

the feelings of the relatives, and the religious sentiments for the funeral are not disturbed.

Private mental hospitals or homes are special institutions licensed by the Board of Control in the London area, but in the provinces they are licensed by the Justices. There are 19 of these Homes in the London area and 31 in the provinces, and they are usually for private patients only.

The advantage of private mental homes is that they are smaller than the public mental hospitals and therefore individual care can be given to the patient, although in some cases there is a class of patient which appears to do much better in the public mental hospitals than in the private homes.

Another advantage of the private home is that the medical staff is much larger, amusements, recreations and seaside visits are provided and there are more visits by the relatives, while some have homes or special villas in the country and at the seaside.

Most mental homes are situated in rural areas and quite easy of access from towns. The terms vary from £2 to £20 a week according to the accommodation and attention required.

#### The Legal Duties of the Person in Charge of an Insane Patient

With the exception of a Chancery patient in single care, it is required by the Board of Control that notice and the copies of the admission papers be sent to them. A medical journal must be kept and shown to any Commissioner who may visit from time to time.

In the case of a patient in the charge of a medical man, another medical officer must visit the patient at least once a fortnight. A medical report is necessary after one month of admission.

Any death, removal or recovery of the patient must also be reported to the Board of Control and in the case of a death to the Coroner also.

If the patient remains in the home or hospital for a long period of time the reception order may lapse, and to prevent this a continuation sheet must be sent to the Board of Control in not more than one month or less than eight days before the expiration of the first, second, fourth and seventh years respectively, and then at intervals before the expiration of every five years.

Unlike the patient of the poorer class who are always under the control of the mental hospitals committees, the petitioner is responsible for the private patient and can remove him or her from the house at any time whether he is better or not, which gives the patient no fear of undue retention unless the patient is actively suicidal or really dangerous. Even in such a case the patient may go out, but the petitioner takes full responsibility and signs a statement to that effect. The authorities of the home notify the Board of Control in such a case in writing.

Usually, when the patient has recovered and is ready to go home, notice is sent to the petitioner and the patient can leave at the end of the seven days, if his previous discharge is not authorised by the petitioner. On leaving the home a private patient usually has some intermediate change before returning to his own home or ordinary occupation.

Some patients prefer to remain in their own homes, and if the relatives do not wish the patient to be certified or treated in an institution they may obtain the services of a nurse and have the patient treated at home,

The disadvantage of this are many both for the patient and the nurse. Medical aid and any supervision are not often procurable when they are most needed, whereas in hospital it is always at hand. If the patient is suicidal he is more likely to find ways and means to carry it out, and there is a risk of injury to all concerned. The patient, knowing he is at home, will refuse to obey orders.

The nurse often has to sleep in the same room as the patient if there is no night nurse employed, and in some cases the relatives are as much trouble as the patient.

The greater number of cases call for male nurses, who can often handle a difficult patient easily. Many men possess marked nursing ability and instincts, and are on the Supplementary Part of the Register for Male Nurses and the Register for Mental Nurses.

At one time a very large number of male nurses took the Certificate of the Royal Medico-Psychological Association.

The number of patients resident in private single care under the provisions of the Lunacy and Mental Treatment Acts, not including those found of unsound mind by inquisition in 1938, were 294, which include men and women.

#### NAPT Scholarships for Scottish Nurses.

THREE SCHOLARSHIPS OF £150 each have been awarded to enable the following Scottish nurses to spend three months in Scandinavia studying tuberculosis methods.

Miss Margaret Ross, S.R.N., S.C.M., H.V. Certificate, who trained at Stobhill Hospital, is at present working wholly on the prevention and treatment of tuberculosis with the Public Health Department, Glasgow.

Miss Elizabeth Williamson, S.R.N., B.T.A. Certificate (Hons.), is Ward Sister at East Fortune Hospital, East Lothian. She trained at Woodend Hospital and took the B.T.A. Certificate at Glen O'Dee Sanatorium.

Miss Mary Morrison, S.R.N., S.C.M., H.V. Certificate, is Superintendent of District Nurses, Ross and Cromarty County Council.

The three nurses will leave Scotland in April to spend three weeks in Oslo, and one week in the Trondheim District of Norway. Then they will go to Sweden for three weeks in Stockholm, and finally to Copenhagen for four weeks, returning to Scotland in mid-July.

It is the usual practice to award scholarships to one male and one female nurse, and to one Queen's nurse, but the Selection Committee felt that the standard of the female applicants was so high on this occasion it would be preferable to award two scholarships for female nurses.

Three further scholarships will be awarded at the end of 1954 for use in the spring of 1955. The closing date for receiving applications will be October 30th, 1954.

#### Sister Tutor Course Scholarship

State Registered Nurses working in the tuberculosis field who desire to train as Sister Tutors are invited to apply for an N.A.P.T. Scholarship. Details and application forms can be obtained from the Scottish Secretary, National Association for the Prevention of Tuberculosis, 65, Castle Street, Edinburgh.

We hope these nurses will greatly benefit from their stay in Scandinavia, and will bring back knowledge that will alleviate the suffering of their patients,

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