2. FOR CASES OF MANIA-A-POTU.

MEDICAL CERTIFICATE.

| 186 . |
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| I hereby certify, that ——— is insane with mania-a-potu, and ought to be placed in a hospital for the insane. |
| —— Physician. |
| Physician's P. O. Address ——— |
| OBLIGATION. |
| In consideration of—— being admitted a patient into the Maryland Hospital, at Baltimore, at my request, I promise to pay to the President and Visitors thereof, at said Hospital, in bankable funds, weekly in advance, the sum of ———— dollars a week for medical attendance and for board, until said patient is removed by me from said Hospital, and I promise also to pay for or to provide all requisite clothing and other things deemed proper for the health or comfort of the said patient—to receive or to remove him when discharged, and to pay for funeral expenses in the event of death. |
| Witness my hand this ———————————————————————————————————— |
| I request that the said ———— shall be admitted into the Maryland Hospital; and in consideration of his being so ad mitted, I hereby guarantee the performance of the above obligation. |
| Surety. |
| To be signed by a citizen of Baltimore. |
| Baltimore, ——— |
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