

MEMORANDA ON THE NEW LUNACY ACT, 1890.

In the April number of this Journal we briefly indicated the salient features of the new Lunacy Act, but since May 1, when it came into force, many questions and difficulties have arisen in its practical working which have caused much trouble and raised perplexing doubts.

The following are a few practical notes in reference to the new Lunacy Act, which may prove useful, being either the replies of the Lunacy Commissioners to inquiries made by those who are concerned in the carrying out of this ill-conceived and ill-drafted Act, or official statements made in the circulars issued from the Lunacy Board:—

1. The onus of seeing that the patient in an asylum is visited by the petitioner or his representative is *not* cast upon the Medical Superintendent.
2. In regard to the urgency cases, the day on which the Order is signed is not included in the computation of the two clear days.
3. Two clear days are regarded as exclusive of the day of examination for the Medical Certificate and of the day of reception.
4. An Urgency Order remains in force for seven days only, exclusive of the day on which it was signed, unless a petition for the Order for reception be presented and be pending. There is then no alternative if the Act is not complied with but to discharge patient on the expiry of the Urgency Order.
5. The Urgency Medical Certificate must not be one of the certificates accompanying the Reception Order, but the medical certifier of urgency may sign one of the fresh certificates, and need not re-examine the patient, provided the date of examination is within seven clear days of admission.
6. A copy of the Urgency Order and Certificate must be forwarded to the Commissioners within one clear day of the patient's admission.
7. The petition for the Order of reception must be presented within seven clear days of the examination of the patient by the medical practitioner.
8. The day of the date of the Order is not included in the computation of the seven days.
9. No amendment of the Reception Order or Medical Certificates is allowed, unless the same receives the consent of the Judicial Authority by whom the Order for the reception of the patient was made. The initials of the Judicial Authority against any amendment would be sufficient evidence of his consent. The amendment of the defective Order or Certificate must be made within fourteen days. The Commissioners may require a Certificate to be amended, and if this is not done to their satisfaction may discharge the patient.
10. Every Reception Order is, by the Act, made terminable. If dated after the Act came into force (May 1, 1890) or within the previous three months, this Order will expire at the end of a year from its date, unless continued by the Medical Superintendent's Special Report and Certificate.
11. Every Order dated three months or more before May 1st, 1890, will expire April 30th, 1891, unless it is continued by a Special Report and Certificate made by the manager of the institution. If dated on February 1st, 1890, it will fall into this category.
12. The Report and Certificate are to be sent to the Commissioners not more than a month, or less than seven days, before the date on which the Order would expire. Unless objected to by the Commissioners, the Report and Certificate will keep the original Order in force for another year, and after such year it may, by a similar process, be thereafter continued in force for two years, then for three years, and then for successive periods of five years, so long as the patient is detained.
13. The Commissioners have decided that, with respect to patients whose Reception Orders were dated on or prior to February 1st, 1890, all those detained in an institution shall be included in one list or schedule, but that as regards patients whose Reception Orders are dated subsequently to February

1st, 1890, a separate document, containing the Report and Certificate, must be signed and sent for each patient. If, in the opinion of the Commissioners, the Special Report does not justify the Certificate, and they are not by further inquiries satisfied, they may discharge the patient.

14. In addition to the medical statement now sent to the Commissioners after the admission of a private patient, a report of his mental and bodily condition must be sent to them at the expiration of one month after his reception.

15. Letters written by patients and addressed to the public functionaries and other persons mentioned in Sec. 41 of the Act, must be forwarded unopened by the manager of the institution, who may also, at his discretion, forward to its address any other letter written by a private patient. Letters not forwarded need not in future be laid before the Commissioners or Asylum Committee. No instructions are given as to the disposal of such letters.

16. Subject to the authorization by the Commissioners, a patient in an asylum may be examined by two medical practitioners. As a result of such examination, the Commissioners may order the discharge of the patient.

17. The medical officer of a hospital or licensed house may, under the new Act, permit a patient to be absent for forty-eight hours without obtaining the authority of the Commissioners.

18. Provision is now made for the recapture of patients who escape from one part of the United Kingdom to another.

19. Licenses of existing establishments may be renewed by the Commissioners or Justices to the former licensees, or any one or more of them, or to their successors in business. Joint proprietors may be allowed to separate, and each to have a licensed house, so long as the total number of patients does not exceed the number allowed by the joint license. If on the 26th of August, 1889, the licensees of a private asylum had made arrangements to establish another in its place, and if such new house is suited for the purpose, a license may be granted, and may be renewed to the original licensees or any one or more of them, or to his or their successors in business.

20. Private asylums are now permitted to receive Boarders, *i.e.*, "any person who is desirous of voluntarily submitting to treatment," or any relative or friend of a patient, but patients and Boarders together must not exceed the number for which the house is licensed. The intending Boarder alone can obtain the consent of the Commissioners or Justices, as the case may be. A Boarder may leave upon giving to the manager twenty-four hours' notice in writing of his intention to do so.

21. In computing the pension of an officer of an asylum, if he has served in one or more asylums belonging to the same local authority the whole of his service in several asylums belonging to that authority shall be reckoned as if all the asylums had been one asylum.

22. Boarding-out of pauper patients is facilitated by Sec. 57. Pauper patients, when in an asylum, may be delivered into the custody of a relative or friend if the Committee is satisfied that the application has been approved by the Guardians and that the lunatic will be properly taken care of. The authority liable for their maintenance is to pay to the person taking charge, such allowance not exceeding their cost in the asylum, as the above authority may decide. For every lunatic so boarded out the Guardians will continue entitled to the 4s. a week subvention, and the patient may, by order of two members of the Committee, be at any time brought back to the asylum. While boarded-out, the patient is to be visited quarterly by the medical officer of the Union or district where he resides, and who must report to the Asylum Committee. Patients so boarded-out must continue on the register of the asylum. This clause may prove useful, but the asylum authorities may be put to inconvenience by having to provide accommodation for patients whose beds have been filled up, and which their friends claim in consequence of not having been discharged.

(To be continued.)