

The Chaplain-General to the Forces, the Right Rev. Bishop J. Taylor Smith, C.B., C.V.O., D.D., conducted the service and was assisted by the Rev. W. S. Jaffery, C.M.G., C.B.E., D.D., K.H.C., Deputy-Chaplain to the Forces, and the Rev. J. B. Elliott, the Chaplain to the Q.A. Military Hospital.

Among those present were: Mr. G. J. Lloyd Humphreys, brother; Dr. and Mrs. Griffiths, relatives; The Countess Roberts, D.B.E., Major-General Sir William Leishman, Director-General of the Army Medical Services; Col. C. B. Martin, Lieut.-Col. J. F. Martin, Major J. H. Spencer, Major J. M. Weddell, Miss Hodgins, R.R.C., Principal Matron, Q.A.I.M.N.S., Dame Maude McCarthy, D.B.E., R.R.C., Matron-in-Chief T.A.N.S., Dame Elizabeth Oram, Miss Garriock, Miss Lloyd Still, Miss Cox-Davies, Miss Russell, Miss Chadwick, Miss M. Blair, M.D., Miss B. Cunningham, M.D., members of the Nursing Staff of the Hospital, the Massage Staff, and R.A.M.C., and also representatives of the Nursing Staffs from the Military Hospitals at Aldershot and Woolwich.

MENTAL NURSES SUFFER FROM DEFERRED REGISTRATION.

Miss Maud Wiese tells us that her remarks at the last meeting of the General Nursing Council for England and Wales, in reference to the deduction of proficiency pay of mental nurses, did not apply to nurses under the London County Council, but that she was "deluged with letters from mental nurses all over the country who had had their money deducted.

"In 1918 most authorities revised wages, and they gave their nurses who were on the staff at that time 4s. per week proficiency pay. Those who had the Medico-Psychological Certificate, and also those who had not obtained it. But they resolved that those nurses who did not obtain the Medico-Psychological Certificate by 1923 should lose this payment.

"Recently they have passed a Resolution to the effect that uncertificated mental nurses who have registered under the General Nursing Council should retain this payment. Some authorities have already made the deduction from those nurses whose applications have not yet been approved." That is why the nurses have urged Miss Wiese to represent this fact to the General Nursing Council.

WORDS FOR THE WEEK.

A man may be festooned with the whole haberdashery of success, and go to his grave a cast-away.—*Dr. Rudyard Kipling.*

The other day I was told that by "listening-in" I could hear people cough in America; I would rather hear a thrush singing in England.—*Mr. F. B. Malin.*

"Nothing is more certain than that hardship is necessary to health, and that preoccupation with comfort is the most deadly sort of hypochondria."—*Mr. Bernard Shaw.*

"So far there has been no real civilisation of the world."—*Mr. H. G. Wells.*

"Paradise lies at the feet of the mothers."—*Mahommedan Scripture.*

TRAINING IN NIGHT DUTY.

By Miss Mena M. G. Bielby.

Training in Night Duty has special value, if only to dispel the popular notion that any well-meaning, untrained woman is competent to "sit up" with the patient. Experience has proved that the converse holds, that the perilous hours are those between midnight and dawn, thus demanding unceasing vigilance, knowledge, skill, and power of observation. The cause of this is that the sun is then at its farthest distance from us. By day it floods our part of the globe with its vitalising rays, and as to the vitality then absorbed—more in exposure to the direct rays of the sun, less when received indirectly—so is the body fortified to build up during the night the waste of the day, to carry on the conflict with disease germs or continue the repairing process, as well as to withstand the lowered vitality. This truth is particularly valuable to nurses, and is the real reason for the traditional importance of an hour's sleep before midnight. Keeping awake until midnight wastes accumulated vitality and inhibits the recreative process of sleep. The ability to keep awake all night is acquired only by training and practice.

During the night the nervous and mental tone of the patient is likely to be relatively very low; disease then gains the upper hand; lack of mental energy deprives the patient of desire to live, and death often occurs. With some forms of mental disease night brings an aggravation of existing symptoms, or new symptoms develop.

If the battle is to be won, and rapid recovery follow, he must secure natural sleep early in the night, and this he can only do with the maximum degree of comfort and nourishment. Fresh air without draughts or chilling, protection from bright light, warmth without oppression or disturbance, skilled assistance to change of posture, a fresh pillow in place of a wearied one, a warm—or cool—nourishing drink to recapture sleep which threatens to vanish; comforting, encouraging words in gentle tones during periods of wakefulness, all play a potent part in bringing down a high temperature, and ensuring a favourable report. Night duty also develops the personal responsibility, judgment, initiative and resource. With no one to consult, the nurse must decide if and when to use remedies against emergencies; whether to send for the doctor, or wake relatives.

In private duty, a great advantage is the additional quiet, and the elimination of the social element which often adds strain, or friction, to the nursing. In a favourable case the improvement during the night is more rapid, and giving the report becomes a keen pleasure. In hospital nursing one is spared the rush of the day during the early night hours, but the exigencies of hospital conditions preclude from the patients that benefit from night nursing which falls to the private patient, and convalescence is often retarded by insufficient sleep and quiet. Though a hospital ward seems heaven to earth's most unfortunate, there are many sensitive souls who bewail with Henley

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