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**OBSERVATIONS AND SUGGESTIONS**  
**ON THE**  
**LUNACY ACTS AMENDMENT BILL**  
**BY THE**  
**PARLIAMENTARY COMMITTEE**  
**OF**  
**THE MEDICO-PSYCHOLOGICAL ASSOCIATION.**

**OBSERVATIONS AND SUGGESTIONS ON THE  
LUNACY ACTS AMENDMENT BILL BY  
THE PARLIAMENTARY COMMITTEE OF  
THE MEDICO-PSYCHOLOGICAL ASSOCIA-  
TION.**

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1. The Medico-Psychological Association, composed of upwards of four hundred medical men engaged in the treatment of insanity, feels that it would be neglecting a public duty if it failed to express the views which experience has led them to form with regard to lunacy legislation.

2. The Committee of this Association specially appointed to consider the Lunacy Bill desire to draw the attention of members of the House of Commons to the great and important alterations which, by the Bill now before the House, it is proposed to adopt in the practice regulating the admission of insane persons into asylums and hospitals.

3. The Bill proposes to throw upon a judge, magistrate, or justice the responsibility of deciding whether, in a case of lunacy, the medical evidence is sufficient.

4. The Committee have very carefully considered this provision, and have come unanimously to the conclusion that the personal intervention of the magisterial authority in the manner proposed is undesirable, and will lead, if adopted, to delay in treatment, and to attempts at evasion of the law, and will certainly be antagonistic to the welfare of the diseased persons.

5. The encouragement of personal interviews between the magistrate and patient is not in accordance with the Scotch law, which has been taken as the basis of the new procedure, and which has been used as the strongest argument for the introduction of the magisterial intervention.

6. The Committee are of opinion that it is undesirable that a magistrate should be called upon to decide questions which are of a purely medical character, and still more undesirable that it should be legally practicable for a magistrate to



overrule the scientific opinion of two medical men who might be among the most eminent of their profession.

7. The Committee are strongly of opinion that the power of these authorities should be purely *ministerial*, and that when any doubt arises on what is a medical question they should have power to refer the case to the decision of a medical man to be named by them, but that they should not themselves have the power to personally visit and examine the alleged lunatic.

8. The insanity of childbirth may be taken as an instance in which the intervention of a magistrate might be required under the provisions of the Bill as it now stands, and would be in every respect most objectionable. A magistrate might be called upon to visit such patient, and it would apparently be his duty to determine a sufficiency of mental disease, and consequently to determine a medical question, and to prescribe whether a certain line of treatment should or should not be adopted. It is probable that if, consequent on such a decision, a suicide or homicide occurred, public opinion would be strongly expressed on the decision of a medical question of vital importance by a legal authority. Surely in such a case it would be more desirable in every way that the magistrate should have power to appoint a medical man to visit the patient than that he should personally have to do so.

9. The Committee feel that the change suggested by them is opposed to the scheme of the Bill as it has passed the House of Lords, but they hope that the remarks they have made may recommend their proposal to members of the House of Commons, many of whom, as magistrates, will no doubt feel how difficult would be their position if called upon to decide a question as to the sanity or insanity of any person who might be brought before them, or whom they might be called upon to visit.

Passing to the consideration of the Bill as it now stands, the Committee desire to make the following observations:—

Clause 3.  
Sec. 7.

CLAUSE 3. *Sec. 7.*—The proviso that a medical practitioner who signs an urgency certificate should not sign the certificate on the subsequent petition is open to objection. It is not in accordance with the Scotch practice from which the procedure is adopted, and it would involve obtaining the service of three medical men, which is often difficult in country places, in addition to the increase of expense which it would necessitate.

Sec. 11.

*Sec. 11.*—The amount of the fee should be fixed.

κ. 8. *Sec. 8.*—We read this Clause as permitting consultation after one of the certificates has been signed.

Clause 5.  
Form 7. *CLAUSE 5. Form 7.*—If this very objectionable provision is adopted some specified time should be laid down within which the judge, magistrate, or justice, after receipt of notice in Form 7, should visit the patient or have him brought before him, and also a specified time within which, after such visit, he should send his report to the Commissioners in order to prevent undue delay in these matters.

Clause 9. *CLAUSE 9.*—Under this Clause (9), which provides that patients are not to be received under certificates of "*interested persons*," the Section (3) which debars any person who is a member of the Managing Committee of a Hospital for the insane from presenting a petition or signing a certificate appears to be wholly uncalled-for, as such member cannot with any propriety be regarded as an interested person. This section is felt to be not only quite unnecessary, but it would prove practically inconvenient in many instances. It may be added that when a physician examines a patient with a view to signing a certificate, he does not necessarily know to what asylum he may be admitted, and the certificate he signs may, if this Clause remains, prove valueless, and the friends of the patient be put to the needless expense and trouble of obtaining another in its place. For these and other reasons it is urged that the disability thus attached to the medical member of the committee of a hospital should be removed.

Clause 28. *CLAUSE 28.*—This Clause forbids the reception of single patients in the houses of medical practitioners, except in cases of unsoundness of mind of a temporary character, or from decay of mind in old age, or where the patient is voluntarily desirous of submitting to treatment while the house of any other person remains open.

The Committee protest strongly against this Clause being allowed to pass; they feel that it is most unfair that the houses of medical men should be singled out in this manner as being unfitted for the care and treatment of single patients. The Committee believe that in a very great number of cases this plan of treatment confers the greatest benefit upon patients, and there does not appear to be any need for a provision of this description. Its effect will be to induce the friends of patients to send them abroad.

Clauses 50,  
51, 52, 53. *CLAUSES 50, 51, 52, and 53.*—These Clauses introduce many new provisions with regard to hospitals which are

entirely opposed to the principle of local government from which so much of their success has hitherto been derived.

**Clause 54.** **CLAUSE 54.**—This Clause provides that where an officer is transferred from one county asylum to another in the same county his service in all such asylums shall be counted for the purpose of computing his pension.

The Committee wish to point out with reference to this Clause that it would be only fair to extend it to cases where a medical officer is transferred, as often happens, from an asylum in one county to an asylum in another county. As the Clause stands at present it refers only to service in the same county.

In case a difficulty should arise as to payment of the pension by different counties, it is submitted that this may be obviated by each county paying in proportion to the length of service and rate of pay of such officer in each county. The Committee think that in reckoning the number of years service of a Medical Superintendent for the purpose of computing his pension, the Committee of Visitors should be empowered to add any number of years not exceeding seven to the period of his service.

Medical officers who hold the position of superintendents have frequently held subordinate office for a considerable number of years, and have also spent several years in acquiring their professional knowledge.

The Committee also consider that a Clause should be inserted in the Bill giving power to medical superintendents to appeal to the Home Secretary in the case of refusal or reduction of their pensions.

**Clause 58.** **CLAUSE 58** is considered to be peculiarly objectionable, as being quite uncalled-for, and as being capable, under conceivable circumstances, of being used as an instrument of great public injustice.

There is probably no precedent for such extensive powers, practically without appeal, being given by an Act of Parliament to any department over large public institutions which, for many years, have been fulfilling a great public requirement, and which, as the reports of the Commissioners in Lunacy bear witness, have been conducted with remarkable efficiency and success.

It must also be noted that, in this Clause especially, a responsibility under severe penalties is thrown upon the superintendent of the hospital, which he, as the paid servant of the Committee of Managers, could have no possible power of discharging except by their permission.



Clause 70. **CLAUSE 70.**—It is suggested, as this Clause provides for the re-taking of patients, who may have escaped into Scotland or Ireland, and as 25 & 26 Vict., c. III., sect. 38, declares failure to return from leave of absence or trial to be an escape, that it shall be made clear in this Act that the power to send leave patients on leave of absence or trial to *any* place may be extended to a place in Scotland or Ireland; and that patients detained under the order of the Court of Chancery shall be included in this provision. It is also suggested that Lunacy authorities in Scotland or Ireland should have similar power to give permission for sending patients under their jurisdiction on leave of absence to any other of the divisions of the kingdom.

Forms 2, 11, 12, 17. **Forms 2, 11, 12, and 17.**—The statutory question “whether any near relative has been afflicted with insanity” is looked upon as unnecessarily inquisitorial.

On the removal of private patients from registered hospitals, county or borough asylums, and licensed houses, much difficulty is frequently experienced, and it is hoped that the present Bill will contain some provision which will lessen, if not altogether remove, the evil complained of. At most of the registered hospitals, and at some licensed houses, patients in indigent circumstances, but not paupers, are admitted for a limited time, or so long as they can be paid for in part; it follows then that yearly a large number of such cases require to be removed to county, or rate-supported institutions. At present very distressing and even dangerous results follow from the inability of the relieving officer to receive such cases direct from the hospitals. It has been suggested that on the receipt of a notice from the registered hospital that a person of unsound mind, and not fit to be at large, is to be removed, the relieving officer should be required to fix the time for the direct transfer of the patient to the infirmary or magistrate’s court without the removal of the patient to the home of the friends being necessitated.

The Committee suggest that a Clause might be introduced to the following effect:—

“It shall be competent for a magistrate of a county to sign an order for the removal to the county asylum of any insane patient in a registered hospital (or a licensed house) in regard to whom a certificate of insanity and *primâ facie* evidence of chargeability, from the medical officer of the registered hospitals, &c., are presented.”

The Committee recommend most urgently that provision

should be made for giving clinical instruction in insanity in the county and borough asylums by medical officers of those institutions.

In conclusion, the Committee of the Medico-Psychological Association would seek to impress most earnestly on the members of the House of Commons that insanity is a symptom of disease, and that the primary aim and object of all legislation in regard to it should be the care and proper treatment of the afflicted persons who suffer from it.

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