It is brought forward at the present moment in order to meet an urgent need which has arisen in the case of soldiers and sailors invalided from the front, and others whose health has broken down under the stress engendered by the war.

This Bill will enable a man who in the service of his country has suffered a nervous breakdown to accept the treatment without being certified, but only for a period not exceeding six months and under conditions which will provide security against misuse.

A BILL TO FACILITATE THE EARLY TREATMENT OF MENTAL DISORDER OF RECENT ORIGIN ARISING FROM WOUNDS, SHOCK, AND OTHER CAUSES.

Be it enacted by the King's most Excellent Majesty, by and with the advice and consent of the Lords Spiritual and Temporal, and Commons, in this present Parliament assembled, and by the authority of the same as follows:

1.—(1) Notwithstanding the provisions in any other Act to the contrary, a person shall not be liable to any penalty for receiving to board or lodge or for taking charge of, whether for payment or not, any person suffering from mental disorder of recent origin arising from wounds, shock, disease, stress, exhaustion or any other cause, if and so long as he complies with the conditions imposed by regulations made under this Act.

(2) Regulations may be made in England by the Secretary of State with the concurrence of the Lord Chancellor, and in Ireland by the Lord Chancellor of Ireland, as to—

(*a*) the period, not exceeding six months, for which such a person may be so received;

(*b*) the institutions, homes or houses into which such a person may be received;

(*c*) the statements and notices to be furnished as respects a person so received;

(*d*) the treatment of persons so received and their visitation, removal to other care, and discharge.

(3) Regulations made under this Act shall be laid before each House of Parliament as soon as may be after they are made, and if an address is presented to His Majesty by either House of Parliament within the next subsequent twenty-one days on which the House has sat praying that any such regulations may be annulled, His Majesty in Council may annul the regulations, and they shall be thenceforth void, but without prejudice to anything previously done thereunder before the expiration of the said period, and the regulations made under this Act shall have effect as if enacted in this Act.

2.—(1) This Act may be cited as the Mental Treatment Act, 1915.

(2) This Act shall not extend to Scotland.

(3) This Act shall continue in force during the continuance of the present war and for a period of six months thereafter and no longer, except that, as respects persons who at the end of the said period of six months are receiving treatment under this Act, it shall continue in force so long as they continue to receive such treatment.

VOLUNTARY MENTAL TREATMENT BILL.

(Presented by The Earl Russell. Ordered to be printed July 22nd, 1914.)

MEMORANDUM.

This Bill is intended to secure that persons whose mental condition is uncertain, but require medical treatment to prevent their becoming lunatics, may receive such treatment in a manner which is at present impracticable, owing to the present state of the law.

The existing law assumes that a given person is or is not insane, and takes no notice of early symptoms of insanity. These symptoms are curable by early treatment, but, although medical treatment of a person who is not insane may be given without fear of penalty, any person who keeps such a patient is liable to be prosecuted under section 315 of the Lunacy Act, 1890, on the ground that the

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patient is in fact insane. This risk attaching to early treatment without a certificate of insanity is so great that it is almost impossible to secure adequate medical treatment for such patients, nor can they be kept under observation, and consequently they are left to become lunatics in fact, or, in order to avoid that consequence, it must be assumed already to have taken place. Thus, in order to prevent patients becoming confirmed lunatics by neglect, there is a strong tendency to certify all doubtful cases as insane. Of these the great majority very quickly regain their mental equilibrium and are sent out again perfectly sane, but with the stigma of insanity upon them and having been subjected to deprivation of liberty and rights. This inflicts exceptional hardship upon persons with families, and such classes of persons as clerks and teachers and governesses whose chance of earning a livelihood is practically destroyed by having been certified as insane.

The Bill is intended to remedy this defect. By giving permission to treat such patients while making adequate provision against abuse, and providing that they can only be detained while they are willing, the law will be restated so that mental disorder of a kind which merely demands observation and treatment will be kept distinct from insanity, with which it is at present confused merely by reason of fear of prosecution, and not by reason of any express provision of the Lunacy Acts. The section in question was inserted for the protection of the public; its application tends to harm the public. This Bill is intended to make it clear that to treat and observe persons whose mental condition is in doubt does not render those who are responsible for their treatment liable to penalties intended to protect the interests of lunatics and not to harm those who are not yet but may become insane.

The rest of the Bill is machinery for effectively carrying out the main object.

A BILL INTITULED AN ACT TO AMEND THE LUNACY ACTS, 1890 TO 1908, AND TO ENABLE MEDICAL TREATMENT TO BE GIVEN TO PERSONS, IN THE EARLY STAGES OF MENTAL DISEASE WITH THEIR OWN CONSENT.

Be it enacted by the King's most Excellent Majesty, by and with the advice and consent of the Lords Spiritual and Temporal, and Commons, in this present Parliament assembled, and by the authority of the same, as follows:

1.—(1) It shall be lawful for an approved person named in an authority for mental treatment to receive a patient suffering from incipient mental disease into an approved house named therein for a period not exceeding six months from the date thereof.

(2) An authority for mental treatment shall be in the form set out in the Schedule hereto, and shall be signed by a registered medical practitioner, provided that he is not—

(*a*) the person who is to have charge of the patient;

(*b*) a person interested in the payments on account of the patient;

(*c*) in the case of an institution for lunatics or general hospital the manager or any member of the staff, or a member of the visiting or managing committee, or a medical practitioner regularly attending or visiting for payment any patient or patients at the asylum or hospital;

(*d*) the husband or wife, father or father-in-law, mother or mother-in-law, son or son-in-law, daughter or daughter-in-law, brother or brother-in-law, or sister or sister-in-law of the patient; or

(*e*) the partner or assistant of any of the foregoing persons.

(3) No authority for mental treatment shall, without the consent of the board of control, be given within six months after the expiration of a previous authority for mental treatment in respect of the same patient.

(4) During the period named in the authority for mental treatment section three hundred and fifteen of the Lunacy Act, 1890, shall not apply.

(5) No person received under an authority for mental treatment shall be detained against his will.

2.—(1) Within one clear day after receiving a patient under an authority for mental treatment the person who receives him shall give notice of such reception to the board of control in the form set out in the Schedule to this Act, and shall also send to the board of control a true copy of the said authority.

(2) Within one clear day after the death of a patient while in his care under

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an authority for mental treatment, the person who shall have care of such patient shall give notice of the death to the board of control.

(3) Within one clear day after every change of address the person who has care of a patient under an authority for mental treatment shall give notice of such change of address to the board of control.

(4) Within one clear day after the expiration of an authority for mental treatment the person who shall have had care of the patient shall send a report to the board of control in a form to be prescribed, and giving such particulars as shall be required by the said board of control.

3. It shall be lawful for the board of control to permit an authority for mental treatment to be altered by a registered medical practitioner by substituting for the approved person and approved house named therein or one of them some other named approved person and approved house.

4.—(1) Save as hereinafter provided no person shall at the same time undertake the care of more than one patient under an authority for mental treatment without the previous sanction in writing of the board of control.

(2) The manager of an institution for lunatics may receive and lodge any number of patients under authorities for mental treatment, provided that, in the case of a lunatic asylum provided by a local authority, the visiting or managing committee shall have previously by resolution duly passed authorised him to do so, upon such terms and under such conditions as they may think fit.

(3) The powers of a local authority under the Lunacy Act, 1890, shall include the providing and maintaining an institution for the reception and boarding of patients under subsection (2) of this section.

(4) The board of control may authorise a general hospital to receive patients under authorities for mental treatment on such terms and under such conditions as the board of control shall determine.

(5) No person undergoing treatment in accordance with the provisions of this Act shall be removed from England without the previous consent of the board of control.

(6) The powers of making rules and visiting and removal given to the board of control by the Lunacy Act, 1890, as amended by sections twenty-two and sixty-five of the Mental Deficiency Act, 1913, shall extend to patients under authorities for mental treatment given under this Act.

(7) The provisions of Part XI of the Lunacy Act, 1890 (except sections three hundred and fifteen and three hundred and thirty-three), shall apply to this Act and be construed accordingly.

5.—The provisions of section three hundred and thirty-eight of the Lunacy Act, 1890, shall apply to this Act and be construed accordingly.

6.—The terms used in this Act shall have the same meaning as in the Lunacy Act, 1890, and in addition thereto in this Act, if not inconsistent with the context:

(*a*) "Approved house" means any house which has been approved by the board of control as fit to be used for the reception of patients suffering from incipient mental disease, and is occupied by an approved person;

(*b*) "Approved person" means any male or female person who has been approved by the board of control as fit to have the care and treatment of patients suffering from incipient mental disease;

(*c*) "Authority for mental treatment" means a written statement signed by a registered medical practitioner that a patient named therein is suffering from incipient mental disease, and that it is expedient with a view to his recovery that he be under the care of an approved house named therein and stated;

(*d*) "Incipient mental disease" means mental disease of recent origin which is not sufficient to necessitate compulsory detention either as a certified lunatic or as a defective within the meaning of the Mental Deficiency Act, 1913;

(*e*) "Month" means calendar month.

7.—(1) This Act may be cited as the Voluntary Mental Treatment Act, 1914, and shall be construed as one with the Lunacy Act, 1890, and amending Acts; and this Act and the Lunacy Act, 1890, and amending Acts, may be cited together as the Lunacy Acts, 1890 to 1914.

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(2) This Act shall not extend to Scotland or Ireland.
(3) This Act shall come into operation on the first day of January one thousand nine hundred and fifteen.

Schedule.

Form 1.

Authority for Mental Trratment.

I, the undersigned, , a person registered under the Medical Act, 1859, and in the actual practice of the medical profession, declare that I have carefully examined , a (state whether male or female) person now residing at , and that I am of opinion that the said is suffering *from incipient mental disease*, but is not certifiable under the Lunacy Acts, and that it is expedient with a view to his recovery that he be placed under the care of (1) at for a period not exceeding six months.

(Signed)
Full postal address
Qualification
Dated

1 The patient may be under the care of—
(1) An approved person in an approved house;
(2) The manager of an institution for lunatics;
(3) The manager of a hospital under section four, subsections (3) and (4).
See sections one, four, and ten.

Form 2.

Form of Statement to accompany Form 1.

(If any particulars in this statement be not known, the fact to be so stated).
Name of patient with Christian names at length
Age
Sex
Civil state
Occupation
When and where previously under care and treatment
State asylum institution, or approved house
Whether dangerous to self or others
Relationship to person signing

I certify that to the best of my knowledge the above particulars are correctly stated.

(Signed)
Name in full.
Full postal address

The patient may fill up and sign this form if no other suitable person is available.

Form 3.

Form of Notice of Reception.

To be forwarded to the board of control by the approved person within one clear day.

I hereby certify that , aged , was admitted into on the day of , 191 , under an authority signed by of (1), a registered medical practitioner of, and at the request of

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of
and ,
of ,
for treatment under the Mental Treatment Act, 1914.

I herewith send a true copy of the above-mentioned authority.

(Signed)

Medical officer of asylum or hospital, or an approved person.

Dated this day of , 191 .

(1) NOTE.—If at the request of the patient himself it must be so stated.

To the board of control.

ASSISTANT ASYLUM MEDICAL OFFICERS.

From the Annual Report of the Council of the British Medical Association, published in the Supplement to the *British Medical Journal*, May 8th, 1915:

The Council reported in its Annual Report last year that in co-operation with the newly-formed Association of Assistant Asylum Medical Officers of England and Wales a standing Sub-Committee containing representatives of the latter Association had been set up to consider all questions affecting the interests of this class of practitioners. During the present session attention has been given by this Sub-Committee to the question of the pay and conditions of work of assistant asylum medical officers, and the appended memorandum has been drawn up. It has received the approval of the Assistant Asylum Medical Officers' Association, and is now submitted to the divisions and representative body as embodying the considered opinion of those chiefly concerned.

SPECIAL REPORT OF COUNCIL ON THE CONDITIONS OF EMPLOYMENT AND REMUNERATION OF ASSISTANT ASYLUM MEDICAL OFFICERS.

(1) The Council has had certain statistics placed before it by the representatives of the Assistant Asylum Medical Officers' Association which clearly demonstrate the unsatisfactory conditions of pay and prospects of the service. The commencing salaries of first assistant officers begin as low as £150 per annum, and for second assistants as low as £120 per annum. The average salary for first assistants is about £325, and for second assistants £225. To these salaries must be added certain emoluments, the cash value of which may be averaged at about £100 per annum. The inadequacy of pay and prospects is felt more particularly by officers who have spent some years in the service, for it appears that after five to ten years' service the average salaries, including emoluments, amount only to £350, and after ten years' service £425, with exceedingly little chance in the majority of cases of any further promotion. It thus appears that to many officers the service is in the nature of a "blind-alley."

(2) It may be said that the best remedy would be for those who are dissatisfied to leave the service, but it must be remembered that there is hardly any other branch of medical activity which so unfits a practitioner for any other work, so that after a few years in the service it becomes exceedingly difficult for an officer to make a fresh start. Recently the operations of the law of supply and demand have raised the salaries of those entering the service, and have thus led to the anomalous position that many juniors who have entered at the increased rates are getting better pay than a number of their seniors. The law of supply and demand cannot, however, be reckoned on to improve the conditions of the older officers who are, generally speaking, quite unable to make the only effective protest open to them, namely, to threaten to resign.

(3) But in the case of the senior officers there is another grievance which is felt quite as much as the financial one. Many of them have no prospect of being able to marry, either because the rules of the asylum specifically debar them from marriage, or because there is no separate house accommodation. Statistics show that out of 167 officers, 146 are unmarried, and most of these are over thirty years of age. This is neither good for the individual nor for the State, and where this

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