LUNACY AND MENTAL TREATMENT, ENGLAND

[*See* also MENTAL DEFICIENCY, p. 1821 below.]

The Mental Treatment Rules, 1948

1948 No. 1071

Made - - - -	*21st May*, 1948
Laid before Parliament	*25th May*, 1948
Coming into Operation	*5th July*, 1948

108043.

The Board of Control, in exercise of the powers conferred on them by subsection (1) of Section 338 of the Lunacy Act, 1890, as extended by Section 15 of the Mental Treatment Act, 1930 and amended by Section 50 of the National Health Service Act, 1946, and with the approval of the Minister of Health and the concurrence of the Lord Chancellor, hereby make the following Rules. 53 & 54 Vict. c. 5. 20 & 21 Geo. 5. c. 23. 9 & 10 Geo. 6. c. 81.

PART I

General

Short Title and Interpretation.

1. These Rules may be cited as the Mental Treatment Rules, 1948.

2.—(1) In these Rules, unless the context otherwise requires, the following expressions have the meanings hereby assigned to them—

"The principal Act" means the Lunacy Act, 1890, as amended by the National Health Service Act, 1946;

"The Act of 1930" means the Mental Treatment Act, 1930, as amended by the National Health Service Act, 1946;

"Minister" means the Minister of Health;

"The Board" means the Board of Control;

"Commissioner" includes Senior Commissioner and Commissioner other than Senior Commissioner;

"Hospital Management Committee" means a Hospital Management Committee appointed by a Regional Hospital Board under section eleven of the National Health Service Act, 1946;

"Medical Officer" in relation to a mental hospital means the Medical Superintendent, or if the Superintendent is not a medical practitioner the resident Medical Officer, or if none the medical practitioner who visits the mental hospital as the Medical Officer thereof; in relation to other premises vested in the Minister and designated by him for the purposes of the Act of 1930 means the resident medical practitioner, or if none the medical practitioner who visits the premises as the medical attendant thereof; in relation to a registered hospital means the Superintendent; in relation to a licensed house means the resident medical practitioner, or if none the medical practitioner who visits the house as the medical attendant thereof;

"Person in charge" in relation to a person received or about to be received under the principal Act into an institution means the medical officer of the mental hospital, the medical officer of the registered hospital or the resident licensee of the licensed house into which he is or is about to be so received; in relation to a person

received or about to be received under the Act of 1930 as a voluntary or temporary patient (not being a person received or about to be received as a single patient) means the medical superintendent or other person in charge of the institution, hospital, home or place into which he is or is about to be so received; and in relation to a person received or about to be received as a single patient under the principal Act or the Act of 1930 means the person into whose charge he is or is about to be so received.

" Clerk " in relation to an institution means the clerk of a mental hospital or an institution vested in the Minister and designated by him for the purposes of the Act of 1930, but not of a registered hospital or licensed house.

" Health service patient " means a patient other than a private patient or a criminal lunatic.

(2) The forms set out in the Schedule to these Rules shall be used in all cases to which those forms are applicable.

52 & 53 Vict. c. 63.

(3) The Interpretation Act, 1889, applies to the interpretation of these Rules as it applies to the interpretation of an Act of Parliament.

Date of commencement.

3. These Rules shall come into operation on the 5th day of July, 1948, on which day the Mental Treatment Rules, 1930, the Mental Treatment (Emergency Provisions) Rules, 1940, the Mental Treatment (Emergency Provisions) Rules, 1942, and the National Health Service (Mental Treatment) Amendment Rules, 1947, shall cease to have effect(a).

PART II

APPLICATION, WITH MODIFICATIONS AND ADAPTATIONS, TO VOLUNTARY AND TEMPORARY PATIENTS OF SECTIONS 55, 56, 58, 59, 61, 64, 66 67 AND 70, AND SECTIONS 275, 319, 322 AND 324 OF THE PRINCIPAL ACT

Leave of Absence of Temporary Patients

Sections 55 & 275. Absence of temporary patients on trial or for health or on short leave.

4.—(1) Subject to the provisions of Section 5 of the Act of 1930, the person in charge of an institution*, hospital or nursing home may permit a temporary patient to be absent on trial or for the benefit of his health for such period as the person in charge thinks fit:

Provided that before permission is granted to any patient, the approval in writing of the person having authority to discharge the patient shall be obtained unless, in the opinion of the person in charge, there is adequate reason for dispensing with such approval.

(2) Seven clear days before any such permission is granted to a temporary patient in a nursing home, notice of the impending absence shall be sent to the Board and similar notice with respect to any extension of the period of absence shall also be sent to the Board.

(3) The Hospital Management Committee of an institution vested in the Minister may make an allowance to a temporary patient absent on trial therefrom, not exceeding the amount of the expense of his maintenance in the institution.

(a) S.R. & O. 1930 (No. 1083) p. 935; 1940 (No. 1095) I, p. 520; 1942 (No. 1908) I, p. 535; and 1947 (No. 1360) I, p. 1370.

* The expression " institution " is defined by the Act of 1930 with the following meaning and in these Rules has the same meaning, viz., a mental hospital and other premises vested in the Minister and designated by him for the purposes of the Act of 1930, a registered hospital or licensed house.

(4) Where any temporary patient detained in a registered hospital or hospital in pursuance of a contract with a Regional Hospital Board is permitted under this Rule to be absent upon trial, two members of the managing committee or governing body of the hospital, as the case may be, may make an allowance to the patient during the period of his absence not exceeding the amount payable under the contract for his maintenance in the hospital and the allowance shall either be paid to him or for his benefit as the members of the managing committee or governing body may direct.

(5) The person in charge of a registered hospital, licensed house, hospital or nursing home may, of his own authority, permit any temporary patient to be absent from the registered hospital, house, hospital or nursing home for a period not exceeding forty-eight hours.

(6) The person in charge of an institution vested in the Minister and designated by him for the purposes of the Act of 1930 may of his own authority permit any temporary patient to be absent from the institution for a period not exceeding four days.

Change of Residence and Leave of Absence of Single Patient

Section 56. Change of residence of voluntary and temporary single patients.

5.—(1) Any person having charge of a voluntary single patient or temporary single patient may change his residence and remove the patient to any new residence which he takes up in England or Wales.

(2) Seven clear days before a change of residence, the person having charge of the patient shall give notice in writing to the Board of the proposed change, and of the place of the new residence, and, in the case of a voluntary patient under the age of sixteen years and of a temporary patient, he shall also give the like notice to the person on whose application the patient was received. If a temporary patient residing in the jurisdiction of visitors has not been seen by them in accordance with the provisions of section 5 (9) of the Act of 1930, a like notice shall also be given to the clerk of the visitors, and on the arrival of the patient at his new residence, if such residence is within the jurisdiction of any other visitors, the clerk of the latter visitors shall be notified.

Absence of temporary single patients on trial or for health.

(3) The person in charge of a temporary single patient may, with the advice in writing of the medical attendant, permit him to be absent on trial or for the benefit of his health for such period as, subject to the provisions of section 5 of the Act of 1930, the person in charge thinks fit.

(4) Before any such permission is granted, the approval in writing of the person having authority to discharge the patient shall be obtained unless in the opinion of the person in charge there is adequate reason for dispensing with such approval.

(5) Seven clear days before any such permission is granted, notice of the impending absence of the patient shall be sent to the Board and similar notice with respect to any extension of the period of absence shall also be sent to the Board.

Removal of Temporary Patients

Section 58. Removal of private temporary patient by person authorised to discharge.

6. The person having authority to discharge a private temporary patient from an institution, hospital or nursing home or to discharge a temporary single patient may, with the previous consent in writing of a Commissioner, by order in writing, direct the removal of the patient to an institution, hospital or nursing home or to the charge of any person named in the order.

Section 59. Removal of temporary patient by Board or Commissioner.

7.—(1) A Commissioner may by order direct the removal of a temporary patient from an institution, hospital or nursing home or from the charge of any person to any other institution, hospital or nursing home or to the charge of another person.

(2) Upon the death of a person having charge of a temporary single patient the Board may, upon the application of the person having authority to discharge the patient, or, if he does not apply within seven days after the death, upon their own motion, direct the patient to be removed to the charge of a person named in the order, or to an institution, hospital or nursing home.

Section 61. Removal of temporary patient treated under contract.

8. Where a temporary patient is detained in a registered hospital, or hospital in pursuance of a contract with a Regional Hospital Board, that Board may make an order for the removal of the patient, and may direct the mode of removal, and on production to the person in charge of a copy of the order he shall forthwith remove the patient or permit him to be removed in accordance with the order.

Section 64. Removal of temporary patient to mental hospital.

9. Any two members of the Hospital Management Committee of an institution vested in the Minister may by order authorise the removal of a temporary patient to that institution from any other institution, hospital or nursing home in which he may be detained.

Section 66. Directions as to execution of order for removal.

10. The members of the Hospital Management Committee making an order for the removal of a temporary patient may by the order require the local health authority for the area where the institution is situated, or may authorise any other person, to execute the same.

Section 67. Restriction upon removal of temporary patient.

11. A temporary patient shall not be removed under any order for removal made by two members of a Hospital Management Committee without a medical certificate signed by the medical officer of the institution from which the patient is to be removed, or in the case of a hospital or nursing home by the medical practitioner in charge of the case, certifying that he is in a fit condition of bodily health to be removed.

Section 70. Removal orders to be in duplicate.

12.—(1) Every order for the removal of a temporary patient from an institution, hospital or nursing home or from the charge of any person shall be made in duplicate and any written consent to a removal which is given by a Commissioner shall also be in duplicate. One duplicate shall be delivered to the person in charge of the institution, hospital or nursing home from which, or to the person from whose care, the patient is removed, and the other to the person in charge of the institution, hospital or nursing home into which, or to the person into whose care, the patient is removed.

Authority for removal and reception.

(2) Every such order, accompanied, where requisite, by the necessary consent, shall be sufficient authority for the removal and reception of the patient, in accordance with the order.

Copy of documents to be delivered.

(3) The person in charge of the institution, hospital or nursing home from which, or the person from whose care a temporary patient is removed under any such order, shall deliver, free of expense, copies of the application for admission and of the medical recommendation accompanying the same to the person executing the order for removal, to be by him delivered to the person in charge of the institution, hospital or nursing home into which, or to the person into whose care, the patient is removed.

(4) Every such copy shall be certified under the hand of the person whose duty it is to deliver it.

Notice to Coroner

Section 319. Death of temporary patient.

13. If the person in charge of an institution, hospital or nursing home or of a single patient omits to send to the coroner within the time prescribed by Rule 65, Rule 86, or Rule 102, as the case may be, notice of the death of a temporary patient, he shall be guilty of a misdemeanour.

Ill-Treatment

Section 322. Ill-treatment.

14. If any person in charge, officer, nurse, attendant, servant or other person employed in an institution, hospital or nursing home or in a place approved for the reception of voluntary patients, or any person having charge of a voluntary or temporary patient ill-treats or wilfully neglects a patient he shall be guilty of a misdemeanour and, on conviction on indictment, shall be liable to a fine or imprisonment, or to both fine and imprisonment at the discretion of the court, or be liable on summary conviction for every offence to a penalty not exceeding twenty pounds nor less than two pounds.

Abuse of Female Patient

Section 324. Abuse of female voluntary or temporary patient.

15. If any person in charge, officer, nurse, attendant or other person employed in an institution, hospital or nursing home or in a place approved for the reception of voluntary patients, or any person having the care or charge of any voluntary or temporary single patient, or any attendant of any such single patient, carnally knows or attempts to have carnal knowledge of any female under care or treatment in the institution, hospital, nursing home or place or as a single patient, he shall be guilty of a misdemeanour, and, on conviction on indictment, shall be liable to be imprisoned with or without hard labour for any term not exceeding two years; and no consent or alleged consent of such female thereto shall be any defence to an indictment or prosecution of such offence.

PART III

APPLICATION, WITH MODIFICATIONS AND ADAPTATIONS, TO TEMPORARY PATIENTS OF SECTIONS 40, 41, 42, 49, 50, 51 AND 85 OF THE PRINCIPAL ACT

Mechanical Restraint

Section 40. Mechanical means of restraint.

16.—(1) Mechanical means of bodily restraint shall not be applied to any temporary patient unless the restraint is necessary for purposes of surgical or medical treatment or to prevent the patient from injuring himself or others.

(2) In every case where such restraint is applied, a medical certificate shall, as soon as it can be obtained, be signed, describing the mechanical means used, and stating the grounds upon which the restraint was employed.

(3) The certificate shall be signed, in the case of a patient in an institution by the medical officer, in the case of a patient in a hospital or nursing home by the medical practitioner in charge of the patient, and in the case of a single patient by his medical attendant.

(4) A full record of every case of restraint by mechanical means shall be kept from day to day; and a copy of the records and certificates under this rule shall be sent to the Board by the person in charge at the end of every quarter.

(5) In the application of this rule "mechanical means" shall be such instruments and appliances as are specified in the Regulation made by the Board on the 7th day of January, 1925(a), under Section 40 (6) of the principal Act or in such other regulations under that section as may from time to time be in force.

(6) Any person who wilfully acts in contravention of this rule shall be guilty of a misdemeanour.

Correspondence

Section 41. Letters of temporary patients.

17.—(1) The person in charge of each institution, hospital and nursing home and every person having charge of a single patient shall forward unopened all letters written by any temporary patient and addressed to the Lord Chancellor or any Judge in Lunacy, or to the Minister of Health, or to the Board or any Commissioner, or to the person who made the application for the reception of the patient or, if such person was not a relative, to the relative named therein, or to the person having authority to discharge the patient, or to the Chancery Visitors or any Chancery Visitor or to any other visitors or visitor, or to the Hospital Management Committee or any member of the Hospital Management Committee of the institution in which the patient writing such letters may be, and may also at his discretion forward to its address any other letter written by a temporary patient.

(2) If any person in charge of an institution, hospital or nursing home or of a temporary single patient makes default in complying with the obligation imposed on him by this rule, he shall for each offence be liable to a penalty not exceeding twenty pounds.

Notices

Section 42. Notices as to letters and interviews.

18.—(1) Whenever the Board so direct, there shall be posted up in every institution, hospital and nursing home, printed notices setting forth:—

(*a*) the right conferred by the last preceding rule on temporary patients in regard to the forwarding of their letters;

(*b*) the right of every temporary patient to request a personal and private interview with any Commissioner or member of the Hospital Management Committee or visitor at any visit which he may make to the institution, hospital or nursing home.

(2) The notices shall be posted in each institution, hospital and nursing home so that every temporary patient may be able to see them.

(3) The visiting Commissioners or, in the case of a licensed house, the visitors may give directions as to the places in which such notices are to be posted.

(4) If the person in charge of any institution, hospital or nursing home makes default in posting such notices, or does not within ten days carry out any directions as to such notices given by any visiting Commissioner or visitors, he shall for each offence be liable to a penalty not exceeding twenty pounds.

Examination of Patients

Section 49. Application for examination of temporary patient.

19. An order for the examination by two medical practitioners, authorised by the Board, of any temporary patient in an institution, hospital or nursing home or of a temporary single patient may be obtained from the Board upon the application of any person, whether

(a) S.R. & O. 1925 (No. 76) p. 1036.

a relative or friend or not, who satisfies the Board that it is proper for them to grant such order; and on production to the Board of the certificates of the medical practitioners so authorised, certifying that after two separate examinations with at least seven days intervening between the first and the second examination, they are of opinion that the patient may, without risk or injury to himself or the public be discharged, the Board may order the patient to be discharged at the expiration of ten days from the date of the order.

Inquiries as to Property

Section 50. Inquiry as to property of temporary patient.

20.—(1) Where the Board represent to the Lord Chancellor that it is desirable that the extent and nature of the property of a temporary patient, and its application, should be ascertained, the Lord Chancellor may, if he thinks fit, through the Master in Lunacy, require that the person upon whose application the patient was received or other the person paying for the care and maintenance of the patient or having the management of his property, shall transmit to the Lord Chancellor a statement in writing, to the best of his knowledge, of the particulars of the property of the patient and of its application.

(2) The Board may also, whenever they think it expedient, make inquiries as to the property of any temporary patient.

Application for a Search

Section 51. Information as to persons treated as temporary patients.

21. If any person applies to the Board in order to be informed whether any particular temporary patient is treated in any institution, hospital or nursing home or as a single patient and it appears that the patient is or has been so treated, the Board may, if they think fit, deliver to the applicant a statement in writing specifying the situation of the institution, hospital, nursing home or house in which the patient appears to be or to have been treated, and also (so far as the Board can ascertain the same from any register or return in their possession) the name of the person in charge, and the date of admission, and (in case of the patient's removal or discharge) the date of his removal or discharge. The applicant shall pay to the Board such sum not exceeding seven shillings as the Minister may fix.

Escape and Recapture

Section 85. Escape and recapture.

22. If a temporary patient escapes, he may, subject to the provisions of section 5 of the Act of 1930, without a fresh application for admission and medical recommendation, be retaken at any time within fourteen days after his escape by the person in charge of the institution, hospital or nursing home in which he was detained, or any officer or servant thereof, or by the person in whose charge he was as a single patient, or by anyone authorised in writing by that person.

PART IV

APPLICATION, WITH MODIFICATIONS AND ADAPTATIONS, TO TEMPORARY PATIENTS OF SECTIONS 72, 73, 74, 76, 77, 78, 79, 80, 82 AND 83 OF THE PRINCIPAL ACT

Discharge of Temporary Patients

Section 72. Discharge of temporary patient.

23.—(1) A temporary patient detained in an institution, hospital or nursing home, or under care as a single patient, shall be discharged on a direction in writing given under his hand—

(*a*) by the person on whose application the patient was received as a temporary patient, other than an officer of the local health authority;

(*b*) if that person is dead or incapable by reason of insanity, absence from England and Wales, or otherwise, of signing an order for discharge, by the person who made the last payment on account of the patient, or by the appropriate relative.

(2) If there is no person qualified to direct the discharge of a temporary patient under this rule, or no person able or willing to act, the Board may order his discharge.

(3) In this rule the expression "appropriate relative" means the husband or wife, or if there is no husband or wife, or the husband or wife is incapable by reason of insanity, absence from England or Wales, or otherwise, of signing an order for discharge, the father, or if there is no father, or if he is incapable as aforesaid, the mother, or if there is no mother, or she is incapable as aforesaid, then any one of the next of kin.

Section 73. Discharge of temporary patient treated under contract.

24. Where any temporary patient is detained in a registered hospital or hospital in pursuance of a contract with a Regional Hospital Board, that Board may make an order for the discharge of the patient and may direct the mode of discharge, and on production to the person in charge of a copy of the order, he shall forthwith discharge the patient or permit him to be discharged in accordance with the order.

Section 74. Restriction on discharge of temporary patient.

25. A temporary patient shall not be discharged under the foregoing provisions if the medical officer of the institution, or in the case of a patient in a hospital or nursing home the medical practitioner in charge of the patient, or in the case of a single patient his medical attendant, certifies in writing that the patient is dangerous and unfit to be at large, together with the grounds on which the certificate is founded, unless two members of the Hospital Management Committee in the case of an institution vested in the Minister, or a Commissioner visiting the registered hospital, licensed house, hospital or nursing home, or the visitors of the licensed house, or, in the case of a single patient, a Commissioner, after the certificate has been produced, consent in writing to the patient's discharge.

Section 76. Notice of order of discharge.

26.—(1) The Board when they have made an order of discharge shall forthwith serve it upon the person in charge and shall give notice of such order, in the case of a private patient, to the person on whose application the patient was received or who made the last payment on account of the patient.

(2) Any person who has been duly served with any such order of discharge and detains a temporary patient after the date of discharge appointed thereby shall be guilty of a misdemeanour.

Section 77. Discharge by members of Hospital Management Committee.

27.—(1) Any three members of the Hospital Management Committee of an institution vested in the Minister may order the discharge of any temporary patient detained therein, whether he is recovered or not.

(2) Any two such members, with the advice in writing of the medical officer, may order the discharge of any temporary patient detained therein.

Section 78. Discharge by visitors of temporary patients in licensed houses.

28.—(1) If after two visits by two visitors to a licensed house, it appears to the visitors that any temporary patient is detained without sufficient cause, the visitors may make such order as they think fit for his discharge.

(2) In the case of visits under this rule, one of the visitors shall be a medical practitioner.

(3) The two visits shall be made by the same visitors with an interval of not less than seven days between the visits.

(4) Seven days' notice of the second visit shall be given to the person in charge either by post or by an entry in the patients' book, and he shall forthwith send by post a copy of the notice to the person on whose application the patient was received or by whom the last payment on account of the patient was made, and also to the clerk of the visitors.

(5) The visitors before making an order under this rule shall examine the medical officer of the licensed house as to his opinion respecting the fitness of the temporary patient to be discharged, if he tenders himself for examination.

(6) If, after such examination, an order for discharge is made, and the medical officer furnishes to the visitors a statement of his reasons against the discharge, they shall forthwith send the statement to the clerk of the visitors.

(7) Every order under this rule shall be signed by the visitors by whom it is made.

Section 79. Discharge of temporary patient on application of relative or friend.

29.—(1) When application is made to the Hospital Management Committee of an institution vested in the Minister by a relative or friend of a temporary patient detained therein, requiring that he may be delivered over to the custody and care of such relative or friend, any two of the members thereof may, if they think fit, discharge the patient upon the undertaking of the relative or friend, to their satisfaction, that the patient shall be properly taken care of and prevented from doing injury to himself or others.

(2) In the case of such a patient detained in a registered hospital or hospital in pursuance of a contract with a Regional Hospital Board, the provisions of paragraph 1 of this rule shall apply with the substitution of the managing committee or governing body of that hospital, as the case may be, for the Hospital Management Committee of an institution vested in the Minister.

Section 80. Notice of impending discharge of temporary patient by Hospital Management Committee.

30. When the Hospital Management Committee of an institution vested in the Minister order a temporary patient detained therein to be discharged, except on the application of a relative or friend, they may, when they think fit, send, by post or otherwise, to the local health authority, a notice in writing, signed by the clerk of the institution or if there is no clerk on the staff by the person in charge, of their intention to discharge the patient.

Section 82. Copy of reception documents to be furnished.

31. The Secretary to the Board shall, upon the discharge of a person who considers himself to have been unjustly detained as a temporary patient, furnish to him upon his request, free of expense, copies of the application for reception and of the medical recommendation accompanying the same.

Section 83. Notice to be given on recovery of temporary patient.

32.—(1) The person in charge of every registered hospital, licensed house, hospital and nursing home and of a temporary single patient, shall forthwith, upon the recovery of a temporary patient, send notice thereof, to the person on whose application the patient was received or by whom the last payment on account of the patient was made.

(2) The notice shall state that unless the patient is removed within seven days from the date of the notice he will be discharged.

(3) In case the patient is not removed within seven days from the date of the notice he shall be forthwith discharged.

PART V

APPLICATION TO HOSPITALS, NURSING HOMES, HOUSES AND PLACES RECEIVING VOLUNTARY OR TEMPORARY PATIENTS (NOT BEING HOSPITALS, HOMES, HOUSES OR PLACES FOR THE VISITATION AND INSPECTION OF WHICH PROVISION IS MADE BY THE PRINCIPAL ACT) OF CERTAIN PROVISIONS OF THE PRINCIPAL ACT RELATING TO VISITATON AND INSPECTION

Visitation and Inspection

Hospitals

Commissioners to visit.

33. One or more Commissioners shall once at least in each year visit every hospital receiving voluntary or temporary patients, and shall enquire as to any such matters relating to those patients as they think fit.

Books to be produced to visiting Commissioners.

34. The person in charge of each hospital receiving voluntary or temporary patients shall when so required by any visiting Commissioner lay before him:—

(*a*) a list of all voluntary and temporary patients then in the hospital;

(*b*) the several books required to be kept by these Rules or by any other rules applicable to the hospital which may be made under the principal Act and may be for the time being in force.

Nursing Homes and Places

Commissioners to visit.

35. One or more Commissioners shall once at least in each year visit every nursing home and place receiving voluntary or temporary patients and shall enquire as to such matters relating to these patients as they think fit.

Inspection of premises by visiting Commissioners.

36. Any such nursing home or place may at any time of the day or night be visited by a Commissioner who may inspect any or every part of the buildings and grounds used by voluntary or temporary patients.

Person in charge to show every part and every patient.

37.—(1) The person in charge of each nursing home or place shall when so required by any visiting Commissioner show to him every person residing therein as a voluntary or temporary patient, and any or every part of the buildings or grounds used by such patients.

(2) Any person in charge of a nursing home or place shall be guilty of a misdemeanour if he conceals or attempts to conceal from or refuses or wilfully neglects to show to any visiting Commissioner, or any person authorised under the Act of 1930 to visit and inspect the nursing home or place or the patients therein or any of them, any part of the buildings or grounds used by voluntary or temporary patients or any such patient therein, or if he does not give full and true answers to the best of his knowledge to all questions which any visiting Commissioner or other person authorised to visit asks in the execution of his office.

Books to be produced to visiting Commissioners.

38. The person in charge of each nursing home or place receiving voluntary or temporary patients shall when so required by any visiting Commissioner lay before him:—

(*a*) a list of all voluntary and temporary patients then in the nursing home or place;

(*b*) the several books required to be kept by these Rules or by any other rules applicable to the nursing home or place which may be made under the principal Act and may be for the time being in force.

Houses receiving Voluntary and Temporary Single Patients

Annual visit to single patient.

39. One or more Commissioners shall once at least in each year visit every house in which a voluntary or temporary single patient is resident and inquire into and report to the Board on the treatment and state of bodily and mental health of the patient.

Power to visit and report.

40.—(1) A Commissioner, on the direction of the Board, may at all reasonable times visit a voluntary or temporary single patient, and inquire into and report to the Board or to the Lord Chancellor on the treatment and state of health, both bodily and mental, of the patient, and as to the moneys paid on his account.

(2) Any one or more of the visitors appointed for any county or borough shall, upon the request in writing of the Board to visit, have the like power as regards any voluntary or temporary single patient in such county or borough.

(3) Upon every visit under this rule the medical journal shall be produced to the person making the visit, and he shall sign the same.

(4) A copy of any report under this rule shall, if the Board think it expedient, be laid before the Lord Chancellor.

Power to inspect.

41.—(1) Any Commissioner visiting a house in which a voluntary or temporary single patient is resident may inspect any or every part of the house or grounds used by the patient.

(2) If the person having charge of a patient refuses to show to any Commissioner, at his request, any part of the house or grounds used by the patient, he shall be guilty of a misdemeanour.

Part VI

Provision prescribing the Evidence required on application for extension of temporary treatment

Form 1.

42.—(1) In any case in which it is desired to extend the period of treatment for a temporary patient the application required under Section 5 (13) of the Act of 1930 shall be addressed to the person in charge, who shall transmit it to the Board not more than one month nor less than fourteen days before the expiration of the current period of treatment together with a statement as to the mental and bodily condition of the patient which shall be signed—

(*a*) in the case of a patient in an institution by the medical officer;

(*b*) in the case of a patient in a hospital or nursing home by the medical practitioner in charge of the case;

(*c*) in the case of a single patient by the medical attendant.

(2) The Board may also require a recommendation from the usual medical attendant of the patient or from a medical practitioner approved by the Board.

PART VII

PROVISIONS PRESCRIBING THE BOOKS AND RECORDS TO BE KEPT IN INSTITUTIONS

Application and interpretation.

43.—(1) This Part of these Rules applies to institutions, that is to say, mental hospitals and other premises vested in the Minister and designated by him for the purposes of the Act of 1930, registered hospitals and licensed houses.

(2) In this Part of these Rules the expression " ward " in relation to a hospital or licensed house includes a suitable division or section of the hospital or house.

Books and records to be kept.

44.—(1) There shall be kept in every institution the following books and records for voluntary, temporary and certified patients:—

(*a*) a visitors' book;

(*b*) a patients' book;

(*c*) an alphabetical register (which may, if desired, be kept by means of a card index);

Form 2. (*d*) a general register;

Form 3. (*e*) a register of mechanical restraint and seclusion;

Form 4. (*f*) a post-mortem record;

Form 5. (*g*) a casualty book for each ward;

(*h*) a clinical record;

(*i*) a dispensary book or medicine card or sheet;

Forms 6, 7 & 8. (*j*) caution cards for actively suicidal cases, tuberculous cases and intestinal infection cases.

Form 9. (2) There shall be kept in every mental hospital a register of dysentery and diarrhoea.

Post-mortem record.

45. A member of the medical staff shall enter in the post-mortem record notes of all post-mortem examinations.

Nurses' reports. Forms 10, 11 & 12.

46. In every institution vested in the Minister the nurse in charge of each ward shall make day reports and night reports and shall also keep a list of the patients in the ward.

Casualty book.

47. The nurse in charge of each ward shall keep the casualty book for that ward and shall enter therein a note of any injury or casualty to a patient immediately after its occurrence, and shall at the same time inform a member of the medical staff.

Clinical records.

48.—(1) The clinical record shall be either in book form or in loose leaf form, and subject to the requirements of this rule the method of keeping the record shall be such as the medical officer may determine.

(2) The following entries shall be made by a member of the medical staff in the clinical record in respect of each patient admitted—

(*a*) the name; date of admission; general reference number; age; sex; occupation; civil state; nationality; whether subject to epilepsy, suicidal or dangerous to others; whether voluntary, temporary or certified; whether of the private, health service or criminal class,

and the name of the local health authority in whose area the patient ordinarily resides; whether a direct or indirect case; and in the latter event the name of the institution from which transferred; and religion;

(*b*) a record of a complete physical examination of the patient;

(*c*) a description of the phenomena of the mental illness;

(*d*) a diagnosis of the case;

(*e*) the family history of the patient, with special attention to the presence or absence of mental or nervous disorder in the relatives;

(*f*) the personal history of the patient including the question of previous attacks of mental or nervous disorder;

(*g*) the history of the present illness including the aetiological factors of the disease in so far as they are ascertainable.

(3) Copies of the following documents shall be made on or attached to the clinical record—

(*a*) in the case of voluntary patients under the age of sixteen, the medical recommendation;

(*b*) in the case of temporary patients, the medical recommendation;

(*c*) in the case of certified patients, the medical certificate or certificates accompanying the urgency or reception order, and the statement of particulars supplied by the relative or duly authorised officer at whose instance the order was made.

(4) In the event of the death of a patient, a copy of the death notice and statement is to be attached to, or entered on, the clinical record.

How often entries to be made.

49.—(1) Subsequent entries describing the course and progress of the case and recording the medical and other treatment and its result shall be made in the clinical record by a member of the medical staff at the following times, that is to say, once at least in every week, or oftener, if necessary, during the first month after admission, and once at least in every month during the ensuing eleven months except in protracted cases in which cases entries shall be made as frequently as necessary. At the end of twelve months entries shall be made at least twice a year, and one of these entries shall contain the record of a complete physical examination.

(2) All special circumstances affecting a patient, including any special form of treatment given, and the results of bacteriological or other investigations made, shall be recorded in the clinical record by a member of the medical staff.

(3) All entries in the clinical record must be signed or initialled by the member of the medical staff making them, and a printed copy of this and the last preceding rule shall be issued to each member of the medical staff on appointment.

Medicine records.

50. All medicines, except simple aperients and occasional draughts, shall be prescribed in writing by the member of the medical staff in charge of the case either by means of an entry in the dispensary book or on a separate card or sheet for each patient, and all repetitions shall be initialled by a member of the medical staff. A record of the prescription of simple aperients and occasional draughts shall also be kept in such form as the medical officer thinks fit.

Entries to be made and notices to be sent on admission.

51.—(1) The clerk of an institution, or in the case of an institution having no clerk on the staff the person in charge, shall on the admission of a patient make the appropriate entries with respect to the patient in the alphabetical register and in the general register.

Forms 13, 14 & 15.

(2) The clerk of an institution, or in the case of an institution having no clerk on the staff the person in charge, shall before the expiration of the second day after that on which a patient was received send to the Board a notice of his admission and also—

(*a*) in the case of a voluntary patient under the age of sixteen, a copy of the medical recommendation;

(*b*) In the case of a temporary patient, copies of the application for reception and of the medical recommendation;

(*c*) in the case of a certified patient admitted on an urgency order, copies of the urgency order, and of the statement of particulars and medical certificate which accompanied the order;

(*d*) in the case of a certified patient admitted on a reception order, copies of the reception order, and of the statement of particulars and medical certificate or certificates on which the order was made, and if the reception order was made on petition, a copy of the petition.

(3) Where a patient has been admitted on an urgency order which is followed by a reception order made on petition, a copy of the reception order together with copies of the petition and medical certificates shall, before the expiration of the second day after that on which the reception order was obtained, be sent to the Board by the person who under this rule is required to send notice of admission to the Board.

(4) Within the times prescribed by this rule a notice of admission and copies of the documents referred to in paragraph (2) of this rule shall also be sent—

(*a*) in the case of temporary patients, by the clerk of an institution which has a Hospital Management Committee to the clerk of the Hospital Management Committee, and by the person in charge of a registered hospital within the jurisdiction of visitors to the clerk of the visitors;

(*b*) in the case of temporary or voluntary patients, by the person in charge of a licensed house within the jurisdiction of visitors to the clerk of the visitors.

(5) In the case of certified patients the person in charge of a licensed house shall also send a notice of admission to the clerk of the visitors.

(6) Where a criminal lunatic is admitted to an institution, the clerk or in the case of an institution having no clerk on its staff the person in charge, shall within the times prescribed by this rule send to the Board
Form 15. a notice of admission and copies of the Home Secretary's warrant and of the documents accompanying it. If the patient is subsequently detained under an order of a justice made under the Acts relating to criminal
Form 16. lunatics, the same person shall send notice thereof to the Board before the expiration of the second day after the day on which the patient has

ceased to be a criminal lunatic, together with a copy of the justice's order* for continued detention, and shall after the expiration of the second day and before the end of the seventh day send to the Board a medical statement. Form 17.

52. The clerk of every institution, or in the case of an institution having no clerk on the staff the person in charge, shall, after the expiration of the second day and before the end of the seventh day after the day on which a temporary or certified patient, a person of unsound mind so found by inquisition, or a criminal lunatic was received, send to the Board a medical statement. Medical Statement. Form 17.

53. The report which under section 39 of the principal Act is required to be sent to the Board at the expiration of one month after the reception of a patient under a reception order made on petition shall be in the form set out in Form 18 in the Schedule to these Rules. Form of report under s. 39 of principal Act.

54. The clerk of an institution, or in the case of an institution having no clerk on the staff the person in charge, shall— Notice to relatives and friends.

(*a*) on the admission of every certified patient, send a notice of the times and conditions of visitation to all persons whose names appear as relatives or friends of the patient on the statement of particulars accompanying the reception order, and on the admission of every temporary patient send to the person (other than an officer of the local health authority) who made the application for reception, and also, if the application was not made by a relative, to any relative named therein, a similar notice. The notice shall embody the substance of Section 79 of the principal Act, or Rule 29 as the case may require.

(*b*) on the admission of every certified or temporary patient to an institution, send to the person empowered to give direction for the patient's discharge a notice giving the substance of Sections 72 and 74 of the principal Act, or Rules 23 and 25 as the case may require. Notice to person having power to discharge.

55. On the admission of every temporary or certified patient into an institution vested in the Minister, a written statement shall be furnished to the duly authorised officer of the local health authority, or other person bringing the patient, that a physical examination has been made by a member of the medical staff. The statement shall also describe the general physical condition of the patient and indicate whether bruises or other injuries or marks of violence or neglect were observed at the examination. Statement as to physical condition.

56. In the case of patients detained by virtue of orders made under subsections (3) and (4) of section 24 of the principal Act or section 19 of the Act of 1930 which, by reason of the provisions of subsection (3) of section 50 of the National Health Service Act 1946 or any other enactment, have effect as if they were summary reception orders made on the 5th day of July, 1948, the special reports and certificates under section 38 of the principal Act and section 7 of the Lunacy Act 1891 shall be included in one list. In the case of all other patients detained under reception orders, a special report and certificate shall be made for each patient. Special reports and certificates. 54 & 55 Vict. c. 65. Form 19. Form 20.

* For the purposes of s. 38 of the principal Act and s. 7 of the Lunacy Act, 1891, this order is the reception order.

Record of seclusion.

57.—(1) The total number of hours during which a patient in an institution is kept in seclusion shall be recorded every week in the register of mechanical restraint and seclusion.

(2) For the purposes of this rule a patient shall be deemed to be kept in seclusion if at any time between the period commencing at 8 a.m. and ending at 7 p.m. he is isolated in a room the door of which is fastened or held so that he is unable to leave the room at will, but not if he is isolated in a room in which the lower half of the door is so fastened or held but the upper half left open.

Register of mechanical restraint and seclusion.

58. The person in charge of an institution shall, at the end of each quarter, send to the Board copies of all entries of mechanical restraint made during the quarter in the register of mechanical restraint and seclusion.

Copies of records.

59. The person in charge of an institution shall, whenever so required by the Minister or the Board, send to them copies of all records or of any particular record relating to any specified patient, who is or may have been confined or resident in the institution.

Schedule of rates of payments for private patients.

60.—(1) The clerk of an institution, or in the case of an institution having no clerk on the staff the person in charge shall prepare and keep lists of the private patients for the time being on the books of the institution, showing the rates of payment made for the maintenance and care and treatment of such patients. The lists shall be at all times accessible to the Commissioners visiting the institution, and, in the case of a house within the jurisdiction of visitors, to the visitors.

(2) The presence of any boarders lodged under Section 4 of the Act of 1930 shall also be recorded.

Transfer of patients.

61. When application is made to the Board for their consent to the transfer of a private temporary or private certified patient from one institution to another, or to a hospital, or nursing home or to single care, the medical officer of the institution from which the patient is to be removed shall furnish the Board with a report with regard to the patient's mental and bodily condition, and fitness for transfer, stating in particular whether he is suicidal or dangerous to others.

Leave of absence.

62. An application to the Board or to visitors for consent to leave of absence from a licensed house for a private certified patient whether for the benefit of the patient's health or on trial shall be accompanied by a recommendation from the medical officer.

Entries to be made on removal, departure, discharge or death.

63. The clerk of an institution, or in the case of an institution having no clerk on the staff the person in charge shall, before the expiration of the second day after the day of the removal, departure, discharge, death, or transfer from or to the private to or from the health service class, of any patient, make the appropriate entry thereof in the general register.

Notices to be sent on removal, departure or discharge. Forms 21, 22, 23 & 24.

64.—(1) The clerk of an institution, or in the case of an institution having no clerk on the staff the person in charge shall, before the expiration of the second day after the day of the removal, departure or discharge of a patient, or his transfer from or to the private to or from the health service class, send written notice thereof to the Board and, if the patient was a health service patient, to the local health authority from whose area he was admitted, and also, in the case of a person of unsound mind so found by inquisition, to the Chancery Visitors.

(2) The clerk of an institution vested in the Minister shall within the same period after the removal, departure or discharge of a patient send written notice—

(*a*) in the case of a temporary patient to the clerk of the Hospital Management Committee and to the person (other than an officer of the local health authority) who made the application for reception and, if the application was not made by a relative, to any relative named therein; and

(*b*) in the case of a certified patient to the relative to whom notice of death is required to be sent.

(3) The person in charge of a licensed house within the jurisdiction of any visitors shall within the same period send a like notice to the clerk of the visitors.

(4) The person in charge of a registered hospital within the jurisdiction of any visitors shall in the case of a temporary patient send within the same period a like notice to the clerk of the visitors.

Notice and statement as to death of temporary or certified patient. Form 25.

65.—(1) The person in charge shall before the expiration of the second day after the day of the death of a temporary or certified patient in an institution send notice thereof, together with the statement relating thereto, to the coroner of the district.

(2) The clerk of an institution, or in the case of an institution having no clerk on the staff the person in charge, shall within the like time send a like notice and statement—

(*a*) to the Board;

(*b*) to the registrar of deaths for the district;

(*c*) to the local health authority from whose area the patient was admitted, if the patient was a health service patient; and

(*d*) in the case of the death—

(i) of a patient in a licensed house within the jurisdiction of any visitors, to the clerk of the visitors;

(ii) of a temporary patient, to the person (other than an officer of the local health authority) who made the application for reception and, if the application was not made by a relative, to any relative named therein; and, if the patient had been transferred from the health service to the private class, to the person who made the last payment on account of the patient;

(iii) of a temporary patient in an institution vested in the Minister, to the clerk of the Hospital Management Committee;

(iv) of a temporary patient in a registered hospital within the jurisdiction of any visitors, to the clerk of the visitors;

(v) of a certified patient, to the relative or one of the relatives named in the statement of particulars accompanying the order for the reception of the patient, or, if none is so named, to the person named for the purpose in such statement;

(vi) of a private certified patient, to the person who made the last payment on account of the patient;

(vii) of a person of unsound mind so found by inquisition, to the Chancery Visitors.

(3) The notice required under the last preceding paragraph to be sent to the Board shall be accompanied by a copy of any letter written or a summary in writing of any verbal report made to the coroner concerning the death.

(4) In any case in which mechanical restraint was applied within seven days before the death of a patient particulars of its character and duration shall be given in the statement.

Notice and Statement as to death of voluntary patient. Form 25.

66.*—(1) The clerk of an institution, or in the case of an institution having no clerk on the staff the person in charge, shall before the expiration of the second day after the day of the death of a voluntary patient send notice thereof, together with the statement relating thereto, to the Board.

(2) The person in charge of a house licensed by justices shall also within the same period send a like notice and statement to the clerk of the visitors.

Copies to be sent of entries on visitation.

67.—(1) The clerk of an institution, or in the case of an institution having no clerk on the staff the person in charge, shall within two clear days after the visit of any Commissioner send to the Board and, in the case of a licensed house within the jurisdiction of visitors, also to the clerk of the visitors, copies of all entries made by the Commissioner at such visit in the visitors' book or patients' book.

(2) The person in charge of a licensed house within the jurisdiction of visitors shall also within two clear days after the visit of any visitor send to the Board and to the clerk of such visitors copies of all entries made by the visitor at such visit in either of the last-mentioned books.

Notice of change in staff.

68. The clerk of an institution, or in the case of an institution having no clerk on the staff the person in charge, shall within seven days after the happening thereof send to the Board notice of the appointment or resignation of the superintendent or of any change in the medical staff, including the visiting and consulting staff and temporary medical staff, of the institution. Any change of clerk of an institution vested in the Minister shall also be notified within the same period.

Notice of dismissal of member of the staff.

69. The clerk of an institution, or in the case of an institution having no clerk on the staff the person in charge, shall within two clear days of the happening thereof send to the Board notice in writing of the dismissal or resignation to escape dismissal of any member of the staff who was or was about to be dismissed on the ground of misconduct in connection with a patient, and such notice shall state the circumstances giving rise to the dismissal or resignation.

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* In addition to the requirements of this rule in the case of a voluntary patient dying in an institution, the registered medical practitioner who attended the patient during his last illness is required pursuant to the provisions of the Births and Deaths Registration Acts, 1836 to 1929, and regulations made by the Registrar-General thereunder to deliver to the registrar of deaths for the district a certificate of cause of death in the form prescribed by the said regulations and to sign and give to some person required to give information concerning the death notice in the form prescribed by the said regulations that he has signed the said certificate of cause of death.

70. All entries required to be made under these Rules shall be made in such a manner as to admit of being easily referred to and extracted whenever the Minister or the Board so require. Entries and returns.

71. The Minister or the Board may require the person in charge to furnish at the cost of the institution such plans of any of the buildings or of the estate used for the purposes of the institution as the Minister or the Board may think fit. Institutions to furnish plans.

72.—(1) The superintendent of a registered hospital shall, within one month next after the accounts of the hospital shall have been submitted to the Charity Commissioners, or have been audited, as the case may be, send to the Minister an abstract of the accounts in such form as the Minister shall from time to time prescribe. Abstract of accounts of registered hospital.

(2) He shall also send to the Minister a printed copy of the annual report of the hospital within a month after its publication. Annual Report.

Part VIII

Provisions prescribing the books and records to be kept in hospitals and nursing homes

73. This Part of these Rules applies to hospitals, other than registered hospitals, and to nursing homes. Application.

74. There shall be kept in every hospital and nursing home receiving voluntary and temporary patients the following books and records:— Books and records to be kept.

(*a*) a general register; Form 2.

(*b*) a register of mechanical restraint and seclusion; Form 3.

(*c*) a clinical record of the condition of each patient.

75.—(1) The medical practitioner in charge of a case shall keep a clinical record of the condition of the patient. Clinical records.

(2) A copy of the medical recommendation shall be made on or attached to the clinical record:—

(*a*) in the case of a voluntary patient under the age of sixteen; and

(*b*) in the case of a temporary patient.

(3) In the event of any change of classification or status, or of the departure, discharge or transfer of a patient the fact shall be noted on the clinical record with the date thereof and, in the case of departure, discharge or transfer, the destination of the patient.

(4) In the event of the death of a patient, a copy of the death notice and statement shall be attached to or entered on the clinical record.

76.—(1) The person in charge shall, before the expiration of the second day after that on which a patient was received, send to the Board a notice of his admission and also— Notices to be sent on admission.

(*a*) in the case of a voluntary patient under the age of sixteen, a copy of the medical recommendation; Forms 13 & 14.

(*b*) in the case of a temporary patient, copies of the application for reception and of the medical recommendation.

(2) In the case of the admission of a temporary patient into a hospital not vested in the Minister or a nursing home within the jurisdiction of visitors the person in charge shall within the time prescribed by this rule send to the clerk of the visitors a notice of admission and copies of the application for reception and of the medical recommendation.

Statement as to physical condition.

77. On the admission of a health service temporary patient a written statement shall be furnished to the duly authorised officer of the local health authority or other person bringing the patient that a physical examination has been made by a medical practitioner. The statement shall also describe the general physical condition of the patient and indicate whether bruises or other injuries or marks of violence or neglect were observed at the examination.

Medical statement. Form 17.

78. The person in charge shall, after the expiration of the second day and before the end of the seventh day after the day on which a temporary patient is received, send to the Board a medical statement to be made and signed by the medical practitioner in charge of the case.

Record of seclusion.

79.—(1) The total number of hours during which a patient in a hospital or nursing home is kept in seclusion shall be recorded every week in the register of mechanical restraint and seclusion.

(2) For the purposes of this rule seclusion has the meaning assigned to it in Rule 57.

Register of mechanical restraint and seclusion.

80. The person in charge shall at the end of each quarter send to the Board copies of all entries of mechanical restraint in the register of mechanical restraint and seclusion made during the quarter.

Copies of records.

81. The person in charge shall, whenever so required by the Minister or the Board, produce to them, or send to them copies of, all or any of the records relating to any specified voluntary or temporary patient who is or may have been resident or detained in the hospital or nursing home.

Schedule of rates of payment for private patients.

82. The person in charge shall prepare and keep lists of the private voluntary and private temporary patients for the time being on the books of the nursing home, showing the rates of payment made for the maintenance and care and treatment of such patients, and such lists shall be at all times accessible to the visiting Commissioners.

Transfer of patients.

83. When application is made to the Board for their consent to the transfer of a private temporary patient, the person in charge shall furnish the Board with a report by the medical practitioner in charge of the case as to the patient's mental and bodily condition, and fitness for transfer.

Notices to be sent on removal, departure or discharge. Forms 21, 22 & 23.

84.—(1) Before the expiration of the second day after the day of the removal, departure or discharge of a voluntary or temporary patient, the person in charge shall send written notice thereof to the Board, and in the case of a temporary patient, to the person (other than an officer of the local health authority) who made the application for reception and, if the application was not made by a relative, to any relative named therein, and, if the patient was a health service patient, to the local health authority from whose area he was admitted.

(2) The person in charge of a hospital not vested in the Minister or a nursing home within the jurisdiction of any visitors shall in the case of a temporary patient send a like notice to the clerk of the visitors within the same period.

Notice of dismissal of member of staff.

85. The person in charge shall, within two clear days of the happening thereof, send to the Board notice in writing of the dismissal, or resignation to escape dismissal of any member of the staff who was or was about to be dismissed on the ground of misconduct in connection with a voluntary or temporary patient, and such notice shall state the circumstances giving rise to the dismissal or resignation.

Notice and statement as to death of temporary patient. Form 25.

86.—(1) The person in charge shall, before the expiration of the second day after the day of the death of a temporary patient, send notice of death, together with the statement relating thereto—

(*a*) to the coroner of the district;

(*b*) to the Board;

(*c*) to the registrar of deaths for the district;

(*d*) to the local health authority from whose area the patient was admitted, if the patient was a health service patient;

(*e*) to the person (other than an officer of the local health authority) who made the application for reception and, if such person is not a relative, to any relative named therein;

(*f*) if the patient had been transferred from the health service to the private class, to the person who made the last payment on account of the patient;

(*g*) if the hospital, not being vested in the Minister, or nursing home is within the jurisdiction of any visitors, to the clerk of the visitors; and

(2) The notice required under paragraph 1 (*b*) of this rule to be sent to the Board shall be accompanied by a copy of any letter written or a summary in writing of any verbal report made to the coroner concerning the death.

(3) In any case where mechanical restraint was applied within seven days before the death of a patient particulars of its character and duration shall be given in the statement.

Notice and statement as to death of voluntary patient. Form 25.

87.* The person in charge shall, before the expiration of the second day after the day of the death of a voluntary patient send notice thereof, together with the statement relating thereto, to the Board.

88. The notice of the death of a voluntary or temporary patient together with the statement relating thereto, shall be prepared and signed by the medical practitioner who attended the patient in his last illness.

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* In addition to the requirements of this rule in the case of a voluntary patient dying in a hospital or nursing home, the registered medical practitioner who attended the patient during his last illness is required pursuant to the provisions of the Births and Deaths Registration Acts 1836 to 1929 and regulations made by the Registrar-General thereunder to deliver to the registrar of deaths for the district a certificate of cause of death in the form prescribed by the said regulations and to sign and give to some person required to give information concerning the death notice in the form prescribed by the said regulations that he has signed the said certificate of cause of death.

PART IX

PROVISIONS PRESCRIBING THE BOOKS AND RECORDS TO BE KEPT IN HOUSES FOR SINGLE PATIENTS

Application.

89. This Part of these Rules applies to houses in which persons are received as single patients.

Medical journal. Form 26.

90. A medical journal shall be kept in every house in which a voluntary, temporary, or certified patient is received.

Notices to be sent on admission.

Forms 13, 14 & 15.

91.—(1) The person in charge shall before the expiration of the second day after the day on which a patient was received send to the Board a notice of his admission and also—

(*a*) in the case of a voluntary patient under the age of sixteen, a copy of the medical recommendation;

(*b*) in the case of a temporary patient, copies of the application for reception and of the medical recommendation;

(*c*) in the case of a certified patient, if admitted on an urgency order, copies of the urgency order and of the statement of particulars and medical certificate which accompanied the order, or if admitted on a reception order, copies of the reception order, petition, statement of particulars and medical certificates.

(2) Where a patient has been admitted on an urgency order which is followed by a reception order made on petition, a copy of the reception order together with copies of the petition and medical certificates shall be sent by the person in charge to the Board before the expiration of the second day after that on which the reception order was obtained.

(3) In the case of a temporary patient admitted to a house within the jurisdiction of visitors the person in charge shall within the time prescribed by this rule send to the clerk of the visitors a notice of admission and copies of the application for reception and of the medical recommendation.

Medical statement. Form 17.

92. The person in charge shall, after the expiration of the second day and before the end of the seventh day after the day on which a temporary or certified patient was received, send to the Board a medical statement signed by the patient's medical attendant.

Form of report under s. 39 of principal Act.

93. The report which under section 39 of the principal Act is required to be sent to the Board by the medical attendant of a certified single patient at the expiration of one month after his reception shall be in the form set out in Form 18 in the Schedule to these Rules.

Special report and certificate.

94. The special report and certificate under section 38 of the principal Act, and section 7 of the Lunacy Act, 1891, shall be signed by the medical attendant of a certified single patient in the form set out in Form 20 of the Schedule to these Rules.

Record of seclusion.

95.—(1) The total number of hours during which a single patient is kept in seclusion shall be recorded every week in the medical journal.

(2) For the purposes of this rule seclusion has the meaning assigned to it in Rule 57.

96. The person in charge shall at the end of each quarter send to the Board copies of all entries of mechanical restraint made in the medical journal during the quarter. Copies of entries of mechanical restraint.

97.—(1) The medical attendant of a single patient shall, as soon as possible after the admission of the patient, enter at the beginning of the medical journal a sketch of the previous history of the case and full particulars of the mental and bodily condition of the patient on admission. Duties of medical attendant of single patient.

(2) Such medical attendant shall also at each visit enter in the medical journal the mental and bodily condition of the patient, and all the other particulars indicated in Form 26 in the Schedule to these Rules.

(3) If the Board allow a single patient to be visited less often than once in every two weeks, and the patient is in the house or in the charge of a medical practitioner, the practitioner shall once at least in every two weeks enter in the medical journal the particulars referred to in the last preceding paragraph together with the date of the entry.

(4) Every entry relating to the mental condition of a voluntary or temporary patient shall contain a statement as to the fitness of the patient to remain as such.

98. When application is made to the Board for their consent to the transfer of a temporary or certified single patient, the medical attendant of the patient shall furnish the Board with a report as to the patient's mental and bodily condition, and fitness for transfer, and especially as to whether he is suicidal or dangerous to others. Transfer of patients.

99. An application to the Board for consent to leave of absence for a certified single patient from the house in which he is received, whether for the benefit of his health or on trial, shall be accompanied by a recommendation from the medical attendant of the patient. Leave of absence.

100.—(1) The person in charge shall, before the expiration of the second day after the day of the removal, departure, or discharge of a patient, send written notice thereof to the Board and also, in the case of a person of unsound mind so found by inquisition, to the Chancery visitors. Notices to be sent on removal, departure or discharge. Forms 21, 22 & 23.

(2) In the case of a temporary single patient residing within the jurisdiction of visitors, the like notice shall within the same period be sent to the clerk of the visitors.

101. The person in charge shall, within two clear days of the happening thereof, send to the Board notice in writing of the dismissal or resignation to escape dismissal of any nurse or attendant who was or was about to be dismissed on the ground of misconduct in connection with a patient, and such notice shall state the circumstances giving rise to the dismissal or resignation. Notice of dismissal of nurse or attendant.

102.—(1) The person in charge shall, before the expiration of the second day after that of the death of a temporary or certified patient, send notice thereof, together with the statement relating thereto— Notice and statement as to death of temporary or certified patient. Form 25.

(*a*) to the coroner of the district;

(*b*) to the Board;

(*c*) to the registrar of deaths for the district; and

(*d*) in the case of death—

(i) of a temporary patient, to the person who made the application for reception and, if the application was not made by a relative, to any relative named therein, or to the person who made the last payment on account of the patient;

(ii) of a temporary patient within the jurisdiction of any visitors, to the clerk of the visitors;

(iii) of a certified patient, to the relative or one of the relatives named in the statement of particulars accompanying the order for the reception of the patient, or if none is so named, to the person named for the purpose in such statement, and also to the person upon whose petition the order was made, or who made the last payment on account of the patient;

(iv) of a person of unsound mind so found by inquisition, to the Chancery Visitors.

(2) The notice required under paragraph 1 (*b*) of this rule to be sent to the Board shall be accompanied by a copy of any letter written or a summary in writing of any verbal report made to the coroner concerning the death.

(3) In any case in which mechanical restraint was applied within seven days before the death of a patient particulars of its character and duration shall be given in the statement.

Notice and statement as to death of voluntary patient. Form 25.

103.* The person in charge shall, before the expiration of the second day after the day of the death of a voluntary patient, send notice thereof, together with the statement relating thereto, to the Board.

104. The notice of the death of a patient, together with the statement relating thereto, shall be prepared and signed by the medical attendant or the medical practitioner who attended the patient in his last illness.

PART X

PROVISIONS RELATING TO APPLICATIONS FOR LICENCES, &C.

Applications for licences.

105.—(1) Every person desiring to apply for a licence under the principal Act for a house in substitution for a house already licensed shall—

(*a*) if the house is within the immediate jurisdiction of the Minister, apply in writing to the Minister;

(*b*) if the house is situate elsewhere, give not less than 30 days' notice to the clerk of the peace for the county or borough in which it is situate, and to the Minister of his intention to apply to quarter or special sessions of the licensing justices, as the case may be.

* In addition to the requirements of this rule in the case of a voluntary patient dying in a house, the registered medical practitioner who attended the patient during his last illness is required pursuant to the provisions of the Births and Deaths Registration Acts 1836 to 1929 and regulations made by the Registrar-General thereunder to deliver to the registrar of deaths for the district a certificate of cause of death in the form prescribed by the said regulations and to sign and give to some person required to give information concerning the death notice in the form prescribed by the said regulations that he has signed the said certificate of cause of death.

(2) The application or notice, as the case may be, shall contain—

(*a*) the full names, place of abode, and occupation of the proposed licensee;

(*b*) the full names of the person who is to reside in the house; and a full description of the estate or interest therein of the proposed licensee.

(3) The applicant shall send with the application or notice the following documents:—

(*a*) a general description of the property, including its situation, and total area, the character of the buildings, the method of warming and lighting, and the water supply and drainage;

(*b*) an Ordnance or other map or plan showing the property, including the buildings, the exercise ground, gardens, and roads of approach, and indicating by colour the land and buildings which are to be included in the licence, and distinguishing those buildings which are to be occupied by patients;

(*c*) a statement of the number of patients of each sex to be received, and of the means by which they are to be kept apart both in the house and in the grounds;

(*d*) plans to a scale not smaller than sixteen feet to an inch of each floor of every building to be included in the licence, indicating the proposed use, height, and cubical contents of each room, and differentiating by colour the rooms to be occupied respectively by male and female patients and by the staff.

On renewal of licence, statement to be furnished of the number and class of patients detained.

106. Every person desiring to apply for a renewal of a licence shall—

(*a*) in the case of a house licensed by the Minister, apply in writing to the Minister, and shall send with his application a statement of the names and number of the patients and boarders of each sex then detained or residing in such house;

(*b*) in the case of a house licensed by justices, give not less than 14 days' notice to the clerk of the peace for the county or borough and to the Minister of his intention to apply for a renewal and shall send therewith a similar statement of the names and number of the patients and boarders and copies of all entries made in the visitors' book by the Visiting Commissioners since the last renewal of the licence.

Notice of alterations and additions to licensed houses.

107.—(1) Before any alteration or addition is made to, or in, a licensed house, or its appurtenances, the licensee shall send notice in writing of the proposed alteration or addition to the Minister, and also in the case of a house licensed by justices to the Clerk of the Peace of the county or borough.

(2) The notice shall be accompanied by a full description and a plan or plans of the proposed alteration or addition.

Plans of registered hospitals.

108. Every person desiring to apply for the registration of a hospital for the reception of persons of unsound mind shall apply in writing to the Minister and shall send with his application the like description, statement and plans, as are required to be sent under Rule 105.

Notice of alterations and additions to registered hospitals.

109.—(1) Before any alteration or addition is made to, or in, any registered hospital, the superintendent shall send notice in writing of the proposed alteration or addition to the Minister.

(2) The notice shall be accompanied by a full description and a plan or plans of the proposed alteration or addition.

SCHEDULE

FORM 1

Application for Extension of period of Temporary Treatment

Application is hereby made for the extension of the period of treatment (which ends on the day of next) of
a temporary patient in
for a further period of

(1) Full names of applicant.....

(2) Postal address of applicant.....

(3) How related to or connected with the patient.....

(4) If the application is not signed by the husband or wife or a relative of the patient

(*a*) State the reason.....

(*b*) State the circumstances in which he or she makes the application.....

Dated the day of (Signed)

To the person in charge

Name of Institution, Hospital or Nursing Home, or name and address of person in charge. } .....
.....

I have this day examined the above-named patient and report that his mental condition is as follows

and that his physical condition is as follows

The above-named patient is still incapable of expressing himself as willing or unwilling to receive treatment. I anticipate that the patient will not recover within the above-mentioned period of treatment, which ends on the..... day of....., but his early recovery thereafter appears to me reasonably probable. He is still in need of care and treatment and I recommend that he should continue to be detained for that purpose for a period (or further period) of

(Signed)

Medical Superintendent, Medical Officer, Medical Practitioner in charge of the case, or Medical Attendant.

Dated the day of

To the Board of Control.

FORM 2

General Register

Date of Admission	General Reference Number	Full Names	Sex		Age on Admission	Status				Classification			Mode of Admission							Previously dealt with under the Lunacy Act or the Mental Treatment Act	Temporary Patients		Certified Patients		Departed, Discharged or Removed		Date of Death	Observations
													Direct	Indirect							Extension permitted by Board of Control of period of treatment		Date of					
														By Statutory Transfer	By Statutory re-admission after previous irregular Reception Order or lapsing of Reception Order	By Regrading of Status from							Urgency Order	Reception Order (Summary or upon Petition)	To	Date		
			M.	F.		V.	T.	C.		Private	Health Service	Criminal				V.	T.	C.			Date of Permission	Period of Extension						
1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.	15.	16.	17.	18.	19.	20.	21.	22.	23.	24.	25.	26.	27.	28.	29.

Notes.—(1) Mental condition on leaving the Hospital, i.e., Recovered, Relieved or Not Improved should be noted in Column 29 as should also a discharge after escape or "not now insane".
(2) In case of death the Cause of Death should be stated in Column 29.
(3) Mental Hospitals, Institutions designated for the purposes of the Mental Treatment Act, 1930, licensed houses and registered hospitals should ignore Columns 10 and 20.
(4) Hospitals and nursing homes approved under sections 1 (1) and 5 (1) (iii) of the Mental Treatment Act, 1930, should ignore Columns 9, 16, 19, 24 and 25.

FORM 3

Register of Mechanical Restraint and Seclusion

Hours Secluded	Reasons for Seclusion	Date	Names of Patients		Status (Temporary or Certified)	Means of Restraint Employed	Duration of Restraint in Hours	Certificate stating grounds upon which restraint was employed
			Males	Females				I certify that restraint was employed in this case on the following grounds :— (Signed) *Medical Superintendent or Medical Officer or Medical Practitioner in charge of the case.*

(*Note.*—At the beginning of this register a printed copy of any regulation or rule made by the Board and for the time being in force which relates to mechanical restraint or defines seclusion must be inserted.)

FORM 4

(Name of institution)

POST MORTEM RECORD

Name and General Reference Number.....
Status (voluntary, temporary, or certified).....
Sex, age, and previous occupation.....
Date of admission.....
Date of death .....
Form of mental disorder { on admission ..... / at death .....
Certified cause of death.....
Date and hour of post mortem examination .....

Condition of body and external appearances, including bedsores if any.
Head.....
Thorax (describe condition of ribs) .....
Abdomen .....
Weights of organs .....
Microscopic appearances and any special notes.....

(Signed)

(*Note.*—This record may be either in book or in loose leaf form. The form may be elaborated at will.)

FORM 5

CASUALTY BOOK

WARD.

Date	Name of Patient	Apparent Casualty or Injury	How caused	Time	Persons present	Signed by Nurse in charge	Initialled by Medical Officer in charge of case

(*Note.*—This book must be kept in duplicate. The duplicate must be detachable and may take the form of a carbon copy.)

FORM 6

Suicidal Caution Card

A.B. is regarded as being actively *suicidal* and must on no account be allowed out of observation.

This Card must be shown and explained to every Nurse doing duty in the Ward, and each Nurse must acknowledge by his (or her) signature that this has been done.

(*Note.*—This Card may be elaborated at will *but must be totally dissimilar in appearance to any other Caution Card.*)

FORM 7

Tuberculosis Caution Card

Date of issue.....

A.B. is regarded as suffering from *Tuberculosis* and therefore shall not be allowed to work in any department where food is handled, or in the laundry, unless the special permission of the Medical Superintendent* is previously given and noted on the Card.

This Card must be shown and explained to every Nurse doing duty in the Ward and each Nurse must acknowledge by his (or her) signature that this has been done

---

* In the case of a licensed house the permission must be given by the Medical Officer or the Medical Practitioner visiting the house.

(*Note.*—This Card may be elaborated at will.)

FORM 8

Intestinal Infections Caution Card

Date of issue.....

A.B. is regarded as suffering from.....and in future shall not be allowed to work in any department where food is handled, or in the laundry unless the special permission of the Medical Superintendent* is previously given and noted on the Card.

This Card must be shown and explained to every Nurse doing duty in the Ward, and each Nurse must acknowledge by his (or her) signature that this has been done.

---

* In the case of a licensed house the permission must be given by the Medical Officer or the Medical Practitioner visiting the house.

(*Note.*—This Card may be elaborated at will.)

FORM 9

REGISTER OF CASES OF DYSENTERY (COLITIS) AND DIARRHOEA

Name	Member of Staff	Patient	Sex	Age	Date of admission or entrance into the Mental Hospital	Ward (at time of onset)	Date of onset	Dysentery	Diarrhoea		Date of Recovery	Date of Death	Remarks
									Slight	Severe			

FORM 10

Day Report

Ward..... Date.....

Total of Patients in Ward { Morning / Evening } Subject to seizures		Actively Suicidal.....	

Names of Staff on Duty :—

Knives, forks, spoons, scissors and keys correct in number.

Names of Patients

Admitted	Transferred to another Ward	Discharged	Died

Ward temperature { at 8 a.m. / at 6 p.m.

Special Remarks and details of unusual occurrences :—

To be filled in once a week only

	Nos.		Nos.
Usual No. attending religious services.....		Usual No. occupied	
Usual No. attending entertainments		Usual No. given exercise outside the grounds	
		Usual No. on parole—	
		(*a*) Outside the grounds	
		(*b*) Within the grounds	

(Signed)

Nurse in Charge.

This form must be read and intialled by a member of the medical staff and the Night Nurse who takes over.

(*Note*.—The form may be elaborated at will.)

FORM 11

NIGHT REPORT

Ward.....Night of the.....and.....19.....

Names of Visiting Officers and times of visits.....

Numbers of—

Patients in Ward .....

Subject to seizures.....

Actively suicidal.....

Names of patients—

Incontinent.....

Sleeping in strong clothes .....

Receiving special treatment during night .....

Ward temperature at or about 2 a.m.....

Special remarks and details of unusual occurrences.....

(Signed)

Night Nurse.

N.B.—This form must be read and initialled by a member of the medical staff and the Day Nurse who takes over.

(*Note.*—This Report may be combined for several wards and the form may be elaborated at will.)

FORM 12

NOMINAL LIST OF PATIENTS IN WARD

Name	Status			Religion	Date of Admission to Institution	Health Service or Private	Previous Occupation	Present Occupation
	Voluntary	Temporary	Certified					

(*Note.*—This form may be elaborated at will.)

FORM 13

[Name of Institution, *or* Hospital, *or* Nursing Home, *or* Place, *or* Name and Address of Person in charge of Patient.]

NOTICE OF ADMISSION OF VOLUNTARY PATIENT

I hereby give you notice that
was received into this mental hospital [*or* institution *or* registered hospital *or* licensed house *or* hospital *or* nursing home *or* place *or* house] as a private voluntary patient [*or* as a health service voluntary patient] on the day of .

†[I transmit a copy of the medical recommendation which accompanied the application for the reception of the patient.]

(Signed)

Clerk, *or* Person in charge.

Dated the day of

*[Full name of occupier of house

Occupation

Postal address

Full name of person in charge of patient

Occupation

Postal address

.]

To the Board of Control
[*or as the case may be*]

---

* To be filled in by the person in charge of a voluntary single patient.

† This paragraph should be struck out except in the case of a patient under the age of sixteen.

FORM 14

[Name of Institution, *or* Hospital, *or* Nursing Home, *or* Name and Address of Person in charge of Patient.]

NOTICE OF ADMISSION OF TEMPORARY PATIENT

I hereby give you notice that
was received into this mental hospital [*or* institution *or* registered hospital *or* licensed house *or* hospital *or* nursing home *or* house] as a private temporary patient [*or* as a health service temporary patient] on the day of ,
and I transmit copies of the application and of the medical recommendation on which he [*or* she] was received.

A statement with respect to the mental and bodily condition of the patient will be forwarded in due course.

(Signed)

Clerk, *or* Person in charge.

Dated the day of

*[Full name of occupier of house

Occupation

Postal address

Full name of person in charge of patient

Occupation

Postal address .]

To the Board of Control
[*or as the case may be*]

---

* To be filled in by the person in charge of a temporary single patient.

FORM 15

[Name of Institution *or* Name and Address of Person in charge of Patient.

NOTICE OF ADMISSION OF CERTIFIED PATIENT [OR CRIMINAL LUNATIC]

Date of reception order, the day of

I hereby give you notice that
was admitted into this mental hospital [*or* registered hospital *or* licensed house *or* house] as a private [*or* health service] certified patient [*or* as a criminal lunatic] on the day of , and I transmit a copy of the urgency order and medical certificate [*or* a copy of the order and medical certificates and of the petition and statement of particulars *or* a copy of the order and statement of particulars and medical certificate, *or* a copy of the warrant of the Secretary of State and of the documents which accompanied it] on which he [*or* she] was received.

[I certify that the provisions of Section 8 (1) and (2) of the Lunacy Act, 1890 have been complied with.]

A statement with respect to the mental and bodily condition of the patient will be forwarded in due course.

(Signed)

Clerk, *or* Person in charge.

Dated the day of

*[Full name of occupier of house
Occupation
Postal address
Full name of person in charge of patient
Occupation
Postal address .]

To the Board of Control
[*or as the case may be*]

---

* To be filled in by the person in charge of a certified single patient.

FORM 16

[Name of Institution.]

NOTICE OF TRANSFER FROM THE CRIMINAL TO THE HEALTH SERVICE CLASS

Date of reception order, the day of

I hereby give you notice that who was received into this mental hospital [*or* registered hospital *or* licensed house] as a criminal lunatic on the was on the transferred to the health service class, and I herewith transmit a copy of the justice's order on which he is detained.

A statement with respect to the mental and boldily condition of the patient will be forwarded in due course.

(Signed)

Clerk, *or* Person in Charge.

Dated the day of

To the Board of Control.

FORM 17

[Name of Institution, *or* Hospital, *or* Nursing Home, *or* Name and Address of Person in charge of Patient.]

MEDICAL STATEMENT.*

I have this day† seen and examined
admitted into this mental hospital [*or* institution, *or* registered hospital, *or* licensed house, *or* hospital, *or* nursing home, *or* house] as a private [*or* health service] temporary [*or* certified] patient on the day of [*or* who was admitted as a criminal lunatic on the day of and ceased to be such on the day of], and hereby certify that the mental state of the patient is as follows
and his bodily health and condition are as follows

Dated the day† of

(Signed)

Medical Superintendent, Medical Officer, Medical Practitioner in charge of the case, *or* Medical Attendant.

To the Board of Control.

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* Any marks, bruises or injuries present on admission, or the absence of them, should be noted.

† This must be some day after the expiration of the second day and before the end of the seventh day after the day on which the patient was received or ceased to be a criminal lunatic.

FORM 18

[Name of Institution, *or* Name and Address of Person in charge of Patient.]

REPORT AS TO PATIENT RECEIVED UNDER A RECEPTION ORDER MADE ON PETITION

(To be sent at the expiration of one month after reception.)

I have this day seen and examined
received here on the day of
and report that the mental condition of the patient is as follows
and that his bodily condition is as follows

Dated the day of

(Signed)

Medical Superintendent, Medical Officer, *or* Medical Attendant.

To the Board of Control.

FORM 19

[Name of Institution]

SPECIAL REPORTS AND CERTIFICATES as to Patients under Orders having effect as summary reception orders from the 5th day of July, 1948.

(LUNACY ACT, 1890, SECTION 38; LUNACY ACT, 1891, SECTION 7.)

Date of original order under section 24 (3) and (4) of Lunacy Act, 1890 or section 19 of Mental Treatment Act, 1930	Names of Patients	Report as to Mental Condition	Report as to Bodily Condition

I certify that all the patients named on this sheet are still of unsound mind, and proper persons to be detained under care and treatment.

(Signed)

Medical Superintendent, Medical Officer, *or* Medical Attendant.

Dated the day of 19 .

To the Board of Control.

Note.—Male and female patients must be returned in separate lists. The names must be in alphabetical order of the initial letters, and those of each initial in order of date of admission.

FORM 20

(Private or health service)

[Name of Institution, *or* Name and Address of Person in charge of Patient]

SPECIAL REPORT AND CERTIFICATE

(LUNACY ACT, 1890, SECTION 38; LUNACY ACT, 1891, SECTION 7)

No.*

Name of Patient

Date of admission

Date of reception order

I have this day seen and examined the above-named patient, and beg to report that the mental condition of the patient is as follows and his bodily condition is as follows I hereby certify that he is still of unsound mind, and a proper person to be detained under care and treatment.

(Signed)

Medical Superintendent, Medical Officer, *or* Medical Attendant.

Dated the day of

To the Board of Control.

* For use of Board of Control only.

FORM 21

[Name of Institution, *or* Hospital, *or* Nursing Home, *or* Name and Address of Person in charge of Patient.]

NOTICE OF REMOVAL

Date of reception order, the day of

I hereby give you notice that a private [*or* health service] temporary [*or* certified] patient [*or* a criminal lunatic] received into this mental hospital [*or* institution, *or* registered hospital, *or* licensed house, *or* hospital *or* nursing home, *or* house] on the day of was, on the day of removed to and that on that date the patient was relieved [or not improved]. The removal was effected on the authority of

(Signed)

Clerk, *or* Person in Charge.

Dated the day of

To the Board of Control.
or as the case may be.]

FORM 22

[Name of Institution, *or* Hospital, *or* Nursing Home, *or* Place, *or* Name and Address of Person in charge of Patient.]

NOTICE OF DEPARTURE

I hereby give you notice that a private [*or* health service] voluntary patient received into this mental hospital [*or* institution, *or* registered hospital, *or* licensed house, *or* hospital, *or* nursing home, *or* place, *or* house] on the day of left on the day of [*or* ceased to be a voluntary patient, and was re-admitted as a temporary [*or* certified] patient on the day of].

(Signed)

Clerk, *or* Person in Charge.

Dated the day of

To the Board of Control.
[*or as the case may be.*]

FORM 23

[Name of Institution, *or* Hospital, *or* Nursing Home, *or* Name and Address of Person in charge of Patient.]

NOTICE OF DISCHARGE

Date of reception order, the day of

I hereby give you notice that a private [*or* health service] temporary [*or* certified] patient [*or* a criminal lunatic], received into this mental hospital [*or* institution, *or* registered hospital, *or* licensed house, *or* hospital *or* nursing home, *or* house] on the day of was discharged recovered [*or* relieved, *or* not improved] on the day of [and was re-admitted as a voluntary [*or* certified] patient]. The discharge was effected on the authority of

(Signed)

Clerk, *or* Person in charge.

Dated the day of

To the Board of Control.
[*or as the case may be.*]

FORM 24

[Name of Institution]

NOTICE OF TRANSFER FROM PRIVATE TO HEALTH SERVICE CLASS, OR VICE VERSA.

I hereby give you notice that
admitted into this mental hospital [*or* institution, *or* registered hospital, *or* licensed house] as a private [*or* health service] voluntary [*or* temporary, *or* certified] patient on the day of , was on the day of transferred to the health service [*or* private] class.

[In the case of a transfer from the health service to the private class of a temporary or certified patient, the name and address of the person who is responsible for the payments on account of the patient must be stated here.]

(Signed)

Clerk, *or* Person in Charge.

Dated the day of

To the Board of Control.

FORM 25

[Name of Institution *or* Hospital, *or* Nursing Home, *or* Place, *or* Name and Address of Person in charge of Patient]

NOTICE OF DEATH

Date of reception order, the day of

I hereby give you notice that , a private [*or* health service] voluntary [*or* temporary, *or* certified] patient received into this mental hospital [*or* institution *or* registered hospital, *or* licensed house, *or* hospital, *or* nursing home, *or* place, *or* house] on the day of , died therein on the day of

(Signed)

Clerk, *or* Person in charge, *or* Medical Attendant *or* Medical Practitioner who attended patient in last illness.

Dated the day of

To the Board of Control.
[*or as the case may be.*]

STATEMENT RESPECTING THE ABOVE-NAMED PATIENT

Name

Sex and Age Married, single, or widowed.

Profession or occupation.

Usual residence (postal address) before admission. If the patient has been transferred from another Institution (including Workhouses, etc.), the place of residence before admission to the first Institution should be given

Cause of Death

I.

Immediate cause* ... *a* .....

Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause) ... ... *b* .....

c .....

II.

Other morbid conditions (if important) contributing to death but not related to immediate cause ... .

.....

* This means the disease, injury or complication which caused death, not the mode of dying, as, e.g., heart failure, asphyxia, asthenia, etc.

Whether or not ascertained by post-mortem examination.

Time of and any unusual circumstances attending the death; also a description of any injuries known to exist at time of death or found subsequently on body of deceased, or a statement that there were none.

Names and description of persons present at the death.

I hereby certify that the particulars contained in the above statement are true to the best of my knowledge and belief.

(Signed)

Medical Superintendent, Medical Officer. Medical Practitioner in charge of the case, *or* Medical Attendant *or* Medical Practitioner who attended patient in last illness.

Dated the day of

FORM 26

MEDICAL JOURNAL FOR SINGLE PATIENTS

Date	Mental condition, what evidence of mental disorder; any and what change since last visit	If fit to remain on present status	Bodily health and condition	*Dates and duration (in hours) of application of Mechanical Restraint and Seclusion	Names of friends visiting and dates of visits	State of house and furniture, bed and bedding; supply and condition of wearing apparel	Is the dietary proper? If not, state in what respect	Employment, exercise, and amusements

* In respect of each period of mechanical restraint a certificate must be given as soon as possible by the medical attendant stating the grounds upon which restraint was employed.

Sealed with the Common Seal of the Board of Control in the presence of

L.S.

H. C. Bleakley,
Secretary.

Approved

Aneurin Bevan,
Minister of Health.

I concur

Jowitt, C.

EXPLANATORY NOTE

(This Note is not part of these Rules, but is intended to indicate their general purport.)

These Rules are a revised version of the Mental Treatment Rules 1930. The revision has been necessary because of the amendments made in the Lunacy and Mental Treatment Acts 1890 to 1930 by the National Health Service Act 1946, and the administrative changes which are the result of those amendments.

The Mental Treatment (Adaptation of Forms) Rules, 1948

1948 No. 1082 (L. 7)

Made - - - -	*24th May,* 1948
Laid before Parliament	*26th May,* 1948
Coming into Operation	*5th July,* 1948

I, William Allen Viscount Jowitt, Lord High Chancellor of Great Britain, in exercise of the powers conferred upon me by subsection (2) of Section 338 of the Lunacy Act, 1890(a) and of all other powers enabling me in this behalf, do hereby make the following Rules:—

1. The following amendments shall be made in the forms contained in the Second Schedule to the Lunacy Act, 1890:—

(*a*) In Forms 1, 3 and 4, the word "private" shall be omitted;

(*b*) In Form 7 after the word "judge" there shall be inserted the words "of county courts" and the words "having jurisdiction in the district within which I am detained" shall be omitted.

(*c*) The following form shall be substituted for Form 10:—

Section 21A.

"FORM 10

Certificate as to patient in hospital designated for the purposes of Section 20 of the Lunacy Act, 1890

I hereby certify that I have carefully examined into the state of health and mental condition of and that he is in my opinion of unsound mind and that it is expedient for his welfare that he should be detained in this hospital for a further period not exceeding fourteen days from the date of this certificate.

The grounds for my opinion that the said is of unsound mind are as follows:—

(Signed)

Dated. Medical Officer, Hospital."

(a) 53 & 54 Vict. c. 5.