

ber and 31st March, respectively, and shall be made not later than two months from the date of the claim for payment.

3. The regulations made by the Ministry of Home Affairs and approved by the Ministry of Finance on the 18th day of September, 1933, are hereby revoked.

Given under the Seal of the Ministry of Home Affairs for Northern Ireland this 11th day of September, 1934.

(L.S.)

D. L. Clarke,
Assistant Secretary.

The Ministry of Finance hereby approves of the foregoing regulations in witness whereof the Seal of the Ministry has been affixed hereto this 14th day of September, 1934, in presence of—

(L.S.)

G. C. Duggan,
Assistant Secretary.

MENTAL TREATMENT.

Regulations.

THE MENTAL TREATMENT REGULATIONS, 1934, DATED FOURTH DAY OF JANUARY, 1934, MADE BY THE MINISTRY OF HOME AFFAIRS FOR NORTHERN IRELAND UNDER THE MENTAL TREATMENT ACT (NORTHERN IRELAND), 1932 (22 & 23 GEORGE 5, C. 15).

1934. No. 4.

The Ministry of Home Affairs for Northern Ireland, in exercise of the powers conferred on it by the Mental Treatment Act (Northern Ireland), 1932, hereby makes the following Regulations:

General.

1. These Regulations may be cited as the Mental Treatment Regulations. (Northern Ireland), 1934.

Short title.

2.—(1) In these Regulations, unless the context otherwise requires, the following expressions have the meanings hereby assigned to them, that is to say:—

Interpretation.

(a) "The Act" means the Mental Treatment Act (Northern Ireland), 1932;

(b) "The Ministry" means the Ministry of Home Affairs for Northern Ireland;

(c) "Inspector" means an inspector appointed or deemed to have been appointed under the Act;

(d) "Institution" means any institution or house registered by the Ministry for the care and treatment of persons of unsound mind, and includes, except in regulations 77 to 87 (inclusive) of these regulations, a public mental hospital.

- (e) "Approved place" means any hospital, nursing home or place approved by the Ministry for the reception of voluntary or temporary patients, or of patients received into single care, or boarded out;
- (f) "Committee of Management" includes, in relation to a public mental hospital, a joint committee of management;
- (g) "Rate-aided patient" means a patient wholly or partly chargeable to a county or county borough;
- (h) "Paying patient" means a patient who is not rate-aided;
- (i) "Person in charge" means—
 - (i) in relation to a registered institution or house, the person registered in respect of that institution or house, and includes, in the case of his absence, such other person as may be approved by the Ministry for the purpose;
 - (ii) in relation to a person received or about to be received as a voluntary or temporary patient in a hospital, nursing home or place approved by the Ministry (not being a person so received or about to be received into a public mental hospital or as a single patient), the person approved in respect of such hospital, nursing home or place; and
 - (iii) in relation to a person received or about to be received into single care as a voluntary or temporary patient, or as a boarded out patient, the person into whose charge he is or is about to be received.
- (j) "Resident medical superintendent" means the resident medical superintendent of a public mental hospital, and includes the medical officer acting for him in his absence as superintendent of the hospital.

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

(3) The Interpretation Act, 1921 (N.I.), applies to the interpretation of these regulations as it applies to the interpretation of an Act of Parliament.

3. Nothing in these regulations shall affect the operation of any regulations made and approved under sub-section (6) of section 9 of the Local Government (Ireland) Act, 1898, respecting a public mental hospital, or of any special regulations made by a committee of management under sub-section (2) of section 49 of the Act:

Provided that any such regulations or special regulations shall have effect only in so far as they are not in conflict with any of the provisions of the Act or of these regulations.

General Regulations for public mental hospitals, made in pursuance of the provisions of sections 49 and 51 of the Act.

4. The committee of management shall meet regularly at least once in every month on a fixed day at a fixed hour to be determined by the committee for the discharge of the ordinary business of the public mental hospital.

Meetings of committee.

5. Where it is deemed necessary or advisable to have meetings in addition to those provided for under the last preceding regulation, each member shall receive from the clerk of the committee at least two clear days' notice of such meeting.

Additional meetings.

6. Three members of the committee shall form a quorum. Should a quorum not assemble within half-an-hour of the time fixed for any meeting of the committee, the clerk shall issue notices for a meeting on that day week, or on such other date as may be determined by the members present; provided that at least two clear days' notice of the meeting shall be sent to every member of the committee.

Quorum

7. Where a meeting of the committee has been adjourned no notice of the adjourned meeting need be sent by the clerk to members of the committee. No business other than that which was left unfinished at the original meeting shall be transacted at an adjourned meeting.

Adjourned meetings.

8. Special meetings may be summoned by the Chairman, or in his absence by the Vice-Chairman, or on a requisition to the Chairman or Vice-Chairman, as the case may be, signed by the resident medical superintendent, or on a requisition signed by at least five members of the committee and lodged with the clerk. No business other than that for which such meeting has been specially summoned shall be transacted at the meeting, but reports on matters of urgency may, with the permission of the members of the committee present, be received. Three days' notice of any such special meeting shall be sent to every member of the committee by the clerk.

Special meetings.

9. Subject to the provisions of the Act, no proposal relating to capital expenditure, to appointments in the medical or clerical staff, to permanent alterations in the staff or management of the public mental hospital, to alterations in the salaries of officers, or to the sub-division of old or the creation of new offices, shall be decided upon without a month's previous notice of motion entered on the minutes. The Chairman for the time being shall be the sole judge as to whether any proposal not specified in this regulation is a proposal to which the regulation applies. A copy of such notice of motion shall be sent to each member of the committee at his usual place of abode at least two clear days before the meeting at which the question shall be decided.

Limitation of business at meetings.

Annual
revision
of salaries
and wages.

10. The revision of the salaries and wages and the variation of the emoluments and allowances of the public mental hospital staff shall be considered annually by the committee. Any increases or reductions proposed by the committee after such consideration shall, if approved by the Ministry, take effect as from the 1st April next following, unless the committee otherwise determines.

Minutes of
proceedings.

11. The clerk or some other person appointed by the committee shall keep a full and accurate record of the proceedings of the committee at its several meetings, and a copy of such record certified by the resident medical superintendent and the clerk shall be transmitted to the Ministry within fourteen days after each such meeting. Such record of the proceedings shall include, in addition to the financial minutes prescribed by "The Public Bodies Order, 1904," the following :—

- (a) Particulars of the absence on trial of patients in pursuance of section 32 (1) of the Act, shewing approved period of absence in each case ;
- (b) Particulars relating to the boarding out of patients pursuant to the provisions of section 47 of the Act, and the contribution authorised (sub-section 3) ;
- (c) Particulars of any changes in the mental hospital staff since the previous monthly meeting of the committee of management ;
- (d) A full record of all official communications from the Ministry and others, and the directions of the committee thereon ;
- (e) A full statement of the special business considered at each meeting, including particulars of tenders and contracts, and the directions of the committee thereon.

Election
of Chairman
and Vice-
Chairman.

12. At the first meeting after its appointment, the committee shall elect a Chairman and Vice-Chairman who shall continue in office until their successors shall be appointed. The Chairman and Vice-Chairman shall be ex-officio members of all sub-committees.

Questions
to be de-
cided by a
majority
of votes.

13. Every question at any meeting of the committee shall be determined by a majority of the votes of the members present, and in any case in which there is an equality of votes on any question, the Chairman shall have an additional or casting vote.

Vacancy in
office of
Chairman or
Vice-
Chairman.

14. In the event of the office of Chairman or Vice-Chairman becoming vacant through death or otherwise, the committee shall, at its first fixed meeting thereafter, provided at least seven days' notice has been given to each member of the committee, appoint a Chairman or a Vice-Chairman, as the case may be,

who shall hold office in such capacity until the next annual appointment of a committee of management.

15. At each meeting of the committee or of a sub-committee, the Chairman, or in his absence, the Vice-Chairman, shall preside and conduct the business in accordance with these regulations and with the ordinary rules of public meetings. In the absence of both the Chairman and Vice-Chairman the meeting shall appoint a chairman.

Chairman to
preside.

16. The committee, at the first meeting after its appointment, shall appoint such sub-committees as it may deem necessary and advisable for the due transaction of the business of the public mental hospital. The members of such sub-committees shall hold office for such period as the committee may determine. There shall be at least five members of the committee on each sub-committee and two members shall form a quorum.

Appoint-
ment of
sub-
committees.

The powers of the sub-committees shall be such as may be delegated to them by the committee in accordance with the special regulations respecting the management of the public mental hospital, made under the provisions of section 49 (2) of the Act.

17. Subject to the provisions of section 9 (3) of the Local Government (Ireland) Act, 1898, the committee shall have general control of expenditure.

Financial
Control.

18. Paying patients may be received into a public mental hospital on such terms as the committee think fit, provided that sufficient accommodation is available in the mental hospital for all rate-aided patients chargeable to the district. So long as any such paying patients are in association with rate-aided patients they shall be subject to the same rules and regulations as rate-aided patients in regard to their treatment, care and maintenance.

Paying
Patients.

In the event of special buildings or accommodation being set apart for paying patients, such special regulations and rules as the Ministry may deem necessary shall be applied to such patients.

19. Should it be ascertained by the committee that any rate-aided patient has means out of which a contribution towards the whole or part of the cost of his maintenance in a public mental hospital can be made available, the committee shall notify the fact to the Acting Registrar in Lunacy in pursuance of the provisions of the Lunacy Regulation (Ireland) Act, 1871.

Patients
with means.

20. No patient transferred to a public mental hospital from one of H.M. Prisons under Warrant of the Governor of Northern Ireland may be discharged from such public mental hospital

Discharge
of patients.

without a conditional or absolute Warrant of Discharge under the hand of the Governor of Northern Ireland :

Provided that, in the case of a patient transferred to a public mental hospital while undergoing a sentence of imprisonment, such patient shall, upon the expiration of his sentence, be regarded and treated in all respects as if he had been received into such public mental hospital as an ordinary patient and may, thereafter, be discharged at the discretion of the resident medical superintendent.

21. A patient still of unsound mind must on discharge from a public mental hospital be given in charge of a relative or of some responsible person, and a patient who has recovered must, if possible, be similarly dealt with on discharge from the mental hospital. In the case of a patient who has no available means the resident medical superintendent shall allow the expenses of the journey to his home, or to such other place as he may be sent, and also the expenses of the nurses (if any) who accompany him.

Staff.

22. Subject to the provisions of section 51 of the Act and of these regulations, the committee shall appoint such officers and servants as may be necessary to ensure due administration of the public mental hospital and skilled treatment and proper care of the patients.

23. The resident medical superintendent shall be appointed in conformity with the provisions of section 84 of the Local Government (Ireland) Act, 1898, and must be in possession of a Diploma of Psychological Medicine, or other similar qualification in the treatment of illness of a mental or kindred nature :

Provided that this regulation shall not apply to any resident medical superintendent appointed prior to the date of these regulations.

24. The following shall be the duties of the resident medical superintendent of a public mental hospital :—

- (a) He shall, subject to the provisions of these regulations, superintend the whole establishment, and be entrusted with the medical treatment of all the patients in the public mental hospital for whose well-being and safe custody he shall be responsible, and he shall at all times endeavour to maintain the efficiency of the mental hospital.
- (b) He shall devote his whole time to the duties of his office, and shall not engage in any professional or other business except that of the public mental hospital: Provided that nothing in these regulations shall be

Appoint-
ment of
Resident
Medical
Superin-
tendent.

Duties of
Resident
Medical
Superin-
tendent.

construed so as to prevent him from accepting consultations in cases of mental illness, or illness of a kindred nature, unless, in the opinion of the committee, such consultations shall interfere with the efficient supervision of the public mental hospital; nor from undertaking the following engagements:—

- Visiting any person on the order of the Governor of Northern Ireland, the Lord Chief Justice of Northern Ireland, the Minister of Home Affairs for Northern Ireland, the inspectors, or one of them; or, at the request of solicitor or counsel employed for a prisoner, inquiring into such prisoner's mental condition, reporting thereon, and, if necessary, giving evidence with regard thereto; delivering clinical and other lectures on subjects connected with the treatment of mental illness, and on the cases of any of the patients, for the time being, in the public mental hospital, at such times and under such regulations, and subject to such conditions and restrictions as the committee of the said public mental hospital shall from time to time prescribe; provided that the persons to be admitted to the said lectures shall be duly matriculated medical students, or such persons as shall be specially permitted by the said committee to attend the same.
- (c) He shall receive reports daily from the assistant medical officers, whom he shall instruct and advise as to the performance of their duties and the treatment and management of the patients. He shall daily, before one o'clock p.m., visit a section of the public mental hospital buildings, examine and converse with the patients, and shall, within each week, visit all parts of the public mental hospital, the living rooms and recreation grounds of the patients, the hospital, the ordinary dormitories, the dining rooms, the kitchens, the laundry, the stores and other places. He shall endeavour to see that the patients are kindly and properly treated, and he shall give them the fullest opportunities of communicating with him. He shall also supervise the general hygiene and sanitary condition of the public mental hospital.
- (d) He shall exercise a general supervision over the manner in which all the officers, nurses and other members of the staff perform their duties, and shall report any case of neglect to the committee at its next meeting. In cases of misconduct, however, where he considers it necessary, he may suspend any officer, nurse, or member of the staff, reporting such suspension to the

committee at its next meeting for decision ; and until the decision of the committee has been given the offender may be suspended from duty in the public mental hospital. He shall report any serious case of misconduct to the Ministry.

- (e) He shall take care that, in the employment of the staff and the patients, they shall be engaged only on the work of the public mental hospital, and that no person, unless duly authorised by the committee through him, shall interfere with or attempt to influence the duties of the staff or the work of the patients. This regulation has special reference to members of families of officers and servants resident on the public mental hospital estate, who are not in the employment of the committee of management.
- (f) He, or an assistant medical officer, shall, every evening, visit the wards to see the sick and those patients who have been confined to bed during the day, the epileptic and suicidal, and such other patients as need special attention.
- (g) Should any case of danger or difficulty arise amongst patients or staff, he, or, in his absence, the assistant medical officer in charge, shall have authority to call into his aid in consultation any duly registered medical practitioner or consultant either in medicine or surgery, who shall be paid a reasonable fee for his services.
- (h) When requiring leave of absence for more than three days he shall apply to the committee, and inform the Ministry of his proposed absence, and submit the name of the assistant medical officer deputed to act for him.
- (i) He shall never absent himself from the public mental hospital during the night without informing the Chairman, or, in his absence, the Vice-Chairman, of the committee.
- (j) He shall not leave the public mental hospital unless he is satisfied that one or more medical officers will be on duty in his absence.
- (k) He shall be responsible for seeing that the books of the public mental hospital are kept with regularity, and that they are at all times ready for inspection.
- (l) He shall take care that any returns or information required by the Ministry or the inspectors are furnished without delay.
- (m) He shall furnish an immediate report to the Ministry of—
 - (i) any serious injury to any patient either existing on admission or received during his residence in the public mental hospital ;

- (ii) any assault or alleged assault upon a patient, whether committed by another patient or by a member of the staff ;
 - (iii) any outbreak of zymotic or epidemic disease whether affecting the patients or the members of the staff ;
 - (iv) any outbreak of fire ;
 - (v) any other matter of serious importance to the welfare of the patients in the public mental hospital.
- (n) He shall be responsible for the lodgment and disbursement of such public money as may be placed in his hands.
- (o) He shall report at each meeting on the general condition of the public mental hospital, and direct the attention of the committee to any matter which, in his opinion, would promote the well-being of the patients or the efficient management of the mental hospital.
- (p) He shall prepare annually a general report on the condition of the public mental hospital during the preceding calendar year, which report shall be published as the committee may direct, and to this report shall be added a statement of expenditure to the close of the last financial year prepared and verified by the clerk.
- (q) He shall, within twenty-one days after such general report has been laid before the committee of management, transmit a printed copy of the report to the Ministry.
- (r) He shall keep the clinical records and other necessary books, or see that these books are kept by the assistant medical officers, and every entry made therein shall be signed or initialled by the person making the same. Within one week from the reception of a patient he (or such assistant medical officer as he may direct) shall enter in the Register of Admissions the form of disorder in the column set out for that purpose.
- (s) He shall take care that the following registers are provided in addition to the other books and registers prescribed by these regulations for use in a public mental hospital, and such other books as the Committee of Management may consider necessary, and shall be responsible for seeing that they are properly written up, viz. :—
- (1) Registers of reception of voluntary, temporary and certified patients.
 - (2) Registers of departures, discharges, transfers, and deaths of all patients.
 - (3) Post-mortem register.
 - (4) Register of serious casualties.
 - (5) Register of zymotic or epidemic diseases.

(6) Epileptic register.

(7) Chaplains' Book.

Procedure
in case of
illness of
resident
medical
superin-
tendent.

25. In the event of the resident medical superintendent being unable, through severe illness or accident, to carry out his duties, it shall be the duty of the committee so to inform the Ministry and to furnish the name of the medical officer temporarily carrying out the duties of the resident medical superintendent.

Appoint-
ment of
assistant
medical
officers.

26. A person appointed as assistant medical officer in a public mental hospital must be a registered medical practitioner, and be in possession of a Diploma of Psychological Medicine or other similar qualification in the treatment of illness of a mental or kindred nature :

Provided that a registered medical practitioner not in possession of a Diploma in Psychological Medicine, or other similar qualification, may be appointed as assistant medical officer, but any person so appointed shall cease to hold office at the end of three years from the date of his appointment unless during the said period he obtains such Diploma or qualification :

Provided further that this regulation shall not apply to any assistant medical officer appointed prior to the date of these regulations.

Duties of
assistant
medical
officers.

27. The following shall be the duties of an assistant medical officer in a public mental hospital :—

- (a) He shall carry out such duties as the resident medical superintendent, with the concurrence of the committee, may prescribe.
- (b) He shall devote his whole time to the duties of his office, and shall not engage in any professional or other business except that of the public mental hospital :

Provided that with the general approval of the committee of management recorded on the minutes, and with the consent in each case of the resident medical superintendent, he may accept consultations in cases of mental illness, or illness of a kindred nature, and subject to the like conditions may undertake the following engagements :—

Visiting any person on the order of the Governor of Northern Ireland, the Lord Chief Justice of Northern Ireland, the Minister of Home Affairs for Northern Ireland, the inspectors, or one of them, or, at the request of solicitor or counsel employed for a prisoner, inquiring into such prisoner's mental condition, reporting thereon, and, if necessary, giving evidence with regard thereto ; delivering clinical and other lectures on subjects connected with the treatment of mental illness, and on the cases of any of the patients, for the time being, in the public mental hospital, at such times and under such regulations, and subject to such conditions and restrictions as

the committee of the said public mental hospital shall from time to time prescribe; provided that the persons to be admitted to the said lectures shall be duly matriculated medical students, or such persons as shall be specially permitted by the said committee to attend the same.

- (c) The senior assistant medical officer in a public mental hospital shall act during the absence of the resident medical superintendent, and during such period shall be designated acting resident medical superintendent, and shall exercise the powers delegated to the resident medical superintendent under the regulations of the public mental hospital.

The absence of the assistant medical officers from duty shall be arranged by the resident medical superintendent in such a way as to ensure that there is always at least one medical officer on duty.

General Regulations.

28. The committee of each public mental hospital shall make special regulations respecting the management of the mental hospital in accordance with the provisions of section 49 (2) of the Act, and shall specify therein the duties assigned by the committee to the various ranks of the staff in their respective institutions, and it shall be the duty of every member of the staff, including part-time and temporary officers, to carry out those regulations. Each committee shall, by the payment of such allowance as may be approved by the Ministry, or in such other way as it may think fit, encourage all members of its staff who have charge of patients to obtain the certificate of the Royal Medico Psychological Association.

Committee to make special regulations.

29. Any money or other valuables in possession of patients on admission to a public mental hospital shall be carefully recorded in a register to be known as the "Patients' Private Property Register." The amount of money, if any, should be reported to the committee at each monthly meeting and lodged in a separate account with the Bank of the public mental hospital. It will be the duty of the resident medical superintendent to examine the Patients' Private Property Register and such banking account to ensure that they are being properly kept. Patients' private clothing shall either be handed over to their relatives, or be retained pending their discharge, or destroyed, at the discretion of the resident medical superintendent. Valuables, such as watches, etc., shall be carefully stored in a safe or strong room.

Patients' private property.

30. The resident medical superintendent or person in charge of any public mental hospital shall, whenever so required by the Ministry, forward to it copies of all records or documents, or of any particular record or document, relating to any specified patient whose name is or may have been recorded on the books of such public mental hospital.

Ministry to be sent records.

Application, with modifications and adaptations, to temporary patients of sections 16, 19, 23, 24, 25, 26, 27, 28, 29, 30, 32, 33, 35, 43, 45, 46, 47 and 63 of the Act.

Retention,
escape and
re-capture
of temporary
patients.
Sec. 16.

31.—(1) An application in writing for the reception of a temporary patient, if it appears to be in conformity with Part I of the Act, shall be sufficient authority for the applicant or any person authorised by him to take the patient and convey him to the place mentioned in such application and shall also be sufficient authority for any of the persons named in this regulation to receive the patient to whom the said application relates and to take charge of and retain such patient until he shall die or be removed or discharged by due authority or until the expiration of the authorised period of treatment of such temporary patient, and in case of the escape at any time or times of such patient to retake him within twenty-eight days after such escape and again to retain him as aforesaid, provided that the aforesaid authorised period of treatment has not expired.

(2) The persons entitled to receive, take charge of and retain and retake a patient under the provisions of this section are, in the case of a patient to be received into a public mental hospital, the committee of management, the resident medical superintendent and the officers and servants of the mental hospital, and, in the case of a patient to be received into any registered institution or house, or approved place, or into charge as a single patient, the person in charge, the resident medical officer (if any) and the assistants and servants of the person in charge.

Amendment
of applica-
tions and
recommen-
dations
relating to
temporary
patients.
Section 19.

32.—(1) If an application or recommendation for the reception of a temporary patient is, after such reception, found to be in any respect incorrect or defective, such application or recommendation may, within 21 days next after such reception, be amended by the person who signed the same. No amendment shall be allowed unless the same receives the sanction of the Ministry.

(2) If the Ministry deems any such recommendation to be incorrect or defective, the Ministry may, by a direction in writing addressed to the resident medical superintendent or person in charge as the case may be, require the same to be amended by the person who signed the same, and if the recommendation is not duly amended to the satisfaction of the Ministry within 21 days next after the reception of the patient the Ministry may, if it thinks fit, make an order for the patient's discharge.

(3) Every application and recommendation amended under this regulation shall have effect as if the amendment had been contained therein when it was signed.

33.—(1) Where an application has been made for the removal of a temporary patient to a public mental hospital the committee of management of the hospital may co-operate with the person by whom the application has been signed, or with some other person being a relative or guardian of the patient, in making arrangements for the removal of the patient to the hospital.

Removal of temporary patients to institutions. Section 23.

(2) Where one or both of the medical practitioners who signed a recommendation accompanying the application for the admission of any temporary patient to an institution is satisfied that the case is one in which a police escort is required for the purpose of ensuring the safe conveyance of the patient to the institution, any officer or constable of the Royal Ulster Constabulary may, on the receipt by him of an escort certificate, arrange for such escort of police as may seem to him to be required for the said purpose.

(3) The expenses properly incurred by an officer or constable of the Royal Ulster Constabulary in providing a police escort under sub-section (2) of this regulation, shall be repaid to the police authorities by the committee of management of the public mental hospital to which the patient was admitted, and such payment shall be made upon a certificate of the district inspector of the police district in which the escort was provided. The escort certificate shall be in Form 32 in the Schedule.

Form 32.

34.—(1) A paying temporary patient retained in an institution, or approved place or in charge as a single patient shall be discharged if the person on whose application the patient was received as a temporary patient, by writing under his hand, so directs.

Discharge of paying temporary patients not recovered. Section 24.

(2) If that person is dead, or incapable by reason of insanity, absence from Northern Ireland, or otherwise, of signing an order for discharge (or if a patient having been originally classified as a rate-aided patient is afterwards classified as a paying patient), the person who made the last payment on account of the patient, or the husband or wife, or if there is no husband or wife, or the husband or wife is incapable as aforesaid, the father, or, if there is no father, or he is incapable as aforesaid, the mother of the patient, or, if there is no mother, or she is incapable, then any one of the nearest of kin of the patient may give the direction for his discharge.

35.—(1) The resident medical superintendent or person in charge shall, as soon as he is satisfied that a paying temporary patient has recovered, send notice thereof within three clear days next after the recovery, to the person on whose application the patient was received, or by whom the last payment on account of the patient was made.

Discharge of paying temporary patients recovered. Section 25.

(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.

Discharge of
rate-aided
temporary
patients
not re-
covered.
Section 26.

36. When application is made to the resident -medical superintendent or person in charge by a relative or friend of a rate-aided temporary patient not recovered requesting that such patient may be delivered over to the custody and care of such relative or friend, the person to whom application is made may, if he thinks fit, discharge the said patient, upon the undertaking of the relative or friend to his satisfaction that the said patient shall be no longer chargeable to any union or county, and shall be properly taken care of and prevented from doing injury to himself or others.

Discharge of
rate-aided
temporary
patients
recovered.
Section 27.

37.—(1) The resident medical superintendent or person in charge shall, as soon as he is satisfied that a rate-aided temporary patient has recovered, send notice thereof within three clear days next after the recovery, to the nearest relative.

(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.

(4) Whenever any person being a rate-aided temporary patient may be discharged from an institution under this regulation such patient shall, unless otherwise discharged, be forwarded to the workhouse of the poor law guardians responsible for his maintenance and the said guardians shall defray the expense of the removal of the patient to the said workhouse.

Restriction
on dis-
charge of
temporary
patient.
Section 28.

38. A temporary patient shall not be discharged where the resident medical superintendent or the medical attendant, as the case may be, certifies in writing that the patient is dangerous, or otherwise unfit to be at large, giving the grounds on which the certificate is founded, unless one of the inspectors, on visiting the patient after the certificate has been produced, consents, in writing, to the patient's discharge. (see regulation 61.)

Registration
of written
applications
and other
documents.
Section 29.

39. The Ministry shall preserve copies of written applications relating to the reception of temporary patients and shall enter in a register to be kept for the purpose the name of each temporary patient received into an institution or approved place or into charge as a single patient, and such particulars of the written application and other documents as may be prescribed. (see regulation 72.)

Notice of
escape and
return of
temporary
patients.
Section 30.

40. Whenever any temporary patient retained in an institution or approved place or in charge as a single patient escapes therefrom, the resident medical superintendent or person in charge, as the case may be, shall, within three clear days next after such escape, transmit a written notice thereof to the Ministry (in Form 18 in the Schedule). (see regulation 58.)

If any temporary patient who has escaped is brought back to an institution or approved place or into charge as a single patient, the resident medical superintendent or person in charge, as the case may be, shall within three clear days next after the patient

is brought back transmit a notice thereof to the Ministry (in Form 19 in the Schedule). (see regulation 58.)

Form 19.

Notices transmitted to the Ministry under this regulation shall be preserved and registered by the Ministry in like manner as is required in the cases of reception orders relating to patients admitted into an institution.

41.—(1) One of the inspectors as regards any registered institution or house, and the committee of management of any public mental hospital as regards such hospital, may, from time to time, on his or their own authority, permit any temporary patient therein to be absent from such registered institution or house or public mental hospital for such period, not exceeding 30 days, as he or they may think fit.

Provisions as to temporary patients absent on trial from institutions. Section 32.

(2) Notwithstanding the provisions of the last preceding sub-section of this regulation the resident medical superintendent of any public mental hospital may of his own authority permit any temporary patient to be absent from such hospital for a period not exceeding 48 hours.

(3) If any temporary patient allowed to be absent on trial for any period under the provisions of this regulation does not return at the expiration thereof, and a medical certificate as to his state of mind certifying that his retention as a temporary patient is no longer necessary is not sent to the person in charge of the registered institution or house or the resident medical superintendent of the public mental hospital, he may at any time within 28 days after the expiration of the period of leave be re-taken as in the case of an escape, provided that the period of treatment of such temporary patient has not expired.

(4) The committee of management of a public mental hospital may make or order to be made to any temporary patient during the period of his absence on trial from the hospital under the provisions of sub-section (1) of this regulation, an allowance not exceeding the average cost of maintenance in the hospital calculated in the manner prescribed by the Ministry, and any such allowance shall be chargeable for such patient and be payable as if he were actually in the hospital but shall be paid over to him or for his benefit as the committee may direct. (see regulation 73.)

42. Any person who—

- (a) secretes a temporary patient in any institution ; or
- (b) induces or knowingly assists or connives at the escape or attempted escape of a temporary patient from an institution ; or
- (c) induces or knowingly assists a temporary patient absent on leave from an institution to escape or break any conditions of such leave ;

shall, for every such offence, be liable on summary conviction to imprisonment for a term not exceeding three months, or to a fine not exceeding £50, or to both such imprisonment and fine.

Penalties for assisting escape of temporary patients. Section 33.

Removal of temporary patients for hospital treatment. Section 35.

43.—(1) Where the resident medical superintendent or medical attendant, as the case may be, certifies that a temporary patient requires some form of surgical or other treatment which is not otherwise available, the resident medical superintendent or medical attendant may authorise the removal of such temporary patient to a hospital or other place where such treatment can be obtained, and of which the authorities shall have consented to receive the said patient, who may be kept there as long as shall be necessary for the purpose of the said treatment.

(2) During the time a temporary patient is absent from an institution for treatment under the provisions of this regulation the written application under which he was retained in the institution shall remain in force, and on the termination of the treatment such patient may be taken back to the institution unless in the meantime a medical certificate as to his state of mind certifying that his retention as a temporary patient is no longer necessary has been received by the resident medical superintendent or person in charge, or the authorised period of temporary treatment has expired.

(3) The committee of management of a public mental hospital may, where a temporary patient is removed from the mental hospital for treatment under the provisions of this regulation, pay the reasonable expenses of such removal and treatment.

Sending of temporary patients to places for benefit of health. Section 43.

44. The proprietor or person in charge of any registered institution or house may, with the previous consent in writing of one of the inspectors, take or send any temporary patient under proper control to any specified place for any definite time for the benefit of his health, and any such consent may from time to time be renewed and the place varied :

Provided that, before any such consent shall be given or renewed, the approval in writing of the person on whose application such patient was retained, or by whom the last payment on account of the patient was made, shall be produced to the inspector unless he shall, on cause being shown, dispense with the same.

Power of committee of management of public mental hospital to receive temporary patients from other districts. Section 45.

45.—(1) The committee of management of a public mental hospital may make arrangements, subject to the provisions of this regulation, with the committee of management of any other public mental hospital for the reception in the first-mentioned hospital of temporary patients who have been, or may lawfully be, admitted to such other hospital.

(2) A committee of management shall not enter into any arrangement under this regulation except with the approval of the Ministry and of the county council or councils whose functions under section 9 of the Local Government (Ireland) Act, 1898, are performed through that committee of management.

(3) Arrangements under this section shall have effect only if and so long as sufficient accommodation exists in a public mental

hospital for temporary patients who may be received therein in pursuance of the arrangements, after providing accommodation in that hospital for such rate aided and other patients as the committee of management are bound by law to receive, and such further accommodation as the Ministry may deem necessary for the requirements of the district for which the mental hospital has been established.

46.—(1) Where it appears to the resident medical superintendent of a public mental hospital that it would be for the benefit of the health of any temporary patient in the hospital, or that it is necessary for the purpose of obtaining special treatment for any temporary patient, that such patient should be temporarily transferred to, and maintained in some other public mental hospital, the committee of management of which are willing to receive him, the inspectors may, on the request of the committee of management of the first-mentioned hospital, direct the transfer of such patient accordingly.

Temporary transfer of temporary patients from one public mental hospital to another.
Section 46.

(2) The expenses of the transfer of a temporary patient to a mental hospital under this regulation, and of the patient's maintenance therein, shall be defrayed by the committee of management of the hospital from which the patient has been transferred.

47.—(1) The committee of management of a public mental hospital, on the recommendation of the resident medical superintendent, may arrange for the boarding out of a temporary patient from that hospital, on licence for such period as the committee may think fit, in some institution or house approved by the Ministry for that purpose :

Boarding out of temporary patients in approved houses.
Section 47.

Provided that a temporary patient shall not be boarded out under this regulation except with the consent of the relatives or guardian of the patient, if it is practicable to communicate with them.

(2) The person in charge of the institution or house, or other person, into whose charge a temporary patient boarded out under this regulation is placed, shall have the like power and authority to take charge of, receive, retain and retake such patient as the resident medical superintendent of the public mental hospital would have if the patient were in the hospital.

(3) In the case of a rate-aided temporary patient without visible means of support the committee of management may contribute towards the maintenance of the said patient whilst boarded out a sum not exceeding the average cost of maintenance in the public mental hospital calculated in the manner prescribed by the Ministry. (see regulation 73.)

(4) Notice of the boarding out of a patient under this regulation shall be given to the Ministry within the prescribed time. (see regulation 62.)

Neglect to send notices of admission etc., of temporary patients.
Section 63.

48. Any person who fails to send to the Ministry any notice of the admission of a temporary patient to an institution or other place, or of the removal, discharge, or death of any such temporary patient, being a notice which such person is by the Act or by these regulations required to send to the Ministry, shall be guilty of a misdemeanour.

Application, with modifications and adaptations, to temporary patients of sections 24, 27, 28, 29, 31, 33 and 38 of the Private Lunatic Asylums (Ireland) Act, 1842, and section 16 of the Lunatic Asylums (Ireland) Act, 1875.

Concealment from Inspectors, etc., to be a misdemeanour—temporary patients.
Section 24.

49. If the person in charge or the resident medical officer of any registered institution or house fraudulently conceals, or attempts to conceal, any part of the institution or house, or the premises thereof, or any person retained therein as a temporary patient, from one of the inspectors or from any medical or other person authorised by law to visit and inspect any such institution or house and the patients retained therein, the person so offending shall be deemed guilty of a misdemeanour.

Inspectors to consider cases of temporary patients to which their attention may be drawn, and make entry in patients' book.
Section 27.

50. Any one of the inspectors when visiting a registered institution or house shall carefully consider and give special attention to the state of mind of any temporary patient therein retained as to the propriety of whose retention he may have cause to doubt or as to whose sanity his attention may be specially called by the said patient or any other person, and shall, if he thinks the propriety of the retention of such temporary patient requires further consideration, make an entry thereof in the patients' book of the institution or house.

Inspectors with others may make special visits and may liberate a temporary patient.
Section 28.

51. Any one of the inspectors, in case he doubts the propriety of the retention of any temporary patient in a registered institution or house, shall make a special visit to such patient, accompanied by the resident medical superintendent of the nearest public mental hospital, on such day and at such hour as he shall think fit; and if after two distinct and separate visits so made it appears to the inspector and resident medical superintendent that such temporary patient is retained in the institution or house without sufficient cause they may give such orders as to them seem meet for the discharge of the patient at such time as the circumstances may seem to justify. The result of each such special visit shall be entered in writing in the patients' book of the institution or house, and such entry, and also the order for discharge, shall be signed by the inspector and the said resident medical superintendent. Each such special visit must be by the same inspector and resident medical superintendent.

52. Not less than fourteen days shall intervene between the first and second of such special visits, and the inspector shall previous to the second of such special visits give notice thereof to the person in charge or resident medical officer of the institution or house in which the temporary patient intended to be visited is retained, and also (so far as is practicable) to the person on whose application such patient was received into the institution or house or is then retained therein. The notice shall be in writing signed by the inspector, and shall be transmitted by post in a prepaid registered letter put into the post fourteen days at least before the day specified in the notice as the day for such second visit.

Notice of special visits—temporary patients. Section 29.

53. Provided that the notice so required to be given to the person in charge or resident medical officer of a registered institution or house may, instead of being given by letter as aforesaid, be given by notice in the patients' book of the institution or house, signed by the inspector.

Notice may be given in the patients' book. Section 31.

54. If any person applies to the inspectors in order to be informed whether any particular person is retained as a temporary patient, and the inspectors think it reasonable that such inquiry should be made, the inspectors shall examine the register directed by section 29 of the Act and regulation 72 of these regulations to be kept; and if it appears thereby that the person so inquired after is or has been, within the last twelve months, retained in any registered institution or house, the inspector shall deliver to the person so applying in writing the name of the person in charge or resident medical officer in whose institution or house the person so inquired after is or has been retained, and the situation of the institution or house, and (if the inspectors so think fit) a copy of the application and medical recommendation upon which such person was received into the institution or house.

In case of inquiry inspectors may give information relative to any temporary patient retained. Section 33.

55. The Lord Chief Justice of Northern Ireland may, if he thinks fit, at any time by an order in writing by him directed to the inspectors, or any one of them, require them, or any one of them to visit and examine any person retained as a temporary patient who is retained in any institution, home or other house or building in which any temporary patient or patients is or are retained and make a report to the said Lord Chief Justice of such matters in relation to the persons, or any of them, as the inspectors or inspector may be directed to inquire into.

Lord Chief Justice may direct special visitation of temporary patients retained. Section 38.

56. The provisions of section 16 of the Lunatic Asylums (Ireland) Act, 1875, shall apply in the case of the estate of a rate-aided temporary patient in a public mental hospital, as they apply in the case of the estate of a person of unsound mind.

Power to recover expenses against estate of rate-aided temporary patient.

NOTICES.

Notices of Reception, Departure, Death, etc.

Voluntary patients.

57. The notices to be sent to the Ministry under the provisions of section 2, sub-sections (1) and (2) of the Act shall be transmitted in the form set out in the Schedule as follows :—

- (a) in the case of reception, in Form 12.
- (b) in the case of departure, in Form 13.
- (c) in the case of death, in Form 14.

Temporary patients and patients of unsound mind.

58.—(1) The notices to be sent to the Ministry under the provisions of section 4, sub-sections (6) and (7) or section 30 of the Act or regulation 40 of these regulations, shall be transmitted with the required accompanying documents, in the forms set out in the Schedule as follows :—

- (a) in the case of reception, in Forms 15 & 29.
- (b) in the case of discharge, in Form 17.
- (c) in the case of death, in Form 14.
- (d) in the case of escape, in Form 18.
- (e) in the case of return after escape, in Form 19.

Form 4.

(2) Where a person is received and retained as a temporary patient in an institution a Statement of Particulars, in Form 4 of the First Schedule to the Act, shall be furnished to the Ministry, in addition to the notices and documents prescribed by this regulation.

Such notices and documents shall in the case of temporary patients be sent to the Ministry in duplicate and a copy thereof shall be transmitted forthwith to the Registrar in Lunacy by the Ministry.

Copies of Medical Statement to be sent to Ministry.

59. The resident medical superintendent or person in charge of an institution or approved place shall, within three clear days next after the reception of any temporary patient or patient of unsound mind into such institution or place, send to the Ministry a Medical Statement signed by the medical attendant, in Form 29 in the Schedule.

Form 29.

Notice to Coroner in case of death of a patient.

60.—(1) In the case of the death of any patient in an institution, or approved place or in charge as a single patient, the resident medical superintendent or the person in charge, as the case may be, shall, in addition to the notice required to be sent in all cases of death to the Ministry, forthwith send notice of such death to the Coroner of the district in which the patient died.

(2) The relative signing the application for a patient's admission or the nearest known relative or the relative mentioned in the application or reception order shall be notified immediately of the death of such patient and should the Coroner determine to hold an inquest they shall be informed without delay. Should the

patient have been admitted from a workhouse, and should no relative be known, then the master of the workhouse shall be notified of the death.

(3) In every case, as soon as possible after the death, a member of the medical staff shall inspect the body, and carefully note any indications of injury, bruises, marks, bed-sores, etc. The most complete post-mortem examination that is possible shall be made, but in case the responsible relative objects to the examination of any or all of the viscera, such objection is to be respected. The result of the inspection or examination shall be fully recorded in a book to be called the post-mortem book, in which it is also to be noted if the relatives object to a full examination.

(4) When the Coroner announces his intention of holding an inquest, such intention shall be communicated to the Chairman of the Committee.

61. Where, in accordance with the provisions of section 28 of the Act and regulation 38 of these regulations, the resident medical superintendent or medical attendant, as the case may be, certifies in writing that a patient of unsound mind or a temporary patient is dangerous or otherwise unfit to be at large, he shall forthwith furnish a copy of such certificate to the Ministry.

Notification of unfitness of patient for discharge.

62. The notice of the boarding out of a patient under the provisions of section 47 (4) of the Act and regulation 47 of these regulations shall be furnished to the Ministry within three days of such boarding out.

Notice to Ministry of boarding out of temporary patients of unsound mind.

63. Where a patient has been admitted on an urgency order under section 20 of the Act to any institution, a copy of such order shall be furnished forthwith by the resident medical superintendent or person in charge to the Ministry, in Form 35 in the Schedule.

Notice of admission under urgency order.

Form 10.
Form 35.

64. The special report and certificate as to the mental and bodily condition of a patient to be furnished to the Ministry in accordance with the provisions of section 18 of the Act shall be in Form 20 in the Schedule.

Special report and certificate to be furnished to the Ministry for the purpose of extension of period of duration of Reception Orders.

Form 20.

65. Every person received and retained as a temporary patient under section 4 of the Act in any institution or approved place or in charge as a single patient, within the meaning of these regulations, shall be visited by one of the inspectors as soon as may be convenient after his reception, but in no case later than three months after the date of such reception.

Visit of Inspector to temporary patients.
Section 4.

Application for extension of period for temporary treatment.

Form 16.

66.—(1) In any case in which it is desired to extend the period of treatment for a temporary patient, the application required under section 4 (12) of the Act, together with a statement as to the mental and physical condition of the patient, shall be transmitted to the Ministry on Form 16 in the Schedule not more than one month nor less than fourteen days before the expiration of the current period of treatment.

The statement as to the mental and physical condition of the patient shall be signed :—

- (a) in the case of a temporary patient in a public mental hospital by the resident medical superintendent ;
- (b) in the case of a patient in a registered institution which has a resident medical practitioner by such resident medical practitioner ;
- (c) in any other case by the medical practitioner in charge of the patient.

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

Application of section 18 of Act to persons lawfully detained at the commencement of the Act.

67.—(1) For the purpose of giving effect to section 18 of the Act in the case of patients lawfully detained at the commencement of the Act, the order or recommendation of the justice which accompanied the application for admission of a patient to an institution shall be deemed to be the reception order under which the patient is detained, and the date of the patient's admission to the institution shall be deemed to be the date of the order.

(2) Every such order (in this regulation referred to as a reception order) shall, unless continued as in this regulation provided, expire upon the anniversary date of the order.

Provided that in the case of any such order dated the 29th day of February in any year, the anniversary date shall be the 1st day of March, 1933.

(3) A reception order shall remain in force for two years after the date by this regulation appointed for it to expire and thereafter for three years, and after the end of such periods of two and three years for successive periods of five years if not more than one month nor less than seven days before the expiration of the period at the end of which, as fixed by this regulation, the order would expire, and of each subsequent period of two, three and five years respectively, a special report (in Form 20 in the Schedule) of the resident medical superintendent or the medical officer of the institution, as the case may be, as to the mental and bodily condition of the patient, with a certificate under his hand certifying that the patient is still of unsound mind and a proper person to be detained under care and treatment, is sent to the Ministry

Form 20.

and the Ministry sanctions the continuance in force of the reception order for a subsequent period as aforesaid.

(4) The person signing the special report shall give to the Ministry such further information concerning the patient to whom the special report relates as the Ministry may require.

(5) If in the opinion of the Ministry the special report does not justify the continuance in force of the reception order the Ministry may discharge the patient or give such directions respecting him as it may think proper.

(6) Any resident medical superintendent or person in charge, as the case may be, who detains a patient after he has knowledge that the order for his reception has expired shall be guilty of a misdemeanour.

(7) The special reports and certificates under this section may include and refer to more than one patient.

(8) A certificate of the Ministry that an order for reception has been continued to the date therein mentioned shall be sufficient evidence of the fact.

68. The provisions of section 18 of the Act shall apply in the case of a patient admitted in pursuance of section 10 of the Lunatic Asylums (Ireland) Act, 1875, as if the warrant under which he was admitted to a public mental hospital were a reception order and as if the day following the expiration of his sentence were the date of such reception order.

Application of section 18 to patients admitted while under sentence.

69. The order of the judicial authority directing and authorising the medical officer of a dispensary district to visit and examine a person in accordance with the provisions of section 22 of the Act shall be in Form 21 in the Schedule.

Order of judicial authority.

Form 21.

70. Where a recommendation or a certificate has been given by a medical practitioner in support of an application, petition or order, in the case of a person admitted as a rate-aided patient into a public mental hospital, the resident medical superintendent or person in charge of an institution shall send monthly a notification to the guardians of the union to which such person belongs in Form 33 in the Schedule.

Section 55.

Resident Medical Superintendent to inform Guardians of reception of rate-aided patients. Form 33.

71. The following procedure shall be observed in the case of the transfer of a patient from one public mental hospital to another in pursuance of section 54 of the Act :—

Transfer of Patients chargeable to other districts.

- (1) The original form of admission or reception order shall accompany the patient transferred and be kept by the receiving public mental hospital, a copy being retained by the transferring public mental hospital.

Section 54.

- (2) A medical certificate by the resident medical superintendent or a medical officer of the transferring public mental hospital shall be sent with the patient, dated not more than seven days prior to the date of transfer and shall be in form 34 in the Schedule.
- (3) A notice of discharge (on transfer) shall be sent to the Ministry by the resident medical superintendent of the transferring public mental hospital, together with a copy of the prescribed certificate.
- (4) A notice of reception shall be sent to the Ministry by the resident medical superintendent of the public mental hospital receiving the patient.

Form 34.

Registration by Ministry of particulars of temporary patients and of patients of unsound mind and other documents.

72. The following particulars relating to each case of a temporary patient or a patient of unsound mind shall, as may be applicable to these respective classes, be registered by the Ministry in accordance with the provisions of sections 29 and 30 of the Act :—

Name and address of institution or approved place or of person in charge of a patient in single care ;

Name of patient ; registered number ;

Age ;

Whether a temporary patient or a person of unsound mind ;
Record of previous treatment (if any) as a voluntary or temporary patient, or as a patient of unsound mind ;

Whether patient is paying or rate-aided ;

Nature of mental illness ;

Date of reception order or, in case of temporary patient, date of admission ;

Date of expiration of reception order unless renewed ;

Particulars of boarding out of patient (if any) ;

Particulars of escape (if any) ;

Particulars and date of removal, transfer, discharge or death.

There shall be separate registers in respect of persons of unsound mind and temporary patients respectively and these registers may, if desired, be kept by means of a card index.

Calculation of allowance to temporary patient or patient of unsound mind absent on trial.

73. For the purposes of sections 32 and 47 of the Act the allowance to be made to or on behalf of a temporary patient or a patient of unsound mind absent on trial or for the benefit of his health, or boarded out in an approved house from a public mental hospital, shall not exceed the amount of the average cost per annum of the maintenance of a patient in such hospital, for the financial year ended on the 31st March last preceding the date upon which such patient left the institution on trial or for boarding out.

In calculating the average cost per annum of the maintenance of a patient, the following items shall be included :—

- (a) the amount expended on the repayment of loans ;
- (b) the amount received in respect of receipts from patients, and criminal lunatics ;
- (c) the amount received in respect of service patients ;
- (d) the amount received from other miscellaneous receipts.

The average cost per head per week shall be determined by dividing the average cost per annum thus ascertained by the daily average number of patients and dividing the result by fifty-two ; fractions of a penny not being taken into account.

74. The resident medical superintendent or person in charge of any institution or approved place, and every person in charge of a single patient shall forward unopened all letters written by a temporary patient or a patient of unsound mind and addressed to the Governor of Northern Ireland, the Lord Chief Justice of Northern Ireland, or the Ministry.

Corres-
pondence.

75.—(1) Mechanical means of bodily restraint shall be understood to mean and include all instruments and appliances whereby the movements of the body or any part of the limbs of a patient are restrained or impeded.

Restraint
and seclu-
sion of
temporary
patients or
patients of
unsound
mind.

(2) Seclusion shall be understood to mean whenever a person is between the hours of 7 a.m. and 7 p.m., placed in any room alone and with the door of exit locked or fastened or held in such a way as to prevent the egress of the patient.

(3) Mechanical restraint or seclusion shall not be used except by the order of a medical officer or of the medical practitioner in charge of the case or the medical attendant, as the case may be, who shall sign the corresponding record in the Register of Mechanical Restraint and Seclusion.

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

(5) In every case where such restraint is applied particulars describing the mechanical means used and stating the grounds upon which the restraint was employed shall be entered without delay in the Register of Mechanical Restraint and Seclusion in Form 22 in the Schedule.

Form 22.

(6) Each entry in the Register shall be signed on the day of the entry by the medical officer or medical practitioner in charge or medical attendant, as the case may be, who ordered the use of the mechanical restraint or seclusion.

(7) A full record in every case in which either restraint or seclusion is used shall be made daily in the Register throughout the whole period during which the restraint or seclusion continues, and a copy of such entries (if any) in the Register shall be forwarded to the Ministry by the resident medical superintendent or person in charge as the case may be at the end of every quarter.

(8) The following instruments and appliances only shall be made use of for the purpose of mechanical restraint :—

- (a) a jacket or dress, laced or buttoned down the back, made of strong linen, with long outside sleeves fastened to the dress only at the shoulders, and having closed ends to which tapes may be attached for tying behind the back when the arms have been folded across the chest ; or
- (b) a jacket with blind sleeves forming part of the dress ;
- (c) gloves without fingers, fastened at the wrists with buttons or locks, and made of strong linen or chamois leather, padded or otherwise ;
- (d) sheets or towels, when tied or fastened to the bed or other object.

(9) During the use of any of these mechanical appliances it is essential that the patient be frequently visited by the medical officer, that he or she be kept under continuous special supervision, and that under no circumstances shall he or she be left unattended.

(10) The following are not to be considered as mechanical means of bodily restraint within this regulation, but shall only be used under medical order, and a record of their use shall be made in the clinical records :—

- (a) The continuous bath. A cover shall not be used unless the aperture therein for the patient's head is large enough for his body to pass through.
- (b) The dry and wet pack. No straps or ligatures of any kind shall be used, and the patient shall be released for necessary purposes at intervals not exceeding two hours.
- (c) Splints, bandages, and other like appliances when used in accordance with recognised surgical practice for operations or the treatment of fractures or other local injuries, and not so as to interfere with the free movement of the body or limbs more than is necessarily incident to their use for such purpose.

- (d) Gloves, if so fastened as to be removable by the wearer.
- (e) Sheets or towels used only for the purpose of artificial feeding, and merely held, not tied or fastened.
- (f) Trays or rails fastened to the front of chairs used by young persons, cripples or aged infirm adults to prevent their falling out and thereby injuring themselves; provided in the case of adults that it is within the patient's power to undo the fastening.
- (g) Any necessary restraint used for the sole purpose of enabling electrical or other special treatment to be given to patients.

76.—(1) The resident medical superintendent or medical attendant shall keep a clinical record of all patients under his care, and such record may be either in book form or in loose leaf form. Entries containing clinical notes shall be made immediately after the patient has been examined or interviewed.

Clinical records of voluntary and temporary patients and of patients of unsound mind.

(2) Variations in a patient's condition shall be recorded in the clinical record and an entry must be made—

- (a) on reception;
- (b) the day after reception;
- (c) the week ensuing;
- (d) the month after reception; and
- (e) monthly thereafter for six months.

The subsequent entries must be made at least every six months.

(3) The following entries shall be made in the clinical record in respect of each voluntary or temporary patient or patient of unsound mind received—

- (a) the name; date of reception; age; sex; occupation; religion; civil state; nationality; whether subject to epilepsy; suicidal or dangerous to others; whether voluntary, temporary or certified; whether of the service, criminal, paying or rate-aided class, and address of relatives;
- (b) the family history of the patient, with special attention to the presence or absence of mental or nervous disorder in the relatives;
- (c) the personal history of the patient including the question of previous attacks of mental or nervous disorder;
- (d) the history of the present illness including the aetiological factors of the disease in so far as they are ascertainable;
- (e) a record of a complete physical examination of the patient;

- (f) a description of the phenomena of the mental illness ;
- (g) a diagnosis of the case.

(4) 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 patients of unsound mind, the medical certificate or certificates accompanying the urgency or reception order.

(5) 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.

(6) 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.

Provisions as to Registration, &c., of Institutions and Houses under Part III of the Act.

77. Every person applying for registration under section 37 of the Act shall apply in writing to the Ministry in Form 23 in the Schedule setting forth the following particulars :—

- (a) the full name, address, and profession or occupation of the applicant for registration ;
- (b) a full description of the premises in respect of which registration is applied for, and the estate or interest therein of applicant ;
- (c) in case the person applying for registration does not himself propose to reside in the registered institution or house, the full name and profession of the person who is to reside therein and be in charge ;
- (d) the full name and qualifications of the registered medical practitioner who is to be in charge of the patients ; and the names and qualifications of the assistant medical officers (if any) ;
- (e) a general description of the property, including its situation and total area, the character of the buildings, the method of heating and lighting, the general equipment and the water supply and drainage, attaching an Ordnance or other map or plan showing the property, including the buildings, the exercise grounds, gardens, and roads of approach, and indicating by colour the

- land and buildings which are to be included in the premises to be registered, and distinguishing those buildings which are to be occupied by patients ;
- (f) the number of patients of each sex proposed to be received, and of the means by which one sex is to be kept distinct and apart from the other both in the house and in the grounds ;
 - (g) the number and grading of the proposed staff ;
 - (h) any further details the Ministry may require ;
 - (i) the registration fee of ten shillings shall be paid by means of a stamp impressed on the application form (Form 23) ;

78. Every person desiring to apply for a renewal of registration shall apply in writing to the Ministry at least one month before the date of expiration of the existing certificate and send with the application a statement of the number of patients and boarders of each sex then detained or residing in such registered institution or house, and the numbers proposed to be included in the renewed certificate, and any variation from the particulars furnished in the original application form. The registration fee of ten shillings shall be paid by means of a stamp impressed on the application.

Renewal of registration.

79. Before any alteration or addition is made to or in a registered institution or house, or its appurtenances, the person registered shall send notice in writing to the Ministry of the proposed alteration or addition.

Notice of alterations and additions to registered house.

80.—(1) The register of institutions to be kept by the Ministry in accordance with the provisions of section 37 of the Act shall contain the particulars set out in Form 24 in the schedule.

(2) The register of houses to be kept by the Ministry in accordance with the provisions of section 37 of the Act shall contain the particulars set out in Form 25 in the schedule.

(3) The certificate of registration by the Ministry under section 37 of the Act shall be in Form 26 in the schedule.

Register of institutions and houses to be kept by Ministry and issue of certificate of registration. Form 24. Form 25. Form 26.

81. If the person registered in respect of an institution or house dies, or is incapacitated by illness or otherwise, from keeping such institution or house, or ceases to be connected with such institution or house, the Ministry may, by writing endorsed on the certificate of registration, transfer such certificate with all the conditions and liabilities attaching thereto, and with such additional conditions (if any) as the Ministry may deem necessary, for the term then unexpired, to such person as the Ministry may approve.

Transfer of certificate of registration.

Registration
of alternative
premises.

82. Every person applying for a certificate of registration for new premises, where the premises in respect of which that person is registered are destroyed or cease for any cause to be fit for the accommodation of patients, shall make application to the Ministry in Form 23 in the Schedule and shall send with his application the like particulars, description and plans as are required to be sent when application is made for registration for the first time.

Form 23.

Visitation by
Medical
Practitioner.

83. In cases where a registered institution or house is not kept under the superintendence of a resident medical practitioner, such institution or house shall, unless otherwise sanctioned by the Ministry, be visited at least twice a week by a registered medical practitioner, who shall at each such visit make and sign a statement as to the health of any and every patient in such registered institution or house, and the condition of the premises, and such statement shall be laid before the visiting inspector for his inspection and signature. The statement shall be in Form 27 in the Schedule.

Form 27.

Visiting and
Consulting
Physician.

84. The proprietor or person in charge of any registered institution or house, whether a medical practitioner is resident therein or not, shall furnish to the Ministry the name and address of the visiting and consulting physician or physicians (if any) to the institution or house, and also notify the Ministry from time to time of any changes in such physicians arising from resignation, new appointments, etc. If there be no visiting or consulting physician attached to the registered institution or house, the Ministry must be so informed.

Notification
of casual-
ties,
epidemics,
etc.

85. The proprietor or person in charge of any registered institution or house shall furnish an immediate report to the Ministry of any serious injury to any patient (whether voluntary, temporary or of unsound mind) either existing on admission or received during his or her residence in the registered institution or house, and also of any assault or alleged assault upon a patient, whether committed by another patient or by a member of the staff; outbreak of zymotic or epidemic disease whether affecting the patients or the members of the staff; outbreak of fire; and any other matter of serious importance to the welfare of the patients in the registered institution or house.

Records to
be sent to
Ministry if
required.

86. The person in charge of a registered institution or house shall, whenever so required by the Ministry, send to it copies of all records or of any particular record relating to any specified patient, who is or may have been confined or resident therein.

37. There shall be kept in every registered institution or house the following registers and records for voluntary, temporary and certified patients :—

- (a) A Patients Book for all patients, in Form 28 in the Schedule ;
- (b) A register of mechanical restraint and seclusion in Form 22 in the Schedule ;
- (c) A clinical record of the condition of each patient in accordance with the provisions of regulation 76.

Provisions prescribing the records to be kept in registered institutions or houses. Form 28.

Form 22.

Approved Places.

38. There shall be kept in every approved place receiving voluntary and temporary patients, the following records :—

- (a) a register of admissions, departures, discharges, transfers and deaths in Form 30 in the Schedule ;
- (b) a register of mechanical restraint and seclusion in Form 22 in the Schedule ;
- (c) a clinical record of the condition of each patient in accordance with the provisions of regulation 76.

Records to be kept.

Form 30.

Form 22.

39. On the admission of a temporary patient to an approved place a written statement shall be furnished to the 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.

Statement as to physical condition.

90.—(1) The medical attendant of a single patient shall, as soon as possible after the admission of the patient, enter full particulars of the case in the medical journal in Form 31 in the Schedule.

Duties of medical attendant of single patient. Form 31.

(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 31 in the Schedule.

Form 31.

(3) 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.

91. The Mental Treatment Regulations (Northern Ireland), 1932 [S.R.O. (N.I.) 1932, No. 101] are hereby revoked.

Repeal.

92. These Regulations shall come into operation on the first day of February, 1934.

Commencement.

Given under the Official Seal of the Ministry of Home Affairs for Northern Ireland this 4th day of January, 1934.

(L.S.)

Geo. A. Harris,
Secretary.

NOTE.—For Forms 1 to 11 see the First Schedule to the Act.

FORM No. 12.

MENTAL TREATMENT ACT (NORTHERN IRELAND), 1932.

NOTICE OF RECEPTION OF VOLUNTARY PATIENT.

I hereby give notice that.....
 was received into *.....
 as a paying voluntary patient† (or as a rate-aided voluntary patient chargeable
 to the County† (or County Borough) of.....
 on the.....day of.....19.....

†Strike out words not applicable.

‡ I transmit a copy of the application and of the medical recommendation which accompanied the application for the reception of the patient.

Dated this.....day of.....19.....

Signed.....

*Resident Medical Superintendent
 or Person in Charge.*

PARTICULARS.

1. Profession or occupation of the patient.....
2. Age.....
3. Full Postal Address.....
4. Whether, and if so, when and where the patient has previously been under voluntary or temporary treatment.....
5. Whether, and if so, when and where previously under care and treatment as a person of unsound mind.....
6. Previous Registered Number.....

To :
 The Ministry of Home Affairs,
 Northern Ireland.

* Here insert name and address of Institution or approved place or (where the patient was received into single care) the words "my charge at" adding the address.

† This paragraph should be struck out except in the case of a patient under the age of 16 years.

FORM No. 13.

MENTAL TREATMENT ACT (NORTHERN IRELAND), 1932.

NOTICE OF DEPARTURE OF VOLUNTARY PATIENT.

I hereby give you notice that.....
 a paying† (or rate-aided) voluntary patient received into *.....
 on the.....day of.....left‡ (or ceased to
 be a voluntary patient) on the.....day of.....19.....

Dated this.....day of.....19.....

Signed.....

*Resident Medical Superintendent
 or Person in Charge.*

To :
 The Ministry of Home Affairs,
 Northern Ireland.

* Here insert name and address of Institution or approved place or (where the patient was received into single care) the words "my charge at" adding the address.

†Strike out words not applicable.

‡Strike out words not applicable.

FORM No. 14.

MENTAL TREATMENT ACT (NORTHERN IRELAND), 1932.

NOTICE OF DEATH.

I hereby give you notice that.....
of.....

a paying† (or rate-aided) { voluntary patient.
temporary patient.
patient of unsound mind.

†Strike out words not applicable

received into*.....

on the.....day of.....19....., died therein

on the.....day of.....19....., and that

.....attendant† (or nurse) was present at the death of the said patient.

†Strikeout words not applicable

And I hereby certify that the apparent cause of death was.....

and that the disease had existed within the following dates :—

The age of patient at date of death was.....years.

Dated this.....day of.....19.....

Signed.....

Resident Medical Superintendent
or Person in Charge.

To : The Ministry of Home Affairs,
Northern Ireland.

* Here insert name and address of Institution or approved place or (where the patient was received into single care) the words "my charge at" adding the address.

FORM No. 15.

MENTAL TREATMENT ACT (NORTHERN IRELAND), 1932.

NOTICE OF RECEPTION.

I hereby give you notice that.....
of

was received into *.....

as a paying † (or rate-aided) { temporary patient
patient of unsound mind

†Strike out words not applicable

chargeable to the County (†or County Borough) of.....

on the.....day of.....19....., and I transmit

copies of the documents on which he was received, and also a statement with respect to the mental and bodily condition of the patient.

Dated this.....day of.....19.....

Signed.....

Resident Medical Superintendent
or Person in Charge.

To : The Ministry of Home Affairs,
Northern Ireland.

* Here insert name and address of Institution or approved place or (where the patient was received into single care) the words "my charge at" adding the address

FORM No. 16.

MENTAL TREATMENT ACT (NORTHERN IRELAND), 1932.

APPLICATION FOR EXTENSION OF PERIOD OF TEMPORARY TREATMENT.

Section 4 (12)
Reg. 66.

Application is hereby made for the extension of the period of treatment (which ends on the.....day of.....19.....) of.....
.....of.....
who was admitted into *.....
on the.....as a paying † (or rate-aided)
temporary patient for a further period of.....months.

† Strike out
words not
applicable.

(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 this.....day of.....19.....

Signed.....

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 suffering from mental illness. I anticipate that the patient will not recover within the above-mentioned period of treatment, which ends on the.....day of.....19....., 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 retained for that purpose for a further period of.....months.

Signed.....

*Resident Medical Superintendent
or Medical Attendant.*

Dated this.....day of.....19.....

To :
The Ministry of Home Affairs,
Northern Ireland.

NOTE.—The further periods of Treatment shall in no case exceed six months in all (Section 4 (12)).

* Here insert name and address of Institution or approved place or (where the patient was received into single care) the words "my charge at" adding the address.

FORM No. 17.

MENTAL TREATMENT ACT (NORTHERN IRELAND), 1932.

NOTICE OF DISCHARGE.

I hereby give you notice that.....
of

a paying † (or rate-aided) { temporary patient
patient of unsound mind

† Strike out words not applicable.

received into *
on the.....day of.....19....., was discharged recovered † (or relieved, or not improved) on the.....day of.....19.....

The discharge was effected on the authority of.....
.....

Dated this.....day of.....19.....

Signed.....

*Resident Medical Superintendent
or Person in Charge.*

To :

The Ministry of Home Affairs,
Northern Ireland.

* Here insert name and address of Institution or approved place or (where the patient was received into single care) the words "my charge at" adding the address.

FORM No. 18.

MENTAL TREATMENT ACT (NORTHERN IRELAND), 1932.

NOTICE OF ESCAPE.

I hereby give you notice that.....

a † { temporary patient
patient of unsound mind received into *

† Strike out words not applicable.

on the.....day of.....19....., escaped therefrom on the.....day of.....19.....

The state of mind of the patient at the time of his escape was.....
.....
.....

The circumstances attending the escape were as follows :—
.....
.....
.....

State them in full.

Dated this.....day of.....19.....

Signed.....

*Resident Medical Superintendent
or Person in Charge.*

To :

The Ministry of Home Affairs,
Northern Ireland.

* Here insert name and address of Institution or approved place or (where the patient was received into single care) the words "my charge at" adding the address.

FORM No. 19.

MENTAL TREATMENT ACT (NORTHERN IRELAND), 1932.

NOTICE OF RETURN OF PATIENT.

I hereby give you notice that.....

†Strike out words not applicable.

a † { temporary patient
patient of unsound mind who was received into *

on the.....day of.....19....., and escaped therefrom on the.....day of.....19....., was, on the.....day of.....19....., brought back under the following circumstances :—

State them fully

The patient has been again received into *..... under † (or without) a fresh † (application for admission. (reception order.

†Strike out words not applicable

Dated this.....day of.....19.....

Signed.....

*Resident Medical Superintendent
or Person in Charge.*

To :
The Ministry of Home Affairs,
Northern Ireland.

* Here insert name and address of Institution or approved place or (where the patient was received into single care) the words "my charge at" adding the address.

FORM No. 20.

MENTAL TREATMENT ACT (NORTHERN IRELAND), 1932.

(Sec. 18) SPECIAL REPORT AND CERTIFICATE. (Reg. 64 and 67.)

Date of Admission.	Date of original Reception Order.	Date of Termination of Reception Order.	Name of Patient.	Regd. No.	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.....

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

Dated this.....day of.....19.....

To :
The Ministry of Home Affairs,
Northern Ireland.

FORM No. 21.

MENTAL TREATMENT ACT (NORTHERN IRELAND), 1932.

ORDER OF JUDICIAL AUTHORITY.

Information having been given to me on oath that.....
.....of.....

Section 22,
Reg. 69.

is a person alleged to be of unsound mind, and—

† (1) is not under proper care or control,
or

(2) is being cruelly ill-treated or neglected,

†Strike out
words not
applicable

I do hereby direct and authorise.....

being the Medical Officer of the Dispensary District in which the above-named
person alleged to be of unsound mind resides, to visit and examine such person
and to furnish a certificate to me as to his state of mind.

Signed.....

† Resident Magistrate (or a Justice of the
Peace) for the County of.....

Full Address.....

Dated this.....day of.....19.....

To :

.....
*Medical Officer of the
Dispensary District of*
.....

FORM No. 22.

REGISTER OF MECHANICAL RESTRAINT AND SECLUSION.

(Reg. 75, 87, 88).

Hours Secluded.	Reasons for Seclusion.	Date.	Names of Patients, and Regd. Nos.		Whether temporary patient or patient of unsound mind.	Means of Restraint employed.	Duration of Restraint in hours.	The mechanical restraint was necessary for the purpose of preventing the patient from injuring himself or others or for medical or surgical treatment and was ordered by the respective medical practitioners whose signatures are appended.
			Males.	Females.				

FORM No. 23.

MENTAL TREATMENT ACT (NORTHERN IRELAND), 1932.

FORM OF APPLICATION FOR REGISTRATION.

Section 27.
Reg. 77 and 82.

1. Full name of applicant for registration:
 2. Address:
 3. Profession or Occupation:
 4. Full description of the applicant's estate or interest in the premises:
 5. Full name and qualifications of Resident Medical Practitioner (if any) and date of his registration:
 6. Names and qualifications of Assistant Medical Officers (if any):
 7. Name of person to be resident in and in charge of the Institution or House and profession or occupation:
 8. (a) General description of the property:
 - (b) situation:
 - (c) total area:
 - (d) character of buildings:—
 - (e) method of heating and lighting:
 - (f) general equipment:
 - (g) particulars as to water supply and drainage:
 9. Any observations on the map or plan of the property which is to accompany this application:
- | | <i>Male.</i> | <i>Female.</i> | <i>Total.</i> |
|---|--------------|----------------|---------------|
| 10. Number of patients proposed to be received: | | | |
| 11. Method of segregation of sexes: .. | | | |
| (a) in the House | | | |
| (b) in the grounds | | | |
12. Any observations on the plans of each floor of building:
 13. Details of the Staff:—
 - Matron
 - Assistant Matron
 - Head Nurse (male)
 - ,, ,, (female)
 - Nurses (male)
 - ,, (female)

NOTE.—This form must bear an impressed stamp of ten shillings.

Application for stamping to be made to the Controller of Stamping at the Stamp Office, Chichester Street, Belfast.

FORM No. 24.

REGISTER OF INSTITUTIONS. (Reg. 80.)

Name of Applicant for Registration. (1)	Address of Institution to be registered. (2)	If applicant is not person in charge, name and address of person in charge. (3)	Name and Qualification of registered medical practitioner having the care of the patients. (4)	Number of patients proposed to be accommodated.		Date of payment of Registration Fee of 10/-. (6)	Total fees paid in respect of patients. (7)	Date of Certificate of Registration. (8)
				M.	F.			

FORM No. 25.

REGISTER OF HOUSES. (Reg. 80.)

Name of Applicant for Registration. (1)	Address. (2)	If applicant is not person in charge, name and address of person in charge. (3)	Name and Qualification of registered medical practitioner having the care of the patients. (4)	Whether Hospital Nursing Home or Private Dwelling. (5)	Date of payment of Registration Fee of 10/-. (6)	Date of payment of Single patient's fee. (7)	Date of Certificate of Registration. (8)

FORM No. 26.

MENTAL TREATMENT ACT (NORTHERN IRELAND), 1932.

REGISTRATION OF INSTITUTIONS AND HOUSES.

Reg. 80 (3).

Certificate of Registration.

The Ministry of Home Affairs for Northern Ireland hereby certifies that
 A..... B.....
 of..... has been duly registered to keep
 a House situate at.....
 in the Parish of..... and County of
 as an Institution or House for the
 reception of..... male and..... female
 patients of unsound mind.

This Certificate to remain in force for a period of twelve months from the
 day of..... 19.....

Given under my hand, this..... day of..... 19.....

Signed.....

Secretary, Ministry of Home Affairs.

FORM No. 27.

STATEMENT BY VISITING REGISTERED MEDICAL PRACTITIONER. (Reg. 83).

Date of visit.	No. of patients resident.		No. under restraint or seclusion at date of visit.		General remarks on state of health of the patients, and condition of the House.
	M.	F.	M.	F.	

FORM No. 29.

MENTAL TREATMENT ACT (NORTHERN IRELAND), 1932.

MEDICAL STATEMENT.

(Reg. 59).

I have this day seen and examined.....
received into *.....

† Strike out words not applicable.

as a paying † (or rate-aided) { temporary patient
patient of unsound mind

on this..... day of..... 19..... and I hereby
certify that the mental state of the patient is as follows:—

and his bodily health and condition are as follows:—

Dated this..... day of..... 19.....

Signed.....
*Resident Medical Superintendent or
Medical Attendant.*

To :
The Ministry of Home Affairs.
Northern Ireland.

* Here insert name and address of Institution or approved place or (where the patient was received into single care) the words "my charge at" adding the address.

FORM No. 30.

MENTAL TREATMENT ACT (NORTHERN IRELAND), 1932.

HOSPITALS AND NURSING HOMES.

REGISTER OF ADMISSIONS AND DISCHARGES. (Reg. 88.)

Date of Admission.	Full Names.	Status.		Sex.		Age.	Married, Single or Widowed.	Mental condition.	Date of death, departure, removal or discharge.	Observations.
		Voluntary.	Temporary.	M.	F.					

Regulations

FORM No. 31.

MENTAL TREATMENT ACT (NORTHERN IRELAND), 1932.

MEDICAL JOURNAL FOR SINGLE PATIENTS. (Reg. 90.)

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.	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.

FORM No. 32.

MENTAL TREATMENT ACT (NORTHERN IRELAND), 1932.

ESCORT CERTIFICATE.

Reg. 33

(Temporary Patient.)

I,
of

.....
a registered medical practitioner, having signed a medical recommendation in
accordance with Form 2 of the First Schedule to the Mental Treatment Act (N.I.),
1932, in the case of*.....

*Name and
address of
patient.

.....
of *.....
hereby certify that I am satisfied that the case is one in which a police escort is
required for ensuring the safe conveyance of the above-named patient to the
.....Mental Hospital.

Signed.....

Medical Qualifications.....

Dated this.....day of.....19.....

FORM No. 33.

MENTAL TREATMENT ACT (NORTHERN IRELAND), 1932.

NOTIFICATION TO GUARDIANS.

Section 55.
Reg. 70

I hereby certify that in the case of.....

.....
a rate-aided* { temporary patient,
patient of unsound mind, } received into.....
.....Mental Hospital on
the.....day of.....19.....,

*Strike out
words not
applicable.

the* { recommendation
medical certificate } was signed by Dr.....

of.....

and by Dr.....

of.....

on the.....day of.....19.....

Dated this.....day of.....19.....

Signed.....

Resident Medical Superintendent
or person in charge.

To :

The Ministry of Home Affairs
for Northern Ireland.

FORM No. 34.

MENTAL TREATMENT ACT (NORTHERN IRELAND), 1932.

TRANSFER OF PATIENT CHARGEABLE TO ANOTHER DISTRICT.

MEDICAL CERTIFICATE TO ACCOMPANY THE PATIENT ON TRANSFER.

Section 54.
Reg. 71.

I
Resident Medical Superintendent of.....
Mental Hospital hereby certify that, in my opinion, the patient.....
admitted to..... (Reg. No.....)
..... Mental Hospital on
..... who belongs to County.....
may be safely removed to..... Mental
Hospital in the following manner:—

- (1) Mode of conveyance
- (2) Amount and nature of nurse
attendance
- (3) Whether any, and if so, what,
special precautions are
required

The patient is of unsound mind and suffers from *.....

Dated this..... day of..... 19.....

.....
Resident Medical Superintendent.
.....
Mental Hospital.

* State
Diagnosis

FORM No. 35.

MENTAL TREATMENT ACT (NORTHERN IRELAND), 1932.

NOTICE OF RECEPTION UNDER URGENCY ORDER.

I hereby give you notice that..... Reg. No.....
of.....
was received into*.....
as a paying †(or rate-aided) { temporary patient
patient of unsound mind } chargeable to the County
†(or County Borough) of.....
on the..... day of..... 19....., under
an Urgency Order (Form 10) a copy of which is enclosed herewith.

Copies of the medical certificate and of the statement of particulars which
accompanied the Order are sent herewith †[or will be furnished in due course with
other documents].

Dated this..... day of..... 19.....

Signed.....
Resident Medical Superintendent
or Person in Charge.

To :
The Ministry of Home Affairs
for Northern Ireland.

* Here insert name and address of Institution or approved place or (where the patient was
received into single care) the words " my charge at " adding the address.

†Strike out
words not
applicable.

†Strike out
words not
applicable.