

Order for conveyance to a Hospital or Licensed House.

We, the undersigned Justices, having called to our assistance

D. H. Herschen and *D. E. W. Barker*.

Medical Practitioners, and having examined

* Insert residence and occupation, if any.

of *[redacted]*, who has been brought before

Home Duties
us as being deemed to be insane, as also the said Medical Practitioners, and having

made such inquiry relative to the said *[redacted]*

† If other evidence of the insanity add "with other proof."

as we have deemed necessary, and being, upon such examination†

satisfied that the said *[redacted]*

is insane

‡ Insert here "and in indigent circumstances," or "and was wandering at large," or "and was discovered under circumstances that denoted a purpose of committing some offence against the law," or "and is not under proper care and control," or "and is cruelly treated or neglected by—", and treatment, do hereby direct you

is not under proper care and control
and that he is a proper person to be taken charge of and detained under care

and treatment, do hereby direct you

§ Insert here "hospital," or "licensed house."

the Superintendent of the §

to receive into the said §

the Superintendent of the § *Hospital* at *Claremont*

to receive into the said § *Hospital* the said *[redacted]*

Given under our hands and seals this *23.* day of *August*, One

thousand nine hundred and *eighteen*

(Signed) *James H. Enoble*, J.P.

(Signed) *J. B. Bruckmire*, J.P.

To *D. H. Herschen*, Superintendent of the §

at *Claremont*

(For Schedule 4 see reverse.)

NOTE.—When the case is one of emergency, and a certificate is signed in the form of Schedule 6, this form must be altered so as to refer to one medical practitioner.

Subjoined is a statement respecting the said

STATEMENT.

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

Name in full?

Age?

Married, Single, or Widowed?

Number of children?

Age of youngest child?

Previous occupation?

Native place?

Late residence?

Religious persuasion?

Supposed cause of insanity?

How long has the attack lasted?

Has he been insane before?

State the number of attacks?

Age (if known) at first attack?

Has any insane relations?

Has ever been an inmate of any institution for the insane?

Is subject to fits?

Is suicidal?

Is dangerous to others?

Name and address of nearest relations or friends?

Special circumstances (if any) preventing the patient being examined before admission by two Medical Practitioners.

(Signed),

(Address),

When the person signing the statement is not the person who signs the order for request for the admission of the insane person, the following particulars concerning the person signing the statement are to be added, viz. :—

Occupation (if any)?

Place of abode?

Degree of relationship (if any) or other circumstances of connection with the patient?

Form of Medical Certificate to accompany Order or Request for Reception into a Hospital or Licensed House.

I, the undersigned, being a Medical Practitioner, hereby certify that I, on the 23rd day of August, One thousand nine hundred and eighteen at* Public Hospital
Munich
Perth.

*Here insert the particulars of the place of examination, as the street, number of the house, or other particulars.

separately from any other medical practitioner personally examined

of

†Insert residence and profession or occupation, if any.

and that the said

‡Insane or an Idiot. is† Insane, and a proper person to be taken charge of and detained under care and treatment, and that I have formed this opinion upon the following grounds, viz.:—

(1.) Facts indicating insanity observed by myself

§Here state the facts.

§ Says that we are making out that she is dead that we have a body outside for the undertaker to take away: seeing men coming in out of the room who bang her head on the wall. Says that we have performed a big operation upon her staker out all her intestines she is very angry and troublesome.

(2.) Other facts (if any) indicating insanity, communicated to me by others

**Here state the information and from whom.

** She was very drunk on admission on Sept 16. 8.18 and has not improved, but seems to be getting worse. Her idea of prosecution is wild & varying at times: Says that we are going to bury her we have a body outside which we are saying is hers. Refuses medicine thinks it is poison.
Dated this 23 day of August, One thousand nine hundred and eighteen

(Signed)

G. W. Barker.
P. P. H.

(Place of abode.)

Form of Medical Certificate to accompany Order or Request for Reception into a Hospital or Licensed House.

I, the undersigned, being a Medical Practitioner, hereby certify that I, on the *twenty second* day of *August*, One thousand nine

hundred and *eighteen* at*

Perth Public Hospital
Murray St
Perth W.A.

separately from any other medical practitioner personally examined

of

†Insert residence and profession or occupation, if any.

and that the said

‡Insane or an Idiot.

is†

insane

, and a proper person to be taken charge of and detained under care and treatment, and that I have formed this opinion upon the following grounds, viz.:—

(1.) Facts indicating insanity observed by myself

§Here state the facts.

§

Has admitted to want for Alcoholism to which she is by appearance addicted chronically. Admitted she had drunk freely. She suffers from hallucinations such as being attacked at night by men who bump her head against the wall, says it makes her scream. I have seen her three times & she is not improving, rather otherwise. I have heard her screaming apparently without cause in the day time

(2.) Other facts (if any) indicating insanity, communicated to me by others

**

**Here state the information and from whom.

Was very drunk on admission & has not had her senses under command since then. She gets very noisy at times, screaming at the top of her voice. Has illusions of persecution

Dated this *twenty second* day of *August*, One thousand nine hundred and *eighteen*

(Signed)

Henry A. Eschen
Perth

(Place of abode.)