

will be periodically flooded with poisonous exudates. This is precisely what happens when one tries to maintain a patient in the Fowler position by means of a simple back-rest or by pillows. The constant lifting made necessary is exhausting alike to attendants and patient. Yates has shown the vital importance of absolute rest in this condition.

For preventing post-operative pulmonary complications the sitting posture has a life-saving value scarcely less than it has for peritonitis. Especially is this true for fat patients who have undergone laparotomies for conditions of the upper abdomen, such as gall-stone disease, gastric troubles, or umbilical hernia. The respiratory distress of such patients is dreadful and the danger of pneumonia grave. With the adjustable bed the operative risks are diminished.

It has long been the practice at this hospital whenever the wound condition will permit, to have patients who are old, feeble, or who have pulmonary emphysema or bronchitis, to sit up as soon as they have recovered from the anæsthetic. Hypostatic congestion of the bases of the lungs is then not likely to occur, and the liability to pneumonia is lessened. Provided the patient is held upright without any effort on his part, there is no increased strain on an abdominal wound from this posture.

Closely related to the question of post-operative lung complications is that of abdominal distension following laparotomy. Here, too, the sitting posture is of advantage, and for two reasons—in the first place, because the diaphragm and abdominal muscles can compress the viscera more powerfully; and in the second place, because in this position the action of the heart is less impeded by the upward pressure of the distended intestines. The pulse of such patients almost always becomes slower and stronger when they are made to sit up. Perhaps some of the benefits of the Fowler position in peritonitis depends upon this latter factor.

Of the non-operative or purely medical cases, the bed has been found most useful for patients with advanced heart disease and orthopnoea. These cases need to be held upright constantly, otherwise they are tortured by sleeplessness, caused by the attacks of dyspnoea which occur whenever they dose and slip down from the sitting position. Patients with pneumonia and asthma are similarly made more comfortable.

In the absence of circulatory depression, it is hard to see why nearly every patient confined to bed for a long period would not be greatly benefited by sitting upright part of the

time, provided, of course, that the sitting posture can be maintained without any muscular strain on his part. Fever alone is no contra-indication. Patients when sitting can breathe better, can take food and liquids better, and are less liable to pulmonary trouble. As this position takes the pressure off the bony prominences of the back, they are in less danger of bed sores. And, finally, the vasomotor tone of the arteries is better preserved and the patients are not so liable to dizziness and swelling of the feet when they finally walk. In short, cause should be shown for keeping a patient lying, rather than for making him sit up.

### The Conquest of Venereal Disease.

Dr. Havelock Ellis says in the *Medical Record* that there are four methods by which in the more enlightened countries venereal disease is now beginning to be combated: (1) By proclaiming openly that the venereal diseases are diseases like any other disease, although more subtle and terrible than most, which may attack anyone, from the unborn baby to its grandmother, and that they are not more than other diseases, the shameful penalties of sin, from which relief is only to be sought, if at all, by stealth, but human calamities. (2) By adopting methods of securing official information concerning the extent, distribution, and variation of venereal disease, through the already recognised plan of notification and otherwise, and by providing facilities for treatment, especially for free treatment, as may be found necessary. (3) By training the individual sense of moral responsibility so that every member of the community may realise that to inflict a serious disease on another person, even only as a result of reckless negligence, is a more serious offence than if he or she had used the knife or the gun or poison as the method of attack, and that it is necessary to introduce special legal provision in every country to assist the recovery of damages for such injuries, and to inflict penalties by loss of liberty or otherwise. (4) By the spread of hygienic knowledge so that all adolescents, youths and girls alike, may be furnished at the outset of adult life with an equipment of information which will assist them to avoid the grosser risks of contamination, and enable them to recognise, and avoid danger at the earliest stages.

We hope soon to be able to recommend literature dealing with this question. We shall await with impatience the publication of Miss Dock's text-book for nurses on venereal disease—the first bit of work she intends to undertake this winter.

[previous page](#)

[next page](#)