

20.

William Henry Dyson

Admitted

14th ¹⁷ September 1840.

513



Received 31.3.91

Page 1

DATE OF BIRTH: 1944-01-01

1950-51

(1) 5. 1. 1954

[illegible]

Quesada

019563*

[illegible]



FORM 2.

JUSTICES' ORDER FOR THE RECEPTION OF AN INSANE PERSON.

WE, *Robert William Giblin, Shookbridge*
and *Ellis Dean* the undersigned,
having called to our assistance *George Francis Hirston Esquire*
a Medical Practitioner,
and having personally examined *William Henry Dyson*
and being satisfied that the
said *William Henry Dyson*
is a *person of unsound mind*

a "Lunatic," or "an Idiot," or "a Person of unsound Mind." Add the words "wandering at large," or "not under proper care or control," or "and is cruelly treated (or "neglected") by the person having the charge of him," as may appear to the Justices to be the case.

and a proper person to be taken charge of and detained under care and treatment,
hereby direct you to receive the said *William Henry Dyson*
as a patient into the

Newnham Hospital for the Insane. at *Newnham*
Subjoined is a Statement respecting the said *William Henry Dyson*

Dated this *17th* day of *September* 18*70*

R. W. G. Shookbridge
Ellis Dean

Justices of the Peace.

To
Superintendent of the
Newnham Hospital for the Insane.
Newnham

STATEMENT.

[NOTE.—If any particulars in this statement are not known, the fact is to be so stated.]

Name of Patient, and Christian Name at length

William Henry Dyson

Sex and age.. ..

male about 37

Married, Single, or Widowed..

married

Condition in life, and previous occupation

Carpenter

The Religious persuasion (as far as known)

Church of England

Previous place of abode

Hamilton

Whether first attack

Age on first attack

When and where previously under care and treatment ..

Unknown

Duration of existing attack....

Supposed cause

Whether subject to Epilepsy ..

Whether Suicidal

Whether dangerous to others..

Name and Christian name, and place of abode of the nearest known Relative of the Patient, and degree of Relationship (if known)

Eliza Dyson, 42 North Calville Street Hobart

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

(Signed)

A. Stevenson

Occupation*

Substantant of Police

Place of abode

Newmanfeld

Degree of Relationship, if any, or other circumstance of connexion with the Patient.

None

*When the person signing the Statement is not one of the Justices making the Order, these particulars concerning the person signing the Statement are to be added.



FORM 1.

MEDICAL CERTIFICATE.

I, the undersigned, being a Medical Practitioner, hereby certify that I,

on the

17th

day of

September 1890

^a In any case where a more than one Medical Certificate is required by this Act, here insert "separately from any other Medical Practitioner."

personally examined

William Henry Dwyer

of^b

Hamilton

^b Insert residence and profession or occupation, if any.

and that the

said

William Henry Dwyer

^c Or "an Idiot," or "a person of unsound mind."

is a ~~Lunatic~~^c 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.—

^d Here state the facts.

1. Facts indicating Insanity observed by myself^d:—

He is incoherent, and answers questions irrationally and appears reticent of his proceedings for the last few days - can get very little from him - has a quite unbecoming manner

2. Other facts indicating Insanity communicated to me by others* :—

* Here state the information, and from whom.

I am informed that he
stripped himself naked
day or two ago

Dated this

17th

day of


September 1876

W. H. H. H. H.

Signature.

Surgeon

Place of abode.

 This Form to be made out in duplicate, and one Copy to be sent to the Superintendent of the Hospital, with the other Papers.