

It is however, when we come to preventable insomnia that a nurse's powers come into full play, in discovering and removing the cause, as well as devising means for its cure and the prevention of its return.

Easily first among the many causes of preventable insomnia, is undoubtedly that curse of our modern civilisation—*noise*. From time to time, the subject is ventilated in the daily papers, and bitterly discussed. It crops up in the pages of medical journals: it ruins the nerves and tempers of peaceful citizens: the modern increase of insanity is largely ascribed to it; while many obscure nervous diseases have their origin in the incessant noise and unrest of modern city life.

When I was a child, I recollect being told that the three best doctors in the world were "Dr. Diet, Dr. Quiet, and Mr. Merryman," but somehow, the prescriptions of that second famous physician seem to be almost ignored, sometimes.

Take a modern hospital ward, for instance, in or near one of our great cities. Formerly, when a ward abutted on a noisy thoroughfare, it was provided with double windows, which went far to keep it quiet. Now, in the passion for fresh air, these are done away with. Windows reaching to the ceiling and twice the size are introduced, ventilators are placed under each bed, with the result that outside noises are heard with double the distinctness that they were before. Ventilation is an excellent thing, but that alone, apart from quiet, will not procure recovery.

Unless the patient sleeps he cannot do well; it is a physiological impossibility. To many persons sleep in a hospital ward is almost unobtainable owing to the noise.

Visitors who have never been into such a place before often enter a ward for the first time on tip-toe, and speak almost in a whisper. They share the popular error that a hospital is a quiet resting-place for the sick, whereas, any good Sister or nurse knows the outside noises alone are distracting enough.

There is the clang, clang of the electric car with the grind and whirr of its wheels, the explosive toot of the motor car horn, the threatening bell of the rapid cyclist. Rattling and rushing goes the nearest railway train with its engine shrieking and whistling, its trucks backing on to one another with a clanking of heavy chains, and complaining of ungreased wheels, like souls in torment! Vehicles roll by continuously, street cries of all descriptions rend the air, early and late excursionists make night and morning hideous with their din. Dogs and cats add to the tumult most of the night, while Sunday with its church bells and brass bands brings little or no intermission.

Then, inside the modern hospital are noises of bells, gongs and telephones, tramping of feet and sounds of many voices, there is the squeaking and banging of doors which should close noiselessly, and do not, the running of taps on the hygienic but noisy modern sinks, incessant clatter of washing up and cleaning, noises made by thoughtless nurses and maids, or doctors, students, and workmen, cries of patients, the clanking of collapsible iron lift-gates, and countless other enemies to repose.

Many of these noises it is impossible for the nurse to prevent, but others can often be modified by the exercise of a little thoughtfulness. The ward telephone can be answered at once, instead of allowing everyone's nerves to be racked with its fretful ting-ting, the tap can be turned off, doors and windows closed quietly. People can be taught to move and speak gently, to set things down without noise. They can avoid chattering in corridors and ward kitchen, they can make up fires *before* and not *after* the ward has settled down for the night, and by immediate attention to a fretful child can stop the whimper from swelling into a steady and prolonged roar.

*Light* is another preventable cause of sleeplessness, often ignored. By forgetting to draw down the ward blinds, many a patient who might have secured an extra hour or two of sleep after a restless night, is awakened in the summer mornings far earlier than is necessary. Gas or electric light is turned up and left burning much longer than is needed; lamps are flashed into patients' faces as the nurse passes their beds. Screens are not arranged at exactly the right angle to shield the eyes, or the patient may be cold, with feet like bits of ice; he may be hungry or thirsty, or uncomfortably warm. His bed clothes may need arranging, he may be wet or soiled and require changing. He may just be lying wakeful because he is worried, nervous, or depressed, and if so, a kindly word of reassurance, a little opportune notice may check the current of his thoughts and turn them in the direction of sleep. A hot bottle, an extra blanket, a warm drink, readjustment of the bed clothes, a warm or cool sponging of face and hands, something to eat, attention to bowels or bladder—all these things should be tried in turn by the nurse, and a real effort made to discover the cause of the sleeplessness with a view to remedying it. Inattention to these points will often make the hypnotic ordered by the doctor of no effect. Before giving it, everything necessary to be done for the patient should be done, so that there may be no disturbance of him as soon as its effect begins to be felt. The nurse should see that he is warm

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