

- (1) In congenital cases the word "insane" shall be replaced by "idiot," or "imbecile," as the case may be, but any other substitution shall render this certificate void.
- (2) The witness must be either a Justice of the Peace, a councillor, a municipal officer or a clergyman.

FORM OF HISTORY REQUIRED IN MAKING APPLICATION FOR ADMISSION OF A PATIENT.

To be Made Out and Signed by the Examining Physician.

It is necessary to the proper understanding of the case and its successful treatment that the answers be as full and explicit as possible.

- Full name of patient
Residence
County of
- Sex
 - Age
 - Single, married, or widowed
 - No. of children, Age of youngest
 - Father's name
 - Mother's maiden name
 - Nativity of patient
 - of father, of mother
 - If patient has ever resided outside Province, where and how long?
 - Occupation, of self, of husband, of father
 - Education
 - Religious denomination
 - Pecuniary circumstances
 - What were the patient's habits and mental characteristics before this attack? For example, was patient intemperate, immoral, eccentric, fanatical, industrious, cheerful, irritable, taciturn, moody, suspicious, vacillating, etc. In brief, what was the patient like when well?
 - Specify any previous serious bodily illness or injury patient has had.
 - Is this the first attack of insanity? If not, state number, dates, nature, duration, and place of treatment of others.
 - When did this attack begin?
 - State the earliest symptoms, bodily and mental, of this attack, and describe its course up to the present.
 - In what way is the patient's normal mental condition now altered? (See question 12). State fully changes in conduct, manner, habits, ideas, etc. that indicate insanity.
 - Mention delusions or hallucinations the patient has.
 - Is the patient inclined to self-injury? State facts.
 - Is patient inclined to be violent, destructive, uncleanly, noisy, or indecent? State facts.
 - Does patient eat and sleep well?
 - Describe patient's present bodily condition.
 - Is patient epileptic, paralytic, phthisical, blind, deaf, or dumb, or otherwise physically defective?
 - If any changes have been noted in patient's speech, hand-writing, gait, or pupils, describe them.
 - State the supposed cause.
 - Has or had the patient relatives who are or have been insane, feeble-minded, epileptic, eccentric, intemperate, or afflicted with other nervous diseases? If so, state particulars, and the degree of relationship, and whether paternal or maternal.
 - Are patient's parents blood-relations?
 - For what reason is hospital treatment recommended?
 - Are patient's friends able to supply clothing?
 - Name, post-office and telegraph address of relative or friend to whom information is to be sent, when necessary.
- All the above statements are true to the best of my knowledge, information and belief.
- Dated at the day of A. D.

FORM E.

THE PROVINCIAL HOSPITAL, NEW BRUNSWICK.

CERTIFICATE OF SECRETARY OR CLERK OF MUNICIPALITY.

Whereas, the admission of of , County of into The Provincial Hospital as a patient is being applied for, I, the undersigned, being the (Secretary or Clerk) of the (name of county, town, or city) in which the said patient is presently resident, hereby declare that the answers given to the following questions are in accordance with the facts to the best of my knowledge and belief:—

- For what amount is said patient rated on assessment list for said County, Town or City?
 - For what amounts are the persons liable for his support rated on the said assessment list?
 - Has said patient, or those liable for support, property elsewhere in this Province?
 - What income has said patient or others liable for his support?
 - Is anyone dependent on them?
 - Is said patient or his friends able or willing to pay any part of Hospital maintenance? Can they supply clothing for patient?
 - In what Parish, City or Town has the patient a legal settlement?
 - Give name of nearest of kin competent to make up Form F.
- Dated at the day of , 190

Signature,

P. O. Address

FORM F.

THE PROVINCIAL HOSPITAL, NEW BRUNSWICK.

CERTIFICATE OF NEAREST OF KIN.

Whereas, application is being made for the admission as a patient into The Provincial Hospital of , residing at , County of , I, the undersigned, being (here state relation), and the nearest of kin to the said patient competent to give the information required regarding the means and financial condition of the said patient and the persons legally liable for his maintenance, make oath and say that the answers given to the following questions are in accordance with the facts to the best of my knowledge and belief.

- Give names, addresses and relationship of persons liable for patient's support.

- If patient has children, give their ages, and the name and P. O. address of person with whom residing.

3. Has the patient or any person liable for his support any estate, whether lands, houses, furniture, horses, cattle, or other live stock, moneys, promissory notes, mortgages or other securities, or other property of any kind, real or personal, in possession or expectancy? If so give full description thereof, and the name and P. O. address of the person or persons in whose possession such may be.

4. Are there any charges upon or claims against the estate? If so, give particulars, and the names and P. O. addresses of claimants.

5. Are there any persons having a legal or moral claim to maintenance out of the estate? If so give names and P. O. addresses.

6. Are any relatives not legally liable for patient's support able and willing to become responsible for a part of his maintenance?

7. Are relatives able to supply patient's clothing?

8. What rate per week can relatives pay for maintenance?

(Relative's name in full.)

(P. O. address.)

Sworn before me at the of in
the County of the day of A. D.

A Justice of the Peace for the County of

NOTICE OF SALE.

THERE will be sold at Public Auction, on MONDAY, the third day of JULY next, at twelve of the clock noon, in front of the Caraquet Railway Station, at Caraquet, in the County of Gloucester—"All that piece or parcel of land and premises situate, lying and being in Chatham, in the County of Northumberland, on the westerly side of lands owned by the Intercolonial Railway, and bounded as follows:—Beginning at the northeasterly angle of the land conveyed by Isaac Copping to Clem. Breneal, thence westerly along the said Breneal's northerly side line to the easterly side line of a Road leading out, thence northerly along said Road sixty-eight feet or to the southerly side line of the land sold by said Isaac Copping to Alexander Mackay, thence easterly along said southerly side line and along the southerly side line of the land owned and occupied by said Isaac Copping to the westerly side of the said Intercolonial Railway, thence southerly along the said Railway land to the place of beginning."

Together with all the buildings and improvements thereon.

Dated this 25th day of May, A. D. 1905.

D. D. LANDRY.

Assignee of Jos. N. LeBouthillier.

5ins

BRIDGE NOTICE.

SEALED TENDERS, marked "TENDER FOR UPPER CHARLO CHURCH CULVERT AND EMBANKMENT," will be received at the Department of Public Works, Fredericton, until

TUESDAY, 13th day of JUNE, 1905, at noon,

for building a Concrete Culvert and Embankment at Upper Charlo Church, Parish of Colborne, Restigouche Co., N. B., according to Plan and Specification to be seen at the Public Works Department, Fredericton, at the Post Office, Charlo Station, at the office of the Dalhousie Mercantile Co., Ltd., Dalhousie, and at the office of H. F. McLatchy, M. P. P., Campbellton, N. B.

Each tender must be accompanied by a certified Bank Cheque or Cash, for an amount equal to five per cent. of the tender, which will be forfeited if the party tendering declines to enter into contract when called upon. Should the tender be not accepted the deposit will be returned. Two good sureties must be named in each tender. Not obliged to accept the lowest or any tender.

Any Newspapers copying this Notice will not be compensated.

C. H. LABILLOIS.

Chief-Commissioner.

Department Public Works.

Fredericton, May 24th, 1905.

2ins

BRIDGE NOTICE.

SEALED TENDERS, marked "TENDER FOR NEVERS BRIDGE," will be received at the Department of Public Works, Fredericton, until

MONDAY, 19th day of JUNE 1905, at noon.

for rebuilding Nevers Bridge, Parish of Cambridge, Queen's Co., N. B., according to Plan and Specification to be seen at the Public Works Department, Fredericton, and at the residence of Mr. Samuel Vanwart, Lower Jemseg, Queen's Co., N. B.

Each tender must be accompanied by a certified Bank Cheque or Cash, for an amount equal to five per cent. of the tender, which will be forfeited if the party tendering declines to enter into contract when called upon. Should the tender be not accepted the deposit will be returned. Two good sureties must be named in each tender. Not obliged to accept the lowest or any tender.

Any Newspapers copying this Notice will not be compensated.

C. H. LABILLOIS,

Chief Commissioner.

Department Public Works.

Fredericton, May 29th, 1905.

3ins

NOTICE.

ALL ADVERTISEMENTS must be prepaid before insertion. Observance of this Rule will be insisted upon in all cases, and unless the advertisement is accompanied by the cash, the advertisement will not be inserted. In cases where the amount cannot be ascertained before remitting, a sufficient sum must be forwarded to cover insertion and the surplus will be returned.

R. W. L. TIBBITS, King's Printer.