex and Age -Married, Single, or Widowed -Jule Condition of Life, and previous Occuparedical Student tion (if any) - -resbyteriau Religious Persuasion, as far as known Previous Place of Abode werby Whether First Attack -Firek attack Age (if known) on First Attack 18 years When and where previously under Care } never and Treatment --Three weeks Duration of existing Attack Study, Fall from a horse ou head Supposed Cause -(z)B tim, e Whether subject to Epilepsy -Doubtful Whether Suicidal --Whether Dangerous to others yes Whether found Lunatic by Inquisition, Va no and Date of Commission or Order for Inquisition ---Special Circumstances (if any) preventing the Patient being examined, before Ad-mission, separately by Two Medical noue Practitioners Buchanan M. D. Thirek Name and Address of Relative to whom } Notice of Death to be sent -(c) Where the prison signing the statement is not the person who signs the order, the follow-ing particulars concerning the person signing the statement are to be added. mu H. Buchanan Signed. Name, (°) Occupation (if any), Place of Abode, Degree of Relationship (if any) or other circumstances of connection with the Patient

It, the undersigned, William Horn h.R.C.S. Sugement & L.S. a Londo (a) Here setforth the quali- being a (a) fication entitling the person certifying to practise as a physician, surgeon, or anotherary, sz. gra.z-Fellow of the Royal College of Physicians in London, Licentiate of the Apothecaries' Company, or and being in actual practice as a (b) Imquon (b) Physician, surgeon, or hereby certify, that I, on the \_\_\_\_\_\_ spothecary, as the case may be. day of Septembers 1887. (c) Here insert the street at (c) 20. 7. Belle Une Terran, Histington Rook, York; and number of the house (if any), or other like particulars. in the County of \_\_\_\_\_\_ \_separately from any other Medical Practitioner personally examined Walter Jocac Buchanan of (d) For 's House, Sowerly mear Thiss K. a medical Slutter and that (d) Insert residence and profession, or occupation (if any) of the patient. the said Walter Joace Buchana is a (e) Eurostic and a proper Person to be taken charge of and detained (e) Lunatic, or an idiot, or a person of unsound mind. under Care and Treatment, and that I have formed this opinion upon the following grounds ; viz .:-

(f) Here st ite the facts.

as the case may be.

challo

1. Facts indicating Insanity observed by myself (f) Ha is succlosed? were wild in big Lilk .- Sar, , That -" he cannot contral himself when The attacks come on - and that this morning he ded by to been his fathers house and the whole rectage, but - there of cause he would have haid more one ar once on the spor for these cors"

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

2. Other facts (if any) indicating Insanity communicated to me by others (g) Communication by John Hamilton Buchanon of Fox's House, "Semales Thurs K. a doctor of Stander Audurn and \* Walter Inace Buchanos Thur this morning - hetterentime morder his Fatin and to leven house and viliage - and believes that his son would have done time if the he had not been restrained Name, Willrum Hom Signed, Place of Abode, 28 Centre gale = York .= day of September One Thousand Eight Bated this Hundred and Eighty Seven . =

Zurlahove separately from any other Medical Practitioner

It, the undersigned, Langford Scapick hisself.

personally examined balter Isance Buchungh

England

(a) Here set for the the quali- being a (a) Menhor of the Roy al College of Lurgen fication entitling the person certifying to practise as a physician, surgeon, or a polhecary, sician, surgeon, or a polhecary, sic, gra. ....Fel ow of the Royal College of Physicians in London, Licentiate of the Apothecaries Company, or ar the surgeon men La and being in actual practice as a (b) Aury En

hereby certify, that I, on the 29th day of Leptinher as the case may be. (b) Physician, surgeon, or apothecary, as the case maybe.

at (c) 2° 7 Beke the Jeme . Hestington Rost , Jack (c) Here insert the street and number of the house (if any), or other like particu-lors. in the County of \_\_\_\_

(d) Invertresidence and pro- of (d) Forci Arres Somety no Third . midscal Slittenfand that dession or occupation (if any) of (d) Torci Arres Somethy no the Third . midscal Slittenfand that the said walty bear Buchanan

(e) Lunatic, or an idiot, or is a (e) firm of undown make and a proper Person to be taken charge of and detained a person of unsound mind. 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)

Stemption excited and touts wild. She talk outily and in coherently palling in from me subject to an they Adminimately. Hestato that he has the ports by hunself. hat he help on famile home, and comed with a postel some . where is to des my all the people of the plage where he live. Medato that they rumbe some boos to 5000. steaks date that he can make toloors the mathon (g) Here state the informa- day by copying simplifications of his bothers I selling them, tion, and from whom. His Inthe John Hamilton Buchanan . of Lox's House Semarty. I Think . advite of medicine . Lago that he has handeny queer latily what thanks they wolend A ......... Se threatened while his futher strucker bit him. The moring for amport realar the half that his len also sand he would been his house and the whole tillinge. He says that he territion has changed from Signer, Name, Sandford Scatch hesself Shemosts Place - Int Place of Abode, 2gh

Dated this

day of Lytember One Thousand Eight

Hundred and Eighty Sur 22.

# - 1620-NOTICE OF ADMISSION.

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

# J hereby give you Notice, That

day of

(a) House or hospital.

was admitted into this (a)

as a Private Patient, on the 18 , and I hereby

transmit a Copy of the Order and Medical Certificates on which he was

(b) If a private patient be received upon one certificate only, the special circum-stances which have precented the patient from being ex-amined by two medical prac-titioners to be here stated, as in the statement accom-panying the order for admis-sion.

- 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.)

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT. Sched. (A.) No. 1, Sects. 4, 8. It, the undersigned, hereby request you to receive James Elista Tot Junciss Villa al Natley whom I last saw at , day of Roosmater 1887. (9) on the Sullsenth (a) Within one month prea (°) person of unsomed mind as a Patient into your House. (5) P vious to the date of the order. Subjoined is a Statement respecting the said James Elisha Fox. (b) Lunstie, or an idiot, or a person of unsound mind. Hoy une Signed, Name, hentlewour an Occupation (if any), zatter Place of Abode, nife Degree of Relationship (if any) or (d) Inn other circumstances of connecprofession any) of th tion with the Patient. day of Roosmbar Dated this Dutemple One Thousand Eight Hundred and Lighty Ssorn (c) Luns a person of (c) Proprietor or super-intendent of —— (d) Describing the house or hospital by situation and same, if any. D' Baker To The Retreat () Here STATEMENT. If any Particulars in this Statement be not known, the Fact to be so stated. ames blisha Jot Name of Patient, with Christian Name at ) length.... male, aged forty here years. Sex and Age ..... maner Married, Single, or Widowed ..... Com Marchant Condition of Life, and previous Occupa- ) tion (if any) ..... (ongregationalis) Religious Persuasion, as far as known .... Rouelster Previous Place of Abode..... no Whether First Attack ..... Brow about 10 Juans A Age (if known) on First Attack .... reafforcestershire. When and where previously under Care ) Jauford A and Treatment ..... (g) I matica, the most think Thuse works Duration of existing Attack' ..... Da Do mor Know Supposed Cause ..... rife no Whether subject to Epilepsy ..... no Whether Suicidal ..... not Known to be so Whether Dangerous to others..... Whether found Lunatic by Inquisition, no and Date of Commission or Order for Inquisition..... Special Circumstances (if any) preventing the Patient being examined, before Admission, separately by Two Medical none Practitioners ..... rules Youman Name and Address of Relative to whom me Notice of Death to be sent ..... alther Wilson (e) Where the person sign-ing the statement is not the Name, () Signed. by the statement is not the person who signs the order, the following particulars con-cerning the person signing the statement are to be added. Manufacturer Batley Occupation (if any),\_ Tortes Place of Abode, Degree of Relationship (if any), or other circumstances of connecrother in Laws tion with the Patient.

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Eliste Tot (a) Here set forth the quali-floation entitling the person certifying to practise as a phy-sician, surgeon, or apothecary, ez. gra. :-Fellow of the Royal College of Physicians in London, Licentinte of the Apothecaries' Company, or as the case may be. H, the undersigned, Acfred Iwarne ely 1887. being a (a) Member of the Royal Coll. of Surgeons Englands and Lisenitiate Society of a pothesonies handou o Elista To 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 Fourteenth day of November 1887 (e) Here insert the street at (c) Princess Villa, Rulland Road, Balley and number of the house (if any), or other like particulars. in the Countr of 71 in the County of York separately from any other Medical Practitioner, personally examined James Elisha Fax of (d) Princess Killa, Kutland Road Batley the said James Elistra Fax (d) Insert residence and profession, or occupation (if any) of the patient. and that is a (e) ferson of unsounstrind and a proper Person to be taken charge of and detained (e) Lunatic, or an idiot, or a person of unsound mind. under Care and Treatment, and that I have formed this opinion upon the following grounds, viz .:---1. Facts indicating Insanity observed by myself (1) He is puspicious and (f) Here state the facts. measy. Says there are bad smells in the house . That people are bying to poison him. Masking him to sit down and allow we to look at his tongue he did to, but suddenly and excitedly jumped up moleft the room - Oh returning he said Swas trying to que him Chloroform. He sais he could analyce huy medicine. It being askes how said the you know by putting paper into it. The asking if he weard the coil things he had said to his wife on previous snight, he said bot how but comes not help saying them at the time this privat lohaving + manuar show mental excitament. 2. Other facts (if any) indicating Insanity communicated to me by others (1) (g) Here state the infor-mation, and from whom. He was lighting fires in the back Jard and on from Daughter + being asked why replies he was signalling to the head wife . + for a parson - After my visit sectorory sevas informed that he produced a batched from unser his coal and saidif That touched him he would have done for me signed, Name, Alfis Twoun Place of Abode, Batley yorkohire Dated this Suffeenth day of November One Thousand Eight Hundred and Eighty Seven

(a) Here set forth the quali-faction estilling the person certifying to practise as a phy-sician, surgeon or apolaecary, ex. gra. :- Fellow of the Boyal College of Physicians in London, Licentiate of the Apothecarise' Company, or as the case may be.

(b) Physician, surgeon, or and being in actual practice as a (b), Chepsician apothecary, arthe case may be.

(c) Here insert the street at (c) Micess Villa Ruthand? Battery and number of the house (if any) or other like particulars. York separately from any other Medical Practitioner, in the County of. personally examined James Eliska Fox (d) Insert residence and of (d) Anices Villa, Ruthau R. Batley, of the occupation profession or occupation (if any) of the patient.

and that

hereby certify, that I, on the the town of Movember 1807

the said James Elisha Fox

(e) Lanatic, or an idiot, or is a (e) ferson of leusoned hind and a proper Person to be taken charge of and detained a person of unsound mind. 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) the is they Suspicions Refuses ludery to reply they questions . When and as to the mello which are Sais to any him asks angrily of I wooh him In Sugar ". Walks about in a restlen, ag itated manner. this expression & whole bearing and indicative of mental. cacitement at back hard but these of a vane individual.

(g) Herestate the information, and from whom.

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

ho fox, Wife of patient, reformes me that during the last for hight her husband has imagined that he has detected the odowrs of drugs - Other n - about he and others; it the is used the delusion that the and others intens to drug & prison him ; that he has in con-- Sequence tumes having relatives out of the house . It has been throughout they tester + sleeplers ; has at time lostes ather in strange to Threatening manner any the fears, would leadily be Violent?

Name, CHabert Major - fue Signed, Place of Abode, 154 Marninghan Lane, Bradford, Gorks

Dated this fiftcenth day of November Dae Thousand Eight Hundred and Eighty- Seven.

- 1624-

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

#### THE RETREAT, NEAR YORK.

# J hereby give you potice, that\_\_\_\_\_

(a) House or hospital.

was admitted into this (a)\_\_\_\_\_as a Private Patient, on the \_\_\_\_\_as a normalized and I hereby

transmit a Copy of the Order and Medical Certificates on which he was

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

Signed,\_

(c)

(c) Superintendent or proprietor of \_\_\_\_\_.

mated this

day of

One Thousand Eight Hundred and Eighty

Lunatics 1. (15 & 17 Viet c. 96, sched. C. 25 & 25 Viet. c. 111.) Private Patient. SHAW & SONS,

Potter Lane, London, Publishers of "The Justice of the Ponce." a Weekly Leval Journal, price 64d., post free. (2895 D.B.-8-87.)

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT. Sched. (A) No. 1, Sects. 4, 8. It, the undersigned, hereby request you to receive Guendoline ovedan whom I last saw at the ars dro ci/ying day of November 1887 ician, mr. (a) Within one month pre- on the rious to the date of the order. er. Fra.) Royal Col in London unsound minds a Patient into your House. (b) Lumatic, or an idiot, or a (b) a person of unsound mind. hersonog checz Subjoined is a Statement respecting the said gwondown as the case (b) Phys Loreday Signed. Name, (c) Here and name Occupation (if any), Place of Abode, Ashday Lea Plan all Degree of Relationship (if any), or other circumstances of connection with the Patient Incl (d) Inn profession, any) of the Day of Norem 17 mated this One Thousand Eight Hundred and Eighty Seven (e) Lun a person o 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 Gwendoline Loveday Danies length - -' ce -(f) 8a Gemale 122 Sex and Age ingt Married, Single, or Widowed --Condition of Life, and previous Occupaoccupation tion (if any) . . . Religious Persuasion, as far as known Ingla Previous Place of Abode -Furk Inter Whether First Attack yes Age (if known) on First Attack 21 When and where previously under Care ) whore and Treatment four Months -Duration of existing Attack -Supposed Cause - -(z)Here meno tion, and j NO Whether subject to Epilepsy Whether Suicidal . --Whether Dangerous to others -Whether found Lunatic by Inquisition, and Date of Commission or Order for Inquisition ---one Special Circumstances (if any) preventing the Patient being examined, before Admission, separately by Two Medical Practitioners head Name and Address of Relative to whom ) Notice of Death to be sent -- -(c) Where the prison signing the statement is not the person who signs the order, the follow-ing porticulars concerning the person signing the statement are to be added. Signed, Name, (°) Occupation (if any), Place of Abode, Johday Degree of Relationship (if any) ) male or other circumstances of connection with the Patient

Swelion

personally examined gener Rolin Loudary Davies: a Spinstin

day of Provember - 1887

Danies

and a proper Person to be taken charge of and detained

and that

Weliam Hood.

18:

Generadaline Toweclary

duly registered.

(a) Here set for the here quali- being a (a) M. . 2. C. S. Eng. L. S. a. London. fication entitling the person certifying to practise as a physician, surgeon, or apothecary, sx. gra,:-Fellow of the Royal College of Physicians in London, Licentiate of the Apothecaries' Company, or and being in actual practice as a (b)as the case may be.

t, the undersigned,

is a (e) I matre

TIENT

350 × 1587

lor

io stated. es

(b) Physician, surgeon, or hereby certify, that I, on the \_\_\_\_\_

(c) Here insert the street at (c) The house of dues Waight - The Poplan. acombe near yark in the County of Yantin nime separately from any other Medical Practitioner

of (d) Park Tower, Par, de (d) Insert residence and profession, or occupation (if any) of the patient, the said

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

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

(f) Herest de theracts.

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

1. Facts indicating Insanity observed by myself (1) She Dary S that She is any Roles art - That - she was hanged 14 three weeks since an newgate prison and had the drop - That - one has just been liberated from there " Thus tim figures from the energings on the wall, come down from their Anumes und talk to hun

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

day of

Signed,

luchum Good astere, whi Place of Abode, 28

houmber One Thousand Eight

Bateb this

Hundred and Eighty Saven

I, the undersigned, 7 ran is Henry Weeks (a) Here set for the the quali. Scation entitling the person certifying to practice as a phy-sician surgeon, or apothecary, c. gra. -- Fol ow of the Royal College of Physicians in Loudon, Licentiate of the and being in actual practice as a (b) Surgeon 7887 A pothecaries Company, or as the case way be. (b) Physician, surgeon, or apothecary, as the case may be. day of Aan hovember 18 (r) Here insert the street at (c) The house of mas Wright - The Poplars - a comb - youk and number of the house (if any), or other like partices in the County of Jon K some and the many other Medical Dece in the County of 7 & K separately from any other Medical Practitioner personally examined Gwandahine Soveday Davies - Sprinsten of (d) Park Jower - Ryde\_ (d) Insert residence and pro-fession, or occupation (if any) of the patient. and that the said I mendoline doorday Danies (e) Lunatic, or an idiot, or is a (e) furm of unound him and a proper Person to be taken charge of and detained a person of unsound mind. under Care and Treatment, and that I have formed this opinion upon the following grounds ; viz :--TShe laughs frequently in a (1) Here state the facts. 1. Facts indicating Insanity observed by myself (1) Sile manner, without any if not heing deal, she wishes to have simple mertions repeater several times, before answering - Sometimes no answer is Since at all . an informed is untime -IV She liels me she is married, whereas I am had, she is a spinisher V Her menny is depertine. She does not know the what mouth, or year, it is or how long she has him here VI the leels me that lake she saw the timese was in fire so the raw in her night bress ong on, to a climeter . Cate at night - The time I am here (g) Here state the informa. 2. Other facts (if any) indicating Insanity communicated to me by others (g) were not on fire

Signed,

Name, Francis Henry Weekes Place of Abode, 3 8 Sevnendo' - Jack

Dated this

18 day of hovember One Thousand Eight

Hundred and Eighty seven

- 1628-

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

### THE RETREAT, NEAR YORK.

J hereby give you potice, 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

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

Signed,\_

(c)

(c) Superintendent or pro-prietor of \_\_\_\_\_\_.

mated this

day of

One Thousand Eight Hundred and Eighty

Lunatics 1. (16 & 17 Viet c. 96, sched. C. s. 24 ; 25 & 26 Viet. c. 111.) Private Patient.

SHAW & SONS, Fotter Lane, London, Publishers of "The Justice of the Proce." a Weekly Leval Journal, price \$jd., post free. (2885 D.B.-8-87.)

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT. Sched. (A) No. 1, Sects. 4, 8. F, the undersigned, hereby request you to receive John Thomas Rugue (a) H fication certifyit whom I last saw at yealand Conyerd near Camporth (a) Within one month pre- on the 19th day of January 1000 (). nician, m ex. gra Royal C in Londi Apothec as the co vious to the date of the order. person of undound mind as a Patient into your House. (b) Lunatic, or an idiot, or a (b) a person of unsound mind. Subjoined is a Statement respecting the said John Thomas Payne (b) P Name, Damuel Dunkley Eigned, (c) H Vamer 9 Occupation (if any), any), o acaton. Northampton. Place of Abode, Degree of Relationship (is any), Gyecutor under the sale of or other circumstances of connection with the Patient John Wells Rupe . Mather of patient profess any) ( Day of January Dated this with One Thousand Eight Hundred and Eighty euchi (e) To DR. BAKER, a perso 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 John Thomas Jagne length -. --Iwenty seven male. Sex and Age Married, Single, or Widowed --Auglo Condition of Life, and previous Occupaagreentinalest tion (if any) Religious Persuasion, as far as known Society of Freeds Previous Place of Abode -Trealand Compos Campertly. Whether First Attack -200 1825 ander medical heatment as Northempton Age (if known) on First Attack When and where previously under Care ] and Treatment --During The last month Duration of existing Attack -Supposed Cause - and Russin (z)Htion, at Whether subject to Epilepsy -Whether Suicidal - -Boutthe Whether Dangerous to others yes Whether found Lunatic by Inquisition, and Date of Commission or Order for no Inquisition ---Special Circumstances (if any) preventing the Patient being examined, before Adnone mission, separately by Two Medical Practitioners Practitioners Hunny Aradley. hildworess Canterbury Name and Address of Relative to whom } Notice of Death to be sent - -Samuel Dunkley. Chalow. horthamplow (c) Where the prison signing the statement is not the person who signs the order, the follow-ing particulars concerning the person signing the statement Samuel Bunkley Name, (°) Signed, Occupation (if any), Manner 9 are to be added. Place of Abode, Creation near Northampton Degree of Relationship (if any) ) Executor dende the source of or other circumstances of connection with the Patient John Weder Payne Father of the Patient

Surgions 9 Physicians of Edinburch

Licentiate of the Royal Colleger of

E, the undersigned, Charles. S. Davies

John Thomas Payne

1. Facts indicating Insanity observed by myself (f)

 (a) Here setforth the quali-fication entitling the person certifying to practice as a phy-sician, surgeon, or apothecary, tx. gra.:-Fellow of the Royal College of Physicians in London, Licentiate of the Apothecaries' Company, or as the case may be.
 (b) Physician entry and being in actual practice as a (b) they lician & Surgion

hereby certify, that I, on the Eighth day of Sanwary (b) Physician, surgeon, or spothecary, as the case may be.

in the County of Lancashin separately from any other Medical Practitioner

of (d) Graland Convers hear Carryotte (d) Insert residence and profession, or occupation (if any) of the patient. the said

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

is a (e) forton of uncound 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.:-

of vins Thenes in forhead ; & different - parts of body . Hairs always coming away with the unice , valeo

tais conducting electrical from the lungs to the ponis: torices at one time forcoring him about - in this walks. Its also complains of great -despondency, I having committed an -

Graland Conyors near Carry orth

personally examined John Thomas Payne agriculturil -

and that

Complaint of abrence

(f) Here state the facts.

(g) Here state the informa-tion, and from whom.

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

Land

actual nolence attinats to those around, him, butting out- al - Imaginary of-- jels tricing them to - be suit one &. fays he commits intection on himself Rogh Preston hepormand -

Name, CS. Daires. L.R.C. P.L.R.C.S Signed. Place of Abode, Graland. Corry End Dated this clarenth day of Sanuary One Thousand Eight

Hundred and Eighty Eight -

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In

Edward Siddell

(a) Here set for the the quali. being a (a)

t, the undersigned,

Dachelor M

University

and number of the house (if any), or other like particu-Lars

(d) Invert residence and proferrion, or occupation (if any) of the patient.

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

(f) Here state the facts.

(a) Here set forth the quali-fication entitling the person certifying to practise as a phy-nician, surgeon, or a politeerry, ex. gra...-Fel ow of the Roval College of Physicians in London, Licentiate of the Apothecaries Company, or as the case may be. (b) Physician, surgeon, or apothecary, as the case maybe. (c) Physician is ungeon, or apothecary, as the case maybe. (c) a true of the control of the Apothecary be. (c) Physician surgeon, or apothecary as the case maybe. (c) A true of the Apothecary be. (c) Physician surgeon, or apothecary as the case maybe. (c) A true of the Apothecary be. (c) Physician surgeon, or apothecary as the case maybe. (c) A true of the Apothecary be. (c) Apothecary be. Chyseccan urgeon and being in actual practice as a (b)\_\_\_\_ day of anuar tivel shut Lancaster separately from any other Medical Practitioner in the County of Ulg reuthinalist Thomas Payne personally examined hear Carny laland. oneitro and that of (d) Paul ohn homas the said Unwound mindand a proper Person to be taken charge of and detained is a (e) Derom under Care and Treatment, and that I have formed this opinion upon the following grounds ; vir :--

1. Facts indicating Insanity observed by myself (f) He states that he tron Some medicine Which brought out The nerves from his Jonker & also from out of his hack - that the fagle that forters long - that he the mill be lock The contariant Blat let is min Domether it is that constinues - that he has pulled things Mends aut hack There are things come out of Theo

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

2. Other facts (if any) indicating Insanity communicated to me by others (g) Samuel Duneplay states that he is after muting hetter things against timself, having fallen into place oin at a Certain time - He has thrown Chains & Nomies at his

brothers. al times he gesticulates & checkes out. at emaginary things

Ligned,

Name, Edward, S. Jackson MBrom Campon

Dated this thelfth

Place of Abode.

day of January

One Thousand Eight

Hundred and Eighty Light-

- 1629 -

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

THE RETREAT, NEAR YORK.

# J hereby give you potice, 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

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

Signed,

(c)

(c) Superintendent or proprietor of \_\_\_\_\_.

mated this

.

day of

One Thousand Eight Hundred and Eighty

Lunaties 1. (15 & 17 Viet c. 56, sehed. C. 5. 24 : 25 & 26 Viet. c. 111.) Prirate Patient.

SHAW & SONS, Fetter Lane, London, Publishers et "The Justice of the Penes," a Weckly Leval Journal, price tild., post free, (1985 D.B.-8-87.)

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

auce d'and t, the undersigned, hereby request you to receive The Hall & (a) Bere fostion en orti/ying i nician, sur; whom I last saw at Ry Con in- Ty he on the 20 12 day of Jany, 1888 (") (a) Within one month pre-vious to the date of the order. Ar. gra.: Royal Col in London Apothecar as the case (b) Lenatic, or an idiot, or a (c)/201000 of unsound mind as a Patient into your House. a person of unsound mind. alice dan 6. Subjoined is a Statement respecting the said (b) Phy apothecal William Ruthinfund Kanuby Name, Bigned. (c) Her and 1500 mene in purticular Occupation (if any), any), or of Rylin on Jyre Place of Abode, The Hall Husband Degree of Relationship (if any), or other circumstances of (d) Ins profession connection with the Patient 20 4 Day of Sanucos any) of th Dated this One Thousand Eight Hundred and Eighty eight-(e) Lu To DR. BAKER, a person 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 ] 35 Namb. alia length - - -Sex and Age - ---(f) H + male . 30. Married, Single, or Widowed --manced Condition of Life, and previous Occupa-· hours tion (if any) . . . . Chunch of Ingland. Religious Persuasion, as far as known -The Hall Rylon' Previous Place of Abode --Whether First Attack -Ee. Age (if known) on First Attack - 30 When and where previously under Care } howhere. and Treatment ---10 days Duration of existing Attack child. bith Supposed Cause - - ho. Whether subject to Epilepsy ho Whether Suicidal --124 Then. h Whether Dangerous to others -Whether found Lunatic by Inquisition, no and Date of Commission or Order for Inquisition ----Special Circumstances (if any) preventing the Patient being examined, before Adnone mission, separately by Two Medical Practitioners Practitioners William R. Lamb, Ly Name and Address of Relative to whom ) 1 The that Notice of Death to be sent - -W. R. Land a Zyne, (c) Where the person signing the statement is not the person who signs the order, the follow-ing particulars concerning the person signing the statement are to be added. Signed, Name, (°) none Occupation (if any), The Hall Rylor a June Place of Abode, Degree of Relationship (if any) Husband or other circumstances of connection with the Patient

the undersigned, Thomas Carque heshaw (a) Here set forth the quali-(a) Here set forth the quali-being a (a) boctor of medicine of Idenburg Unweish - a Men-certifying to practice as a phy-socian, surgeon, or apothecary, ex. gra. --Pellow of the Royal College of Physicians in London, Licentiste of the Apothecaries Company, or and being in actual practice as a (b) Physician + Sing Ca. day of January 1884 1914. (b) Physician, surgeon, or hereby certify, that I, on the apothecaty, az the case may be. at (c) Rylon Old Hall - Rylon on Tyne (c) Here insert the street and number of the house (if any), or other like particulars. in the County of Suham separately from any other Medical Practitioner personally examined alice Name (d) Insert residence and of (d) Rylon old Hall Hall gly los a Zyne and that alice daug. the said is a (e) Person of uniond hundand a proper Person to be taken charge of and detained (o) Lunatic, or an idiot, or a person of unsound mind. under Care and Treatment, and that I have formed this opinion upon the following grounds ; viz .:-1. Facts indicating Insanity observed by myself (f) (f) Here st ste the facts. Was confined on Jan St & a Jany gh Showed signs to ŝ Puciperal Inama . Then have intensigned - She tallo incenarily . should & sings at the top the voice - Fancie she " fill of ansence - Is Queen of Heaven - Can infine me with holiners by blowing on me - at another time has Shudd at the - Imagnies ha baby curred for Ever tion, and from whom. Health and from the informa-2. Other facts (if any) indicating Insanity communicated to me by others (g) oblyce to be fea with Alen refuser her forx -Honderson - 7 silver vende a account of biting. Has ton handly hune.) are ha clothing . on him by Kas My all her bid clother . Jalky. should doing continually signed, Name, Proprie healian ho. miller 2 Place of Abode 12 Place Place hewlaste a 29 4 Dated this 19 h day of Sauce any One Thousand Eight Hundred and Eighty  ${\mathcal S}$  .

being a (a) Doctor of medicine of the University of Mandrews

separately from any other Medical Practitioner

and a proper Person to be taken charge of and detained

and that

(a) Here set for th the quali-fication entitling the person faction entitling the person certifying to practize as a phy-sician, surgeon, or a polheerry, ex. gra. — Fel ow of the Royal College of Physicians in London, Licentiste of the Apothecaries Company, or as the case may be. (b) Physician, surgeon, or apothecary, as the case maybe. and being in actual practice as a (b) Phypician

1, the undersigned,

madning as a Physician

Durham

personally examined\_ alice Lamb

hereby certify, that I, on the hineleenth day of January 1858

(c) Here insert the street and number of the house (if ang), or other like particu-lars, at (c) Pylon Hall - Ryton on Lyone in the County of \_\_\_\_

or (d) Ryton Helle, Ryton on Jyne (d) Insert residence and profession, or occupation (if any) of the patient. the said alice Lamb

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

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

(f) Here state the facts.

1. Facts indicating Insanity observed by myself (f) rambling methereno excited noiry alternatity lecthing and onfu strikes at two around her - attempts to super her perom - there applying set in five days after the first confinement of and occursed on the 5" of Journey 1888

(g) Here state the information, and from whom

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

muse Antohmon duy du has deventimes attempted & injure herself and others around her often expresses a wish to destroy hardely -

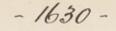
Ligned.

Name, Benjamin Barkur Place of Abode. 3 Jernand Tenace, newcastle en Type miniteenth day of January

Bated this

Hundred and Eighty & Sho

One Thousand Eight



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

#### THE RETREAT, NEAR YORK.

J hereby give you potice, 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

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

(c) Superintendent or proprietor of \_\_\_\_\_, Signed,

(c)

mated this

day of

One Thousand Eight Hundred and Eighty

Lunatics 1. (16 & 17 Viet e. 96, sched. C. 25 & 96 Viet. e. 111.) Private Patient.

SHAW & SONS, Fottor Lane, London, Publishers of "The Justice of the Pocce," a Weakly Leval Journal, price bird., post free, (2005 D.B.-8-87.)

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT. Sched. (A) No. 1, Sects. 4, 8. t, the undersigned, hereby request you to receive Charles arthur Payn Ilming ton ships to and ton Beny Field. (a) He fication certifyin sician, F ex. gra Royal C in Londo Apothec as the o whom I last saw at (a) Within one month pre-rious to the date of the order. on the 210day of 1000 1888 (") (b) Lunatic, or an idiot, or a (b) a. Lunate as a Patient into your House. Subjoined is a Statement respecting the said Charles arthur payn (b) P nothed Philip Payno Figned, Name. (e) B arma Occupation (if any), 253), 0 Beny Field Ilmington Place of Abode, Father Degree of Relationship (if any), or other circumstances of connection with the Patient Dated this 21" Day of first mouth ny) 0 One Thousand Eight Hundred and Eighty Expl-(1) To DR. BAKER, a perso THE RETREAT, NEAR YORK. STATEMENT. If any Particulars in this Statement be not known, the Fact to be so stated. Charles arthur Payn Name of Patient, with Christian Name at ] length - - -Sex and Age - -Boy tourteen years of age 111 Married, Single, or Widowed --Condition of Life, and previous Occupa-7 School Boytion (if any) . . . . Religious Persuasion, as far as known Society of hunds Previous Place of Abode -Berry Field Ilmaglino Whether First Attack -First attack Age (if known) on First Attack -When and where previously under Care ) nowhere and Treatment about & months Duration of existing Attack possibly Hereditary . but brought by Supposed Cause - -12184 tion, and the great heat last summer Whether subject to Epilepsy no Whether Suicidal -no biolents at termes not very dangerous Whether Dangerous to others -Whether found Lunatic by Inquisition," and Date of Commission or Order for Inquisition ----Special Circumstances (if any) preventing the Patient being examined, before Adnone mission, separately by Two Medical Practitioners Practitioners Name and Address of Relative to whom } Philips Payn Barry Field Vering for Philip Vayer Mapston on How (c) Where the parson signing the statement is not the person who signs theorder, the follow-ing particulars concerning the person signing the statement are to be added. Name, (\*) Signed. Occupation (if any), Farma Place of Abode, Berry Field Ilming ton of Relationship (if any)) Frite Degree of Relationship (if any) or other circumstances of Jatheo connection with the Patient

E, the undersigned, Charles Stern (a) Here set for the the quali-fication entitling the person certifying to practice as a phy-scian, surgeon, or postcheary, ex. gra. ---Fellow of the Royal College of Physicians in London, Licentities of the Apothecasies' Company, or as the case may be. (b) Physician surgeon (b) Physician, surgeon, or spothecary, as the case may be. hereby certify, that I, on the \_\_\_\_ Pott day of Lanuary Bury Jields, Imington, Shipston on Storn (c) Here insert the street and number of the house (if any), or other like particulars. at (c)\_ separately from any other Medical Practitioner in the County of Marwick personally examined Charles arthur Cargo (d) Insert residence and of (d) Berry field, Ilmington profession, or occupation (if any) of the patient. and that Charles arthur Payn the said\_ (e) Lunstic, or an idiot, or 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) This morning on entering (f) Here st ite the facts. his bedroom a found the room in great disorder, the bed clothes have her Show all was the woon - The boy was quist but I found it vary difficult to get him to industand anything said to him, I more so to get any clear answer to questions. During the last quarter of an hour he has been shouting wildly & manineally -Wheingthe last size months he has suffered from severe headache which originally Seemed the due to a slight sumshoke & which has refused headache which originally societs he appear to be the power of his ligs & there is a marked to yield to any remedies. When groups of muscles chiefly seen in those of the lower jaw I have notices a gradually there is a very strong family predictorition fis ideas. Papilo sonerally dilates -(a) Here is a very strong family predictorition (a) Here is a very strong family predictorition (a) Here is a very strong family predictorition From Sarah Payn, Berry fields - mother of boy - During the last six months there has been a gradually increasing inability to exect himself physically in any way . ag. to walk, dress himself & take & chew food. He gets exister very readily + without cause . If the father uses the laash concion with him he flies into a passion + has threatened to shoot him. These fils of excitement are followed by severat uncontrollable headache - an one recasion he also shreatened to injure himself - Latterly on' several recasions he has taken turns of charting showing without reason. It is very difficult to get him to inductor of a to understand any dea. Name, Charles Stein M.D. Place of Abode, Tark House Shipston on Stow day of Lannary One Thousand Eight Bateb this 2016

Hundred and Eighty oight

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Town Hour

120

F, the undersigned, &. Latimur reene (a) Here set for the the quali. being a (a) Licementate of the May al College (a) Here set for th the guali-fication entifying to practice as a phy-ician surgeon, or apothecary, er. gra. – Fel ow 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 maybe. hyricians & Surgeons of Vain e/h and being in actual practice as a (b) Rysician D Surgion 212/-January 1888 (c) Here insert the street at (c) 41 4500 d St Stratford on Aron and number of the house (if any), or other like particu-in the Comment day of \_\_\_\_ separately from any other Medical Practitioner Payn Archen personally examined Charles of Bury field and that of (d)\_\_\_\_ 20 nes arthen ann the said Charle (e) Lumatic, or an idiot, or is a (e) Oursong unlund 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)Obsthess movements. Vacant Sofurce replys to my guestion Incohere ma-h-unders lan -6 Hadach. the sums many g my Suestin ¥ Contradictthe fact-7 hun self-as 4 he to H kain. 2. Other facts (if any) indicating Insanity communicated to me by others (g) from Selah Payne meter when anything is not-Ilis helds at home. just as he espect it. An inabelity to do admon 2 m Nin zelf. at-limes he anythe not latio food. · 2w/ Lice She ha hu - solier ~ slup ~ his Cli a some short distets gavenion the fil 2hu 40 tus Ite al-lumo has some ship Signed, Name, & talimis pelme Place of Abode, Shabford on Noon Dated this Luxury first - day of January One Thousand Eight Hundred and Eighty Ucht

(d) Insert residence and pro-fession, or occupation (if any) of the patient.

(f) Here state the facts.

(g) Here state the informa-tion, and from whom.



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 Potice, that\_

(a) House or hospital.

was admitted into this (a) as a Private Patient, on the

day of

transmit a Copy of the Order and Medical Cértificates on which he was

188 , and I hereby

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

Signed,\_

(c)

(c) Superintendent or pro-prietor of ------.

.

mated this

day of

One Thousand Eight Hundred and Eighty

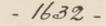
Lunatics 1. (16 & 17 Vict e, 96, sched, C, 8, 24 ; 25 & 26 Vict, c, 111.) Private Patient.

SHAW & SONS, Publishers of "The Justice of Ins Prace," a Workly Local Journal, price 5fd., post free, (2885 D.B.-8-87.)

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT. Sched. (A) No. 1, Sects. 4, 8. H, the undersigned, hereby request you to receive Tarah Maria Smith of Anton whom I last saw at Acclificle - station on the gronty swenth day of fannary 188 (") (a) Within one month pre-vious to the date of the order. (b) Lunatic, or an idiot, or a (b) herson of undound mind as a Patient into your House. a person of unsound mind. Subjoined is a Statement respecting the said Sarph Maria mill En ( Tarah Maria Smith Name, Edurand Signed, 1 muth 何日 Occupation (if any), Book Keepee eng), er Place of Abode, / Chickester Ter Antonin Pr. Belfact Degree of Relationship (if any), Brother or other circumstances of connection with the Patient Dated this Twenth Leventh Day of January 1888 ity) ( One Thousand Eight Hundred and Eighty Eight Tis in Mure 114 To DR. BAKER, (e) а регы 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 ] Jarah Maria Smith / length (1) 2 Sex and Age Jemale aged 63 Va 3 Married, Single, or Widowed single Condition of Life, and previous Occupamiddle class house keeper and 4 tion (if any) ---Societ of Friends 1 Religious Persuasion, as far as known IM Aviton nº Beece Busk; 4 gre previously Egremont 6 Previous Place of Abode tru Birkenhead Whether First Attack -200-24 14 slight also 14: - more source in about 1817a 8 Age (if known) on First Attack -When and where previously under Care ) at york Retreat in 18%. cun and Treatment 10a seven or eight niceho 10 Duration of existing Attack br Softening of the brain Supposed Cause -11 (g)H tion, an 12 Whether subject to Epilepsy noightly May. 13 Whether Suicidal -no Whether Dangerous to others -14 be Whether found Lunatic by Inquisition, ] ask contra. theat and Date of Commission or Order for Tree Inquisition --Special Circumstances (if any) preventing the Patient being examined, before Adno special - having been done mission, separately by Two Medical Practitioners du --Name and Address of Relative to whom ) Edward Smith m Notice of Death to be sent -(c) Where the person signing the statement is not the person who signs the order, the follow-ing particulars concerning the person signing the statement are to be added. Name, () Edward Smith Signed, Occupation (if any), Book Recher Place of Abode, 1 Chickester Terrace antrim lord Degree of Relationship (if any) or other circumstances of Brother connection with the Patient

Bancis Green. t, the undersigned,\_ Seculiate of the Mogal ( Allege of (a) Here setforth the quali- being a (a) fication entitling the person certifying to practise as a phy-Physicians the member of the hoyal College of hugerons sician, surgeon, or apothecary, sician, surgeon, or apothecary, sician, surgeon, or apothecary, sician, surgeon, or apothecary, no sician surgeon, sician surgeon house a surgeon surgeon of the care more be-st the care more beand being in actual practice as a (b) My preciace Multon as the case may be. (b) Physician, surgeon, or hereby certify, that I, on the 2.5 day of January 1888 (e) Here insert the street at (c) A UN to h and number of the house (if any), or other like particulars. You Refline separately from any other Medical Practitioner in the County of Sarah Maria Couth personally examined arton (d) Insert residence and of (d) \_ and that profession, or occupation (if any) of the patient. Such maria Km/10 the said "S " Unsource Mine out a and a proper Person to be taken charge of and detained (e) Lunatic, or an idiot, or is a (e) a person of unsound mind. under Care and Treatment, and that I have formed this opinion upon the following grounds ; viz .:-1. Facts indicating Insanity observed by myself (f) (f) Here st ite the facts. Vacant, hild emps non expression Japaness a feeding to suicide, at the same time say to very writed emont irkenhu, Days the is changed altogother, and nothersely, bak 4-18774 cin antelope. 1878 Ibar a figed idea that only by death can she be happy. (g) Here state the informa-2. Other facts (if any) indicating Insanity communicated to me by others (g) boleowing tion, and from softer. Mrs Batison a Nurse who has waited on her Mates the They lost cont conochon. being changed at an anomal au aulelope buch that the ought to frent and sud to hard ti relieve benef from her catherness, Which the declares are unbearable, a consistally fors arong on religions matters. Name, Muncin Greece. Signed, Place of Abode, Lettle Tochothise of 25th day of furnary One Thousand Eight Dated this Hundred and Eighty Sight F 18881. Tell,

It, the undersigned, Januas u, 6 dear (a) Here set forth the quali-footion entitling the person certifying to practice as a phy-icians, surgeon, or apothecary, as z=-Pel ou of the Royal College of Physicians in London, Licentiate of the pothecaries Company, or as the case may be. (b) Physician, surgeon, or npothecary, as the case maybe. (c) Physician is surgeon, or pothecary, as the case maybe. (c) Physician is surgeon, or (c) Physician is surg (c) Here insert the street at (c) Ross Mount, Airtone and number of the bouse (if any), or other like partices in the Country 1 separately from any other Medical Practitioner personally examined - Sarah Maria Sinch ghose Mouch (d) Insertresidence and pro-fession, or occupation (if any) of the patient. and that the said Arak Maria (e) Lunatic, or an idiot, or is a (e) furson of luss ound bunchend 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) . (f) Here state the facts. Mies Smith a subject to fils of deprepios at one time at another of Great mental excilement She informs we deal she is different from an other human beings, and unagines that she is a cow or an antelope. She has expressed a desire dual I should gue: her some me decine which would derting life. She talks of ucoherently, and has a rulegions Illama. (g) Here state the informa. 2. Other facts (if any) indicating Insanity communicated to me by others (g) tion, and from whom. Ulla Bateson, a person who has been in altendance whom here for three weeks states that on several occasions Ulis Smith has begged whom her to take away her life by some means, and that yesterday she herself attempted Hesterday to strangle hersel rbegged apostance in the actempt. Name, James w. Edgar. M.D. Ligned, Settle Place of Abode, 25th day of January One Thousand Eight Dated this Hundred and Eighty Cught.



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

## THE RETREAT, NEAR YORK.

# J hereby give you potice, 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

(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 \_\_\_\_\_.

mated this

day of

One Thousand Eight Hundred and Eighty

Lunatics 1. (15 & 17 Vict e. 95, sched. C. 5. & 26 Vict, c. 111.) Private Patient.

SHAW & SONS, Potter Lane, London, Publishers of "The Justice of the Pener," a Weekly Leval Journal, price tild., post free. (2895 D.B.-8-867.)

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT. Sched. (A) No. 1, Sects. 4, 8. t, the undersigned, hereby request you to receive and black Ladle whom I last saw at horse hille mohilles loation of certi/ying sician, surg February 1888 (a) Within one month pre-vious to the date of the order. On the First day of sician, say ex. gra.r Royal Coll in London, Apothecari as the case person of unound hund as a Patient into your House. (b) Lunatic, or an idiot, or a (b) a person of unsound mind. Subjoined is a Statement respecting the said\_ annul Bluell Landler (b) Phy apothecary William John Lotle Name, Signed. (c) Her Occupation (if any), Shpowner, exy), or of nove sella mospethe, Place of Abode, Degree of Relationship (if any), Brother or other circumstances of connection with the Patient ] (d) Int profession any) of th Dated this First Day of February One Thousand Eight Hundred and Eighty eight (e) Lu To DR. BAKER, a person 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] annie Bleck Lardler length --(f) Be Female Thurty one yeurs Sex and Age -Married, Single, or Widowed widow widow of the Late Lander Shipman Condition of Life, and previous Occupation (if any) and the second second second Church & Supland, Religious Persuasion, as far as known Previous Place of Abode -Whether First Attack -Thinky me years Age (if known) on First Attack -When and where previously under Care } nowhere and Treatment -a arhufft Duration of existing Attack . not Known Supposed Cause - -(z)Her tion, and Whether subject to Epilepsy ho Whether Suicidal not Kuron Whether Dangerous to others -400 Whether found Lunatic by Inquisition, ] no and Date of Commission or Order for Inquisition --Special Circumstances (if any) preventing the Patient being examined, before Adhone mission, separately by Two Medical Practitioners William Shi Dolling horse bille kunpeth Name and Address of Relative to whom } Notice of Death to be sent -William Shan Sobles (c) Where the person signing the statement is not the person who signs the order, the follow-ing particulars concerning the Signed, Name, (°) Occupation (if any), hipotomer version signing the statement ire to be added. Place of Abode, hose Sella Degree of Relationship (if any) or other circumstances of connection with the Patient

Surgeon

Morbelle

annie Black daidler

Fist

rederic William Shomshing

day of February

and that

Urdow

member of the hozel follige of Surgeons England

a dicentrate of the society of apoths carres dino?

(a) Here set forth the quali- being a (a) fication entitling the person certifying to practise as a phy-(cian, jurgeon, or apothecary, ex. gra.:-Fellow of the Royal College of Physicians in London, Licentiate of the Apothecaries' Company, or as the case may be. and being in actual practice as a(b)

ATIENT

left & a

Leel Land

the

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so stated

edler Phys

Manpeth

(b) Physician, surgeon, or apothecary, as the case may be. hereby certify, that I, on the

t, the undersigned,

and

personally examined

Mose Villa

(c) Here insert the street at (c) and number of the house (if any), or other like particulars. in the County of Monthumbuland separately from any other Medical Practitioner

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

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

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

(f) Here st ite the facts.

1. Facts indicating Insanity observed by myself (f)

none Villa Morpeth

States that her brother in law is gebider That the dead are all risen States that she is fisus Christ.

W. J.Knmshire

day of February

(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 clunch at 3 relock in the morning to mest the nieu dead. Communicated by W.J. Jobling

Place of Abode, Charty Storise

Signed,

Dated this

Fish

Eight

Hundred and Eighty

Morpeth

and a Lecentrate of the Faculty of Physician Surgeons Surgeons Surgeons

being a (a) Licentrate of the Royal College of Physicians Buntomato (a) Here set for th the qualification entitling the person certifying to practize as a phycorrigues to practice as a pay-arising, ergoson, or apolitecary, er, gra.:-Fel ow of the Royal College of Physicians in Losdon, Licentiate of the Apothecaries Company, or at the sum may be 7.

as the case may be. (b) Physician, surgeon, or hereby certify, that I, on the \_\_\_\_\_ day of \_\_\_\_\_ day of \_\_\_\_\_\_

(c) Here insert the street at (c) horse Tura morpesh and number of the house (if any), or other like partice. in the County of northumber and separately from any other Medical Practitioner lars.

of (d) norse Villa morpeth bidow (d) Insert residence and pro-fession, or occupation (if any) of the patient. the said aunie Black Laidles

(e) Lunatic, or an idiot, or is a (e) fuson 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 :--

(f) Here state the facts.

1. Facts indicating Insanity observed by myself (f)

eges the anomets Them.

Puts spittle on her daughters

personally examined annie Black Laidler

It, the undersigned, William blastum

Says the is going to Secursalem this after noon.

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

Bolked out at the mondown last night, is very violent & threatens to abit different members of her family -Commune the by Jam Eliga Germin her Sicher

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

Signed, Name, Athani Clarkson

Place of Abode, Elm Cottage Morpeth

Dated this First day of Telmany One Thousand Eight

and that

Hundred and Eighty light

- 1633 -

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

### THE RETREAT, NEAR YORK.

J hereby give you potice, that\_

2. 8.

(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 .

(b) If a private patient be received (b). 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 iddement accompanying the order for admission.

Signed,

(c) \_

(c) Superintendent or proprietor of \_\_\_\_\_\_.

Dated this

day of

One Thousand Eight Hundred and Eighty

Lunaties 1. (16 & 17 Viet c. 96, sebed. C. 5.24: 25 & 26 Viet. c. 111.) Private Patient.

SHAW & SONS, Pottor Lano, London, Publishers of "The Justice of the Pence" a Weekly Local Journal, price 364, post free, (2005 D.B.-8-87.)

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT. Sched. (A) No. 1, Sects. 4, 8. It, the undersigned, hereby request you to receive margared Catheren Folley (4) Here nontifying to sician, pary ex. gra.7 Royal Coll in London Apothecari as the case be marke hescent Scarborough whom I last saw at 1.9 thirth 14 Tay of February 1888 (a) Within one month pre- on the rious to the date of the order. (b) Lunatic, or an idiot, or a a person of unsound mind. pushinsound mends as a Patient into your House. Subjoined is a Statement respecting the said hary aret Latheun bles (b) Phys nothecar Bigned, Name, (c) Here and numbe any), or off Occupation (if any), Barch Place of Abode, 15 bemar Degree of Relationship (if any), mother A or other circumstances of connection with the Patient (d) Inn Day of Lebru eny) of the Dated this ///h One Thousand Eight Hundred and Eighty 8 (e) Luns To DR. BAKER, a person of 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 There are Catthe une Pollard length --(f) Bar Sex and Age , torly one -Married, Single, or Widowed --Condition of Life, and previous Occupation (if any) ---Religious Persuasion, as far as known Previous Place of Abode oroul Whether First Attack -Age (if known) on First Attack furt attack When and where previously under Care and Treatment -Duration of existing Attack week Supposed Cause -(r) Sere tion, and fi 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 no Inquisition -14 -Special Circumstances (if any) preventing none the Patient being examined, before Admission, separately by Two Medical Practitioners · Staris Practitioners Name and Address of Relative to whom ) Notice of Death to be sent --Lary Pollard Widow (c) Where the parson signing the statement is not the person who signs the order, the follow-ing particulars concerning the Signed. Name, (°) Occupation (if any), person signing the statement are to be added. albemarle Crescent I carbon Place of Abode, Degree of Relationship (if any)) mother or other circumstances of connection with the Patient

\_\_\_\_ day of February 188

k, the undersigned, James Harvey

(a) Here set for the site quali-fication entitling the person certifying to practice as a phy-sicilan, surgeon, or apothecary, tx. gra. = -Fellow of the Apothecaries' Company, or as the case may be. (b) Physician, surgeon, surgeon (c) Physician, surgeon (c) Physician,

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in Sollar

abra

(b) Physician, surgeon, gr spothecary, as the cuise may be. hereby certify, that I, on the 13th

at (c) 15 albemark General Scarborough (c) Here insert the street and number of the house (if any), or other like particulars. in the County of Gork S . separately from any other Medical Practitioner

218 41.1

(d) Insert residence and of (d) 15 albemarle Curcon Scarbordugh and that profession, or occupation (if any) of the patient. the said Margaret Catherine Pollard n

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

and a proper Person to be taken charge of and detained herson of unsound mi

personally examined Margaret Callerine Vollard

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

(f) Here state the facts.

4 an Badaces

in wet their to

Jearbor

1. Facts indicating Insanity observed by myself (f) She refuses her food & says that it is possed 72-66 1 She talks incenantly & incoherently She says she has not loved in 15 albemark Current for 20 years. Therees she has had there for 19 years She sings she has been taken to Dieland by perfle The who want I kill her. She imagines there are heard heren who are not present

(g) Here state the informa-ion, and from whom. 2. Other facts (if any) indicating Insanity communicated to me by others (g) Mary Pollard tells me that the said Margant Cetterino hollard believes that there are tunnels under the house, I that her name is not Margaret Catheron Wolland Sec. 4 For the lost 2 days she has refused all ford

an gent in an an

signed, Name, James Hawer Place of Audie, 17. Falsprade Road - Conboro day of February One Thousand Eight Dated this 13d

Hundred and Eighty Eight

actor of medicine of Minturgh

rescent

Allerul

Scathous

Mard

separately from any other Medical Practitioner

and a proper Person to be taken charge of and defained

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person ymmen

being a (a)(a) Here set for th the quali-(a) Here set for the lag and is being a (a) where the set of the s

t, the undersigned,

personally examined

(c) Here insert the street at (c) 15 and number of the house (if any), or other like particu-lars. in the County in the County of

(d) Insert residence and proof (d) 15 fession, or occupation (if any) of the patient. the said

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

(f) Here state the facts.

under Care and Treatment, and that I have formed this opinion upon the following grounds ; viz .:-The taks most 1. Facts indicating Insanity observed by myself (f)nicoherently, and believes her food is poined. She says she has thed for days, elles that the here for whele taken to Ireland auring the faid ago atter est he shehe never 12 her unt Scashogle Usidence ho 15 attenande heret

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

2. Other facts (if any) indicating Insanity communicated to me by others (q) allard tolday Her mother mos mang ( that it is mulle prea her daughter marganet lake Frat is controlled men me the the arenta the senand Hanneh to muchy the nurses Traomi Lacy, May Jame Vasey. She refuse Ther food of every Kind,

Signed,

The Home Name, Place of Abode. 47 Memarle Crescut, Scushingle

Bated this

Kurteente day of Feling One Thousand Eight

Hundred and Eighty ught

# - 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.

# J hereby give you potice, 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

(b) If a private patient be received (b). 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)

mated this

day of

One Thousand Eight Hundred and Eighty

Lunatics 1. (16 & 17 Viet c. 96, sched. C. 5. 26; 25 & 29 Viet. c. 111.) Private Patient. SHAW & SONS, Fetter Lane, London, Fetter Lane, London,

Fetter Lane, London, Publishers of "The Justice of the Pener," a Weekly Leval Journal, price tild., post free. (2885 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 Kate Couly enwon whom I last saw at 7 OHerburn Sevence New custle on ign (a) à foatim certifyi sician, (a) Within one month pre-vious to the date of the order. Tebuary 1888. flenth day of on the er. f Royal in Loc Verson of ansound mindes a Patient into your House. (b) Lunatic, or an idiot, or a a person of unsound mind. Subjoined is a Statement respecting the said Nate Cruly Apoth as the (3) enoon spothe Bigned, Name, (c) and n Occupation (if any), any), i Place of Abode, JOHerburn Lona ce neucaste on Degree of Relationship (if any), Ja or other circumstances of connection with the Patient (4) th Seburary prifes Dated this Day of any) 9 One Thousand Eight Hundred and Eighty To DR. BAKER, (e) a pers 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 ] Kate Emily enes on length - - - -(5) ears last Sept. Sex and Age Married, Single, or Widowed -Condition of Life, and previous Occupafew mouths appenhee a tion (if any) - - -10 chillmen bush Religious Persuasion, as far as known to a for there there are ? Drole ant Previous Place of Abode -Firstal Whether First Attack -Age (if known) on First Attack worth 22 years When and where previously under Care } - not under Treatment in and Treatment ---Inshtitution - about 11 months during intervals she Duration of existing Attack Supposed Cause - - -Not Known ; (z)Htion, an Whether subject to Epilepsy -No. Whether Suicidal cro. -Not in the least Whether Dangerous to others -. Whether found Lunatic by Inquisition, ] and Date of Commission or Order for No Inquisition --Special Circumstances (if any) preventing the Patient being examined, before Adhone. mission, separately by Two Medical Practitioners . --Name and Address of Relative to whom } Insept Devisor y Otterburn Notice of Death to be sent -Servace dreweastle on Syne -(c) Where the person signing the statement is not the person who signs the order, the follow-ing particulars concerning the person signing the statement are to be added. Soseph Kinson Signed, Name, (°) Soliciter Occupation (if any), Place of Abode, (Otter burn Jerrace newcalle Degree of Relationship (if any) or other circumstances of Father connection with the Patient

H, the undersigned, John Richard Baumpartmer

& a Licentiate of the Society of Apothecaries

being a (a) Member of the Royal Sollege of Surgeon, (a) Here setforth the qualification entitiing the person certifying to practise as a phyician, jurgeon, or apotheory, ician, jurgeon, or apotheory, tx. gra.:-Fellow of the Royal College of Physicians in London, Licentiate of the Apothecarios' Company, or as the case may be. and being in actual practice as a (b) Surgeon

hereby certify, that I, on the fourteenth day of Homany (b) Physician, surgeon, or apothecary, as the case may be.

at (c) 27 Slam Square (c) Here insert the street and number of the house (if any), or other like particulars.

in the County of Newcastle- on - June separately from any other Medical Practitioner personally examined Kale (mily Denison

of (d) / OHerburn Devrace Mewcastle on Type and that (d) Insert residence and profession, or occupation (if any) of the patient.

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

the said Kate Chuly Jenis on llers on of unsound mund a proper Person to be taken charge of and detained is a (e) under Care and Treatment, and that I have formed this opinion upon the following grounds ; viz .:-

(f) Here st ite the facts.

Sept

ls oh

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newsalle

1. Facts indicating Insanity observed by myself (f) She talks in a rambling & incoherent manner about various topics an imaginary wedding, starned glass, costumes, lights, Se, fe. She says " Certain solicitors will drop down dead in their offices .

(g) Here state the informa-tion, and from whom.

2. Other facts (if any) indicating Insanity communicated to me by others (g) By her Father Joseph Denison, & Step- Mother Harparet Denison The talks & acto strangely, changing her dress, & using indelicate expressions, in the presence of jestemen

Signed,

S. Danmyartner. Place of Abode, 27 Eldon Square, Nevcasth on Syne

fourteenth day of February One Thousand Eight

Dated this

Hundred and Eighty light

the boyal College of Surgeon

26

& apothecaries Company

E, the undersigned, Williamson

Sur

Square

low 6

personally examined

megand It Sicentiate

(a) Here set to the the qualities of the formation entitling the person or apothecary, ex. gra. --Fel or of the Royal College of Physicians in London, Licentiate of the Apothecaries Company, or as the case may be.

(6) Physician, surgeon, or hereby certify, that I, on the putcents day of Island

(c) Here insert the street at (c) \_ and number of the house (if any), or other like particu-, in the street is a street of the street is a street of the str in the County of new custen Type separately from any other Medical Practitioner

(d) Insert residence and pro-fession, or occepation (if any) of (d) Johann Terrale, hewcasthe a Type and that of the patient. the said /lat

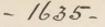
(e) Lunatic, or an idiot, or a person of unsound mind.

is a (e) person of unsound 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 .:-

unily Dringor

ate mile Dungon

1. Facts indicating Insanity observed by myself (1) She talk in a (f) Here state the facts. continuous + wandering way. Says the is followed by freat unuber prople in the streets munittees, Prople + train all in co are whisthing a her. Speaky of a Constants rear Whidegroom was buried with dain hothe day before. maxey up the Inneral near wents that have taken place during the cast 11-15 per "you ( S. Where at the wedding, to rest the first of the Hall in your Vilvet toat (g) Here state the informa-tion, and from whom. 134 her tathe, Joseph Driver V her navaret Druiss modert + plent, has become well talka contermen. ting + Howard with peremptories stopped from taking of he a genteman mercuce of 250 i people & lugar about ottowny her, jumbles Whe people & things of places in this mar in cherent waj Name, G. Williamson Ligned, Place of Abode, 22 Eldon Square, Newcasto--mu n Dated this Fourtants day of February One Thousand Eight Hundred and Eighty Elgert



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

#### THE RETREAT, NEAR YORK.

## J hereby give you potice, 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

(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)

mated this

day of

One Thousand Eight Hundred and Eighty

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

SHAW & SONS, Fetter Lane, London, Publishers of "The Justice of the Poster," a Weekly Leval Journal, price tod, post free, (2895 D.B.-8-87.)

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT. Sched. (A) No. 1, Sects. 4, 8. H, the undersigned, hereby request you to receive Indenets fractions William whom I last saw at the Lorna (a) Within one month pre-vious to the date of the order. day of (") on the much er. T Royal ( in Look (d) Lematic, or an idiot, or a (d) further of hind as a Patient into your House. Subjoined is a Statement respecting the said Trederick Com Inithem Apotheo as the o (b) P Signed, Name, (c) H and nam Occupation (if any), Insurance Allonh any), or Place of Abode, 19 Fhonton Rd Inadful Degree of Relationship (if any), Cousis or other circumstances of connection with the Patient 24.14 Dated this Day of nuch-One Thousand Eight Hundred and Eighty Qigh (e) L To DR. BAKER, a person 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 ] Frederich Williams free Mism length (J) B Sex and Age 25 Junio 6 Married, Single, or Widowed -Jugle Condition of Life, and previous Occupation (if any) chiled --Religious Persuasion, as far as known 4 hyland Calednian Road, Leeve Previous Place of Abode -Whether First Attack ing attack Age (if known) on First Attack 25 llass When and where previously under Care ) line and Treatment a ben days Duration of existing Attack Supposed Cause luch leading .  $(z)H_{i}$ tion, and Whether subject to Epilepsy -44 Whether Suicidal -71 -Whether Dangerous to others -20 Whether found Lunatic by Inquisition, and Date of Commission or Order for } ho Inquisition --Special Circumstances (if any) preventing the Patient being examined, before Adhore mission, separately by Two Medical Practitioners -7 Threathe Ruger Name and Address of Relative to whom J. B. . Wethenell Bradbuck, Juses Notice of Death to be sent -(c) Where the person signing the statement is not the person who signs the order, the follow-ing particulars concerning the person signing the statement are to be added. Signed, Name, (e Occupation (if any), ons unani Place of Abode, Degree of Relationship (if any) ris or other circumstances of connection with the Patient

(a) Here setforth the quali-fication entitling the person certifying to practice as a phy-section, margeon, or apothecary, ex. gra.:-Fellow of the Apothecaries' Company, or as the case may be. (b) Physician, surpeon or E, the undersigned, John hu Hee Hollingswath (b) Physician, surgeon, or hereby certify, that I, on the apothecary, as the case may be. \_\_\_\_ day of march (c) Here insert the street at (c) the furn Hall. Seeds and number of the house (if any), or other like particulars. in the County of york separately from any other Medical Practitioner personally examined Frederick William Frither of (d) 76 Caledonian Road . Lees. Mchitect and that the said Frekener William Buithe for is a (e) fusser of hubbrund hund 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 .:-

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

3

ENT

min

24

stated.

Soud yes

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

(f) Here st ite the facts.

1. Facts indicating Insanity observed by myself (f) Is in a State of hear resclessness and Anonally hicknessed. in conduct and conversation Thus, When Cheaking to him he keeps turning hound and bound; and when asked where he lives ! Long does up toward" : Whether he has any adutions ! replies that he does hat lander". Quite unable to have duy rational conversation; and has two biged ideas about anything.

FullenJewin M.

day of Much

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

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

Signed,

Place of Abode, Prestra

Dated this

Hundred and Eighty light .

One Thousand Eight

130

What wonversity ?

I, the undersigned, Reodore Joseph Androa (a) Here set to the the quali-fortion entiting the provin-continue to the the quali-control of the province of the province of the control of the control of the fortion and province of the set of the control of the control of the control of the Apothecaries Company, or at the case may be. (a) Physician surgeon, or apothecary, as the case maybe. (b) Control of the con 11.2 leohem han Ref, Soudion day of are (c) Here insert the street at (c) \_\_\_\_\_ and number of the house (if any), or other like particu-lars. in the Co Lecolo 110 100 separately from any other Medical Practitioner Mor in the County of \_\_\_\_ personally examined devick 1 Rie in hite and that (d) Invert residence and pro- of (d) 76 Ca asa al decar Colonau fession, or occupation (if any) of the patient. realesich William I me thorn the said and a proper Person to be taken charge of and detained (e) Lunatic, or an idiot, or is a (e) a person of unsound mind. henatic under Care and Treatment, and that I have formed this opinion upon the following grounds ; viz .:-1. Facts indicating Insanity observed by myself (f)(f) Here state the facts. Constantly varubling & mittering weatherdutty Arderty the Lovalor if in hig call that he ig thist se. Well not answer questions certhy but speakes of seligious to the 2. Other facts (if any) indicating Insanity communicated to me by others (g) Willeno k. (g) Here state the informa-tion, and from whom. down Name, Theodore boeth Healson, Signed, 10 Worke Ht, Place of Abode,\_\_\_\_ decolo day of March One Thousand Eight Bated this

Hundred and Eighty

Eight

- 1636 -

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

## THE RETREAT, NEAR YORK.

# J hereby give you potice, 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

(b) If a pricate 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)

mated this

day of

One Thousand Eight Hundred and Eighty

Lunatics 1. (16 & 17 Vict c. 96, schol. C. 5, 241 25 & 26 Vict. c. 111.) Private Patient,

SHAW & SONS, Fetter Lane, London, Publishers of "The Justice of the Poses," a Weekly Leval Journal, price bjd., post free, (2005 D.B.-8-85.)

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT. Sched. (A) No. 1, Sects. 4, 8. t, the undersigned, hereby request you to receive My Daughter Martha anne 3 y Vaven whom I last saw at on the D April 16 they day of April 1888 (a) Within one month pre-vious to the date of the order. personed unsound mind as a Patient into your House. (b) Lumatic, or an idiot, or a (\*) a person of unsound mind. Subjoined is a Statement respecting the said Multan (b) Ph Name, Signed, (c) He 100 55 any), or Occupation (if any), Place of Abode, 31 Degree of Relationship (if any), 1 or other circumstances of (d) In connection with the Patient 6th the ny) of 1 Day Dated this One Thousand Eight Hundred and Eight (e) /La To DR. BAKER, a persion 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 Mul Martha (1) 80 length -Lemsle Sex and Age -Married, Single, or Widowed --Condition of Life, and previous Occupation (if any) ---Religious Persuasion, as far as known 11 Bolton Previous Place of Abode -Whether First Attack -Age (if known) on First Attack When and where previously under Care and Treatment -Duration of existing Attack -(r)Her Supposed Cause - tion, and his Brothers Whether subject to Epilepsy -Whether Suicidal --Whether Dangerous to others -Whether found Lunatic by Inquisition," and Date of Commission or Order for Inquisition ---..... Special Circumstances (if any) preventing one the Patient being examined, before Admission, separately by Two Medical Practitioners Name and Address of Relative to whom ) Notice of Death to be sent --Hannah (e) Where the person signing the statement is not the person who signs the order, the follow-ing porticulars concerning the person signing the statement wre to be added. Name, (\*) Signed. Occupation (if any), Place of Abode, Degree of Relationship (if any) or other circumstances of connection with the Patient

E, the undersigned, Futerce Mahusley hallets (a) Here set for the the quali-fication entitling the person certifying to practice as a phy-scian, surgeon, or apothecary, ex. gra: --Fellow of the Royal College of Physichas in London, Licentiate of the Apothecaries' Company, or as the case may be. as the case may be. (b) Physician, surgeon, or hereby certify, that I, on the 4'- day of and 1885 (c) Here insert the street at (c) <u>37 Daughort H</u> and number of the house (if any), or other like particulars. Bolton in the County of Laucaster separately from any other Medical Practitioner personally examined Martha Parque Spuester (d) Insert residence and of (d) 37 Daverport 11 Kollon profession, or occupation (if any) of the patient. and that the said Martha Payne spuster is a (e) person of unsound king md a proper Person to be taken charge of and detained (e) Lunatic, or an idiot, or a person of unsound mind. under Care and Treatment, and that I have formed this opinion upon the following grounds ; viz.:-1. Facts indicating Insanity observed by myself (f) thank wild (f) Here st de the/acts. appearance, states that she has some mashinery in her ande, that is too heavy for her, and that it is always howing 2. Other facts (if any) indicating Insanity communicated to me by others (g)

(g) Here state the informa-tion, and from whom.

NT.

yre

tated.

Am

Bellen

her mother, says that he halund complains I having a baly in her inside, but does not Throw how I got there

Signed,

Bated this

Name, F. B. Malletturd

Place of Abode, hewport House Bollow

6 -

day of april

One Thousand Eight

Hundred and Eighty eight

Vert Patrich

lizgeon

1, The

No: 37. Davenfort St., Boltan

37 Davenport St. Bolton

Noyal Colleg: of Surgues luge

separately from any other Medical Practitioner

and that

day of chiril

being a (a)(a) Here set for th the qualification entitling the person certifying to practise as a phyerrigy may be proceeded as a pay-scient structure of the Royal College of Physicians in Lonston, Licentiate of the Apothecaries Company, or as the case may be. (b) Physician, surgeon, or hereby certify, that 1, on the Ary The spothecary, as the case waybe.

t, the undersigned,

personally examined

ne

(c) Here insect the street at (c), and number of the house (if any), or other like particu-lars, in shin the County of Fan Capta

(d) Insert residence and pro-fession, or occupation (if any) of the patient, of (d)\_

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

Martha Payn? the said is a (e) for our of unsound line fid 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 :--

Martha Layne

(f) Here state the facts.

1. Facts indicating Insanity observed by myself (f)hethere t. inconsister, statements as to her food occupying too much Phace. Power Til feelings as To her kabit of books 2.8 That she is a very Stout person whereas one is remarkably Thin.

(g) Here state the informan, and from whom

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

By Hor mother - Repring to take food.

Signed,

bent Patrick M. D.

Place of Abode. 40 Strly ST: Bo

sulla Dated this

day of april

One Thousand Eight

Hundred and Eighty Light

- 1637-

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

## THE RETREAT, NEAR YORK.

# J hereby give you potice, that

(a) House or hospital.

was admitted into this (a)\_\_\_\_\_as a Private Patient, on the

da	W	of			
	- M			 	

\_\_\_\_\_188 , and I hereby

transmit a Copy of the Order and Medical Certificates on which he was

(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 \_\_\_\_\_.

mated this

day of

One Thousand Eight Hundred and Eighty

Lunaties 1. (16 & 17 Viet c. 96, schol. C. 5, 241 25 & 25 Viet. c. 111.) Private Patient.

SHAW & SONS, Petter Lane, London, Publishers of "The Justice of the Pence" a Weekly Leval Journal price (Hd. post free. (2895 D.E.-8-87.)

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT. Sched. (A) No. 1, Sects. 4, 8. It, the undersigned, hereby request you to receive Hormon Hdorf Theren Problin 21 bictor Rd, whom I last saw at rad 144 day of 17m 20.1888 (a) Within one month pre- on the \_\_\_\_\_ (b) Lanstie, or an idiot, or a (b) & person of unsound mines a Patient into your House. Subjoined is a Statement respecting the said Armin Harly Theodore hobling walter Signed. Name, 22. Occupation (if any), mal an 164 manningrom Place of Abode, Degree of Relationship (if any), 725 Malin or other circumstances of connection with the Patient al Marguere d Jast 1) 9 the p 144 Dated this Day of One Thousand Eight Hundred and Eighty light (e) Lunato To DR. BAKER, a person of o THE RETREAT, NEAR YORK. STATEMENT. If any Particulars in this Statement be not known, the Fact to be so stated. Hermonn Adolf Theodore Probling Name of Patient, with Christian Name at ] length (1) 800 Sex and Age - mall all Married, Single, or Widowed -mand Condition of Life, and previous Occupamarchent , buyer - - tion (if any) -2/2ircoma Religious Persuasion, as far as known 21 helor Rd I madford Previous Place of Abode -Whether First Attack -4-65 Age (if known) on First Attack 39 ..... When and where previously under Care ) nowhere and Treatment --400 5 weches Duration of existing Attack -Butmese anxielies (r)|8e Supposed Cause tim, en Whether subject to Epilepsy -20 Whether Suicidal --Joubling B Whether Dangerous to others -Certaint Whether found Lunatic by Inquisition, and Date of Commission or Order for 20 Inquisition -Special Circumstances (if any) preventing the Patient being examined, before Adnon mission, separately by Two Medical Practitioners min H. A. T. Robling 21 Fictor 2d, Bradgerd. Name and Address of Relative to whom ) Notice of Death to be sent --(c) Where the prison signing the statement is not the person who signs the order, the follow-ing particulars concerning the person signing the statement wre to be added. Jaller Ploto Signed, Name, (°) Occupation (if any), mis cm lin 164 manningham Place of Abode, Degree of Relationship (if any) or other circumstances of nordalion bu acting at the reque connection with the Patient his wife

K, the undersigned, Faues Ramsay

Aunatic

(a) Here setforth the quali-fication entitling the person certifying to practice as a phy-scian, surgeon, or apachecary, ex. gra. :--Pellow of the Royal College of Physicians in Location, Liceretize of the Apothecaries' Company, or as the case may be.

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might

(b) Physician, surgeon, or hereby certify, that I, on the fourteenth day of April 1855

(c) Here insert the street at (c) My house 23 High Petergale, York and number of the house (if any), or other like particulars. in the County of \_\_\_\_\_

(d) Insert residence and of (d) 164 Manuingham faue, Bradford, yorkshire, Morchand that profession, or occupation (if any) of the patient. the said Hermann adolf Shesdore Robling

(e) Lunstic, or an idiot, or a person of unsound mind. is a (e) \_\_\_\_

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

personally examined wermann adolf Theodore Robling

separately from any other Medical Practitioner

and a proper Person to be taken charge of and detained

(f) Here state the facts.

1. Facts indicating Insanity observed by myself (f)In coherent I inational in Conversation . In capable of Continuous description in regard to what he is talking about . Rambles from one subject to another digrenes caus. Has endeavoured to tantly ~ repeats his Statements. unfold to me a gigantic enter price, the which all the Verys Emperors Empresses Grown primes and their children are & form a limited Ciability Company - in Conjunction with the Saltan the Offer the Makeds the deskedo - the Dukes the great Bands - the Railways & Canal Companies all ones the world- whenty carry one is to get energy they are Cost price . re-

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

Signed,

Name, JarRamsay Place of Abode, 23 High Pelergate York

fourteenth day of april

Bated this

Hundred and Eighty Rig

One Thousand Eight

fication entitling the person certifying to practize as a phy-

(c) Here invest the street at (c) \_ and number of the house (if any), or other like particu-lars.

E, the undersigned, William Hoon (a) Here set for the quali- being a (a) Mr. 2. C. S. England and I. S. a Fondon day of april 1888. 7 Belle Une Termer. Yardi. no separately from any other Medical Practitioner in the County of \_ Vari (d) Insert residence and pro-(d) Insert residence and pro-fession, or ocception (if any) of (d) / 1/24 Munng fram June, Baudford, York o hire and that of the patient. the said Hermann Adolph Theodore Robling (e) Lunatic, or an idiot, or is a (e) Curratic 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 excelled an mensur to subject without - any sational Dequence in his ideas -. Sugsthat he is going to Tachanor to form a limited diability Comprenzy of all ten armins and names of the world, and that Shares have been taking by the Imporer of Constrict and Jaieste. King of Clima and of Queenstand und mentfoundland The King of Flarence. The distado, decount Verseningers cont Ob to almost measingly - Says his grand idea Kept him twake all last night - "Joint bed is wonder fully prover for in intited 2. Other facts (if any) indicating Insanity communicated to me by others (9)

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

Name, William Hoose

Place of Abode, 23 Castrighter York Bated this How Tringthe day of April One Thousand Eight

Hundred and Eighty Eight ?

Signed,

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

## THE RETREAT, NEAR YORK.

# J hereby give you potice, that\_

- 1638-

(a) House or hospital.

. .

was admitted into this	; (a)	as	a	Private	Patient,	on	the
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day of

\_\_\_\_\_188 , and I hereby

transmit a Copy of the Order and Medical Certificates on which he was

(b) If a private patient be received upon one certificate only,the special circumstances which have presented 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 \_\_\_\_\_.

mated this

day of

One Thousand Eight Hundred and Eighty

Lunatics 1. (16 & 17 Viet c. 96, schod. C. 25 & 26 Viet. c. 111.) Private Patient.

SHAW & SONS, Potter Lane, London, Publishers of "The Justice of the Fearce" a Weekly Leval Journal, prior 144, post free, (2005 D.B.-8-87.)

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT. Sched. (A) No. 1, Sects. 4, 8. 1, the undersigned, hereby request you to receive John Barker fire Lions inn Walmgate York whom I last saw at day of April 1888 (") (a) Within one month pre- on the rious to the date of the order. as a Patient into your House. (b) Lunatic, or an idiot, or a (<sup>b</sup>) a person of unsound mind. Junatic Subjoined is a Statement respecting the said John Barker es the o (b) P John Barker Junior Name, Signed, (c) He Harmer Occupation (if any), eny), or Place of Abode, Manor House Dunnington, Jorh Degree of Relationship (if any), 00 or other circumstances of connection with the Patient (d) Is profess April eny) of Day of Dated this 16 Eight One Thousand Eight Hundred and Eighty (e) Lt To DR. BAKER, a person 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] Joen Barker length . . . (1) 8 chale Sex and Age -4% years Married, Single, or Widowed chamica -Condition of Life, and previous Occupa-Lamor of England. tion (if any) - - -Religious Persuasion, as far as known humor House, Amington . you! Previous Place of Abode -Whether First Attack -Yes Age (if known) on First Attack . . -46 When and where previously under Care ) - nohhur and Treatment -Sum droutes Duration of existing Attack -923 Jacpsica Supposed Cause -(g) He tion, and Whether subject to Epilepsy -Whether Suicidal -ntitul Whether Dangerous to others -Whether found Lunatic by Inquisition, and Date of Commission or Order for no Inquisition --. ... Special Circumstances (if any) preventing the Patient being examined, before Ad-Am mission, separately by Two Medical Junior Practitioners -Name and Address of Relative to whom } John Bustin his Notice of Death to be sent --(c) Where the person signing the statement is not the person who signs the order, the follow-ing particulars concerning the person signing the statement are to be added. John Barker Signed, Name, (\*) Occupation (if any), Aarn Place of Abode, Manor House Dunnington York Degree of Relationship (if any) or other circumstances of connection with the Patient m

(a) Here setforth the qualification entitling the person certifying to practize 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.

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. you!

Bork

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

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

(d) <u>Insert</u> residence and Of profession, or occupation (if any) of the patient.

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

Henry Charles Sham t, the undersigned, College unker Paryal The un sons inflan Sur and being in actual practice as a(b)ton april day of hereby certify, that I, on the une 04 ous at (c) separately from any other Medical Practitioner in the County of personally examined anor 1001 We unufor of (d)and that Jun the said and a proper Person to be taken charge of and detained 111 110 is a (e) \_\_\_\_ 0 under Care and Treatment, and that I have formed this opinion upon the following grounds ; viz .:-

1. Facts indicating Insanity observed by myself (f) (f) Here st ite the facts. Barker tells me that he has attacks of 8hn , have in Chest that when this is on he uma July has looseness of the bowels & this leaves nom these darkness that on recovery lui Tacks he feels an almost uncontrotable desire to more Unjure anyone about this has been low ou (g) Here state the m/or mile 2. Other lacts (if any) indicating tion, and from whom. Than half a gear These unpulses to do an enjus I more incontrotable more In tells John Tells me that he has often His he feels that he must be under some Jaid That else he will be doing someone or The above communected to the by John Barken son I the above John Parker & resident with him . agury Charles Tenry Signed, Jann Name, 1 mich Place of Abode, april fixteenth day of One Thousand Eight Dated this Hundred and Eighty Cufful .

100

William n It, the undersigned, J. S. A. J. S. England 2. (a) Here set for the the quali. being a (a) M. (a) Here set for the the quality of the person certifying to practice as a physicians, surgeon, or a pothecary, ex. gra. — Fel ow of the Royal College of Physicians in Loudon, Licentiate of the Apothecaries Company, or as the case may be. (b) Physician, surgeon, or apothecary, at the case may be. Sau C. G real day of (c) Here insert the street at (c) The free Corres Jonn, Walne gate, and number of the house (if any), or other like partice. lore. in the County of March' . separately from any other Medical Practitioner in the County of \_ Barlier 6 h personally examined Summine low House (d) Invertresidence and pro-fession, or occupation (if any) of the patient. 4 tanner and that whia In the said (c) Lunatic, or an idiot, or is a (c) \_\_\_\_\_ tu 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) Ale UAZO, The (f) Here state the facts. feelings and clisvis iome nerm This freends ands districion Commin - Drivide - That An wishes placed andor restrant-Lette 4 meter his Zecours

(g) Here state the informa-tion, and from whom,

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

Ligned,

Walino 1+

day of

Place of Abode, 3. Casting ale - Your .

Name.

Ey 2n

Bateb this

Hundred and Eighty

africal . One Thousand Eight

1639 -

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

## THE RETREAT, NEAR YORK.

J hereby give you potice, that\_\_\_\_

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(a) House or hospital.

was admitted into this (a) as a Private Patient, on the 188 , and I hereby day of

transmit a Copy of the Order and Medical Certificates on which he was

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

Signed,

mated this

day of

One Thousand Eight Hundred and Eighty

Lunatics 1. (15 & 17 Viet e. 96, sched, C. 5. 24 ; 25 & 26 Vict. c. 111.) Private Patient.

SHAW & SONS, Petter Lane, London, Publishers of "The Justice of the Proce," a Weekly Leval Journal price 51d, positive. (2805 D.B.-8-87.)

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT. Sched. (A) No. 1, Sects. 4, 8. to the undersigned, hereby request you to receive Cuertude Watson whom I last saw at 16 East Mount Road, york (a) Herr feation o certifying sician, ra-ez. gra-Royal Co 3? day of May, 1888. (a) Within one month pre- on the views to the date of the order. Terson of nus vind mind as a Patient into your House. (b) Lunatic, or an idiot, or a (b) in Londo Apotheca as the ca a person of unsound mind. Subjoined is a Statement respecting the said hertrude (b) Ph Watson nothed John William Watson Signed, Name, (e) He and nam Occupation (if any), Drawing Master any), or Place of Abode, Westfuld, Redcar Father Degree of Relationship (if any), or other circumstances of connection with the Patient (d) In 32 Day of May any) of L Dated this One Thousand Eight Hundred and Eighty eicht (e) L To DR. BAKER, a person 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 ] Gertrude Watson length Formale 27. 4. 1 age Single no regular accupation except No regular bourse dutie (f) Be Sex and Age - 1 Married, Single, or Widowed -Condition of Life, and previous Occupa-] tion (if any) . - -Religious Persuasion, as far as known . Friend Previous Place of Abode - Mestfuld Redcar Whether First Attack --First attack Age (if known) on First Attack Not exactly he When and where previously under Care ) not previously nucle any opeccal care and Treatment ---I treatment whole day at other times Duration of existing Attack stances for a Houter duration m Sor 4 hunths Supposed Cause -(z)Hetion, and Not know Whether subject to Epilepsy no. Whether Suicidal -no. Has shown some violence Whether Dangerous to others -Whether found Lunatic by Inquisition, and Date of Commission or Order for no Inquisition -Special Circumstances (if any) preventing the Patient being examined, before Adnone mission, separately by Two Medical William Practitioners - -The Matson, Westfield, Redear Name and Address of Relative to whom ] Notice of Death to be sent -John William Watson. (c) Where the person signing the statement is not the person who signs the order, the follow-ing particulars concerning the person signing the statement are to be added. Signed, Name, (°) Doawn Master Occupation (if any), Place of Abode, Watfield Red cur Degree of Relationship (if any) or other circumstances of Jather connection with the Patient

pracuate a medicine Mellimarsil of Sun

day of

may

and that

It, the undersigned, Richard Peter

(a) Here setforth the quali-fication entitling the person certifying to practise as a phy-sician, surgeon, or apothecary, ex. gra. --Fellow of the Royal College of Physicians in London, Licentiste of the Apothecaries' Company, or as the case may be. and being in actual practice as a (b) Muysician as the case may be.

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(b) Physician, surgeon, or hereby certify, that I, on the hird

(e) Here insert the street at (c) 16 East moul Rd, Jork and number of the house (if any), or other like particulars. 

(d) Insert residence and of (d) <u>histfield</u>, Red can, Juke, any) of the patient. the said\_

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

is a (e) person funsion him 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 .:-

personally examined for hude heals

fertude traten

(f) Here state the facts.

1. Facts indicating Insanity observed by myself (f.) that she says she would wish anyone inconveniencing her to go thell. the would not care whether anyone - the cept her parents. were killed then there as they no one stare were her prices or any thing & her:

(g) Here state the informa-tion, and from whom.

2. Other facts (if any) indicating Insanity communicated to me by others (g) Ber father informs me that her suportin has prasures underforce a complete change; from being quick trelipious she has become blackhemous + versent, cursing her parents totaking her mother; praying ford besend them thell.

Signed,

Name, Richard Petel Place of Abode, 73 micklyth Sm

Dated this

3 24 day of May One Thousand Eight

Hundred and Eighty light-

Henry Charles Shann 2, the undersigned, member of the Moyal Coli (a) Here set forth the quali. being a (a) ison as the case may be. (b) Physician, surgeon, or upothecary, as the case maybe. Thurd nay hereby certify, that 1, on the day of nount- hoad nound last 16 (c) Here insert the street at (c)\_ and number of the house (if any), or other like particu-lars. york separately from any other Medical Practitioner in the County of errude personally examined (d) Insert residence and pro-fession, or occupation (if any) of the patient. led car Wash and that of (d)ertrude as Jou the said (e) Lunatic, or an idiot, or is a (e) person of unclound hund 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 ; vir .---(f) Here state the facts. 1. Facts indicating Insanity observed by myself (f)The says that lovery one about her annys her & she get Gross Thas Thrown a book at her higher because the felt annoyed at her for two particular reason that the The prays that all in the house may go to hep Can. ewe. I Jays that the name Christian makes her angry I the Cannot bear hymnes . She says that the sereams at might for 2. Other facts (if any) indicating Insapity communicated to me by others (g) (g) Here state the informa-tion, and from whom. Her Father John Wim Watson Tells me that she has become very protent of late has fets of passion When The curses all who come near her these plu are I more prequent & uncontrolable, quite contrary to her naturel Her mother ann Watson tells me that her daught has Thuck her in a fel of passion & has prayed that the I her Father may goto hell Name, Ligned, Henry Charles Shanne 1 michelejate Place of Abode, you Third day of Bated this One Thousand Eight

Hundred and Eighty Cupht

-1640 -

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

THE RETREAT, NEAR YORK.

J hrreby give you potice, that

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\_day of

(a) House or hospital.

was admitted into this (a)\_\_\_\_\_as a Private Patient, on the

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188 , and I hereby

transmit a Copy of the Order and Medical Certificates on which he was

(b) If a private patient be received (b). 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 \_\_\_\_\_.

mated this

day of

One Thousand Eight Hundred and Eighty

Lunaties 1. (16 & 17 Vict c. 96, schod. C. 5 & 28 Vict. c. 111.) Private Patient.

SHAW & SONS, Fottor Lane, London, Publishers of "The Justice of the Poner" a Weskly Leval Journal, price tipd., post free, (2005 D.E.-8-87.)

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT. Sched. (A) No. 1, Sects. 4, 8. H, the undersigned, hereby request you to receive Walliam Marchell whom I last saw at 179 Newtra rescenche 1. Ita .. not day of May 18880 (a) Within one month pre- on the rious to the date of the order. berson of unlowed must as a Patient into your House. (b) Lunatic, or an idiot, or a () a person of unsound mind. Subjoined is a Statement respecting the said William Marshell, Name. Signed, (e) Here man Occupation (if any), work arey), or all Place of Abode, 179 Newton frescens thefel win Read Lord Degree of Relationship (if any), ) Jakke or other circumstances of (d) Inn connection with the Patient profession, any) of the Dated this 22 Day of Man & Lich One Thousand Eight Hundred and Eighty (e) Lu To DR. BAKER, a person o 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] Delliam man the le length (f) Ba Sex and Age acen Married, Single, or Widowed male Condition of Life, and previous Occupaou lle nan tion (if any) - ---Religious Persuasion, as far as known to her Previous Place of Abode -Ravens this he bi Rormants Whether First Attack istatta .11 Age (if known) on First Attack Thirty town Sears. When and where previously under Care how here and Treatment about a hunth Duration of existing Attack Supposed Cause grief and Busines any celig (z)Bation, and Whether subject to Epilepsy no Whether Suicidal no mightbe Whether Dangerous to others -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 -79 reation fre (c) Where the pirson signing the slatement is not the person who signs the order, the follow-ing particulars concerning the Signed, Name, (°) Roger mars novelles Manufac Occupation (if any), person signing the statement are to be added. Place of Abode, 199 Newton frescars Chefullion Degree of Relationship (if any) I athe or other circumstances of connection with the Patient

Munician

separately from any other Medical Practitioner

It, the undersigned, Themas afond Accento

Jok

personally examined William Marshall

1. Facts indicating Insanity observed by myself (f)

being a (a) fellow 1 the Roy delaleys 1 Pleyricians I Santon (a) Here setforth the qualification entilling the person certifying to practise as a phy-sictan, surgeon, or apothecary, ex. gra.:—Pellow of the Royal College of Physicians in London, Licentiste of the Apothecaries' Company, or as the case may he radouting mininie in the Unionity flambage and being in actual practice as a (b) as the case may be.

NT.

(b) Physician, surgeon, or hereby certify, that I, on the twing second day of they 1888

at (c) 179 Herotin Crescut Leeds (c) Here insert the street and number of the house (if any), or other like particulars. in the County of

of (d) Laousthorpe homianton boollen hampertures and that (d) Insert residence and profession, or occupation (if any) of the patient.

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

the said Willemin Muchale is a (e) purson of unsones Turned 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 .: -

Incohermen. Preiterent - Alusins - Hukulp

L. 9 that

quiterance & unprofect estudater. Aluans

(f) Here state the facts.

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worthy gapendrose charaction the has beade two sulli no Juney, That das Prenego yeacht Sunbeam Seally below to patient ales lands to L? B. but when is late it hunself again & sail with his family some the world Re he 2. Other facts (if any) indicating Insanity communicated to me by others (g) (g) Here state the informa-tion, and from whom. Fran his bottom - Mark Bell Markell - that patient has commenter the about person But sangting belogs Rain + that he has heade great Tim his wals altendent - There hallering her At he miguine handles - perme thigh degree tuch a King . Prince VSuperor + thet say theng thang to Name, Mefindatubito Signed, Place of Abode, 6 - Park Square Fred

Dated this livering day of Sury One Thousand Eight Hundred and Eighty Life-

E, the undersigned, Males Coddington Major

personally examined William Marshall

(a) Here set for the the qualit. being a (a) Toclor of Redians of the University of Educhurgh (a) Here set for the the quali-fication entitling the person certifying to practize as a phy-sician surgron, or apothecary, ex. gra.—Fellow of the Royal College of Physicians in London, Licentiate of the Apothecaries Company, or as the case may be. and being in actual practice as a (b) . Thysician (b) Physician, surgeon, or hereby certify, that I, on the Tubentich day of May 1880 (c) Here insert the street at (c) 179 Secution Gescent, Chapet-Soun Coad, Leeds and number of the house (if any), or other like partices in the Country of Mark in the County of \_\_\_\_\_ Jork

(d) Invertresidence and pro. of (d) Stiln House Reventhorpe Via Roma In: Wellen and that section, or occupation (if any) of (d) Itiln House Reventhorpe Via Roma In: Wellen and that of the potient. the said William Marshall

(e) Lunatic, or an idiot, or is a (e) feron fluenous hind 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 :---

separately from any other Medical Practitioner

manufacturer

(f) Here state the facts.

1. Facts indicating Insanity observed by myself (f) his untidy, disorderly appear. - ance and his generally instronal knows and bearing . It states That he knows my bother & whilst unaware als sugrel and; that he owno secence shops al Capetoren (which is a delusion). It have - ever, for the most part, represe, and in a hastile and threatening manny, to lefty to my questions or to allens of my enching any physical examination of him.

(g) Here state the informa-tion, and from whom.

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

Red Barbara acamarshale patients vester, informer ene that; of lake, her brother has become go ally changed in manner ; that he talks much in Ceply to imaginary voices and that he has numerous grandise ideas on the subject of money , heventions, etc. That he is complet the atending in manner of at all crossed.

Ligned,

Name, Ablet. Alafon Md. Place of Abode, 154 Manninghandane, Madford, Jorko.

Dated this

day of dray

One Thousand Eight

Hundred and Eighty Sight.

Djot

# a True Copy of the "Hereal Certificate & Orden for the assure of Me Coles M. H. Janky 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.

141

I hereby gibe you Notice, That Elizabeth Coles was admitted into this House as a Private Patient, on the 24 th day of November 1887, and I

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

Signed, M. F. O Tankey

Proprietor, Boreatton Park, Shropshire.

Dated this 25th day of November

One Thousand Eight Hundred and Eighty Seven

To the Omnissioners in Lunacy.

Lunatics 1. (16 & 17 Vict. c. 96, sched. C, s. 24.) (25 & 26 Vict. C. 111.) Private Patient. ORDER FOR THE RECEPTION OF A PRIVATE PATIENT. 16 & 17 Vic. c. 96, School. (A), No. 1, Sects. 4, 8.

21

(a) Here insert street, and number of the house.

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

Elizabeth Coles of 23 Blomfield Maida Vale Loudow
whom I last saw at (A) 23 Blowfield, Roads on the (B) 24 to day of November 1884
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, Schua Laylos
Occupation (if any) Matthews Place of Abode, 10 albien R. South Aampetead Degree of Relationship (if any) or other circumstance of con- nection with the Patient.
Dated this 24 " day of Movember 1884
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 Christ	tion Nome at Jonath	- Elizabeth Coles
	tian ivanie at length	40 Femalos SY
Sex and Age		Widow
Married, Single, or Widowe	States and States and States and States	Widow
Condition of Life, and previ		
Religious Persuasion, as far	as known	Established Church
Previous Place of Abode		23 Blomfield Road, Maida Vale SJ.
Whether First Attack		lo
Age (if known) on First A	.ttack	63 years
When and where previously	under Care & Treatment	not in confinement previously
Duration of Existing Attac	k	Seven years
Supposed Cause		Mental Anxiety
Whether Subject to Epilep	sy	No
Whether Suicidal		llo
Whether Dangerous to oth	ers	llo
Whether found Lunatic by of Commission or Order f	Iuquisition, and Date }	llo
Special Circumstances (if Patient being examined separately by Two Medic	, before Admission, >	None
Name and Address of Relat	ive to whom Notice )	Mr. Selina Laylor
of Death to be sent	· ··· ··· ··· ··· ·· ·· ·	10 albion Rd MAN.
(b) Where the person signing the statement is	Signed, Name	(D) Seluid Laylot
not the person who signs the order, the following	Occupation (if an	ny), Married and Hanketerd
particulars concerning the person signing the state ment are to be added.	Place of Ab	ode, 10 albion Road, M.W. Loudon
	Degree of Relation	ship (if any)) Sister
	or other circums.	lances of con- }
	nection 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.

(Here insert qualification, and from whence the Degree or Dig

Eduburch

(A) Here set forth the qualification entifling the person certifying to practice as a physician, surgeon, or apothecary, ex. gra., Fellow of the Royal College of Physicians in London, Mem-ber of Royal College of Surgeons, England, &c.
 (B) Physician surgeon as

NT.

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

(b) A. B. of <u>insert</u> insert residence and profession, or occupation (if any).

(B) Physician, surgeon, or and in actual Practice as a (B) \_\_\_\_\_ Physician the 19 " day of \_ Mara hereby certify that I, on theat (c) 23Blomfield Road, Maida Vale in the County of Middy separately from any other Medical Practitioner personally examined (D) Elizabeth Coles Widow lady a of\_ 23 Blomfield Road Maida Vale + x Elizabeth Coles and that the said\_\_\_\_

(A) Licentiate of the Royal College of Physicians

J, the undersigned, being a

and being a duly Registered Practitioner,

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 :--

(v) Here state the facts.

1. Facts indicating insanity observed by myself (F) Is noicy recitable, accuses her attendant of theft, says that the room is on and points to the flames, collects outside the house through mot Shouts & screams

2. Other Facts (if any) indicating Insanity communicated to me by (Give NAME OF INFORMANT.) others.

Ruches into the street partly clad (G) abucine Callen useo and tre lauguage to those about senteting and. hammors af the walls by Elizabeth Hours Prince Signed, Name,\_\_\_ arthur 62 Harrow Road, Paddington Place of Abode,

19 th day of nov. Dated this

(0) Here state the infor-mation, and from whom.

#### 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.

, the undersigned, being a AA) Here set forth the qualification entitling the person certifying to practice as a physician, surgeon, or apothecare, ex. gen. Fullow of the Royal College of Physicians in London, Mem-ber of Royal College of Surgeons, England, &c. qualification, and from whence the Degree or 1 member of the Royal College of Swegeons (A) ongland and being a duly Registered Practitioner, (8) Physician, surgeon, or spothecary, as the case may and in actual Practice as a (B) Physician hereby certify that I, on the \_\_\_\_\_ 21 24 day of Movember 18 84 (c) Here insert the street, and number of the house, (if any), or other like par-ticulars. at (c) 23 Blomfield Road Paddington in the County of Middle reas separately from any other Medical (b) A. B. of \_\_\_\_\_ insert Practitioner personally examined (D) \_\_\_\_\_ Clizabetti Coles residence and profession, or secupation (if any). awdow lady of 23 Blonfield Road 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 (1) Here state the facts. the has screamed all might reason she she atraid, the hall, was was not lighted that the servant 2 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 table in the = unddle from the rushing of denner Peru Caroline She has serea called. Murder night. Schofield, Thomas Ward alfred Signed, Name, Place of Abode, 141 Westbourne Lespace

(a) Here state the infor-nation, and from whom.

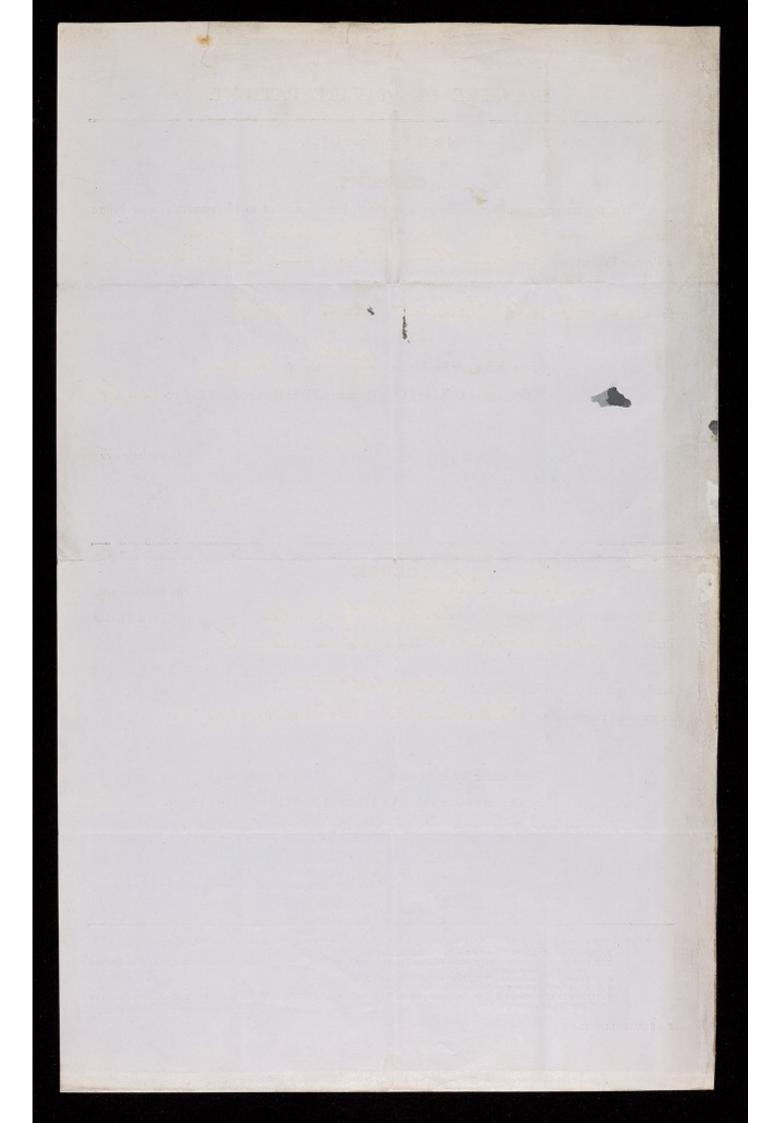
21 st day of November 18 8 Dated this

## 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 Bore attor Park House, Baschurch to The Friends' Retreat, near york. Given under our hands this 27 - day of June in the year of Our Lord One Thousand Eight Hundred and Eighty-&c Jacutalan Willips Commissioners in Lunacy. I, Selina Taylor having Authority to discharge Elizabeth Coles Patient in Boreatton Park House, Baschurch the undersigned, a Private hereby order and direct that the said Elizabeth Coles be removed therefrom to The Friends' Retreastingenear york. Given under my hand this 28 th day of June 1888 in the year of Our Lord One Thousand Eight Hundred and Eighty eight . teline Junelos (Signed) Place of Abode 10- Altring 35 shele at n. This order must be signed and dated subsequently to the concent of the Commissioners ; and it must be signed by-The person whe signed and curve average of the concent of the Comministeners; and it must be signed by—
 The person whe signed the order for the Patient's admission:
 If such person whe signed (by reason of insenity, or absence from England, or otherwise), or if he be dead, then by the Husband or Wife of the patient:
 If there be no Husband or Wife, then by the Patient's *Enther*:
 If there be no Father, then by the Patient's *Mother*:
 If there be no Father or Mother, then by any one of the Patient's nearest of kins: or by the person who made the last payment on the Patient's account.



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

## THE RETREAT, NEAR YORK.

## J hereby give you potice, that\_

- 1642 -

(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

(b) If a private patient be received (b), 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.

(c) Superintendent or pro-prietor of \_\_\_\_\_.

Signed,

(c)

mated this day of

One Thousand Eight Hundred and Eighty

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

SHAW & SONS, Fotter Lane, London, Publishers of "The Justice of the Ponce." a Weekly Leval Journal price L[d., past free. (2895 D.B.-8-87.)

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

t, the undersigned, hereby request you to receive homas Francis nicholson (4) Sere i dostries endi-certifying to sician, parge ex. gra.r-Royal Colle in Loadon, Apothecarie as the case (1) Physic The lamp Strensall york whom I last saw at (a) Within one month preday of July on the fourtenth 1888. \_\_\_(") vious to the date of the order. (6) Lunatic, or an idiot, or a (\*) & person of ancound mind as a Patient into your House. a person of unsound mind. Subjoined is a Statement respecting the said (b) Phys Thomas Francis hickolson spothecary Name, Walter Constable Maxwell Eigned. (c) Here Occupation (if any), Captain in Militia 32 for Kegt any), or oca Place of Abode, I Gloucester Place Portman by " London Degree of Relationship (if any), or other circumstances of connection with the Patient) 1920 ther Officer (d) Inte profession, any) of the Dated this Sigleenth Day of ught One Thousand Eight Hundred and Eighty (e) Luna a person of 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] Thomas Francis hickolson ge - - length (f) Bees male about Forty two years Sex and Age Married, Single, or Widowed tingle -Condition of Life, and previous Occupa- Captain 3 2 Sport Keyt tion (if any) - - -Koman Catholic Religious Persuasion, as far as known Beechpill m. London derry Previous Place of Abode -Jes Forty hos Juns Whether First Attack -Age (if known) on First Attack ..... When and where previously under Care } the nowhere and Treatment -Seven days not known Duration of existing Attack - -Supposed Cause - - -(z) Seres tion, and fr ho Whether subject to Epilepsy ho Whether Suicidal --Whether Dangerous to others -40 -Whether found Lunatic by Inquisition, ho and Date of Commission or Order for Inquisition ---Special Circumstances (if any) preventing the Patient being examined, before Adha mission, separately by Two Medical Practitioners Name and Address of Relative to whom } mus hicholyon Backhill no fondonderry Notice of Death to be sent -(c) Where the psraon signing the statement is not the person who signs theorder, the follow-ing particulars concerning the person signing the statement wre to be added. Name, (\*) Walter Constable Maxwell Signed, Occupation (if any), Cuptain 3 2 Libuport Plug 1. Place of Abode, / Glowcester Place Portman 4 th London Degree of Relationship (i) any) or other circumstances of Brother Officer connection with the Patient

William Amatin t, the undersigned, lalla (a) Here setforth the quali-(a) Here setforth the quali-certifying to practice as a phy-sician, surgeon, or apothecary, ex. gra. 2—Pellow of the Royal Chife of Physicians in London, Licentiate of the Apothecaries' Company, or as the case may be. (b) Physician arguments of the set the case may be. (b) Physician, surgeon, or hereby certify, that I, on the \_\_\_\_\_\_ 14 day of hunkente nu (c) Here insert the street at (c) and number of the house (if any), or other like particulars. Inspital separately from any other Medical Practitioner in the County of Tran lan ' personally examined ch litri (d) Insert residence and of (d) \_ profession, or occupation (if any) of the patient. w and that ch the said and a proper Person to be taken charge of and detained is a (e) ale (e) Lunatic, or an idiot, or a person of unsound mind. under Care and Treatment, and that I have formed this opinion upon the following grounds ; viz .:-

1. Facts indicating Insanity observed by myself (1) this fresh exectionent (f) Here state the facts. the y this we've first about an nu 20m 1 ar wice, first about any thing I the top y then anthin - at other Me is rathin cuiter. Annes to the has delusions . the told Mut m The & that he died hast wednesde a ad 211 haustin he hus A stati 2/ Unit handd he in the nu

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

ndon

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

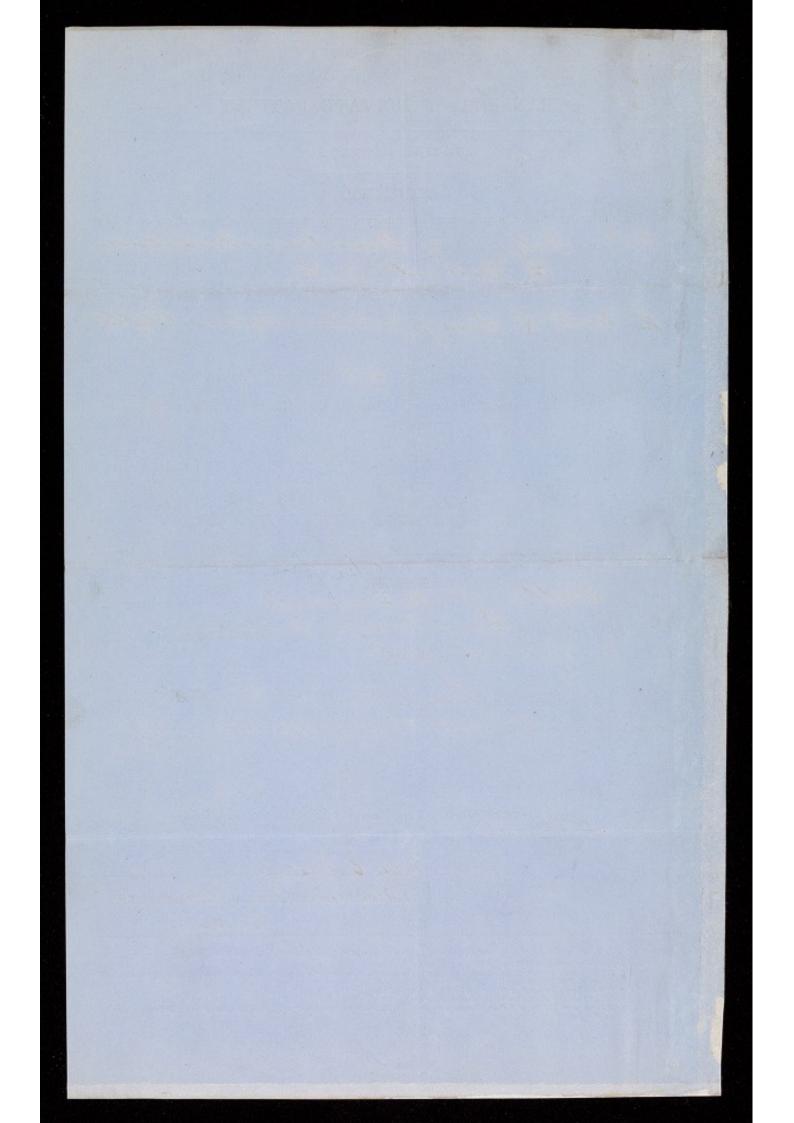
Name, M. St. Jalland F.A.C.S. L & M.C.P. Cond Signed, of Abode, S. Semande Morry July Dated this , Juoun day of One Thousand Eight Hundred and Eighty with

t, the undersigned. lin uar 10 (a) Here set for the the quali. being a (a) Course Tal (a) Here set for th the quali-fication entitling the person certifying to practize as a phy-sician, surgeon, or a pothecarry, 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 maybe. in Ch 14 oudou and being in actual practice as a (b) mero Jule hereby certify, that 1, on the -day of (c) Here insert the street at (c) \_ and mumber of the house (if any), or other like particulars. oun 4 1 in the County of separately from any other Medical Practitioner 0 personally examined 11 4 ru aulitia (d) Insert residence and pro-festion, or occupation (if any) of the patient, 1 and that M 4 the said ul Con A. LALL (e) Lunatic, or an idiot, or is a (e) \_\_\_\_\_ and a proper Person to be taken charge of and detained amalie under Care and Treatment, and that I have formed this opinion upon the following grounds ; viz .-has flow the (f) Here state the facts. 1. Facts indicating Insanity observed by myself (f)Uci lar Exulun Luxt lue, anna 1 0 1 M UL 2 aug ul u a Launce way 2. Other facts (if any) indicating Insanity communicated to me by others (g) (g) Here state the informa-tion, and from whom. Ligned, Name, Place of Abode Dated this day of One Thousand Eight Hundred and Eighty 2

### TRANSFER OF PRIVATE PATIENT.

16 & 17 Vict., cap. 96, § 20. Patient be accompanied, during the removal, by at least two efficient CONSENT. and responsible persons WE, the undersigned, Commissioners in Lunacy, hereby consent to the removal, on or before the 24 "day of Las 1889, of Thomas Francis Micholada Returnal Jorken, a Private Patient in to the north Ridsing of Jorkaline agles , Cliffin . Given under our hands this 10 th day of Leef in the year of Our Lord One Thousand Eight Hundred and Eighty- Zuree In Dlaten Commissioners in J. Right Lunacy. Walta P. manuell 1.\* the undersigned. having Authority to discharge Thomas Francis Richolast a Private Patient in the Retreat, grace hereby order and direct that the said Kon Jancis Richolan north Riding Apolation anton be removed therefrom to the Given under my hand this 17 = day of Such in the year of Our Lord One Thousand Eight Hundred and Eighty- Reca (Signed) Halter 6. Magurell Place of Abode / Gloucester Place Portmen. Ig. Loudon \* NOTE. This order must be signed and dated assequently to the consent of the Commissioners; and it must be signed by-

- The person who signed the order for the Patient's admission :
   The person who signed the order for the Patient's admission :
   If such person be incapable (by reason of insanity, or absence from England, or otherwise), or if he be dead, then by the Hurbard or Wife of the patient :
   If there be no Hurband or Wife, then by the Patient's Father :
   If there be no Father, then by the Patient's Mother :
   If there be no Father or Mother, then by any one of the Patient's searest of kins or by the person who made the last payment on the Patient's account.



1643-

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

#### THE RETREAT, NEAR YORK.

J	hereby	give	you	Notice.	That
---	--------	------	-----	---------	------

(a) House or hospital.

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was admitted into this (a)as a Private Patient, on the

\_day of \_\_\_\_\_\_158 , and I hereby La mila bie

transmit a Copy of the Order and Medical Certificates on which he was

(b) If a private patient be received upon one certificate only, the special circum-stances which have prevented the patient from being ex-amined by two medical prac-titioners to be here stated, as in the statement accom-panying the order for admis-sion.

Signed.

(c)

(c) Superintendent or pro-prietor of ----

Dated this day of\_\_\_\_

×

One Thousand Eight Hundred and Eighty

To the Commissioners in Lunacy.

Lunatics 1. (16 & 17 Vict. c. 96, Schod. C. 5, 24.) (25 & 26 Vict. c. 111.) Private Patient. LONDON :

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

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT. Sched. (A.) No. 1, Sects. 4, 8. Hannah t, the undersigned, hereby request you to receive. (a) Heres fontion en certifying l Maria W godha usa ciss, set ez. gra. i Royal Col whom I last saw at 20 July 1888. 10 12. dal day of\_ on the\_ Apothecari (a) Within one month previous to the date of the order. a (") person of unsound mindas a Patient into your House. (b) Phy Subjoined is a Statement respecting the said tamah (b) Lunatic, or an idiot, or a person of unsound mind. Maria Woodhou (c) Her John Goodison Cocker Signed, Name,\_ ng or othe Occupation (if any), Steel Wire Manufacturer Place of Abode, ho hawson Rd. Sheffie Degree of Relationship (if any) or other circumstances of connec-Brothe (d) Inn tion with the Palient. y) of th day of mated this\_ One Thousand Eight Hundred and Eighty (e) Lu a person To ph Jaker THE RETREAT, NEAR YORK. STATEMENT. (f) He If any Particulars in this Statement be not known, the Fact to be so stated. Hannah Maria Woodhouse. Name of Patient, with Christian Name at ) length..... Woman about 46 Sex and Age ..... Widow Married, Single, or Widowed ..... Widow of Condition of Life, and previous Occupa- ) a.L tion (if any) ..... Religious Persuasion, as far as known .... allendes Eng Shurs the 34 Southbourne Rd. Previous Place of Abode. . . . . Whether First Attack ..... Find attack about July 1 sh. 188 46 Age (if known) on First Attack.... . . Nowher When and where previously under Care ) and Treatment ...... Duration of existing Attack ..... out trus Supposed Cause ..... (g) Her tion, and ; No. Whether subject to Epilepsy ..... No Whether Suicidal ..... No Whether Dangerous to others..... Whether found Lunatic by Inquisition, no and Date of Commission or Order for Inquisition..... Special Circumstances (if any) preventing the Patient being examined, before Admore mission, separately by Two Medical no hawson Rd theffield Practitioners ..... Glocken Name and Address of Relative to whom Notice of Death to be sent ..... Nen (c) Where the person sign ing the statement is not the Name, (°) Signed, ing the statement is not the person who signs the order, the following particulars con-cerning the person signing the statement are to be odded. ire Mann Jachurer Occupation (if any), Steel Theffice to Place of Abode, 20 Lawson Rd -Degree of Relationship (if any), or Brother other circumstances of connection with the Patient.

NT.

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Inusan the undersigned, un (a) Here set forth the qualification entitling the person certifying to practise as a physician, surgeon or apotheary, ex. gra. :--Fellow of the Boral College of Physicians in London, Licentiate of the Apothecaries' Company, or as the case may be.
 (b) Physicians Member of the Royal College of Janjay being a (a). m 1 Can . Cur yloa 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 at (c), any) or other like particulars. 4000 00 ne separately from any other Medical Practitioner, in the County of Hamaly 000 personally examined hana (d) Insert residence and  $\Omega_{os}(d)$ profession or occupation (if any) of the patient. and that C Do 6 5 Aamah 00 leve the said, and a proper Person to be taken charge of and detained (e) Lunatic, or an idiot, or is a (e) \_\_\_\_\_ aunatio under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :-tes 1. Facts indicating Insanity observed by myself (f)as (f) Here state the facts. day Val 100 len 8 00 ZE 12 L m re 22 an Uningle Ullig 1 noo 1 with un as an Whit ! Wan w Rr am Jalles home yer in un ou 2. Other facts (if any) indicating Insanity communicated to me by others (y) (g) Herestate the informa-tion, and from whom. Man An gn ally long Tavagas Kess B N 1 Signed, Name. hig from hall 2260 Place of Abode, One Thousand Eight day of \_ July 7 Dated this high Hundred and Eighty\_\_\_

.

E, the undersigned. (eury Dobson (a) Here set forth the qualification entitling the person sectory of the person of the person of the person of the Royal College of Physicians in London, Licentiate of the Apothecaries' Company, or as the case may be.
 (b) Physicians of the Physicians of the College of Physicians of the person of t 1. D (Eduburgh Univ: being a  $(a)_{-}$ (b) Physician, surgeon, or and being in actual practice as a (b) apothecary, as the case may be. mercian hely day of\_\_\_ hereby certify, that I, on the Craiglands Hydroprathic (c) Here insert the street and number of the house (if at (c) any), or other like particulars. Lettley Torks separately from any other Medical Practitioner, in the County of Maria Woodhouse Handh personally examined\_ (d) Insert residence and profession, or occupation (if any) of the patient. Toutho ume Road of (d) and that the said Hannah odhouse raria (e) Lunatic, or an idiot, or is a (e) \_\_\_\_\_ Sunatic 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. :--Manner is most 1. Facts indicating Insanity observed by myself (f) (f) Here state the facts. excited. Speech on all subjects loctravalant often void of truth of reason. Aas no cave for prosonal appearance in public places. Mus be in action, and will for out in the rain without . any precaution or proper protection. N.B. Was weak and very nervous, Size to sight weeks ago, suffering from Ayspepsia and Nervous Frostration. 2. Other facts (if any) indicating Insanity communicated to me by others (g)(g) Here state the infor-motion, and from whom. developed a faculty for Spendug lately money on latravalant and unecessary thengs, the Neverse ther condition of mind Two months ago enry Dobeon, M.D. Signed, Name, Coniglands, SeRley Place of Abode, 18 K Dated this July \_day of\_\_\_\_ One Thousand Eight Hundred and Eighty Eight

1644 -

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

### THE RETREAT, NEAR YORK.

# J hereby give you potice, 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

(b) If a private patient be received (b), received upon one certificate only,the special circumstances which have precented 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 \_\_\_\_\_.

mated this

day of

One Thousand Eight Hundred and Eighty

Lunatics 1. (16 & 17 Vict c. 96, sched. C. 25 & 25 Vict. c. 111.) Private Patient.

SHAW & SONS, Fetter Lane, London, Publishers of "The Justice of the Proces" a Weekly Leval Journal, price Hd., past free, (2895 D.B.-8-87.)

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT. Sched. (A) No. 1, Sects. 4, 8. t, the undersigned, hereby request you to receive Erust Jacob whom I last saw at 60 Wynnstay Gardens 30 th (a) Within one month pre-(day of on the July (°) vious to the date of the order. (b) Lunstic, or an idiot, or a ( ) person of unsound mind as a Patient into your House. a person of unsound mind. Ernest Jacob Subjoined is a Statement respecting the said Eaith Jacob Signed, Name, Occupation (if any), ynnstay Gardeno Place of Abode, 60 Reusington Degree of Relationship (if any), or other circumstances of connection with the Patient ulu 31ct Day of Dated this One Thousand Eight Hundred and Eighty 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] Ernest Jacob length male sede Sex and Age 28 Married, Single, or Widowed -- Formerly single stay of U.S. Geological Survey Condition of Life, and previous Occupaan tion (if any) - - -Religious Persuasion, as far as known 60 by staslay Gardens . Reusington Schozige Gattack Previous Place of Abode -Whether First Attack -Age (if known) on First Attack -For some months under the care When and where previously under Care } and Treatment of Dr. C.D.Sherrand. Eastbourne in 188, Duration of existing Attack about 2 months Supposed Cause - uncertain no Whether subject to Epilepsy yes Whether Suicidal - -Whether Dangerous to others no sign Whether found Lunatic by Inquisition, and Date of Commission or Order for no Inquisition --Special Circumstances (if any) preventing the Patient being examined, before Adnone mission, separately by Two Medical Practitioners mrs Jacob. 60 loymnstay Gardens 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 follow-Edith Jacob Signed, Name, (°) Occupation (if any), ing particulars concerning the person signing the statement wre to be added. 60 Lymnstay Gardens Sister Place of Abode, Degree of Relationship (if any) or other circumstances of connection with the Patient

College

Jurgens

Stanly Boyth

(a) Here set forth the quali-being a (a) fullor of the sertifying to practise as a phycirclan, surgeon, or apothecary, sician, surgeon, or apothecary, ex. gra.i-Fellow of the Royal College of Physicians in London, Licentiate of the Apothecarios' Company, or as the case may be. as the case may be.

It, the undersigned, \_\_\_\_

infland

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

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

and being in actual practice as a(b)Lugen - the (b) Physician, surgeon, or hereby certify, that I, on the apothecary, as the case may be. 25 Luly 18th day of Wynuslay Garous, Kinsugtin, W in the County of Middlesey separately from any other Medical Practitioner personally examined Ernest Lacob 504 boll yunstay yardus / usug tru N. and that Truit Lacol the said\_\_\_\_ (e) Lunatic, or an idiot, or is a (e) further further 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 st ite the facts.

1. Facts indicating Insanity observed by myself (f) Thave for 9 works at tudid Sunser Jacob for pacture filter spine the 50 ft. prus the ground . He soplands this action by Raying that he wished his income apars to a for unch in america in and that he (the luch Inghe return to England this with hr. Sacob ( Unpatinut Inother From his envorsation Since, Sknow that Erned Lacotis mind is but on minide 2. Other facts (if any) indicating Insanity communicated to me by others (g) (g) Here state the informa-tion, and from whom. Truest. Jacobs histon The Sacol tells in that Emert

Jacob prisitutty represe to zee his sister, believing that his so drivy would in some way injurcher.

Sight

Name, Stanly Boyl BRCS Suy. Signed, Place of Abode, 27 four & D. C. day of Luby One Thousand Eight Bateb this

Hundred and Eighty

E, the undersigned, Samiel Hack lake (a) Here set for the the quali-fication entitling the person certifying to practice as a phy-ician entitling the person certifying to practice as a phy-ician entitling the person certifying to practice as a phy-ician entitling the person and being in actual practice as a (b) Apothecaries Company, or Apothecaries Company, or as the case may be. (b) Physician, surgeon, or spothecary, as the case maybe. hereby certify, that 1, on the \_\_\_\_\_\_\_\_\_ day of Jule 1887 (c) Here insert the street at (c) \_\_\_\_\_ and number of the house (if any), or other like particu-lars. Go wyunstay yardens, Reusington W. in the County of \_\_\_\_\_\_ Middlesup\_separately from any other Medical Practitioner personally examined Ernest Jacob Geologash of (d) 60 Wyunston Gardus, Kensington W and that (d) Insert residence and pro-fession, or occupation (if any) of the patient. Ernest Jacab the said (e) Lunatie, or an idiot, or is a (e) perdon of unsound Mind and a proper Person to be taken charge of and detained under Care and Tratment, and that I have formed this opinion upon the following grounds ; viz .--1. Facts indicating Insanity observed by myself (1) He Expects Some dread (f) Here state the facts, Sout will happen to the world unless he prevent it by distroying himself. He has refeated ashed the to End his life by morphine while I have attended lien some the pringed through a window in ellay and continues to be withendely deviced al, 2. Other facts (if any) indicating Insanity communicated to me by others (g) (g) Here state the informa-tion, and from whom. By his alludant forgeloodbank : Hat Ener Safole has delections about persons low into the bouse to injuse bis reather Viller And bereched for poisen to veale away with him self. D: Hack here herd Name, Signed. Place of Abode. Lywom Lodge Hauvell 91 day of July One Thousand Eight W Bated this Hundred and Eighty Eight



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 Potice, that\_

day of

(a) House or hospital.

was admitted into this (a)

\_\_\_\_\_as a Private Patient, on the

188 , and I hereby

transmit a Copy of the Order and Medical Certificates on which he was

(b) If a private patient be received (b). 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) .

mated this\_

day of

One Thousand Eight Hundred and Eighty

Lunatics 1. (16 & 17 Vict e. 96, sched. C. 8, 24 ; 25 & 26 Vict. e. III.) Private Patient.

SHAW & SONS, Fetter Lane, London, Publishers of "The Justice of the Proces," a Weekly Lecal Journal, price bild., past free. (2895 D.B.-8-87.)

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT. Sched. (A) No. 1, Sects. 4, 8. F, the undersigned, hereby request you to receive Manyaune 2 West View . whom I last saw at urace Castelou (a) Within one month pre- on the day of angt 1828 vious to the date of the order. (b) Lunatic, or an idiot, or a (b) a person of unsound mind. kerson of undolinic hund as a Patient into your House. Subjoined is a Statement respecting the said than anne ex the ci (b) Pb Signed, Name, Temma (e) He and name Occupation (if any), hour esy), or a Place of Abode, JULL Degree of Relationship (if any), itte or other circumstances of connection with the Patient (d) Ins 11th profession, any) of th Dated this Day of Ulu One Thousand Eight Hundred and Eighty (e) Lu To DR. BAKER, a person ( 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 ] mary Mr. 1.GO aune length ---(1) 80 kully 5 Sex and Age -feb Juga Married, Single, or Widowed --Condition of Life, and previous Occupano occula tion (if any) -1. -Religious Persuasion, as far as known Previous Place of Abode leton Poutepart Whether First Attack -Age (if known) on First Attack 4 years When and where previously under Care ) nowhere and Treatment --. 3 months Duration of existing Attack -Supposed Cause -1 manolou (z)Here tion, and f Whether subject to Epilepsy no Whether Suicidal - - no 110 Whether Dangerous to others -Whether found Lunatic by Inquisition," no and Date of Commission or Order for Inquisition ----Special Circumstances (if any) preventing the Patient being examined, before Adhole mission, separately by Two Medical Practitioners Name and Address of Relative to whom } mence . Notice of Death to be sent - -(c) Where the prison signing the statement is not the person who signs the order, the follow-ing particulars concerning the person signing the statement are to be added. Signed. Name, (\*) Occupation (if any), Place of Abode, as above Degree of Relationship (if any) or other circumstances of connection with the Patient

hysicians and the Royar Collyer Surgens Iden

teuth day of august

separately from any other Medical Practitioner

and that

It, the undersigned, Kung In dan Vimmo

(a) Here set forth the quali-fication entiting the person certifying to practice as a phy-scient, surgeon, or apothecary. S. gra. --Fellow of the Royal College of Physicians in London, Licentiate of the Apothecarios' Company, or as the case may be. (b) Physician surgeon (c) Physician surgeon (c) Physician surgeon (c) Physician and being in actual practice as a (b) (c) Physician surgeon (c) Phys

(b) Physician, surgeon, or apothecary, as the case may be. hereby certify, that 1, on the\_\_\_

at (c) West View Carleson Pontepact (c) Here insert the street and number of the house (if any), or other like particulars. in the County of York

44/

Ully

Ma Wist Fice Carlelon Pouleprach (d) Insert residence and profession, or occupation (if any) of the patient. the said Mary anne Muggo

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

is a (e) A /263.000 of UNADOU-4 Inum 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 .:-

personally examined Mary Auce Buggs of no 2

(f) Here state the facts.

1. Facts indicating Insanity observed by myself (f) The Says prople are Eobbing her, that her Land ford is in Consponder a facust her that his sister, is a livin league with Sabless. Yey Vulue abasene Charges see with breaking in lotor house -

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

The insisted on Slaying as another af I Mour UL Persons House and Wanted Koleeps ou two Chains where her own house was wother twenty yards, Woold not go away shew asked and Was Yes Violent in ould Take no food too Rung lus uf. in a ? oom

Signed,

Quins Name. Place of about for Market Poulepact

day of August One Thousand Eight

Dated this 11th

Hundred and Eighty Sight

day of augst

separately from any other Medical Practitioner

hicentiste of the Society of apothecanes London

11th

K, the undersigned, . Wan William Payce

personally examined Mary and Briggs

being a (a) Member of the Royal College of Surgeons London L (a) Here set for the qualification entitling the person certifying to practise as a phycertifying to practise as a phy-sician surgeon, or apathecary, ex. gra.:—Fel ow 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 staybe. and being in actual practice as a (b) Surgrou

hereby certify, that I, on the

at (c) 2 Hist View Serrace : Tarleton : Pontefrack . (c) Here insect the street and number of the house (if any), or other like particu-lars. in the County of \_\_\_\_\_

of (d) 2 West View Porrace Carleton Pontefact and that (d) Insert residence and pro-fession, or occupation (if any) of the patient.

the said Mary and Briggs . (e) Lunatic, or an idiot, or is a (e) proon 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.

That she is 1. Facts indicating Insanity observed by myself (f)incessantly cambling & incoherent in her speech Secited in her mannes, pacing the house backwards h forwards. Fancies she is being follower, and persecuted - Very abusive to myself, that I am in league with the mum crons coil dis posed persons conspiring against her

(g) Here state the informa-tion, and from whom.

2. Other facts (if any) indicating Insanity communicated to me by others (9) The & Buggs (her sister) states that She law away yester day and again Escaping this mooting. Each time being brought, by the police . also that take is followed & tormanter poes not sleep, Constantly talking & roundling -Takes very little foor. Mr. Eound Lord states that she has prequently run into his horse for protection from her neighbour who is following her with a pister to shoot her . Suspicions of Everyon Eigner, Name, Tvan. Win Pryce. Place of Abode, Marketplace Pontegrand

day of augh

Dated this

Hundred and Eighty Cight

11th

One Thousand Eight

1646

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

### THE RETREAT, NEAR YORK.

J 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

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

Signed,

(c)

(c) Superintendent or proprietor of \_\_\_\_\_.

mated this

¥

day of

One Thousand Eight Hundred and Eighty

Lunaties 1. (16 & 17 Viet c. 56, sebed. C. 25 & 56 Viet. c. 111.) Private Patient.

SHAW & SONS, Fotter Lane, London, Publishers of -The Justice of the Pore." a Weekly Leval Journal, price tidd, post free, (2005 D.B.-8-87.)

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT. Sched. (A) No. 1, Sects. 4, 8. Margaret the undersigned, hereby request you to receive Roberts whom I last saw at 245 Augde Kark Road. heeds day of august 1888 (") (a) Within one month pre-vious to the date of the order. on the Person of usound kindas a Patient into your House. (b) Lunatic, or an idiot, or a (\*) a person of unsound mind. Subjoined is a Statement respecting the said The May cut the Cl (b) Pb; Nouls (c) Be Bigned. Name, eny), or Occupation (if any), Place of Abode, 245 Hyde Kark Leedo Degree of Relationship (if any), Austan or other circumstances of connection with the Patient (d) D 199) 05 2 STIL Muguel-Soll Day of Dated this One Thousand Eight Hundred and Eighty Ceylle (e) L To DR. BAKER, a persoi THE RETREAT, NEAR YORK. STATEMENT. If any Particulars in this Statement be not known, the Fact to be so stated. mayarel-Roberto Name of Patient, with Christian Name at] (f) B length -Female - Hente Dere Sex and Age -Married, Single, or Widowed manud Condition of Life, and previous Occupa-Marinowoman - hopewoon occupation tion (if any) - - - -Religious Persuasion, as far as known · neslugar. 245 Hyde Park Road Leens Previous Place of Abode -Whether First Attack -First altack Age (if known) on First Attack -34 When and where previously under Care } - nother pre under the at t - 3or 4 days, Duration of existing Attack --(g)B) Supposed Cause - -· Religion. tion, an Whether subject to Epilepsy -- no . - Has act cupies to the so herself ach Whether Suicidal - of Erent Whether Dangerous to others -20 Whether found Lunatic by Inquisition, no and Date of Commission or Order for } Inquisition --Special Circumstances (if any) preventing ] none the Patient being examined, before Admission, separately by Two Medical Practitioners Name and Address of Relative to whom } // Trustell there hers band Notice of Death to be sent -Name, () the William Roberts (c) Where the parson signing the statement is not the person who signs theorder, the follow-Signed, Manufacturer Occupation (if any), ing particulars concerning the person signing the statement are to be added. Park Road Leids. Place of Abode, 245 Hoyde Degree of Relationship (if any) or other circumstances of connection with the Patient

Joets of Bredian of the Universel

2412

decarle Goad

Youk Road

mu margaret Rolands

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dudy

6 Markie separately from any other Medical Practitioner

margaret Kolut

day of aucust 1888

and that

H, the undersigned, Janua Maitter aile

2 man

NI

personally examined

(a) Here setforth the quali-fication entitling the person certifying to practise as a phy-sictan, 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. and being in actual practice as a(b)as the case may be.

201

L

(b) Physician, surgeon, or hereby certify, that I, on the apothecary, as the case may be. ٣

(c) Here insert the street at (c) \_\_\_\_\_\_\_\_ and number of the house (if any), or other like particulars. in the County of \_\_\_\_\_

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

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

is a (e) ferror hussour much 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 wild sucherent manner - Lays the has been apris the douds where she was called down her his due ohen - Har up - recollection This recur things which I know occurs in her our house - Laugher vacantly & is "place The is a good a she is " - I have notice her my fuciled manne for Sometime back.

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

2. Other facts (if any) indicating Insanity communicated to me by others (g) -Sala her bey her herband - The went out of the house in the wifel- art my night new a vester & Stocking on - Consed lowshave woon - I went to a ficuld have - A a attaufter to there herees out of the under -

Ligned,	Name, Auce Maetter aite						
							Ledy.

242

Dated this

day of acceptst One Thousand Eight

Hundred and Eighty Cipla

It, the undersigned, Pharles James Wielt. (a) Here set for the the quali. being a (a) Mereber of the Koyal College of (a) Here set for the the quality of the quality of the person from the person of the p 245 Heyde Park Road Lee (c) Here issert the street at (c) and number of the house (if any), or other like particulars, in the County of Corko Lice. separately from any other Medical Practitioner personally examined Mrs Marcaret Roberts (d) Insert residence and pro-fession, or compation (if any) of (d) 245 Hyde Pock Road Leed and that the said Mrs alongaret Roberts is a (c) peop of uno due min and a proper Person to be taken charge of and detained (c) Lunatic, or an idiot, or a person of unsound mind. under Care and Treatment, and that I have formed this opinion upon the following grounds ; viz .--1. Facts indicating Insanity observed by myself (f)(f) Here state the facts. Ha for some huis owest on released that here a lur Greffetho (the muches wife ) whow she love a he best friend - stays she has never has a husband or any Children & does not want any - found it drity while living in the clouds & to cause your here where it is Clean -(g) Here state the informa-tion, and from whom. 2. Other facts (if any) indicating Insanity communicated to me by others (g) Ha for some time dweet on religious hearthes Rading the lible alond constantly & there langhing & reing at it - Went out on to Word house becor & some distances without some of her clother on Wordson cause back 3 and at mediciette) undrenes in bath room & tres while nakes to prevent out of the window - has threatened to set fine to the Truse -Name, Chas. S. Unith Ligned, Place of Abode. La perton Vella - Lagdo Bated this tweet fourth day of accel One Thousand Eight Hundred and Eighty Eich

# - 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 potice, 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	
(b) If a private patient be excised upon one certificate mly,the special circumstances chick have prevented the attent from being cramined by two medical practitioners o be here stated, as in the tolement accompanying the	received (b).	
rder for admission.		
	and the stand of the	
>	Signed,	
(c) Superintendent or pro-	(c)	
rietor of	(0)	
	and the second second second second	
	Tata dia	
		ay of
	One Thousand Eight Hundred and Eighty	
Lunatics 1.		
(16 & 17 Viet c. 95, sched. C. . 74: . 25 & 26 Viet. c. 111.) Private Patient.	To the Commissioners in Lunacy.	
SHAW & SONS, Potter Lane, London, ublishers of "The Justice of the Pence" a Weekly Leval Journal price 44d, 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 Sarah Blackburn whom I Jast saw at Markel- Place Pontepact day of (a) Within one month pre-views to the date of the order. on the a (\*) Penen q unound mind as a Patient into your House. Subjoined is a Statement respecting the said Lach Blackburn (b) Lumatic, or an idiot, or a person of unsound mind. eorge Blackhom Name, Signed, Bulchen Occupation (if any), mon Bet Place Place of Abode, Degree of Relationship (if any), Pontepact or other circumstances of tusband (d) Insert connection with the Patient any) of the p Petitenate Day of mated this One Thousand Eight Hundred and Eighty eight (e) Luss To DR. BAKER, a person of a 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] Lanah Blackburn length . (f) Bar --. ... Sex and Age manuel 54 souther of Butcher clum Married, Single, or Widowed -Condition of Life, and previous Occupa-1 Church of England tion (if any) -- --Religious Persuasion, as far as known market Place Pontofe Previous Place of Abode su yes Whether First Attack -154 Age (if known) on First Attack When and where previously under Care } nonchare yes and Treatment - Three months Duration of existing Attack sear Rnown (g)Here Supposed Cause omusua Whether subject to Epilepsy no sheis no Whether Suicidal -no Whether Dangerous to others -Whether found Lunatic by Inquisition, 9200 and Date of Commission or Order for Inquisition ---Special Circumstances (if any) preventing the Patient being examined, before Adnone mission, separately by Two Medical Practitioners George Blackhum 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 follow-ing particulars concerning the person signing the statement are to be added. Name, (\*) George Blackdom Market Place (if any), Butcher Signed, Occupation (if any), market Place Place of Abode. Degree of Relationship (if any) Pontipart or other circumstances of Custand connection with the Patient

16Hz

H, the undersigned, Char Srabham.

being a (a) Physiciant Suggeon (M.B.Soud.) MR.B.S.E. (a) Here setforth the qualification estilling 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 Apothecarios' Company, or as the case may be. L.S.a 4S.M. and being in actual practice as a (b) Physician Surflow att (b) Physician, surgeon, or hereby certify, that I on the

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eoige Blackburn's (c) Here insert the street number of the house (if , or other like particulars.

(c) Marlet

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

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

Sort in the County of separately from any other Medical Practitioner Sarah Blackburn, at.5 personally examined of (d) of Scorge Blackburns Butcher Manhel Bac agah Blackburn the said Smatte and a proper Person to be taken charge of and detained is a (e)

outehact

day of

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

1. Facts indicating Insanity observed by myself (f) Jhave seen her freque choning the last 3 months during which time she has been suffering melancholia, She thurs she has committed a neat sin which enus be pardoned, has sal 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 moro me yesterday.

Seorge Black 2. Other facts (if any) indicating Insapity communicated to me by others (g) file? husband (g) Here state the informa Ving or sullen demechour hus not momisnatul Uner continual all eatenfood for some days and will not take it delision 12 03 full Finds, has been mouthe all metits ming the ma coal pit which was on fore. albert Blyckburne her son pres me semula information 6.9 Name, Char Stabhour Signed, non Ret Place Poutchaet Place of Abode,

Dated this Hundred and Eighty elally One Thousand Eight

JELOT?

day of

Putchaet

Selstember

and hicenbale of Jociety fapotheearces London

It, the undersigned, Wan Www. Jugel

being a (a) Member of the Royal College of Surgrous England (a) Here set for th the quali-fication entitling the person certifying to practise as a phycertifying to practise as a phy-sician surgeon, or a polhecary, 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 maybe.

(c) Here insert the street and number of the house (if any), or other like particu-lars,

(d) Insert residence and pro-fession, or occupation (if any) of the patient.

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

and being in actual practice as a (b) Surgeon . 19 1h day of September hereby certify, that 1, on the at (c) House Occupied by George Blackburn Market place Pontepach Vork separately from any other Medical Practitioner in the County of \_\_\_\_ Sarah Blackburn 54 yrs Weft personally examined Market place Portefract of (d)\_ and that Sarah Blackburn. the said\_ is a (e) person of unoring 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 Sullen barely ausworing any question, moaning over her condition that they have not a kenning in the house That she ought to be burnt out of the way -

(g) Here state the informa-stion; and from whom.

2. Other facts (if any) indicating Insanity communicated to me by others (g) . albert Blackburn states that all the houses in Vontehuy were to be sold and they had no money to pay for they & that she was down a Coal pit, and wished the Could be drawn up + which got on fore last high Refuces her food, & does not sleep -

Signed,

The Layce Place of Abode, Poutebach.

Bated this

day of Scipher One Thousand Eight

Hundred and Eighty Light .

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

#### THE RETREAT, NEAR YORK.

J hereby give you potice, that

- 1648 -

(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

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

Signed,

(c)

(c) Superintendent or pro-prietor of -------.

mated this

day of

One Thousand Eight Hundred and Eighty

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

SHAW & SONS, Potter Lane, London, Publishers of "The Justice of the Pouce" a Weekly Leval Journal, price 64d, postfree.

(2805 D.B.-8-87.)

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT. Sched. (A) No. 1, Sects. 4, 8. el t, the undersigned, hereby request you to receive 99 Withmas show mancherty Wantow whom I last saw at 20 hen () 1888 19day of (a) Within one month pre- on the vious to the date of the order. 10 a Praint a Patient into your House. (b) Lamatic, or an idiot, or a (b) Person of umoun a person of unsound mind. hed Willmon Subjoined is a Statement respecting the said i che i (b) Phy (e) Her Bigned. Name any), or all Occupation (if any), Rusholm Place of Abode, 203 971 Jather Degree of Relationship (if any), or other circumstances of connection with the Patient ) Dated this 101 4. (1) Ins erry) of th blen Day of p, One Thousand Eight Hundred and Eighty L igh (e) Las To DR. BAKER, а регнов о 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 () Bas length ---Sex and Age -Married, Single, or Widowed -Condition of Life, and previous Occupa-Sa tion (if any) . CC. Religious Persuasion, as far as known ut marv low Ka, m 203 mamo Previous Place of Abode -Whether First Attack -Age (if known) on First Attack When and where previously under Care and Treatment -Abtahalf Duration of existing Attack le (g).8m Supposed Cause -tion, end j Whether subject to Epilepsy Whether Suicidal --Whether Dangerous to others -Whether found Lunatic by Inquisition," and Date of Commission or Order for Inquisition ---Special Circumstances (if any) preventing the Patient being examined, before Ad-2 V mission, separately by Two Medical Practitioners Practitioners Name and Address of Relative to whom ) Wilms low 0 en Notice of Death to be sent -anana è) 203 (c) Where the person signing the statement is not the person who signs the order, the follow-ing particulars concerning the person signing the statement are to be added. Name, () Jacu Signed. Occupation (if any), Place of Abode, 203 Wilmslow Rd Rusho Degree of Relationship (if any) tath or other circumstances of connection with the Patient

William Horn t, the undersigned, J. S. a. Jonn. (a) Here setforth the quali-fication entitling the person certifying to practice as a phy-sician, surgeon, or apothecary, ex. gra. ---Pellow of the Royal College of Physicians in London, Licentinte of the Apothecaries' Company, or as the case may be.
 (b) Physician M. R. C.S. England Jangeon and being in actual practice as a (b) 19 = \_ day of September 1888. (b) Physician, surgeon, or hereby certify, that I, on the \_\_\_\_\_ Castlegale House . . Yard!. in the County of 1021. separately from any other Medical Practitioner alfred Welkinson, a confectioner personally examined (d) Insert residence and of (d) 203 Wilmslow Rood, Pusholme, Munchester and that any) of the patient. alfred Willimson the said and a proper Person to be taken charge of and detained isa (e) lunation (e) Lunatic, or an idiot, or a person of unsound mind. under Care and Treatment, and that I have formed this opinion upon the following grounds ; viz .:-1. Facts indicating Insanity observed by myself (f) He ways that - he (f) Here state the facts. did attempt - to drown trimself, by thousing himself in the sea ar Danglas in the Jole of dean, and that he would do away with himself if he has the chance". He is much depressed - word is write greatdefficiely andrease to ans own grustion 2. Other facts (if any) indicating Insanity communicated to me by others (g) Communicated by this Father Benjimm Wellimm

a confectioner residing 203 Welmslow Rood

distroy himself by downing on July 28. 1888. and again this marring by strongling himself with an apron string.

Redecam Hood

Place of Abode, Castle gale House York.

day of Sch Timber One Thousand Eight

Renhalm, desnehuster - He did attempt - 6-

(g) Here state the informa-tion, and from whom.

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Signed,

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Hundred and Eighty Seg RA-

Name,

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separately from any other Medical Practitioner

and a proper Person to be taken charge of and detained

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day of

Wicknoon

Confectioner - 203 Wild alow & Shick

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(a) Here set for the quali. being a (a) fleation entitling the person certifying to practise as a phycertifying to practize as a phy-science, array - Fellow of the Royal College of Physicians in Looslon, Licesetiste of the Apothecaries Company, or as the case may be. (b) Physician, surgeon, or hereby certify, that 1, on the spothecary, as the case maybe. (c) Here insert the street and being in actual practice as a (b) the Dis principal provides the street and mamber of the house (if any), or other like partice-in the County of

t, the undersigned,

personally examined

the said

in the County of .

(d) Insert residence and pro-fession, or occupation (if any) of the patient.

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

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)

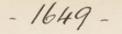
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Toldwe that Will not ausever Readily . he had trisdto take his buck life livier. there by Jumping into the water at Douglas rown buincelly. + again today he tris to Strangle hunself he for laving he tells her he has taken a dialike to field, he cause they watch him, that he wants more pride Bry amen he downed we that he had not hour (g) Here state the informa-tion, and from whom. alleved eflate loving his lumper VSug Enid whom he huder : Kas With hose with His great desire twice been Violent meen toget away from those whom he with 6 about the sudof July he left hours is living: about the sund puty he leps Saynic huwas going & Friends, but in Stead White The sale of thean and there on the 28 " of fals Junched off Signer, Name, Sh. Haynes Jok Hispusary Place of Abode,\_\_\_ day of Lefo low by One Thousand Eight Bated this Hundred and Eighty Eight



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

#### THE RETREAT, NEAR YORK.

# J hereby give you potice, that\_\_\_\_\_

(a) House or hospital.

as a Private Patient, on the was admitted into this (a)

aday of 188 , and I hereby

transmit a Copy of the Order and Medical Certificates on which he was

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

(c) Superintendent or pro-prietor of \_\_\_\_\_.

Signed,\_

(c)

mated this

day of

One Thousand Eight Hundred and Eighty

Lunatics 1. (16 & 17 Vict e. 96, sched. C. 8, 24 ; 25 & 26 Vict. e. 111.) Private Patient.

SHAW & SONS, SHAW & SONS, Fetter Lane, London, Publishers of "The Justice of the Proce." a Weekly Leval Journal price t]d., pest free, (2895 D.B.-8-87.)

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT. Sched. (A) No. 1, Sects. 4, 8. It, the undersigned, hereby request you to receive Harret Welton 4 Bass Jerrace Doucasta whom I last saw at ician, no u. pri.: Royal Col in London Apothecur so the cas (a) Within one month pre- on the vious to the date of the order. Decond October - 1888 (") day of (b) Lunatic, or an idiot, or a (b) person of pusoned mind as a Patient into your House. a person of unsound mind. Subjoined is a Statement respecting the said Harrier Willow (b) Phy ANIDIA Name, (t) Her Sianed. dos Occupation (if any), Coal my), er st Place of Abode, 4 Bats 1 Doucustan Degree of Relationship (if any), Husband or other circumstances of connection with the Patient (d) Inst erg) of the Detoler Dated this Second Day of One Thousand Eight Hundred and Eighty eight (e) Lucat To DR. BAKER, a person of a THE RETREAT, NEAR YORK. STATEMENT. If any Particulars in this Statement be not <u>kn</u>own, the Fact to be so stated. Name of Patient, with Christian Name at ] Harvet N nu length (f) Beest Fifty seven year temale. Sex and Age named Married, Single, or Widowed --Condition of Life, and previous Occupanone tion (if any) -1.00 Walleyan Minister Mehodia Religious Persuasion, as far as known Northinsterland Road Sheffedd Previous Place of Abode -Whether First Attack -1.es Fifty seven years. Age (if known) on First Attack When and where previously under Care ) nouras. and Treatment -Three necks Duration of existing Attack -The anniversary of the logs of her Sou Supposed Cause - -(c)Ber ion, and No. Whether subject to Epilepsy Whether Suicidal yes -Whether Dangerous to others -No Whether found Lunatic by Inquisition," and Date of Commission or Order for No. Inquisition ---Special Circumstances (if any) preventing the Patient being examined, before Adnone mission, separately by Two Medical Practitioners Practitioners Robert Wilton 4 Bass Terrace Doneaster Name and Address of Relative to whom } Notice of Death to be sent -Name, (\*) Robert Wilton (c) Where the parson signing the statement is not the person who signs the order, the follow-ing particulars concerning the Signed. Coal Occupation (if any), person signing the statement are to be added. Torrace - Dougaster Place of Abode, 4Plans Degree of Relationship (if any)) Husband or other circumstances of connection with the Patient

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It, the undersigned, James William Swith (a) Here setforth the quali-fication entiting the person-science, rargeon, or apothecary, sx. gra. --Pellow of the Royal College of Physicians in London, Licentiate of the Apothecaries' Company, or as the case may be. (b) Physician, surgeon, or hereby certify, that I, on the willy kintle day of Leplanter 1888 (c) Here insert the street at (c) 4 Dars Sinace Doucarter and number of the house (if any), or other like particulars. in the County of Jone separately from any other Medical Practitioner personally examined Wanul Willin (d) Insert residence and of (d) 4 Bars Junace - Doucaster profession, or occupation (if any) of the patient. and that the said Haniel Willia is a (e) find of Unit and here Land a proper Person to be taken charge of and detained (e) Lunatic, or an idiot, or a person of unsound mind. under Care and Treatment, and that I have formed this opinion upon the following grounds ; viz .:-1. Facts indicating Insanity observed by myself (1) In Cohereal Conventation (f) Here state the facts. and restlepness. Says They are housefully mined and in delland believes That husters are about to the appointed Whe is carting to Vact. Told we she was sure her harband was confined for dettin The cells at The Guildhald. 2. Other facts (if any) indicating Insanity communicated to me by others (g) (g) Here state the information, and from whom. Releves That a plot is a foot to hunder her has and That " voryme about her is sugafed in This Caspinacy. Is at times my notest and said the would jump and of The window and here her well and actually had it Und This Thereat als queation - (Robert Willow her hurband) Signer, Name, Jan. W. Smith Place of Abode, 13 Wall Cale - Doucarter Dated this luculy with day of September One Thousand Eight Hundred and Eighty Lifel .

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(a) Here set to the the quali-fication entitling the person certifying to practice as a phy-nerica, surgeon, or apothecary, as z. - 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 maybe. (c) Physician, surgeon, or apothecary, as the case maybe. (c) College of Physician (c) Physician, surgeon, or apothecary, as the case maybe. (c) College of Physician (c) College of Physic

(c) Here insert the street at (c) \_ and number of the house (if any), or other like particu-lars. in the County of \_\_\_\_\_\_

(d) Insert residence and pro-fession, or occupation (if any) of the patient. the said

(e) Lunatic, or an idiot, or is a (e) DELJon of huds 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 .:--

4 Bass JErrace, Doncaster

4 Bass Frace Doncaster

Wilton

(f) Here state the facts.

1. Facts indicating Insanity observed by myself (1) Great restlessness Is incoherent in conversing, and restrained with difficulty.

(g) Here state the informa-tion, and from whom.

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

Feare that her family by a plot.

F, the undersigned, John Syncs

personally examined Harrist Wilton

Harriet

feo. C. Wilton 4 Basolswace.

the will be murdered

day of September 1888

separately from any other Medical Practitioner

and that

zigner, Name, John Sykes M.D. Place of Abode. Doncaster.

Bated this twenty ninth day of September One Thousand Eight Hundred and Eighty Maht

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

#### THE RETREAT, NEAR YORK.

# J hereby give you potice, 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

(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 \_\_\_\_\_.

mated this

day of

One Thousand Eight Hundred and Eighty

Lunaties 1. (16 & 17 Vict c. 96, sched. C. 5 & 26 Vict. c. 111.) Private Patient.

SHAW & SONS, Fetter Lane, London, Publishers of "The Justice of the Proce," a Weekly Leval Journal price tidd, post free.

(2895 D.B.-8-87.)

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT. Sched. (A) No. 1, Sects. 4, 8. t. the undersigned, hereby request you to receive The Poplars I last saw at mon (a) Within one month pre- on the cions to the date of the order. day of (b) Lumatic, or an idiot, or a (b) a person of unsound mind. Persono Uncound by Subjoined is a Statement respecting the said (b) Pby 10 (c) Here Signed. Name any), or ol Occupation (if any), Place of Abode, Degree of Relationship (if any), or other circumstances of connection with the Patient ) ated this 10 (d) Inst (a) of the un Day of Dated this One Thousand Eight Hundred and Eighty (e) Lus To DR. BAKER, e persos o THE RETREAT, NEAR YORK. STATEMENT. If any Particulars in this Statement be not known, the Fact to be so stated. markiel Name of Patient, with Christian Name at] Is a be la (1) 80 length ---Fundle, Lixly. for. Sex and Age 1.0 -Widow Married, Single, or Widowed no' occupation Murali. Condition of Life, and previous Occupa-" tion (if any) --Church of Gugland. Religious Persuasion, as far as known yosk's. Quellon : Previous Place of Abode -Firel. Whether First Attack -Lugly. Age (if known) on First Attack When and where previously under Care ) la and Treatment nowhere the N -. Duration of existing Attack private Circum Tences & Religion Change of (z)Hen Supposed Cause - - tion, and j no Whether subject to Epilepsy -Doulful Whether Suicidal --Whether Dangerous to others -Whether found Lunatic by Inquisition, and Date of Commission or Order for Inquisition -Special Circumstances (if any) preventing the Patient being examined, before Ad-mission, separately by Two Medical Practitioners William morkell 224 Stauk 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 follow-ing particulars concerning the person signing the statement are to be added. Name, (\*) Signed, Occupation (if any), on Jyne Place of Abode, Degree of Relationship (if any) or other circumstances of connection with the Patient

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day of november.

separately from any other Medical Practitioner

morkell

(a) Here setforth the quali- being a (a) (a) Here selforth the quali-fication entitling the person certifying to practise as a phy-sician, 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. and being in actual practice as a(b)

(b) Physician, surgeon, or hereby certify, that I, on the spothecary, as the case may be.

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

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

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

(f) Here st ite the/acts.

Labelly is a (e) Ano on of Mubouu mand 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 .:-

low

markel

t, the undersigned,

personally examined

1. Facts indicating insanity observed by myself (f)

the thering the cherently. The delusion That her children and lot her own Sleeplesende periodeal fits during She is dea which the unaque I is letterly turnagable

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

11021

Many

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

Her daughter states. That the Suffers from Various hun lad de lucions. +12 fouryay The to dived, that she is Surrounded dist + unery & Clother in Lago.

Signed,

Name,

light.

hiskan hrs Richword. Jorks Place of Abode, day of hop. br.

Dated this

Hundred and Eighty

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

I, the undersigned, Edward Tweddell althin (a) Here set for the the quali-focation entitling the person certifying to practice as a physic dictan, myseen, or apothecary, ex. gra.:-Fel ow of the Royall College of Physicians in London, Licentinte of the and being in actual practice as a (b)\_ member of Royal toolly of Surgeon London, L. S a Surger in London, Licentiate of the and being in actual practice as a (b) Jury on Apothecaries Company, or at the case may be. (b) Physician, surgeon, or hereby centify, that I, on the spothecary, atthe case mayber. A could compare the new pole (c) Here issent the street at (c) The new pole number of the house (if any), or other like particus in the County of March Street 102 day of hovernbry separately from any other Medical Practitioner york in the County of \_ personally examined Is abella morkile of (d) Sallon near Aur mond rendow of Farmet that (d) Insert residence and pro-fersion, or occupation (if any) of the patient. Isabella morkaile the said (e) Lunatic, or an idiot, or is a (Person of Unsound and a proper Person to be taken charge of and detained a person of unsound mind. under Care and Treatment, and that I have formed this opinion upon the following grounds ; viz .:--1. Facts indicating Insanity observed by myself (1) to any questions (f) Here state the facts. apparently Idioter mer. 2. Other facts (if any) indicating Insanity communicated to me by others (g), Stales Mary Gabella Bainbudge Saughter, Stales (g) Here state the information, and from whom about site months ago remarked she was odd in her manner & conversations, occase only ded not appear to Know her, has not been able to be left alone since she commenced Name, E. J. althinson Ligned, Place of Abode, Automond youthers day of north One Thousand Eight Baten this Hundred and Eighty Eight

- 1651 -

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

> THE RETREAT, YORK.

J hereby give you potice, that.

was admitted into this Hospital as a Private Patient, on the\_\_\_\_

\_\_\_\_\_18 , and I

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

\_\_day of \_\_\_\_\_

Signed,\_

Superintendent of the Retreat, York.

Dated this \_\_\_\_\_ day of

One Thousand Eight Hundred and Eighty

Lunaties 1. (16 & 17 Viet c. 96, sched. C. 8, 24 ; 25 & 26 Viet. c. 111.) Private Patient.

SHAW & SONS, Fetter Lame, London, Publishers of "The Justice of the Proce," a Weekly Leval Journal, price 54d, post free, (76 0.B. -)0-98.)

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT. 16 & 17 Vict. c. 96, Sched. (A.) No. 1, Sects. 4, 8. H, the undersigned, hereby request you to receive-Wurster Matilda whom I last saw at ("). 44 Grosvenor word Headingle - day of November 18 dec (b) Within one month precious to the date of the order. on the (). a Person of unsound mind as a Patient into your House. Subjoined is a Statement respecting the said Matilda Muryter Charles Fred & Murster af workter Occupation (if any), Merchant Place of Abode, 444 Geosvenor road Headingle Leeds Degree of Relationship (if any) or other circumstances of connecmesbana tion with the Patient. 19.4 day of Aquente mated this\_ One Thousand Eight Hundred and Eighty Cipher 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 ? Matilda Hurster length ..... 36 Lemale Sex and Age ..... married Married, Single, or Widowed Condition of Life, and previous Occupa- ) no occupation Louran catheli 44 Gros venor /war, Headingly Religious Persuasion, as far as known ..... Previous Place of Abode ..... Whether First Attack ..... 36 Age (if known) on First Attack ..... When and where previously under Care ) nowhere aweek Duration of existing Attack' ..... intemperance Supposed Cause ..... wi Whether subject to Epilepsy ..... no Whether Suicidal ..... doubtful Whether Dangerous to others..... Whether found Lunatic by Inquisition, ) us and Date of Commission or Order for Special Circumstances (if any) preventing the Patient being examined, before Adunal mission, separately by Two Medical Chas Freak Wurster 44 Grosvenor road leadingle, Name and Address of Relative to whom ) Notice of Death to be sent ...... (c) Where the purson 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, (°) Chas Food Warthe Occupation (if any),asabore Place of Abode,

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

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 aphycician, surgeon, or apothecory, as. graz :---Pellow of the Royal College of Physicians in London, Member of Royal College of Surgeous England, &c.

ENT.

10 said

(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.

E, the undersigned, being a Toctor of medicine ofthe Univer-(a) sity of Edinburgh and being a duly Registered Practitioner and in actual practice as a (b) \_\_\_\_ Shypician day of November hereby certify, that I, on the Seconteenth 1888 at (c) 1414 Sous venor Road, Skadingley, Leeds separately from any other Medical Practitioner, in the County of\_ personally examined (d) Matilda Wurster of 44 Grovenor Road

Hadingley, Leeds ho occupation of Matida Nurster 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 (1) It's pequently love and excided manner and bearing. It's belief, which it's capteoses to me, that he husband is ocheming to Atain a divorce from her; that he hurses are in the flot, altheat he and force medicines (other than them medically ordered) upon her met the does of making her "Say things" and commit herself; that they (he hurses) abstract and bas he letters and harmt her + lette he falsehords about he husband; all the forgoing charges being, I am satisfied, unformated and of the 2. Other facts (if any) indicating Insanity communicated to me by others (g)

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

Emily Ogle of 32 Cavendish Poar, Lerds, one of patients harres informer me that he Wenster is they eacitable and difficult to control; that during the last month the falent her hardly sleph but talks almost constants, night and day; that she a filler wet the belief that he have band is endeavouring & secure a divorce and got he out of the way; and that becent the bearder tray sident main to hus band.

(h) Name in full

Place of Abode 1. 24 Marningham Law, hadford, Yorks. Dated this Rine tecth day of Adember One Thousand Eight

Hundred and Eighty Sight.

#### 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 qualifection entities the person certifying to practice as aphyticion, surgeon, or aportheory, 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 ang) of the patient.

Is the undersigned, being a Fellow of the Royal bollege of Surgeons of England (a)\_\_\_\_\_ - and being a duly Registered Practitioner and in actual practice as a (b) Jungeon hereby certify, that I, on the seventeenth day of November ISRR at (c) 44 Grosvenor Road Headingley Law heeds york in the County of-- separately from any other Medical Practitioner, personally examined (d) Matelda, Murster of 44 Grosvenor Road Headingley Laux deeds of us occupation and that the said Matilda Nurster

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 .:--

J) Here state the facts

1. Facts indicating Insanity observed by myself (f)

I have observed her for several days be coming more and more incoherent, and to be from day to day developing new delusions - our day she believes her husband to be bent on compassing her death - on another she asserts distinctly that her Nunces are poisoning her ; and she is under a false impression that her husband is seeking to dirorce her.

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

2. Other facts (if any) indicating Insanity communicated to me by others (g) I have been informed by her hueband tharkes Frederick Wurster, by her nurse Emily Ogle, and by M. George Nerbert Rome that the becomes violent at times and needs considerable personal sectrain to prevent her doing herself or others personal injury

=igner, Name, (h) Clauduis Galen Wheelhouse Place of Abode, 5 Hillary Place Leeds

Dated this twentieth day of Nov cuber One Thousand Eight Hundred and Eighty Eight

(b) Name in full

- 1652 -

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\_\_\_\_\_

Lunatics 1. (18 & 17 Viet c. 26, sched. C. 5, 242 25 & 26 Viet. c. 111.) Private Patient.

SHAW & SONS, Fetter Lane, London, blancers of "The Justice of the Pence." a Weekly Leval Journal, price idd., post free, (76 O.B. -10.28.)

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT. 16 & 17 Vict. c. 96, Sched. (A.) No. 1, Sects. 4, 8.

whom I last saw at (") 5 Station Moad Harrogate on the (") Mirtiette day of November 1888

to the undersigned, hereby request you to receive William Foster Meynolds

(a) Here insert street, and name or number of the house.

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

a Person of unsound mind as a Patient into your House. Subjoined is a Statement respecting the said William Foster Neynolds Name, Freshfield Keynows (Signed), Occupation (if any), tharmaceutical Chemish Place of Abode, 5 Station Mond - Harrogate Degree of Relationship (if any) or other circumstances of connec-tion with the Patient. Uncle who has esucated + cared for him for about lo gens day of hovember Dated this\_ Thirtieth One Thousand Eight Hundred and Eighty seem -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 William Foster Reynolds Sex and Age ...... male - eighteen years last cipil Single Married, Single, or Widowed araper's assistant Condition of Life, and previous Occupa- ? tion (if any) ...... Religious Persuasion, as far as known ..... An attender of Freenos heeting Previous Place of Abode ...... Buring the Fathers life at Bishop auchland, Age (if known) on First Attack ..... lighteen + a half years When and where previously under Care during his only attack he has been cursed and Treatment at 5 Station Row, Amogate about seven weeks Duration of existing Attack Supposed Cause Shock from His Late Master's suicide & perhaps over than Supposed Cause . Anthe from Mis Late Matters which secured of this watere Whether Suicidal ... I am not sure - He is however when eatimal afraid of himself Whether found Lunatic by Inquisition, and Date of Commission or Order for -20 Inquisition..... Special Circumstances (if any) preventing the Patient being examined, before Adnone mission, separately by Two Medical Practitioners ..... Freshfield Neyrolos, 5 Station Ron) Name and Address of Relative to whom ] Hursofato (Signed), Name, () Reshfield Reyustis (c) Where the person signing the statement is not the person who signs theorder, the following particulars con-cerning the person signing the statement are to be added. Manuacentical Chemist Occupation (if any),\_\_ Place of Abode, 5 Station Mores - Harrogate Degree of Relationship (if any), or ) uncle other circumstances of connec-tion 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

E, the undersigned, being a Doctor of Medicine Maule a mender of (a) the Collye of Dorgans England & Lda Con: and being a duly Registered Practitioner and in actual practice as a (b) \_\_\_\_\_\_ hereby certify, that I, on the mentymint & day of hoverman 1888 at (c) Station Road Stangate in the County of 10400 separately from any other Medical Practitioner, personally examined (d) William Foster Reynolds, Dapers assistant of 5 station Road, Hanoyato of and that the said William Faler Keynalds 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)(f) Here state the facts. aspert. of fear, Dollenness, childishuss, strifidity at various times ! Restlesmen - hability to walk, Thet day walking far. La prape- Villy Daging die for this, ingoherence, imittering to internals That he did smelling which coused his late master to commit Quinche. That he saw livin a the street It. Mor day - the portachair Alter dor to keep out a fairing old man show he did not see, but The presented lacen plecher faing Insanity communicated to me by others (g) (g) Here mation, and The mar trying to I peu a window with this thinge by Cutting the frame work, although the beser mes on a level with his Sys That he cansed his luceter to commit micide. He Kinks he has done som thing which inarcie have afraid of a poletoman. When he sees a man ai a brown felt hat he wina pointes it is his late mader, and if ar prevented would for through the winchow to have, altrent the headers is on the revent storry - He sliph leat hight with a dist mole seeder lin pillor Can fire as bears why Surjey silly une igned, Name, (h) Promas Britton If salvation any place of Abode, horth View Victoria Chrime Hamogato henzo Dated this Moult engle day of hersenter One Thousand Eight

Hundred and Eighty Light

ez. gra. - Fellon of the Royal College of Physician In London, Member of Roya College of Surgeons Eng land, &c.

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(b) Physician, surgeon, apotheesry, as the case may

(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.

#### 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 quali-fication estilling the person certifying to practice as a phy-tician surgeon, or apo'heenry, ex. gra., i-Feilow of the Royal College of Physicians in London, Member of Royal College of Surgeons Eng-land, &c.

(b) Physician, surgeon, or apotheenry, 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,

Is the undersigned, being a Doctor of Suedicine of the (a)\_ -and being a duly Registered Practitioner and in actual practice as a (b) Maysician hereby certify, that I, on the twenty nintle day of November 18 88 at (c) 5 Station Road, Harrogate in the County of Jork separately from any other Medical Practitioner, personally examined (d) William Foster Rey wolds of 5 Station Road, Harrogate, Yorkshile, Oraper'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 .:---

(J) Hern state the facts.

1. Facts indicating Insanity observed by myself () Jalko in a childish incoherent manner. Connot speak or write the simplest sentence. Has almost lost the power of writing & talking. Believes that he has some some great offend : for vistance the has done done great opened i por actions that he was in some way instrumental in effecting or assisting the selicide of his late turster IW. A. W. Man of Harrogat. Hunter that the police or some to other besores are watching the police or some to be for alone I seems always him. To specid to be left alone I seems always brooking over the idee that he has done some aroug 2. Other facts (if any) indicating Insanity communicated to me by others (y)

(g) Here state the isfo mation, and from whom.

By W. Freshfield Reywolds the patient' uncle : Saw told that patient has fits of excitament conneting morrow in clearacter of other children throughing his army tolego about 'annelessly. also has construs throughing his army t-legs about 'annelessly. als That is the stand ' I must go out of the wind (W. Shaw his traste has been Read some month, occasion he was found trying to open the wind wilt a pocket Knife. Believe that he has done a dustfal t is afraid to be left alone adow somethis Signed, Name, (h) John Gardon Blacks Place of Abode, 7 Combridge Crescent: Harrogate

(h) Name in full

Dated this twenty minth day of Hovember One Thousand Eight Hundred and Eighty Eight



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

# THE RETREAT, NEAR YORK.

J 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

(b) If a pricate patient be received upon one certificate only,the special circumstances which have presented 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 \_\_\_\_\_.

mated this

day of

One Thousand Eight Hundred and Eighty

5.

Lunaties 1. (16 & 17 Vict c. 56, schod. C. (15 & 25 Vict. c. 111.) Private Patient.

SHAW & SONS, Fetter Lane, London, Publishers of "The Justice of the Proce" a Weakly Leval Journal price tild., post free, (2835 D.E.-8-87.)

1201 ORDER FOR THE RECEPTION OF A PRIVATE PATIENT. Sched. (A) No. 1, Sects. 4, 8. H. the undersigned, hereby request you to receive Cobert a teule N.B. Harlington Middlesea whom I last saw at (a) Within one month pre-vious to the date of the order. day of 12 100 1888 on the 16 a (") person of nusound ningers a Patient into your House. (b) Lunatic, or an idiot, or a person of unsound mind. Subjoined is a Statement respecting the said Robert Hereley Name. Signed, Occupation (if any), Place of Abode, 48 vanho Degree of Relationship (if any), anbernell or other circumstances of connection with the Patient Dated this Sevenkenth Day of One Thousand Eight Hundred and Eighty Light 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 ] Robert flere length male 24 Sex and Age Married, Single, or Widowed --Condition of Life, and previous Occupation (if any) --Religious Persuasion, as far as known Previous Place of Abode middleses articon Whether First Attack inst attach Age (if known) on First Attack 24 When and where previously under Care ) no where and Treatment -One week Duration of existing Attack -Supposed Cause eliquous maria Whether subject to Epilepsy Whether Suicidal -Thre Whether Dangerous to others yes. Whether found Lunatic by Inquisition," no and Date of Commission or Order for Inquisition --Special Circumstances (if any) preventing mely one Pradiciones in the valage mission, separately by Two Medical Practitioners case so earrentey wiscut had to be remove awing Practitioners Howallen Name and Address of Relative to whom ) IN Notice of Death to be sent -140 Ivanhoe Roid Semmar Park (c) Where the parson signing the statement is not the person who signs theorder, the follow-ing particulars concerning the person signing the statement are to be added. Camberwell S.2 Theotore Willes Signed. Name, (°) Occupation (if any), Commercial Traveller 48 Franhoe Roow Demmar Park St. Place of Abode, Degree of Relationship (if any) or other circumstances of Friend connection with the Patient

#### 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.

Royal College of Physicians Royal College of Physicians n London, Member of Royal College of Surgeous Eng-land, &c.

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(b) Physician, surgeon, a spotheenry, as the case may b

(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, the undersigned, being a Thursbow of the Loy al Collegiturg rous (a) Lien that of tollege of Physic ians, England and being a duly Registered Practitioner and in actual practice as a (b) \_ Jurghon \_ day of December 1888 hereby certify, that I, on the Twinterth Victoria Terrace at (c) 16 nor separately from any other Medical Practitioner, in the County of Hulay robert personally examined (d) Hartington. Shopkeeper Aow -Chapel Hallington Henley Chapel Robert 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 .:--1. Facts indicating Insanity observed by myself (f)Spoken to looks (f) Here state the facts. Fatirut has a vacant expression; when at one for come time before answering, his answers hold alwards heing to the point: Ar teleance he hashere suffering from over action of the Brain caused by fighting against God: He take me he has Seen kun arkable Visions but caunst recall Them This mind. He tells me "he Tried to take Doctor Ford life in a friends house with a knift, be cause he saw hight and dark this two natures were featous but That Dr. For forgaorhin, the this two natures were featous but That Dr. For forgaorhin, the angained The Drvie. The States that there is such a place as that the first the has seen a certain full a Sarge suit in his biscons 2. Other facts (if any) indicating Insanity communicated to me by others (y) Hurry Reilleghobut radaut on Robert Huley tells The Mathematicy was brought to the Retrat on Tuesday Thorning by two men icho wen taking care of him, because he had tried to murder D' Tox: Since be care to (g) Here state the infor The Retreat he has made two or sterre where for the door nee tried to put his heading the fire, & fought with the altendant. He calls the altendant by Work haves makes howible noises when much and cause he persuases to decist Edmina hyall Haynes Place of Abode, Itsur & Trat. nork. Dated this Twenter the day of DE Cember One Thousand Eight Hundred and Eighty Light.

(h) Name in full

ation, and from whom

#### 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,

Reation estilling the person certifying to practise as a phys-tician, surgeon, or apoliheeary sz. gra. :--Fellow of the Royal College of Physician in London, Member of Roya College of Surgeons Rug and, &c.

(b) Physician, surgeon, otherary, as the case may

(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.

It, the undersigned, being a Lieu tiale of the King, and Queris College (a) of Physiciaus Ireland and being a duly Registered Practitioner and in actual practice as a (b) Physician hereby certify, that I, on the 20 th day of December 1888 at (c) 16. Victoria Gerrace York. in the County of\_\_\_\_\_ separately from any other Medical Practitioner, Robert Heuley personally examined (d)\_\_\_\_\_ Shop keeper. Chapel Row A & & & Karlington Robert Neuley and that the said\_

(d) In

(1) 10

() Be

(z)Fere

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 .:---

(J) Here state the facts. 1. Facts indicating Insanity observed by myself (f)

Patient has a rucant expression and when spoken 6, after come heritation, answers orques and not at all and with the question asked - Says he fell among thieve, and when asked what theires? Cap the thiever of the brain " Say he believes he alternysted to stab D? Fore but doe, not know in the least whether it was yesterday or come weeks ago - se cay, how ever that D. Fore freely for fare "the - the also say that he has seen come only dark for faces very often cohielt the does not like" - Says he has had commission with the was to go the almight who commanded him to Do that - Cannot an what he was to go but was tolk in well a loar that in the ortal has a face of the was to go

George Thomas addison attendant at the Retreat till, one that Robert Seuley Cold hui (addison) that he was the Puice of Darkaces, - also theyif addeson, while setting ty with huis one suger would lester the would hear the voice of good speaking to both oftimi - He has refused his food and had to be frilly fed, and has been since his admission very incoherent in his abeech and strange in his every - Toan Woodall attend and say, that the day after admission Robert Neiley attempted to out his head in to the fie also that he jumps enadered out gled calling on the admission to come to down to him -(h) Name in full

Place of Abode, Hillary Place, Leaces

Dated this Twentiette day of Decomber One Thousand Eight Hundred and Eighty Light

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

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Recember

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Edward John Parolt

(a) Here set forth the quali- being a (a) Mamber (a) Here setforth the quadratication entilling the person certifying to practise as a physician, surgeon, or apoblecary, ex. gra.:--Pellow of the Royal College of Physicians in London, Licentiate of the Apothecaries' Company, or as the case may be. and being in actual practice as a(b)

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k, the undersigned,

The

personally examined

(b) Physician, surgeon, or hereby certify, that I, on the

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

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

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

is a (e) Reuton of un country lumand 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 st ite the facts.

1. Facts indicating Insanity observed by myself (f)

Excendiate of the Rayal College

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blues .

alinkel 19 or

The site in a defider attitude constantly maaning to timeelly Grequently unitering too late too late, had either does les alreader any question addresses to time or begins to latte about something quite melevant; he let me ho has cursed his fuster, which he says he has denver the light of Christ, when asked a direct question there times in enocession, he starter a cumbling statement about comething du

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

Canvel 19 onderight. labour, anys he was culled in morning to late charge of Robert Stenley fecturday about I delock be finns in the next com, Robelst Robert Thenly was at durine with Othox suddenly to avelor can but the woon when Goodnight was, followed by Robert Henley buindiching a latte Dirife, he has previously Stather the Odder behind the car, he Portugue Elized him by the acon, Altro Doctor with the Kinger from to band anot

Signed,

Name,

Place of Abode, Huyes Midelena

Revententh day of Accenter One Thousand Eight Dated this Hundred and Eighty Ught.

(g) Here state the informa-tion, and from whom.

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

¥, the undersigned,\_

(a) Here set for the the quali- fication entitling the persons certifying to practise as a phy- science, margeon, or apothecary,	being a (a)					
es. gra.:-Fel ow of the Royal College of Physicians in London, Electriate of the Apothecaries Company, or as the size may be	and being in actual practice as a (b)					
	hereby certify, that l, on the day of					
and mamber of the house (if	at (c)					
any), or other like particu- lars.	in the County ofseparately from any other Medical Practitioner					
	personally examined					
(d) Insert residence and pro- fession, or occupation (if any) of the patient.	of (d) and that					
o na fanan	the said					
(c) Lunatic, or an idiot, or a person of unsound mind.	is a (c) 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 $(f)$					

4

(g) Here state the informa. 2. Other facts (if any) indicating Insanity communicated to me by others (g) tion, and from whom.

Signed, Name,

Place of Abode.\_\_\_

Dated this

day of

One Thousand Eight

Hundred and Eighty

1654

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

> THE RETREAT, YORK.

Signed,\_

Superintendent of the Retreat, York.

Dated this

\_\_\_\_day of\_\_\_

One Thousand Eight Hundred and Eighty\_\_\_\_

Lunaties 1. (16 & 17 Viet c. 96, sehed. C. 8, 24 : 25 & 26 Viet. c. III.) Prirate Patient.

SHAW & SONS, Fotter, Lano, London, Publishers of "The Justice of the Poor," a Weekly Leval Journal, price tid., post free. (76 0.B. -10.98.)

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT. 16 & 17 Vict. c. 96, Sched. (A.) No. 1, Sects. 4, 8.

18 88

t, the undersigned, hereby request you to receive-

Elizabeth dockwood whom I last saw at (") Skinpenbeck, Stamfor Bridge, York

(a) Here insert street, an one or number of the house (b) Within one month previous to the date of the order.

on the (°) twenty lighthe day of bleckuler a Person of unsound mind as a Patient into your House.

Subjoined is a Statement respecting the said Elizabeth 00 wood and Name. (Signed), Occupation (if any),\_ n hen Place of Abode, \_ amp Degree of Relationship (if any) or other circumstances of connection with the Patient.

Dated this menty Eighth day of embe One Thousand Eight Hundred and Eighty g ang M-

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 } Elizabeth dockwood Sex and Age ..... Semale .: 32 Married, Single, or Widowed ..... married Eullewoman of no ounpation Condition of Life, and previous Occupa- ) Church of Suy law Religious Persuasion, as far as known ..... Skinpen beck, Stamper Kondye: York Previous Place of Abode ..... yes Whether First Attack ..... - 32 Age (if known) on First Attack ..... When and where previously under Care ? neur and Treatment ...... 25 days Sunal Duration of existing Attack no mouthel cause. Scalth has been defections Supposed Cause ..... for some time. no Whether subject to Epilepsy ..... Was made no tuck attempt the' She Whether Suicidal ..... has spoken of it. accusantly violent. Whether Dangerous to others..... Whether found Lunatic by Inquisition, no and Date of Commission or Order for Inquisition...... Special Circumstances (if any) preventing the Patient being examined, before Adhone mission, separately by Two Medical Practitioners ..... David Lochwood Eng - Husband -Name and Address of Relative to whom ) Skirpey berte ; Sta Ino Wida: Yak. (c) Where the person signing the statement is not the person who signs theorder, the following particulars con-cerning the person signing the statement are to be added. (Eigned), Name, () David torkwood Occupation (if any), A Thamford Bria Thir Place of Abode,\_ Hurba Degree of Relationship (if any), or other circumstances of connection with the Patient.

#### 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.

of Sturpenbeek Stanford Bridge, you

(a) Here set forth the quali-fication entitling the person certifying to practise as a phy-science, surgeon, or apo'kecory, ar. gra. :--Fellow of the Royal College of Physicians in London, Member of Royal College of Surgeons Eng-land, &c.

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

(d) A. B. of Insert vesidence and profession, or occupation (if any) of the patient.

a chained 9.5. Abeton Shederine E, the undersigned, being a Elyclift (a) Alle University of aduibur and being a duly Registered Practitioner and in actual practice as a (b) Phyperian Decentre hereby certify, that I, on the twenty Se gult \_\_\_\_ day of - 1888 www. machoellevood Skerpeubeell, Stamford, Bred H. separately from any other Medical Practitioner, in the County of\_ personally examined (d) lighteth Lockwood wife of baved hoellwood

and that the said bly abeth 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 (1). The is in a londition of

Suttement: She ramples Matter insherently, is unable to carry on any conversation or to reply to prestions. She lette we baw her hereband that She is thell - She pumps up

Suddenly show ting in an saited manner them as and dealy

(f) Here state the facts.

2. Other facts (if any) indicating Insanity communicated to me by others (g) Her hurse Edite he futfort informs we that the Here hoord heers voices, but the carries on Conversations with figures that their with difficulty undered to take food

Signed, Name, (h) Nouse Place of Abode

Dated this twenty Efelle day of Macule ---- One Thousand Eight Hundred and Eighty.

(g) Here state the infor-ition, and from whom.

#### 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 quali-fication estilling the person certifying to practice as a phy-sician, surgeon, or apor hereary, ex. gra. :- Follow of the Royal College of Physicians in London, Member of Royal College of Surgeons Eng-land, dec.

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

He the undersigned, being a Doctor of Medicine of the University Studenys (a) and Martin of Juny of same Unicsity and being a duly Registered Practitioner and in actual practice as a (b) General Practitioner of hereine hereby certify, that I, on the teaching Sighth day of becerulier at (c) Shinpenbeck, Stampond bridge, Yakating in the County of York - separately from any other Medical Practitioner, (d) A. B. of \_\_\_\_\_\_ Insert personally examined (d) Elizabeth Lockwood of no occur residence and profession, or occupation (if any) of the half-' (internation) pation, wife of Mr David Locks rood of Skirpenbecky, Stampord Voridge and that the said Elizabeth Lochwood

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 (1) & have observed dur. (f) Here state the facts. doction for three weeks and have neur been able to draw her into rational Conversation. She had a delusion a l into rational Conversation. She had a delusion a week a two ago that she was prequait and actually in labour. Subsequently She told me that the child was born. She is now quili in charged shouts swears & sols by turns - tears her clothes - tries & slip them off in my presence I is alsolutely incupable of Currensation.

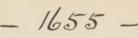
(g) Here state the information, and from whom.

2. Other facts (if any) indicating Insanity communicated to me by others (g)(Give full name of informs

Hundred and Eighty Eight-

Figned, Name, (h) Delengali, York

Dated this twenty Lighth day of December One Thousand Eight



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

> THE RETREAT, YORK.

J hereby give you potice, that\_\_\_\_\_

Eigned,\_

Superintendent of the Retreat, York.

Dated this

\_\_\_\_\_day of

One Thousand Eight Hundred and Eighty

Lunaties 1. (16 & 17 Viet c. 96, sched. C. 8, 24 ; 18 & 20 Viet. c. 111.) Private Patient.

SHAW & SONS, Petter Lane, London, 'abilabers of "The Justice of the Pence," a Weekly Leval Journal, price & Jd., post free. (78 0.R. -10-58.)

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT. 16 & 17 Vict. c. 96, Sched. (A.) No. 1, Sects. 4, 8. H, the undersigned, hereby request you to receive ra a Collina arion (a) Here insert street, and one or number of the house whom I last saw at memour (b) Within one month previous to the date of the order. thard day of an on the (°)\_\_\_\_ 188 a Person of unsound mind as a Patient into your House, Subjoined is statement respective the said Cord an Sectimena Jeel elles (Signed), Name am Ander Occupation (if any Place of Abode, 48 Degree of Relationship (if any) or al 40 other circumstances of connec-tion with the Patient thard Dated this day of One Thousand Eight Hundred and Eighty Mine To DR. BAKER, The Retreat, York. STATEMENT. If any Particulars in this Statement be not known, the Fact to be so st Name of Patient, with Christian Name at ) ( Marion Nechung lora Hey mont Sex and Age ..... caro da Married, Single, or Widowed ..... Condition of Life, and previous Occupa- ) a tion (if any) .....) chot Religious Persuasion, as far as known ..... Previous Place of Abode ...... ranco attack Whether First Attack Age (if known) on First Attack ..... When and where previously under Care ? ation 10 and Treatment ..... Oon inflion au C Duration of existing Attack ..... Sup or al ll Seven usel Supposed Cause ..... tele rious mana 1 Whether subject to Epilepsy ..... 0 no es Whether Suicidal ..... no Whether Dangerous to others..... Whether found Lunatic by Inquisition, no and Date of Commission or Order for Inquisition..... Special Circumstances (if any) preventing none the Patient being examined, before Admission, separately by Two Medical Practitioners ..... amer Name and Address of Relative to whom I Notice of Death to be sent ..... 1 (c) Where the person sign-ing the statement is not the person who signs theorder, the following particulars con-cerning the person signing the statement are to be added. rece (Signed), Name, (°) elee Occupation (if any) yhe. Place of Abode, re a el Degree of Relationship (if any), or other circumstances of connec-0 tion with the Patient.

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 beither name nor number, the name of the Occupier should be stated.

(a) Here set forth the qualifection entitling the person certifying to practice at a physician, surgeon, or apo 'heary, ex. grac.--Vollow of the Royal College of Personano in London, Member of Royal College of Subgeons Eng-Shind, dc.

SNT

189

e said

ay

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

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

(d) A. B. of ----- Insert residence and profession, or occupation (if ang) of the patient.

(a). and being a duly Registered Practitioner and in actual practice as a (b) J'unglow on h day of famuary reema hereby certify, that I, on the at (c) 48 I new Tark Finemonth torthimbaland in the County of for the bellen & separately from any other Medical Practitioner, personally examined (d) Hora Marion (the Harris Marion Mar

E, the undersigned, being a Sor to of Uldering, A Matheway Mucher & Royce in

of 48 Percy lave Fremonth Northunbulance and that the said Hora larion Dechrugheun

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 (1) The told me The heard once telling her to get out of hed and that he such an art her while tamily frelation, would be at once of god talking ther religion "That the prepresently heard the voice of god talking ther and directing her. 3 That miss told her to thorow hereef one the stan rails 5. The told her to theirs the pround as a fenance

2. Other facts (if any) indicating Insanity communicated to me by others (g) (Give fall name of informant) ( Her mother Attee Starabeth Rechringhau tolk me that the Theele to Throw berself pur the tab of the house per the Stair racels to Throw berself pur the tab of the house per the Stair racels that she Hora I said the must drown herself in the fea

Her Father James Horace Recknighan told me that the Fele Enelt down & Rissed the globs mapublic in a little and also in a shop in the presure grumerous feeple

Signer, Name, (h) Robert Jeptimus Peart Place of Abode, 22 Hockwray Square North Thields

Dated this third day of January One Thousand Eight Hundred and Eighty 9

(h) Name in full

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

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 normamber, the name of the Occupier should be stated.

(a) Here wel forth the qualifloation entitling the person certifying to practize at a phyticine, surgeon, or apo 'hecary, ex. gra. - Fellow of the Royal College of Physicians in Looden, Member of Royal College of Surgeons England, &c.

(b) Physician, surgeon, or spotheeary, 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 refidence and profession, or occupation (if any) of the patient.

E, the undersigned, being a the Minshill SIller, (a) Limitiat of the Boyd lothings flyshing a duly Registered Practitioner and in actual practice as a (b) Surgar hereby certify, that I, on the third day of farmers 18 89 at (c) 48 Pur Nark hypummetty in the County of Untrunterstand separately from any other Medical Practitioner, personally examined (d) Hora harrow Bickurghan Spinota of 48 Tures Auch and that the said Hora Bicknight

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 one of almegtat, Ind latting has to do varios actions, and that if that once That has to walk into The lea. She would walk in + he drowind. She states that She is most inhappy because the has not monstate her family, that they has had virin, and has his his a trance h.

g) Here state the inforlos, and from whom.
2. Other facts (if any) indicating Insanity communicated to me by others (g)

Her another letter new that she has undeavoured. Glinn kannelf done stains and that She has Seen to devil who makes grindan at lear h

Signed, Name, (h) Churles Giliam Place of Abode, 5 front Street, hymemarth

Dated this third day of Munay Hundred and Eighty Unice .

- One Thousand Eight

re-admitted - 1657-

I hereby give you potice, that\_\_\_\_\_

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1656 -

# NOTICE OF ADMISSION,

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

> THE RETREAT, YORK.

was admitted into this Hospital as a Private Patient, on the\_\_\_\_\_ \_\_\_day of\_\_\_\_ , 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

Lunatics 1. (16 & 17 Viet e, 56, sched. C. 5, 24 ( 25 & 26 Viet. e, 111.) Private Patient.

SHAW & SONS, SHAW & SONS, Fetter Lane, London, ublishers of "The Justice of the Pence," a Weekly Lessi Journal, price bid., 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. unales t, the undersigned, hereby request you to receive-(a) Here insert street, and name or number of the house ale whom I last saw at (") d. Junce IN on the () seventeenth day of accurat (b) Within one month previous to the date of the order. a Person of unsound mind as a Patient into your House, Subjoined is a Statement respecting the said cabeth ee Nama Venn (Signed), ceapation Occupation (if any),. m Place of Abode, 19. Bouth au Degree of Relationship (if any) or Con other circumstances of connec-tion with the Patient. Dated this seven leenth day of de aucu One Thousand Eight Hundred and Eighty Nme 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 ) Unaker lem length ..... Sex and Age ...... Married, Single, or Widowed Condition of Life, and previous Occupa- ? ecupation m tion (if any) ......) Religious Persuasion, as far as known .... Previous Place of Abode. & atr. Jahm achworth Shird Whether First Attack ..... atta Age (if known) on First Attack ...... Wheteen or a When and where previously under Care ? rence Norite about an and Treatment ..... Scan a 03 Duration of existing Attack ..... Unhnow Supposed Cause ..... Whether subject to Epilepsy ..... 10 Whether Suicidal ..... Yo Whether Dangerous to others. ..... No Whether found Lunatic by Inquisition, and Date of Commission or Order for Inquisition...... Vone Special Circumstances (if any) preventing the Patient being examined, before Admission, separately by Two Medical Practitioners ..... Name and Address of Relative to whom ) ham Notice of Death to be sent ..... (c) Where the person signing the statement is not the person who signs the order, the following particulars con-cerning the person signing the statement are to be added. leur (Signed), Name, () Occupation (if any), Place of Abode, 19, 1000 Degree of Relationship (if any), or other circumstances of connection with the Patient.

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 qualifloation entitling the person certifying to practise as a physician, surgeon, or apothecary, ar. gra. :--Fellow of the Royal College of Physicians in London, Member of Royal College of Surgeous England, &c.

(b) Physician, surgeon, or apotheenry, 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 presidence and profession, or occupation (if any) of the patient.

Es the undersigned, being a Dorto O heleeue of the Unerally dulun and being a duly Registered Practitioner and in actual practice as a (b) huseeeu

amary hereby certify, that I, on the Mureu \_day of heads at (c) The

in the County of the city of your

Strenge Wales Tenace Scarbers' and that the said Telis abeth Kent

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.

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

1. Facts indicating Insanity observed by myself (1) She course hered ter conversation. She tells we she was is Curring John Wesley for pretending to found a rele for reading her to do wrong. The Says she was committed many populate sin during her life + flat wery one knows it - She says the used to hear voies but knothe heads the recoloury of wave which tells her of dere tore bodeup to herell The saip She is without hope for he felere that the is bloomed to stored Suffering . The memory She says is fone - She raunal tell we how long she has been here

2. Other facts (if any) indicating Insanity communicated to me by others (g) (Give full name of informant)

(b) Name in full

Signed, Name, (h) Place of Abode,

Dated this the under day of faundry One Thousand Eight

188

separately from any other Medical Practitioner,

Abereta.

#### 16 & 17 Vict. c. 96, Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

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(a) Here set forth the qualifloation entiting the person certifying to practice at a physician, surgeon, or apo heavy, see, gra. 1—Fellow of the Roval College of Physicians in London, Member of Royal College of Surgeons Enghand, &c.

(0) Physician, surgeon, or spotheeary, 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, Here insert qualification, and from whence the Degree or Diploma was obtained.

Practitioner and in actual practice as a (b)

hereby certify, that I, on the (Insert street and No. of house (if any

at (c)\_\_\_\_\_

(a)\_

in the County of \_\_\_\_\_\_\_ separately from any other Medical Practitioner, (Name in full)

day of

- and being a duly Registered

-18

personally examined (d)

(Insert exact address

and that the said

of\_

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) Here state the furts.

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)

\_\_\_\_\_ day of\_\_\_\_\_

(h) Name in full

Signed, Name, (h)\_\_\_\_

Place of Abode,\_\_\_\_\_

Dated this\_\_\_\_

Hundred and Eighty\_\_\_\_

One Thousand Eight

() H

(i) No.

B-Me

(a) Here Scaling es configues es configues est parts -Baral Ollege es had, de. (f) Phy spotheous (c) Here est monte est monte

#### 16 & 17 Vict. c. 96, Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

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(a) Here set forth the quali-fication entitling the person certifying to practice as a phy-ricina, rangeon, or apo'hecary, ex. gra.:--Follow of the Royal College of Physicians in London, Member of Royal College of Surgeons Eng-land, &c.
 (b) Physicians

istered

-18

tioner.

(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.

He the undersigned, being a M. R. C.S. Eng Surger (a)\_ and being a duly Registered Practitioner and in actual practice as a (b) Surgeon hereby certify, that I, on the superinthe day of January 1880 at (c) & Prime of Walles Leware. Searho Um separately from any other Medical Practitioner, in the County of personally examined (d) Elizabeth Kemp . Think Prince Males Lerrace. Gos of abech Kemp 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) She is very despondent Selechlep, she tits me that the leaves when when who is near that last night she believed Latan was in the bed where her attendant was sleeping. She also

reputer to take ford, the says she is too

twickid to lat.

2. Other facts (if any) indicating Insanity communicated to me by others (g) (Give full name of informatio) (g) Here state the infor-mation, and from whom.

(h) Name in full

signed, Name, (h) \_ alped Sall Place of Abode, & Schemards york

Bated this Siftenthe day of Sauce One Thousand Eight Hundred and Eighty hine

#### 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.

cicius, surgeon, or apo'secory, ex. gra. :-Fellow of the Boral College of Physicians in London, Member of Boyal College of Surgeous Eng-land, &c.

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

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

(g) Here state the infor

Is the undersigned, being a Fellow of the Royal college (a) of Surgeons England and being a duly Registered Practitioner and in actual practice as a (b) Surgeon hereby certify, that I, on the 17 the day of faw; -18 8 9 at (c) 6 St Seonard's Place - 7 ork in the County of Jork (d) A. B. of \_\_\_\_\_\_ Lasers residence and profession, or patient, (f ang) of the personally examined (d) Elizabeth (Name (Kell) \_\_\_\_\_\_ Simple (Occupation) - separately from any other Medical Practitioner, of 8 Price of Wales Juna Scarboro' of and that the said blizabeth Kernf 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 .:---(J) 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 of a great Sinner, whereas I am informed 2. Other facts (if any) indicating Insanity communicated to me by others (g)mation, and from whom. by his preston of 8 Primer of Wales' June Searbord that this is untine Henry J. H. W.

Signed, Name, (h) 7. H. Weekes Place of Abode, 3 & Seonards ' Jork \_ day of farry One Thousand Eight Dated this

Hundred and Eighty mi

1658 -

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

## THE RETREAT, NEAR YORK.

# J hereby give you potice, that\_\_\_\_\_

(a) House or hospita

al.	was admitted into this (a)				as a	Private	Patient, on the
	day	of	1	3.3	+	_188	, and I hereby

transmit a Copy of the Order and Medical Certificates on which he was

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

Signed,

(c) \_\_\_\_

(c) Superintendent or pro-prietor of \_\_\_\_\_.

mated this

day of

One Thousand Eight Hundred and Eighty

Lunatics 1. (16 & 17 Viet e. 96, schod, C. <u>5, 25 & 26 Viet.</u> c. 111.) Private Patient.

SHAW & SONS, Patter Land, London, Publishers of "The Justice of the Pence," a Weekly Leval Journal, price 21d., post free, (2895 D.B.--8-87.)

here

To the Commissioners in Lunacy.

NA.

Mr. a stall

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT. Sched. (A) No. 1, Sects. 4, 8. I, the undersigned, hereby request you to receive Enstance Maryarel Koulor yere " whom I last saw at & West 1 (a) Within one month pre- on the vious to the date of the order. 4 day of Journey 1889(") 0 (b) Lunatic, or an idiot, or a (b) fundament Minel as a Patient into your House. Subjoined is a Statement respecting the said Emplance Man Jused Thornoon Champles Name, Jarah Unabelly Mary Chafulley Signed, Occupation (if any), non Place of Abode 13. The fusceed Degree of Relationship (if any), Mothe or other circumstances of connection with the Patient Tanceun 2H Day of Dated this 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. Constance margaret Thornton Champley Name of Patient, with Christian Name at length Female 20 years Sex and Age Lingle Married, Single, or Widowed -Sentlewoman Condition of Life, and previous Occupation (if any) ----Engla Religious Persuasion, as far as known Church of 13 The Clescent Previous Place of Abode -Scarboro Whether First Attack fro, 6 years Age (if known) on First Attack rescent. When and where previously under Care ) In Scarboro . 13 The and Treatment Ten days Duration of existing Attack Sot Know Supposed Cause -Whether subject to Epilepsy no Whether Suicidal -Ges Whether Dangerous to others -R.K Whether found Lunatic by Inquisition, and Date of Commission or Order for Ko Inquisition --Special Circumstances (if any) preventing the Patient being examined, before Admission, separately by Two Medical Practitioners ---Elizabet Many Champ Sarah 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 follow-ing particulars concerning the Name, ( ) Jarah Eltraber Signed, Occupation (if any), person signing the statement are to be added. Place of Abode 3: The aska Uncea Degree of Relationship (if any) or other circumstances of connection with the Patient

16 & 17 Vict. c. 96, Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

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(a) Here set forth the quali-fection estilling the person orrifying to practice as a phy-tician, surgeon, or aporthecary, as. gras.--Fellow of the Royal College of Physicians in London, Member of Royal College of Surgeons Eng-land, do:

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resul.

mply 3

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

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

(d) A. B. of ----- Ensert residence and profession, or precupation (if any) of opportunity HIS

(f) Here state the facts.

H, the undersigned, being a techticle Method (Meye of (a) Shysicianof (a) Shypectrans fonder. and Practitioner and in actual practice as a (b) Shypecia: The and being a duly Registered - day of January hereby certify, that I, on the-18 09 48 millegale at (c)\_ in the County of\_\_\_\_ separately from any other Medical Practitioner, Constance margaret Thomas Thank personally examined (d)\_ Alle Anooleup 8 heart ent Shist Vier bastare Mayaret 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 .:---

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

Patietto Veymoning Treteet -Says Shefancies deople will do her ham I that She will do the han \_ fancies she has Stables pomence, forsaw tomechildren, Ibla Tup Testorseof Jommons in M puporotor -

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

2. Other facts (if any) indicating Insanity communicated to me by others (a) re full name of informant) , muss champely Attendant Rechel Summerson title me, the reproces ford & maynes to sorsoner -

Aluta Smeen Batema Signed, Name, (h) Place of Abode, 11 Plosson 242

\_\_\_\_ day of\_\_\_\_\_

Hundred and Eighty hang

Dated this\_\_\_\_

(h) Name in full

One Thousand Eight

182J

# 16 & 17 Vict. c. 96, Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

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(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 personally examined (d) \_\_\_\_\_\_ residence and profession, or coccupation (if any) of the \_\_\_\_\_\_ patient.

to the undersigned, being a\_

neert qualification, and from whence the Degree or Diploma was obtained. and being a duly Registered (a)\_

Practitioner and in actual practice as a (b) \_\_\_\_\_

hereby certify, that I, on the (Insert street and No. of house (if any)

at (c)\_\_\_\_

in the County of \_\_\_\_\_\_\_ separately from any other Medical Practitioner,

of

and that the said\_

is a Person of unsound mind, and a proper Person to be taken charge of and detained under

day of

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 infor-mation, 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, \_\_\_\_

\_\_\_\_\_day of \_\_\_\_\_One Thousand Eight

12.

白田市は取る川田

\_\_18

Dated this \_\_\_\_ Hundred and Eighty\_\_\_\_ MEDICAL CERTIFICATE .- Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

Surgery

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fuenotus Henry Sample

medicine a

Maley

General Practitioner

day of

Heley

separately from any other Medical Practitioner

m. J. Champles

(a) Here setforth the quali- being a (a) (a) Bere serioria the quantization entitling the person certifying to practise as a physician, surgeon, or apothecary, tx. gra.z-Fellow of the Royal College of Physicians in London, Licentiate of the Apothecaries' Company, or at the case may be. and being in actual practice as a(b)as the case may be

t, the undersigned,

nas

personally examined

8

(b) Physician, surgeon, or hereby certify, that I, on the spothecary, as the case may be.

(c) Here insert the street at (C) and number of the house (if any), or other like particulars, in the County of

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

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

Champley C.m the said alle and a proper Person to be taken charge of and detained is a (e)

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

Has various delusions

Here state the facts.

1. Facts indicating Insanity observed by myself (f)

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

h mpl

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

Fire to throw herself in Indearours and out of hindow mother. Shurse

At Bampton

24 day of flut

Imagines good & are poisoned

Signed, Name.

Place of Abode, 4. It margarets Jegrace

21

Dated this

Hundred and Eighty G One Thousand Eight

1889.

and that

anuary,

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

1, the undersigned, lel (a) Here set forth the quali. being a (a) ren 12 ec an day of ter erl e (c) Here insert the street at (c) and number of the house (if any), or other like particulars. 1 1 in the County of separately from any other Medical Practitioner aree personally examined nest nargaret. ram nornton (d) Insert residence and pro-fession, or occupation (if any) of the patient. lab un coreno and that 100. the said ee man Thomton amp h Rup (e) Lanatic, or an idiot, or is a (e) a person of unsound mind. C 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) moody, and at times holend, She is is poisoned, and refuses d. hei P. do a the She is Chucks cure e le. ra Lob u Thesel On chrow th ed up afo 4 R and (g) Her tion, and Other facts (if any) indicating Insanity communicated to me by others (g) Wane wate 0 e U ris Sh a hers ul in 0 a ml D I 7 his b in ty. two m es 6 ani Simms Ligned, Name, Place of Abode. Bated this au day of One Thousand Eight Hundred and Eighty

- 1659 -

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

> THE RETREAT, YORK.

Signed,-

Superintendent of the Retreat, York.

Dated this

\_\_\_\_\_day of

One Thousand Eight Hundred and Eighty

Lunaties 1. (16 & 17 Viet c. 16, sebed. C. 5, 24 ; 25 & 26 Viet. c. 111.) Private Patient.

SHAW & SONS, Fotter Lane, London, "bilisters of "The Justice of the Peace." a Weekly Leval Journal, price ijd., post free, (70 O.B. -10-98.)

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT. 16 & 17 Vict. c. 96, Sched. (A.) No. 1, Sects. 4, 8.

t, the undersigned, hereby request you to receiverederick nie (a) Here insert str whom I last saw at (") 29 Janenulul lift 1889 day of annan (b) Within one m previous to the date of on the (b) Twenty. a Person of unsound mind as a Patient into your House. order. 1. 12. 4. Subjoined is a Statement respecting the said rederict (Signed), Name, Yea Occupation (if any), Place of Abode, Millin Degree of Relationship (if any) or other circumstances of connection with the Patient. 2 5 day of Dated this\_ One Thousand Eight Hundred and Eighty mule 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 ] Frederick Wright length..... Male. age 35 Sex and Age ..... Single Married, Single, or Widowed Draper Condition of Life, and previous Occupa- ) Society of Friends Religious Persuasion, as far as known ...... 25 Knowsley St. Bolton, Lance Previous Place of Abode ...... Thirle attack Whether First Attack ..... Eleven Age (if known) on First Attack ..... The Friends' Retreat York July to October When and where previously under Care ? and Treatment ...... about 5 years Duration of existing Attack ..... Hereditary) Supposed Cause ..... no Whether subject to Epilepsy ..... not actively, so Whether Suicidal ..... no Whether Dangerous to others..... Whether found Lunatic by Inquisition, no and Date of Commission or Order for Inquisition...... Special Circumstances (if any) preventing ] nono the Patient being examined, before Admission, separately by Two Medical Practitioners ..... right, 25 Knowsley St. Doltow. Name and Address of Relative to whom } Notice of Death to be sent ..... nintuo (c) Where the person sign-ing the statement is not the person who signs the order, the following particulars con-cerning the person signing the Name, ( (Signed), d Occupation (if any),\_ NC aun Tillas Place of Abode, statement are to be added Degree of Relationship (if any), or other circumstances of connection with the Patient.

N.B.

,

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 an Occupier should be stated.

Ho, the undersigned, being a M. P. C. S. Eng. & J. S. G. London

Practitioner and in actual practice as a (b) Surgeon hereby certify, that I, on the 25- 4 day of Thirring

and being a duly Registered

separately from any other Medical Practitioner,

Frederick Wright - a Izapor

-1889

.

(Here insert qualification, and from whence the Degree or Diploma was obtained

Castlegale House. Yardi.

you

(a) Here set forth the qualification entitling the person certifying to practice as a physician, surgeon, or apolyceary, ez. grs. - Pellow of the Royal College of Physicians in London, Member of Royal College of Surgeons Enghush, &c.

(a)\_

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

(c) Here insert the street at (c) Cast and number of the house (if ang) or other like particulars. in the County of

(d) A. B. of Insert personally examined (d) residence and profession, or occupation (if ang) of the patient.

25 Knowsley, Striet - Bolton, Lancashin Frederick Wrightand 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 (1) AL Dits with his head on his chest uterly listles, and is with difficulty induced to any question . We says " he thinks the Robicar is the propos Islan for him, and he has no desire to go home or elsewhere.

2. Other facts (if any) indicating Insanity communicated to me by others (g) (Give full name of informant)

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

Recliam 19

(h) Name in full

Place of Abode, Castlegal Hours Jammerzy -One Thousand Eight day of \_\_\_\_ Dated this

Hundred and Eighty mine

Signed, Name, (h)

#### 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.

ar. graz -- Fellow of the Royal College of Physician in London, Member of Roya College of Surgeons Eng-land, &c.

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

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

MRCS. Ey L. Sa. Ludon. t, the undersigned, being a-(a)--and being a duly Registered Practitioner and in actual practice as a (b) Eurg rou hereby certify, that I, on the two suly fith day of Jan wang 18 89 at (c) The Dis peusary hew Street Gork. in the County of Jork separately from any other Medical Proc separately from any other Medical Practitioner, (d) A. B. of Insert personally examined (d) <u>Le devick</u> Unight Draper 525 huowslang Street, Roltan. Laucashin Inderick wright 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)

Frederick wright Naugshis head, & will take notice of working aring ow. the will not anower leadily any question, the sage he is lost and can not be saved. He says he is heppy at The retreat , and would " ather return there than go home.

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

Storger Thomas addielou ( this altend and) Tele me he sometimes passes his water in his hed and parp no allegetion to the Calls functure during the day. That he has the gratest difficulty in gette him to answer any questions: theirs always in a depiction condition: Signed, Name, (h) Edward hy all Hay us Place of Abode, york Dis Jeusary New Strat. Dated this Duranty file day of January One Thousand Eight Hundred and Eighty Eighty hice

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

1660 --

# NOTICE OF ADMISSION,

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

THE RETREAT,

1 1	YORK.
<b>I</b> hereby give you potice, that	
was admitted into this Hospital as a Pri	wate 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

Lunatics 1. Private Patient.

SHAW & SONS, Potter Lane, London, Publishers of "The Justice of the Posce" a Weekly Leval Journal, price 54d, post free, (76 O.B. -10-88.) To the Commissioners in Lunacy.

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT. 16 & 17 Vict. c. 96, Sched. (A.) No. 1, Sects. 4, 8.

It , the undersigned, hereby request you to receive Daniel Walson of Ha School Hotel achworth (a) Here insert street, and achworth. Schoot whom I last saw at (a)\_\_\_\_\_ day of February 1809 on the ()\_ a Person of unsound mind as a Patient into your House. Subjoined is a Statement respecting the said Varkon ane Son An Name. (Signed), Hald K Occupation (if any),\_\_\_ d'allitel Place of Abode, \_\_\_\_ Degree of Relationship (if any) or other circumstances of connection with the Patient. yth. day of Februar Dated this\_ One Thousand Eight Hundred and Eighty Mine TO DR. BAKER, The Retreat, York. STATEMENT. If any Particulars in this Statement be not known, the Fact to be so stated. Daniel 1 Name of Patient, with Christian Name at ) Aron length ..... Sex and Age ..... anne Married, Single, or Widowed ..... Condition of Life, and previous Occupa- ? Religious Persuasion, as far as known ..... uddenfield Previous Place of Abode ..... Whether First Attack ..... Age (if known) on First Attack ..... When and where previously under Care ) Lunce, Duration of existing Attack Supposed Cause ..... Whether subject to Epilepsy ..... Whether Suicidal ..... Whether Dangerous to others. . . . . . . . . Whether found Lunatic by Inquisition, ) and Date of Commission or Order for Inquisition...... hone Special Circumstances (if any) preventing the Patient being examined, before Admission, separately by Two Medical Practitioners ..... non Watson School Statel achurch Name and Address of Relative to whom } (c) Where the person signing the statement is not the person who signs theoreder, the following particulars con-cerning the person signing the statement are to be added. (Signed), Name, () Com Way Occupation (if any), Hold Recher Place of Abode, Ichial Hall Admin Degree of Relationship (if any), or other circumstances of connection with the Patient.

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Which

(b) Within one month precious to the date of the order.

#### 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 qualifections entitling the personcertifying to practise as a physician, surgeon, or aporbecary, az. gra. :- Fellow of the Royal College of Physicians in London, Member of Boyal College of Surgeons Eng-Land, de.

atron

will.

id

alhurathe

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

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

H, the undersigned, being a Doctor of Medicine (a) of the Unwersely of Eduluty and being a duly Registered Practitioner and in actual practice as a (b) Sugere hereby certify, that I, on the Levanth - day of Felring at (che School Hotel ackword W Porlefrant ron -\_\_\_\_\_ separately from any other Medical Practitioner, in the County of personally examined (d) Duriel Walson

Hole Kalper 1 School Hotel . Cechwath -Duncel Walton . 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 .:--

1. Facts indicating Insanity observed by myself (f)

neobrant - talk. creamour ideas of thinks Which he formally had correct ours . Maquies he is about to build a new large home well woude ful sates at like with Pack He informer me he has already bou two Deales & three of St. Leger. all of which he was tohen leding hunder all this is

(g) Here state the information and from whom. (g) Here state the information of informant)
(Give fall name of informant)

W - andrews of actives of Solune informatice has for some time prot neglectice to follow the order from for Cales 1 - should Which formaly he was to particular taccarde ..

(h) Name in full

Signed, Name, (h) George Wood-Place of Abode, activenth W- Portetrat.

Dated this Security - day of February. One Thousand Eight Hundred and Eighty Helfel

#### 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 estilling the person certifying to practise as a physician, surgeon, or upo 'hecary, e.gra.:--Fellow of the Royal College of Physicians in London, Member of Royal College of Surgeons England, de.

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

(c) Here innert the street and number of the house (if 189) or other like particulars.

(d) A. B. of Insert residence and profession, or occupation (if ang) of the patient.

(f) Here state the facts.

(g) Here state the infor-

E, the undersigned, being a Li centrale of tho Roy al Callego (a of Physicians + Royal Colleges, Inguer's (durand being a duly Registered Practitioner and in actual practice as a (b) Sug gove hereby certify, that I, on the fifth day of Fernany 1884 at (c) The Temperand Aobel acker atto Inte in the County ofseparately from any other Medical Practitioner, personally examined (d) Daniel Watson Hotel profonetor of School Semperance Hole Bekmotto and that the said Quie 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 .:---

1. Facts indicating Insanity observed by myself (f)

Resplus I Paulting in his curration the though I have come to make a mendagenel. and setud me with a number of others to duner Told rue that a fintleman had gives hims about of the rough bed horses which not the fact but a delanow

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

Burdet of Wert fate wanted to per chase of wrog static pite when there is no need for them . Would got & Leeds Today without money & pay in Raining for . Which was a detacion Couvers ation disjourted 1 as Pundom Sometimes Kiolint

Signed, Name, (h)\_ Place of Abode,

de, Con Marker Pontope day of Jehnary One Thousand Eight

Hundred and Eighty Mine

Dated this

1661 -

# NOTICE OF ADMISSION,

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

> THE RETREAT, YORK.

I bereby give you flotice, 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\_\_\_\_

Lunaties 1. (16 & 17 Viet c. 96, select. C. 5. 34 : 25 & 25 Viet. c. 111.) Private Patient.

SHAW & SONS, Fotter Lane, London, Publishers of "The Justice of the Pence," a Weekly Leval Journal, price 544, post free, (78 - J.R. -19-98.) To the Commissioners in Lunacy.

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11

4.1

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT. 16 & 17 Vict. c. 96, Sched. (A.) No. 1, Sects. 4, 8.

Ho the undersigned, hereby request you to receive Surah Chadwick Haigs whom I last saw at (") Mickle over As ylum on the (") Twenty eight day of January 1889

 (a) Here insert street, and name or number of the boxes.
 (b) Within one month previous to the date of the order.

a Person of unsound mind as a Patient into your House.

Subjoined is a Statement respecting the said (Repeat the Name) Jarah chaowick Itaigh mow Somes. Name, (Signed), Occupation (if any), Solicitor Halifan Place of Abodo, alustor for the Trustees apple Degree of Relationship (if any) or Will of the late Florences other circumstances of connect Waide deceased Pelitimers ui day of Jeluary Dated this Eighteenth

One Thousand Eight Hundred and Eighty mule

To DR. BAKER, The Retreat, York.

### STATEMENT.

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

Sarah fhaowick Haigh Name of Patient, with Christian Name at ) length ..... about 42 Ferrale Sex and Age ..... Single Married, Single, or Widowed ..... Condition of Life, and previous Occupa- ) fentlewoman. no accupation Religious Persuasion, as far as known ..... Church of hyland Workhouse Bakewell Age (if known) on First Attack ..... Probably 15 or 16 Supposed Cause ..... Carrot say Whether subject to Epilepsy ..... Carrot sag Whether Suicidal ..... Carrotsay yes at times Whether Dangerous to others..... Whether found Lunatic by Inquisition, Petition presender. Date of Sugestin and Date of Commission or Order for Inquisition ......) not get fine?. Special Circumstances (if any) preventing the Patient being examined, before Ad-(Thomas Hall arrowsmith 6 arcase Chambers mission, separately by Two Medical St marys Gate manchester Name and Address of Relative to whom ) Loudicipuoquistion may hereast (c) Where the person at (Etgned), Name, (\*) now Jones. (a) Where the person sign-ing the statement is not the person who signs the order, the person into a sign the order of the following particulars con-cerning the person signing the statement are to be added. Occupation (if any),-Salint Place of Abode,\_\_\_ Nalifan Solicità to Trushees Degree of Relationship (if any), or ). other circumstances of connec-Detitions in Lunary tion with the Patient.

til hu

#### 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 quali-fication extilling the person certifying to practise as a phy-nician, surgeon, or apo hereary, ex. gra. i--Vellor of the Royal College of Physicians in London, Member of Royal College of Surgeons Eng-land, &c.

(d) A. B. of Insert residence and profession, ar occupation (if any) of the patient.

tra

He the undersigned, being a Fell ow y the Moy at lotly of Surjem . Edinburgh and being a duly Registered Surfem Practitioner and in actual practice as a (b)\_\_\_\_\_ day of Felmany hereby certify, that I, on the The Union Informany. Bake well, Derbyshine separately from any other Medical Practitioner, in the County of\_\_\_\_ Sarah. Chadwick Haugh personally examined (d)\_\_\_\_ Spuster ho occupation Bakemen . Derhypline The Union Infirmary Jarah Chadwick Haigh 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 .:--

1. Facts indicating Insanity observed by myself (f)

She was his a duponder stets. The unico not tatto as find 1 aus was any presting. I askes her alunt her home. She Said "I want to 10 to be my mother " I have not feer her for Some time " Her mother being dead I lived her She cours un su her She persisted human, in her words." I will go to her ber". She caned not till here the low, Where the hard been carlely of where the was then (g) Here state the infor-mation, and from whom.

Muse Balan. nuns linion Infirmany. Bake wer informed the that times her all teriminer she have been very depressed o very silent. She would stary his hed, though perfuits all to fet up.

Thomas M. Dolay Signed, Name, (h)\_ (h) Name in full Honton House. Hallan Place of Abode .\_\_ 14 12 day of Falmany One Thousand Eight Dated this. Hundred and Eighty Muno

#### 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 qualifaction entitling the person cortifying to practices as a physician, surgeon, or apo hecarg, ex. gra. :--Fellow of the Royal College of Physicians in Losadon, Member of Royal College of Surgeous England, dc.

(6) 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.

H, the undersigned, being a Bacheln of MEDianie of London Muiversily and being a duly Registered Practitioner and in actual practice as a (b) Surfer 16 1 - day of February hereby certify, that I, on theat (c) The Union Informary . Bakewell in the County of Derby separately from any other Medical Practitioner, personally examined (d) Sarah Chadwick Haigh no occupation Spinoke Union Superiwary Bakewell, The and that the said Jarah hadwrek.

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 (1) She has a nervous fidgetty manuer so that when reading a newspaper she cash shat I sudden glances up Every few minutes. When she has finished reading she abuptly throws ther book When she has finished reading she abuptly throws ther book Cown and hashly picks up another, her explies to any remark as this time being given in a calm quick tone. In reply to the query, there long was it suice you last saw your mother? She says "I don't know, backaps 100 years" asted where her mother is , she teplied "In a foundling hospilal gone to find a father for Japhet." 2. Other facts (if any) indicating Insanity communicated to me by others (g)

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

> mary ann Stone a same pauper inmate of Bakewell min Workhouse informs me that Sarah Chararek Haigh has got out of bed and lain down on the table in the ward on two occasions, within the lash 24 hours.

Signed, Name, (h) Charles Halter Evans. Bakswell Place of Abode,

day of\_\_\_\_

(b) Name in full

Fibruary One Thousand Eight

Hundred and Eighty Mile

Dated this IX/ Teuth

# NOTICE OF ADMISSION,

- 1662 -

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

# J hereby give you potice, 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)	
	( <i>d</i> )	

\_\_\_\_day of\_

(c) Superintendent or pro-prietor of------

(d) Full address.

Dated this\_

One Thousand Eight Hundred and

To the Commissioners in Lunacy.

Lunatics 1. (16 & 17 Viet e. 56, sched. C. 8, 24 ; 25 & 26 Viet. c. 111.) Private Patient.

SHAW & SONS, Fetter Lane, London, Publishers of "The Justice of the Ponce," a Weekly Lega Journal, price tid., post free.

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT. Sched. (A.) No. 1, Sects. 4, 8. to the undersigned, hereby request you to receive Sarah annie Simmons whom I last saw at 61, Bayston Hoad, Mothe neurigton day of October 1888 (") 1514 on the\_ (a) Within one month pre-cious to the date of the order. (b) Lunatic, or as idiot, or a (b) pursou of unsound mind as a Patient into your House. Subjoined is a Statement respecting the said Sarah Annie the, Simous a Priva Name, Emma Simmons (Signed), Occupation (if any), to Place of Abode, 6, Bayston Road, Moke neuroglow Degree of Relationship (if any) or other circumstances of connection with the Patient. day of October Dated this / She One Thousand Eight Hundred and lighty eight (c) Proprietor or super-intendent of \_\_\_\_\_ To Dr. Wood (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 Janah annie Annuous length ..... Female, 32 years Sex and Age ..... Married, Single, or Widowed ..... Sungle Condition of Life, and previous Occupa- ? nove tion (if any) ..... Religious Persuasion, as far as known ..... Friends Patiez Whether First Attack ..... Yes Age (if known) on First Attack ...... 32 When and where previously under Care \ nowhere be re One mouth Duration of existing Attack ..... Supposed Cause ...... Mupriouri ( naudfatter in asyleew) Whether Suicidal ..... nightly no Whether Dangerous to others. ..... Whether found Lunatic by Inquisition, ) no and Date of Commission or Order for hore Special Circumstances (if any) preventing the Patient being examined, before Admission, separately by Two Medical Practitioners ..... Name and Address of Relative to whom mr. Emma Juninous (mother ) 61, Bayston Road, Notice of Death to be sent ...... Stake neurogen (c) Where the person sign-ing the statement is not the person who signs the order, the following particulars con-cerning the person signing the statements are to be added. (Eigned), Name, (°) Annetta M. Lyler Occupation (if any), 64, Londen Noud, blapter, C. Place of Abode, statement are to be added. Degree of Relationship (if any), or other circumstances of connection with the Patient. 3150

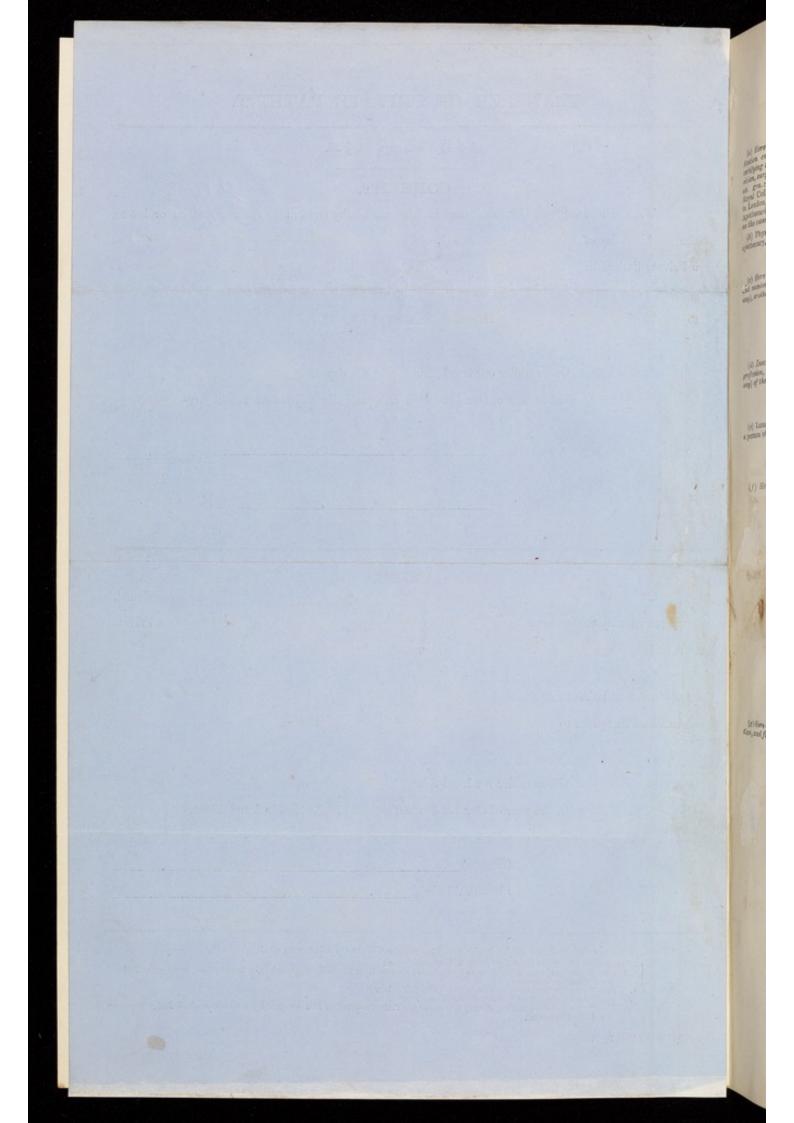
M. S. The Redical Superintendent 7. Storley How schorts that this fatient er " ver NSFER OF PRIVATE PATIENT. 16 & 17 Vict., cap. 96, § 20. CONSENT. WE, the undersigned, Commissioners in Lunacy, hereby consent to the removal, on/or before the 25 - day of Sebruary 1889, of Sarah Anine Line a Private Patient in Hoal House, Horten n. to The Retreat Strack Given under our hands this 11 day of Febr in the year of Our Lord One Thousand Eight Hundred and Eighty- no W.E. Luc Commissioners John & Veston in Lunacy. Emma Limmono the undersigned, and L.\* a Private ast. having Authority to discharge Sarah Annie Hoston Horton n House, Patient in ach. hereby order and direct that the said Sauch Annie be removed therefrom to The Retreat Joshone, Given under my hand this 13 the day of Februar in the year of Our Lord One Thousand Eight Hundred and Eighty- Freece Omma Timmons (Signed) Place of Abode 61 Bayston Rd Stoke Newington relati Poss \* NOTE. This order must be signed and dated subsequently to the consent of the Commissioners ; and it must be signed by- The person who signed and dated subsequently to the consent of the Commissioners; and it must be signed by—

 The person who signed the order for the Patient's admission:
 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 :
 If there be no Husband or Wife, then by the Patient's Finther:
 If there be no Father, then by the Patient's Mother:
 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

184

a



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

1, the undersigned, (a) Here set forth the quali- being a (a) Thember of the Royal levellege of Surgeons, Ediaburgh scation entitling the person certifying to practize as a phyand descentrate of the Society of apothecasies sician, surgeon, or apothecary, ex. gra.z-Fellow of the Royal College of Physicians in London, Licentinte of the Apothecaries' Company, or as the cam may he and being in actual practice as a (b) Jurgeon (b) Physician, surgeon, or apothecary, as the case may be. hereby certify, that I, on the 15th day of October (c) Here insert the street at (c) 61, Bayston Nond, State newrington any), or other like particulars. in the County of Middlesee separately from any other Medical Practitioner personally examined Javale annie Simmons (d) Insert residence and profession, or occupation (if any) of the patient. of (d) let, Bayston Mond, Make newington and that the said Sanah Annie Srinnows

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

is a (e) rerson of unsound music 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 st ite the lacts.

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

The is suffering from various delusions. Delieving the medicine she has taken has hought them on. One delasion is that she has a scripent in her stomade which turits and twests about, she says she has something on her mind soluci is too dreadful to tell any one. At times she is prefectly rational and can do anything.

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

Her mother ( Emma Simons) 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. The says the devit has got hold of her.

Signed,

Name, F. Wheeler Brown, Mikles etc. Place of Abode, 56, Mectory Mond, N.

day of October

Dated this /574 Hundred and lighty light.

One Thousand Eight

(z) Here state the informa-tion, and from whom.

as the case may be.

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

day of October

separately from any other Medical Practitioner,

(a) Hereset forth the quali- being a (a) Licentiate of the Toyal bollege of Physician and fication entitling the person certifying to practise as a phy Turgeous, Ediabarghe, and of the Society of apothecaries, certifying to practice as a pay-sician, surgeon or apothecary, e.e., gra. :--Fellow of the Koyal College of Physicians in London, Licentiate of the Apothecaries' Company, or

the undersigned,\_\_\_

hereby certify, that I, on the / 574

Loudon.

(b) Physician, surgeon, or and being in actual practice as a (b) Aurgeon apothecary, as the case may be.

(c) Here insert the street, at (c) bet, Mayston Tour, Stoke heurington and number of the house (if any) or other like particulars. in the County of Middlesey

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

and that the said Sarah Annie Simmons (e) Lunatic, or an idiot, or is a (enerous nues nues nues 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 .:--

personally examined Lanch Annie Simmons, no occupation

(f) Here state the facts.

1. Facts indicating Insanity observed by myself (1) Meetells nee her develop has given medicine that has placed a serpent riside her, it rives up and turies about: At another time due says Satan is minio her heart and tow has waterely cast her off, that she will have to be put under the ground, that she has committeed an unpardenable sin which the cannot tall to any one. The says her brother Toby will have to bury her in the garden.

(g) Here state the infor-ation, and from whom.

2. Other facts (if any) indicating Insanity communicated to me by others (g) Her sister ( Im Amutto M. Lyler) says she argues with her to try to prove stee star has had the plaque. Hee says she is falling to preces - the medicine is dessolving her .-Her mother (Emma Simmons) says she complains that she was dying and they woke her up and prevented her dying.

> Name, Millee bulpin, LN. 6. P. Edui J. A. Loud. Signed,

Hundred and sighty eight

Place of Abode, 39, Manuford Hell day of October One Thousand Eight Dated this 15th



1.1

# NOTICE OF ADMISSION,

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

1.8 0

THE RETREAT, YORK.

J hereby give you potice, that

was admitted into this Hospital as a Private Patient, on the

1 and 1

\_\_day of\_\_\_\_\_\_18 , and I

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

10 12

Signed,

Superintendent of the Retreat, York.

Dated this \_\_\_\_\_ day of

One Thousand Eight Hundred and Eighty

Lumatics 1. (16 & 17 Viet c. %, schod. C. 5. % ; 25 & 26 Viet. c. 111.) Private Patient.

SHAW & SONS, Fetter Lane, London, Publishers of "The Justice of the Pener," a Weekly Leval Journal, price Hids, post free, (76 O.B. -10-93.) To the Commissioners in Lanacy.

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ORDER FOR THE RECEPTION OF A PRIVATE PATIENT. 16 & 17 Vict. c. 96, Sched. (A.) No. 1, Sects. 4, 8. t, the undersigned, hereby request you to receive (a) Here insert street, and ame or number of the house. whom I last saw at (") the house the 13th (b) Within one month previous to the date of the order. day of march on the (b)\_ a Person of unsound mind as a Patient into your House. Subjoined is a Statement respecting the said Name, Bonahette non (Signed), grone Occupation (if any),\_\_\_ Place of Abode, Johorschring Armfistina Degree of Relationship (if any) or the in them tion with the Patient. Dated this 13th day of\_ One Thousand Eight Hundred and Eighty mine To DR. BAKER, The Retreat, York. STATEMENT. If any Particulars in this Statement be not known, the Eact to be so stated. Name of Patient, with Christian Name at ] manthe length ..... Sex and Age ..... Married, Single, or Widowed ..... Condition of Life, and previous Occupa-Religious Persuasion, as far as known ..... sh Thut Previous Place of Abode ..... Whether First Attack ...... Age (if known) on First Attack ..... When and where previously under Care ? nogher 2 genso Duration of existing Attack ..... unanown Supposed Cause ..... m Whether subject to Epilepsy ..... nes Whether Suicidal ..... on Whether Dangerous to others..... Whether found Lunatic by Inquisition, ) m and Date of Commission or Order for Special Circumstances (if any) preventing the Patient being examined, before Admone mission, separately by Two Medical Practitioners ..... Japana mand & 9 6mich Name and Address of Relative to whom ? Notice of Death to be sent ..... 5 migabeth (c) Where the person sign-ig the statement is not the erron who signs the order, the sillowing particulars con-(Eigned), Name, following particulars con-cerning the person signing the statement are to be added. none Occupation (if any),\_\_\_ Place of Abode, Aton Lahro Shows Degree of Relationship (if any), or ) Tister in her other circumstances of connection with the Patient.

#### 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.

E, the undersigned, being a Surgure . loy al College of Surfun, (a) Here set for the the quali-fication entitling the person certifying to practize as a phy-sician, surgeon, or apo'hevary, s.c. graz.:--Pellon of the Royal College of Physicians in London, Member of Royal College of Surgeons Eng-land, &c. (Here insert qualification, and from whence the Deg. and being a duly Registered (a)\_\_\_\_ Practitioner and in actual practice as a (b) furfum 9 12 day of March 1889 (b) Physician, surgeon, o apothecary, as the case may b hereby certify, that I, on the (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) Jamo Hy Mand (d) A. B. of Insert residence and profession, or occupation (if any) of the patient. nool for 43 Church It Bingley and that the said Tunthy Mand

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.

te

1. Facts indicating Insanity observed by myself (f)

Afusing food - Believedthe was consuming the invar heart - Wished to be our where raining with the idea of the rain costing

(g) Here state the inforation, and from whom. 2. Other facts (if any) indicating Insanity communicated to me by others (g) (Give full name of informant)

(b) Name in full

Signer, Name, (h) Tubrich Robert Clarhow Place of Abode, Jackwith In Josh

Dated this /2 day of March One Thousand Eight Hundred and Eighty Mile

#### 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 de ad within SEVEN clear days of the Patient's Reception.—In stating the Residence, the number of the House must ae 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 sutilizes the person certifying to practice as aphysician, surgeon, or apo becary, ex. gra. :-- Bellow of the Royal College of Physicians in Londoe, Member of Royal College of Surgeons England, &c.

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

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

(d) A. B. of — Invert residence and profession, or occupation (if any) of the patient.

F, the undersigned, being a Surgrou (a) Manuber of the Royal College of Surgeous England (a) Manuber of the Royal College of Surgeous England Practitioner and in actual practice as a (b) Surgura hereby certify, that I, on the 13th day of march 1889 6. St Leonard's Place Goste in the County of York - separately from any other Medical Practitioner, personally examined (d) Junoltry hand (Insert could all sorte -43. Church Stret Bungley in County of Gorle and that the said Timo they hand

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.

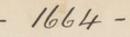
1. Facts indicating Insanity observed by myself (f)

It constantly wanders up and down. Looks dyseted und minerable. Jells me that he is afraid he is going to a bad place (meaning hele) and Iter makes him minerable. Jeles me that God has laten his flish away

(g) Here state the information, and from whom. 2. Other facts (if any) indicating Insanity communicated to me by others (g)

In I Clizabite moon of Stamps towards lites me that he is constructly wandering about & praying alond. He imagines that he is going to be burnt. Says that God has left him, & he cannot be saord.

Signed, Name, (h) Friderich Shann Place of Abode, 6. Stheonards Place Gok Dated this 13th day of march One Thousand Eight Hundred and Eighty him



## 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

, and I

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

Signed,

Superintendent of the Retreat, York.

\_\_\_\_\_18

Dated this

\_day of\_\_

One Thousand Eight Hundred and Eighty

To the Commissioners in Lunacy.

Lunatics 1. (16 & 17 Fire 0. 96, sched. C. 15 & 50 Vict. c. 111.) Private Patient.

24

1123

SHAW & SONS, Fotter Lane, London, Pablichers of "The Justice of the Peace." a Weekly Loral Journal, price Edd, post free. (76 O.R. -10-98.)

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ORDER FOR THE RECEPTION OF A PRIVATE PATIENT. 16 & 17 Vict. c. 96, Sched. (A.) No. 1, Sects. 4, 8.

day of

7. Rele the Semare, Bork

march 1880

X B

t, the undersigned, hereby request you to receive-Jaures Williauson

whom I last saw at (")\_\_\_\_

on the (b)

(a) Here insert street, and name or number of the house

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

a Person of unsound mind as a Patient into your House.

noia

Subjoined is a Statement respecting the said ille an Son Amas Joseph Laurett Hogy Name, (Signed), Occupation (if any), Place of Abode, 17. Spring Perroce, . Shields. Degree of Relationship (if any) or mo Macy - rea - Clear other circumstances of connec-tion with the Patient. 20 00 march day of\_ mated this\_ One Thousand Eight Hundred and Eighty mue.

TO DR. BAKER, The Retreat, York.

## STATEMENT.

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

James With and the Name of Patient, with Christian Name at ) length ..... male. Sex and Age ..... Wiceower Married, Single, or Widowed chemist Torugles Condition of Life, and previous Occupa- ) tion (if any) ...... Religious Persuasion, as far as known ..... Shields. Previous Place of Abode ..... 15. Stringe errace Whether First Attack ..... Age (if known) on First Attack ...... When and where previously under Care ] a un here and Treatment ..... Whether subject to Epilepsy ....... Oppressed himself so he cutty Whether Suicidal ..... Whether Dangerous to others..... no Whether found Lunatic by Inquisition, and Date of Commission or Order for no Special Circumstances (if any) preventing the Patient being examined, before Adnoue mission, separately by Two Medical Practitioners ..... Name and Address of Relative to whom } A. Williamson. 23, nor humberland aprave Notice of Death to be sent ..... Name, (°) Jos Plu nossaugu (c) Where the person sig (Signed). (c) is statement is not the person who signs the order, the following particulars con-cerning the person signing the rtatement are to be added. Clecent a Occupation (if any), Place of Abode, 17. Spring Pennace, helds 2115 Degree of Relationship (if any), or Brother - in - lew? other circumstances of connection with the Patient.

### 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 serifying to practize as a physician, surgeon, or apo becory, e.e. gra.:--Fellow of the Royal College of Physicians London, Member of Royal College of Surgeons England, &c.

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

dels

ls.

C Cald

(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.

H, the undersigned, being a M. N. C.S Eng & 1. D. P. Sondon. \_\_ and being a duly Registered Practitioner and in actual practice as a (b) Lungron hereby certify, that I, on the Twittelt day of March 18 89 7. Belle Vue Tarrace . York. at (c)\_\_\_\_ York separately from any other Medical Practitioner, in the County of\_\_\_\_ personally examined (d) James Williamson Chemist 5. Spring Terrace. North Shields James Williamson. 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)

Tames Williamson has told me that he has been Suffering for Leven years from aspressed spirite brought on by his wife's illness, and afterwards have worse by herdrath. Manys the has frquently felt user low and Arepressed and has denies put material into his pocket with which o take his life, he days he has put opinum into to take his life, he days he has put opinum into his pocket, but has never taken it. the say the his pocket, but has never taken it. the say the fulleworse when allow, and ypolerday he thought of threeving the Chairs out of the Window and then gillen out after the 2. Other facts (if any) indicating Insanity communicated to me by others (g)

Joseph Fawcett Hogg, the patients Brother wlaw il 17 Spring Tiwace unforms me that for some twee he has noticed power withiameou's low state of Heatth, + that James williamer what Southand to a state of the the has that James williamer what Southard a thim, that he has put Opinne weto his pocket areawing when he hid it to take his life, because wrighting decented to gloomed, and for james with an un has as het alformant to have twin placed in lower for his actions, Informant lang that James with an entry answer for his actions, Informant lang that James with an information to Column, that if two men had bed been write and only the wond the main Signed, Name, (h) Edmind, hyalt, Hacques, with the to and New Market Market with the source of the the to the to and the to a source of the to a to be the to and the to a to be the to and the to a to be the to a to be the to a to be to a to be to a to be to a to be the to a to be to be to be to be to a to be to a to be to a to be New Street York. Place of Abode,\_\_\_\_

Dated this Twentisth day of tearth One Thousand Eight Hundred and Eighty give.

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

loud of are in the Service in sell

2115

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#### 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

> H, the undersigned, being a VL. 2. C. S. Bre glund & L. S. a. Jonden (a)\_ - and being a duly Registered Practitioner and in actual practice as a (b) Surgue 20 the day of shanch hereby certify, that I, on theno. 7 Belle Vue Gerrace. Nouk Varis in the County of separately from any other Medical Practitioner, James Williamson personally examined (d)\_\_\_\_\_ a Chemis 2- of 15- Spring Terrace of Tames Williams on 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 .:---

1. Facts indicating Insanity observed by myself (1) He Jaz, Think (f) Here state the facts. he has been depressed in mind for Seven zears. gradualing getting worse it KAL himself therewith a first his prochet of " KAL himself therewith also an hearch II = 1889" In got four annes of Liggeon hearphies. Knowing Itual the Same would Swretz Kill him = also the he went I gnemoute a few days ago intinding to drown himself off the first and of the file 2. Other facts (if any) indicating Insanity communicated to me by others (y)

gra, i—Fellow of the Royal College of Physicia in London, Member of Roy College of Surgeous En and, &c.

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

(d) A. B. of <u>Insert</u> scidence and profession, or sepation (if any) of the client.

(g) Here state the info mation, and from whom.

signed, Name, (h) Villiam Hoon . Place of Abode, Castlegal Itouse, York.

One Thousand Eight

Dated this Hundred and Eighty Mine

# NOTICE OF ADMISSION.

- 1665 -

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

shh theury I hereby give you Notice. That IT. 2mmm as a Private Patient, on the was admitted into this (a)

(a) House or hospital.

Carry.

Sik day of In 18 76 and I hereby

transmit a Copy of the Order and Medical Certificates on which he was

(b) If a private patient be received (b) received upon one certificate only, the special circum-stances which have presented the patient from being ex-amined by two medical prac-titioners to be here stated, as in the statement accom-panying the order for admis-sion.

Elanell. Signed, (c)

(c) Superintendent or proprietor of \_\_\_\_\_

(d) Full address.

the day of Dated this One Thousand Eight Hundred and Jeven

(d)

To the Commissioners in Lunacy. that this is a true red Capy of the order Merty Lunatics 1. (16 & 17 Vict. c. 96, Schod. C. s. 24.) (25 & 26 Vict. c. 111.) Private Patient. LONDON: SHAW AND SONS, Fetter Lane, E.C. ele ea as a hito Moreroff. Thang Ian (2-11-87.) uc

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT. Sched. (A.) No. 1, Sects. 4, 8. osph Henry t, the undersigned, hereby request you to receive ar Denham saw whom I last at hely day of (a) on the (a) Within one month previous to the do te of the order. Junsonns mindas a Patient into your House. (b) Lunatic, or an idiot, or a person of unsound mind,] us a Subjoined is a Statement respecting the said Orthh raven ann a on Signed, manufacturer. Occupation (if any), Keighley Place of Abode, Degree of Relationship (if any) or other circumstances of connecwhen (d) In tion with the Patient. eng) of the day of Dated this Ju The One Thousand Eight Hundred and Jeventy (A) La (c) Proprietor or supera person D. Tilwell To ndent of -(d) Describing the house or hospital by situation and same, if any. mietor of Moneroft there heling the STATEMENT. (1) 11 If any Particulars in this Statement be not known, the Fact to be so stated. Josph Keny paven Name of Patient, with Christian Name at length..... male . Lel. Sex and Age ..... married Married, Single, or Widowed ..... Manufach Condition of Life, and previous Occupation (if any) ..... onglar h or huse Religious Persuasion, as far as known ... Keighley. Previous Place of Abode. ..... no Whether First Attack ..... 37 Age (if known) on First Attack ..... Morrcroft & She Cedan Miling Dan Suice Sep When and where previously under Care ) and Treatment ..... day Duration of existing Attack ..... (1) Re ale Supposed Cause ..... no Whether subject to Epilepsy ..... Whether Suicidal ..... So far as I Kr no Whether Dangerous to others..... Whether found Lunatic by Inquisition, no and Date of Commission or Order for Inquisition..... Special Circumstances (if any) preventing the Patient being examined, before Admission, separately by Two Medical Practitioners ..... ..... tection Hull n. Leeds Name and Address of Relative to whom ] om Notice of Death to be sent .... (c) Where the person sign-ing the statement is not the person who signs the order, the following particulars con-cerning the person signing the statement are to be added. avin Signed, Name, (\*) Man afactine Occupation (if any), h 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.

as the case may be.

Henry

ner

1.

1 reds

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

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

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

to the undersigned, Charles Koberts mal fillege of Surfern (a) Here set forth the quali-fection calilling the person eertifying to practice as a phys-sician, surgeos, or apothecary, ex. gras. 2-Fellow of the Roral College of Physicians in Loedon, Licentiate of the Apothecaries' Company, or as the case may be.

and being in actual practice as a (b) \_ Jurgem hereby certify, that I, on the fifth day of July 1876

(c) Here insert the street at (c) the Samter must must be and number of the house (if any) or other like particulars. in the County of Backing ham hine separately from any other Medical Practitioner, at (c) The fautert Annes un Den raven Sos? Joseph Henry personally examined

of (d) The ledars thiling on - Mudleser. Manufaction and that the said of there y 2aver is a (e) Reas as of unsound Ring 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 .:--

( /) Here state the facts.

1. Facts indicating Insanity observed by myself (1) & Nestless & Lecilatte

Condition Jenerally. will not answer a Single question Jask him - during my questions he Shouts for his broken to proceed on the array, I will take no notice of me in way - nor Inter into and owersatin

(g) Here state the infor-mation, and from whom.

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

Byan Stater, Coachuran to naven mformy to him sel, and me that he frequently talks and Call to in afin any to the wall dividuals to come ait I Jus / days he walked from his Since hou tright with he reached dutin wahat informing his friends of his intention Robert Thas. Staned, Names Minidge Place of Abode, the \_\_\_\_day of \_\_\_\_ 5 One Thousand Eight Dated this Hundred and Deventy Six .

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

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day of July 1876

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Joshh Herry

(a) Here set forth the quali-fication entiting the person certifying to practise as a phy-sician, 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 and a dice and being in actual practice as a (b).

the undersigned,\_

The Nau

(b) Physician, surgeon, or apothecary, asthe case may be. hereby certify, that I, on the

(c) Here insert the street, at (c) \_ and number of the house (if any) or other like particulars. in the ( in the County of

personally examined

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

(d) Insert residence and of (d) the Cedars, profession or occupation (if any) of the patient. Jan. anuf Willin ach 2an Joshh Thenry and that the said herson of unsour minant a proper Person to be taken charge of and detained is a (e) 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 res Teas & acited in m Shat absolutely to answer any quest repress on even to look inf is Shave Jeen Walkin a way as in Juch 2 (Ca cu Condition his

(g) Here state the information, and from whom

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

This Conchus au Brian Stater infor 1 me That has been viola he having lef a wa m. wer Kin les The face as tra ing Vans ann which and alrising the ever 1 on Inn Keepers. Williain 1au Signed, Name, an drew 69 11 Place of Abode, day of Dated this One Thousand Eight Hundred and errants Lir

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 herehv gine m	ou Notice, that		
an orrest Brot fr	Ju grotter, man		
was admitted into this	Hospital as a Private	e Patient, on the	
	day of	18	, and 1
hereby transmit a Co	py 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\_\_\_\_

Lunaties 1. (16 & 17 Viet c. 96, sehed. C. 25 & 26 Viet, c. 111.) Private Patient.

SHAW & SONS, Fetter Lane, London, Pablishers of "The Justice of the Proces" a Weekly Lecal Journal, price tipd., post free, (78 O.E. -10-26.) To the Commissioners in Lunacy.

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#### ORDER FOR THE RECEPTION OF A PRIVATE PATIENT. 16 & 17 Vict. c. 96, Sched. (A.) No. 1, Sects. 4, 8.

to the undersigned, hereby request you to receive

(a) Here insert street, and name or number of the house.

(b) Within one month previous to the date of the order

Lidia mary Wood whom I last saw at (") Menston Asylum " Leeds on the (°)\_\_\_\_\_\_ day of march 1889 a Person of unsound mind as a Patient into your House. Subjoined is a Statement respecting the said lia mary Wood Name, Sarah June Wood (Signed), Occupation (if any),\_\_\_\_ Place of Abode, 37 Churchill H. Leverpool Degree of Relationship (if any) or mothes other circumstances of connecday of April Dated this fourth One Thousand Eight Hundred and Eighty Mine TO DR. BAKER, The Retreat, York. STATEMENT. If any Particulars in this Statement be not known, the Fact to be so stated. Lydia Mary Wood Name of Patient, with Christian Name at ) length ..... Female 29 Sex and Age ..... Jingle Married, Single, or Widowed ..... Assistant in Stationery Shop. Condition of Life, and previous Occupa- ? Religious Persuasion, as far as known ..... member of the Jociety of Friends Previous Place of Abode ...... 222 Windsor St. Leverpool nes Whether First Attack ..... 29 Age (if known) on First Attack ..... njes Whether subject to Epilepsy ..... Doubtful Whether Suicidal ..... no Whether Dangerous to others, ..... Whether found Lunatic by Inquisition, ) no and Date of Commission or Order for Inquisition...... Special Circumstances (if any) preventing the Patient being examined, before Admission, separately by Two Medical Practitioners ..... William Wood 37 Churchile St. Leverpool Name and Address of Relative to whom ? Notice of Death to be sent ...... Sarah Jane Woods. (c) Where the person signing the statement is not the person who signs theorder, the following particulars con-cerning the person signing the statement are to be added. (Signed), Name, (°). Occupation (if any),

Place of Abode,\_

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

## 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 quali-cation entitling the person of fying to practise as a phyinas, surgeos, or apo'Accarg, . gra. :--Fellow of the oyal College of Physicians London, Member of Royal diege of Surgeons Eng-

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

(d) A. B. of — Insert residence and profession, or occupation (if ang) of the patient.

(f) Here state the facts.

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

Practitioner and in actual practice as a (b) \_\_\_\_\_ Surgeon day of april hereby certify, that I, on the fifth \_ 18 89 \_ tation masters Office, n.E. Raily ay forthe York \_\_\_\_ separately from any other Medical Practitioner, in the County of \_\_\_\_ personally examined (d) defdew Mary Wood, asees to Materiary Shop or 222 Windson At heverpool

E, the undersigned, being a Member of the Royal follege of Surgers

(a) and huntich of that otheraris forthe and being a duly Registered

and that the said hydra 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 .:--

1. Facts indicating Insanity observed by myself (f) forversation rauebleag and encoherent - States that she hears voices and is able to carry on conversations with her prinds whiles in her bedroom - That God has frequently talked toher; and that when her fits ar coming on she has been able to ward them off by haoching her head with her Kauchles

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

\_day of \_\_\_\_

It as just been discharged from the West Riding asylum, meastor, "relieved" informed by Kati Lucan

Clifton - York

Signed, Name, (h)

Place of Abode,

Dated this, Ulac Hundred and Eighty

(h) Name in full

port

One Thousand Eight

### 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 quali-ficution entiting the person certifying to practice as a phy-ician, surgeon, or aporhecary, as, gra. :- Fellow of the boral College of Physicians in London, Member of Royal College of Sargeons Eng-land, de.

(b) Physician, surgeon, o apothecary, as the case may b

(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, the undersigned, being a Ballulor of Midicine & Master of the University of Minks fond being a duly Registered (a) In Jurgery Sugeon Practitioner and in actual practice as a (b) april hereby certify, that I, on the-- day of-1889 at (c) the Action - mestuson fice. N.E Railway Ang. in the County of\_\_\_\_ separately from any other Medical Practitioner, Mary wood amistating personally examined (d) Augur Stationen the St. Swerport of thang and that the said\_ wo 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 (1) In the communation the operatily forgets the subject asked har I from it " the told we the contor only the by southing her less & hold the cr a note of that ed see Hell & Heaven & the med like She also hells me the hears voices of his pregretty talked in her miter mice her derthe

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

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

this jest come from the west Reding milium - mention - I is comprov formed by Kate duin

Signed, Name, (h)\_\_\_ Place of Abode,\_\_\_ Dated this\_ \_ day of\_

Hundred and Eighty

(h) Name in full

One Thousand Eight

- 1664 -

# NOTICE OF ADMISSION,

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

> THE RETREAT, YORK.

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

Signed,

Superintendent of the Retreat, York.

, and I

Dated this \_\_\_\_\_ day of \_\_\_\_\_

One Thousand Eight Hundred and Eighty

Lunaties 1. (16 & 17 Viet c. 96, sched. C. 5. 24 1 25 & 25 Viet. c. 111.) Private Patient.

1

SHAW & SONS, Fetter Lane, London, Publishers of "The Justice of the Pence," a Weekly Lecal Journal, price 154, post tree, (70 O.B. -10-28.) To the Commissioners in Lunacy.

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT. 16 & 17 Vict. c. 96, Sched. (A.) No. 1, Sects. 4, 8. to the undersigned, hereby request you to receive-Dissell nary Leccles. (51 shafterbury de) (a) Here insert street, an name or number of the house whom I last saw at (") Twelvern april 1889 day of on the (b). (b) Within one month previous to the date of the order. a Person of unsound mind as a Patient into your House. Frends Metrick Subjoined is a Statement respecting the said ann Disallo harlest of issell Name. (Signed), 22111 Occupation (if any), To celes. Tesbury 21 Place of Abode, 101 Degree of Relationship (if any) or other circumstances of connec-Auchand tion with the Patient. april Dated this day of\_\_\_\_ One Thousand Eight Hundred and Eighty Rune TO DR. BAKER, The Retreat, York. STATEMENT. If any Particulars in this Statement be not known, the Fact to be so stated. mary ann Busell Name of Patient, with Christian Name at ) length ..... 44 Jemel (1) Sex and Age ..... marrier Married, Single, or Widowed . Housewife. Condition of Life, and previous Occupa- ) Religious Persuasion, as far as known ..... 57 Shaffesbury Street Eccles. Previous Place of Abode ..... hill Whether First Attack ..... Oct 21 1844 to man. 16 1848. about 28 Age (if known) on First Attack ..... Your . teb 25 1857. to July 2 1887 When and where previously under Care ? The altreas and Treatment ...... 10 days. Duration of existing Attack ..... Domestic cares. Supposed Cause ..... ho Whether subject to Epilepsy ..... - injuro herself attemps to Whether Suicidal ..... Whether Dangerous to others..... quapoci ant Whether found Lunatic by Inquisition, and Date of Commission or Order for Special Circumstances (if any) preventing none the Patient being examined, before Admission, separately by Two Medical Practitioners ..... la has Bisell. Heceles. Name and Address of Relative to whom ] Notice of Death to be sent ..... hardbieselo (c) Where the person signing the statement is not the person who signs theorder, the following particulars con-cerning the person signing the statement are to be added. (Signed), Name, (\*) Occupation (if any), eclo Place of Abode, Mati Degree of Relationship (if any), or other circumstances of connecesba. tion with the Patient.

NT.

Heecho .

1899 5 mar. 16 1848. 1899 5 July 2 1887

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#### 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.

to the undersigned, being a Doctor of Mersicine of adin " Unis " (Here insert qualification, and from whence the Degree or Diplomations obtained. (a) Here set forth the quali-leation entitling the person wrifying to practise as a physieion, surgeon, or apo Acorry, ez. gra. 1-Fellow of the Royal College of Physicians in Lossdon, Member of Royal College of Surgeons Eng-land, &c. and being a duly Registered (a)\_ Practitioner and in actual practice as a (b) Physician Surgeon 12:00 day of april (b) Physician, surgeon, or apothecary, as the case may be, hereby certify, that I, on the\_ 1889 (Insert street and N (c) Here insert the street at (c) 51. Thatterbury St. Toccles any) or other like particulars. in the County of Lancaster separately from any other Medical Practitioner, (d) A. B. of Insert personally examined (d) Mary ann Bissell compation (if any) of the for the Small af 2.1. C. the Eccles 51. Tha flesbury St. Eccles Mary ann Bissell 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 .:---1. Facts indicating Insanity observed by myself (1) I Saw her two nights (f) Here state the facts. ago when she was very rivlent owing to an attach pacute maria-To-day she is in a quieter condition, talks very incoherently at times, I is rather melanchotic -2. Other facts (if any) indicating Insanity communicated to me by others (g) (Give full name of informant) (g) Here state the information, and from whom. Therhusband, Charles Breell, ST. Shaflesbury A. Eccles, title me the has been placed under serband 19.4. atomes twice at The Retread, york I certified her as ansance the last time she . admitted to The Retrent. Signed, Name, (h) Joehua John Cosc c (h) Name in full Place of Abode, Stringre, Eccles, manches 12 th day of april -One Thousand Eight Dated this Hundred and Eighty hive

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#### 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 entiting the person certifying to practice as a phyrician, surgeon, or apo 'heeary, ex. gra. :- Fellow of the Royal College of Physicians in London, Member of Royal College of Surgeons England, de.

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

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

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

No. R. C. S. maps to the undersigned, being a - and being a duly Registered Swo cito Practitioner and in actual practice as a (b). hereby certify, that I, on the Uwelfth day ofat (c) Castlegale House, your in the County of Yants separately from any other Medical Practitioner, personally examined (d) Many Com Bissell a Muriced woman wife of Charles Bissell a former Phaflistering Sr. Eccles, Canding of a 5-1 and that the said Manz 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 (1) She is definished and in the is definite to get the the the second of the second of the second is a cour " and is affer " . I'mplied to do away with howself ".

(g) Here state the information, and from whom. 2. Other facts (if any) indicating Insanity communicated to me by others (g) (Give fall name of informant)

(h) Name in full

Signed, Name, (h) Place of Abode, Castle cale House, Dated this, One Thousand Eight

Hundred and Eighty nime . .

