

## The Sitting Posture: Its Post-operative and Other Uses.\*

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Since the Fowler position has come into general use in the treatment of peritonitis, there have been described a number of devices for keeping a patient upright in bed. The essential principle of most of these has been elevation of the knees, whereby the trunk, when elevated, is prevented from slipping downward. The plan of putting a pillow under the knees is ineffectual, as the support is too yielding.

The bed described below has been used for about a year in the service of Professor Halsted at the Johns Hopkins Hospital. It has several original features which, I hope, justify its description. Like all of the above inventions, it was

planned for the treatment of peritonitis. But we have found it so easy to use and so comfortable to the patient, that we have employed it for a number of other conditions, for some of which the sitting posture has a value almost as great as for peritonitis.

The apparatus consists of an oblong frame of stout boards, to the upper surface of which are hinged three movable flaps. The frame is of the exact length and width of a standard ward bed, on the springs of which it is intended to rest. The photograph shows the relative length of these flaps, and the plan of elevating or lowering them. The flap which supports the trunk should be about 36 inches long; the smaller flaps should be 14 to 16 inches long.

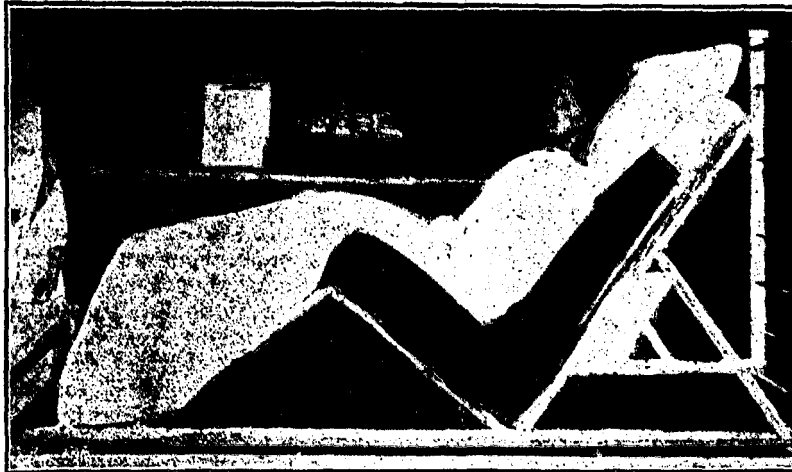
We have found that an ordinary ward mattress will bend enough to permit of its use on this frame. It is entirely unnecessary to strap

it down to the flaps.

Such a bed can be made by any carpenter at a very small expense, or it can be made of steel with woven-wire backs for the frames.

The advantages of the bed are, that it is simple; that it permits of the patient's lying flat or sitting at any angle of elevation desired; that it holds a patient in the sitting posture all the time, and without any effort on his part; that it permits of continuous irrigation of the bladder, rectum, or adjacent parts without wetting the bed or the patient; and finally, that it readily adapts itself to the comfort of a large class of patients who need to sit up more or less of the time.

Passing now to the therapeutic uses of the



The iron bed in position on the springs of a ward bed.

sitting posture, we may roughly divide the cases benefited thereby into two groups, the operative and the non-operative. In the former group it has, I think, four general uses: (1) to drain the peritoneal cavity; (2) to lessen the danger of pulmonary complications; (3) to permit of certain continuous irrigations; and (4) to promote the comfort and general well-being of the patient. In the non-operative group, there are numerous cases, of pulmonary and cardiac disease, of incontinence of urine or feces, of paralysis, etc., who may be greatly benefited, or taken care of more easily, when kept sitting. Some of these conditions merit a brief consideration.

In peritonitis the Fowler position, to be at all effective, must be maintained all the time. Fowler advises that the patient, if his condition will permit, be propped upon the stretcher which transports him from the operating table to the bed. Buxton has shown that there is an almost instantaneous rush of bacteria into the lymphatics of the diaphragm whenever infectious material comes in contact with it. If, therefore, the patient's body be allowed to slip down, even occasionally, from the elevated posture, the entire surface of the diaphragm

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