

immunization had characteristics which suggest an established interest in these subjects.

The number of patients involved is small and conclusions difficult to make. More women attended; more married patients attended; there is no significant tendency to attend associated with age or social class.

A distinct impression, shared by the doctors, nurses and health visitors, was that the patients attending the lectures were those who least needed health education and that the problem families were conspicuously absent.

#### Discussion

By any standards this series of lectures could not be regarded as a success. It does not seem that a series of formal lectures followed by a discussion does much to increase the knowledge of the patients of the practice regarding health problems. An objective assessment of the value of health education is not easy, though an impression was gained during this experiment that we were "preaching to the converted".

The early part of the year may well be the wrong time to hold a series of lectures of this kind. The experiment will be repeated in the autumn. Consideration will also be given to the use of films.

It is likely that a number of methods will need to be tried and that health education must entail a variety of methods and techniques. These various methods could take place at the same time in order to reach the widest spectrum of the population of the practice.

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### CLINICAL TRIAL

## *Music at Night*

### An experiment in a geriatric ward

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A DONATION OF £25 WAS MADE to a long-stay geriatric ward by a former patient. This was to be used for some purpose to improve the care and comfort of the long-stay patients in the ward. A proposal to experiment with the hypnotic effect of nocturnal music had previously been shelved because of lack of funds to purchase a tape recorder. The funds now being available a second-hand tape recorder was purchased.

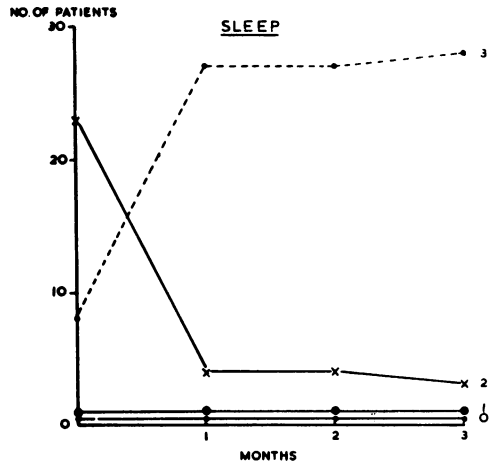
As the ward was divided into two pavilions of 16 patients, it was decided to introduce the music to one pavilion only in the initial stages. A primary trial period of seven nights was decided on, during which time all routine night sedation was stopped and the music played from 8 p.m. to 6 a.m. The patients were observed individually for the amount of sleep they had and whether they were peaceful or restless. It was decided that if at the end of the primary trial period the patients showed no signs of distress or deterioration, then a full trial over three months should be started. The primary trial period passed without incident or complaint from the patients and all 32 patients were then put on to nocturnal music as their routine night sedation and observed. The night nurse was instructed that if a patient who had previously received a drug-sedative had failed to settle by midnight then the drug was to be given and the fact recorded. (Appendix).

The type of music to be employed was considered to be of great importance. Each track on the tape would last two hours and was built up in a similar manner. It was considered that the ideal type of music would be what Eric Robinson calls "light music straight down the middle",

i.e. familiar light classical or operatic with an equal proportion of music from 'stage musicals'. This avoided the nauseating familiarity of the 'Pops' and also the dramatic sophistication and obscurity of the frankly classical. The ideal choice was thought to be music that could be familiar to nearly everyone yet not easily given a title by those who were listening to it. Three tapes were built up in this way. Each tape had four bands which played for two hours each, i.e. there was a total of 24 hours of taped music available. It was not considered necessary that such a wide variety of music be available from the patients point of view, but more from the point of view of removing the element of monotony for the night nurses and auxiliaries who had to listen to the music and remain awake.

It was decided that each patient should be assessed with a possible score out of three. If a patient slept well without drug sedation he scored 3. If a patient slept well with drug sedation he scored 2. If a patient slept badly with drug sedation, he scored 1 only. The scores were taken initially before the experiment on the basis of how the patients were sleeping up to that time. Then they were taken at the end of each month following the start of the experiment for a period of three months.

The interpretation of the results was measured against the initial baseline reading. The basic performance figures showed that of the 32 patients in the ward, one slept badly despite adequate sedation, 23 slept well but required a sedative and only eight patients slept well without a sedative. At the end of one month one patient still slept badly despite sedation, but only four patients still required sedation to sleep and 27 patients slept well with no sedation other than the nocturnal music. This pattern seemed to remain constant over the next two months. (See graph).



The conclusions to be drawn from the experiment suggest that the effects of continuous background music as a sedative is of considerable value in the elderly long-term patient. There was an increase in the number of patients who slept well without sedative drugs from 8 to 27 in a ward of 32 patients.

**Summary**

The use of nocturnal music to encourage a return to a natural sleep was assessed. It appeared that many long-stay geriatric patients were helped by this type of therapy.

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**APPENDIX**

**Night Sedation**

Below is listed the types of sedatives used in the ward before the introduction of nocturnal music.

No sedation .. .. .	8	} 24
Promazine 25 mg .. .. .	3	
"  50 mg .. .. .	5	
"  100 mg .. .. .	5	
"  150 mg .. .. .	1	
Chlorpromazine 50 mg .. .. .	2	
"  100 mg .. .. .	1	
Phenobarbitone 60 mg .. .. .	1	
Tricloryl (Triclofos) 1G. .. .. .	2	
DF 118 2 tabs. .. .. .	2	
Benadryl (Diphenhydramine Hydrochloride) 50 mg .. .. .	1	
Phenergan (Promethazine Hydrochloride) 25 mg .. .. .	1	