EMERGENCY MENTAL TREATMENT

The National Health Service (Emergency Mental Treatment) Amendment Regulations, 1950

1950 No. 1224

Made - - - -	*25th July*, 1950
Laid before Parliament	*26th July*, 1950
Coming into Operation	*1st November*, 1950

M.H.110562

The Minister of Health, in exercise of his powers under section 12 of the National Health Service Act, 1946(**a**), and of all other powers enabling him in that behalf, hereby makes the following regulations :—

1.—(i) These regulations may be cited as the National Health Service (Emergency Mental Treatment) Amendment Regulations, 1950, and shall come into operation on the first day of November, 1950.

(ii) The Interpretation Act, 1889(**b**), applies to the interpretation of these regulations as it applies to the interpretation of an Act of Parliament.

2. For Form C in the Schedule to the National Health Service (Emergency Mental Treatment) Regulations, 1948(**c**), there shall be substituted the following form :—

FORM C

(Name of Hospital)

Notice of Death of Patient Received under Section 20 *or* 21 *of the Lunacy Act,* 1890.

I hereby give you notice that , a patient received into this hospital under the provisions of Section *20/21 of the Lunacy Act, 1890, on the day of died therein on the day of .

* Delete whichever is inapplicable.

(Signed)
Medical Officer.

Dated the day of .

To the Coroner for the County of (*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 Hospital or Institution, the place of residence before admission to the first Institution should be given.

(**a**) 9 & 10 Geo. 6. c. 81.
(**b**) 52 & 53 Vict. c. 63.
(**c**) S.I. 1948 (No. 1075) I, p. 2071.

CAUSE OF DEATH

I	I	Approximate interval between onset and death
Disease or condition directly leading to death.*	(*a*)	.....
	due to (or as a consequence of)	
Antecedent causes. Morbid conditions, if any, giving rise to the above cause stating the underlying condition last.	(*b*)	.....
	due to (or as a consequence of)	
	(*c*)	.....
II	II	
Other significant conditions, contributing to the death, but not related to the disease or condition causing it.	.....	.....
	.....	.....

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

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 Officer.

Dated the day of

Given under the official seal of the Minister of Health this twenty-fifth day of July, nineteen hundred and fifty.

(L.S.)

Aneurin Bevan,
Minister of Health.

EXPLANATORY NOTE

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

These regulations amend the National Health Service (Emergency Treatment) Regulations, 1948, by bringing the notice of death required by those regulations to be sent to the Coroner into conformity with the death certificate in general use.