

OUR PRIZE COMPETITION.

WHAT CONCLUSIONS MIGHT BE DRAWN FROM A STUDY OF PATIENT'S POSTURE IN BED.

We have pleasure in awarding the prize this week to Miss Jean M. Scott, Royal Waterloo Hospital, Waterloo Road, S.E. 1.

PRIZE PAPER.

Before the physician makes an actual physical examination he may gather much valuable information by a general survey of the patient as he lies in bed (*decubitis*). In this matter the nurse, by careful noting and reporting the patient's movements and position, may be of great help to the doctor in making a diagnosis. In health a person lies in whichever position is most comfortable, on the back or side, and from time to time changes his position as he feels inclined, but disease may limit him in this respect. In illnesses where there is high fever and great exhaustion the patient no longer makes an effort to secure himself a comfortable position, but, obedient to the law of gravitation, passively slips down the bed.

The lateral position is characteristic of diseases of the viscera, especially when the lungs and pleura are involved; two main factors compel this attitude, namely, the act of respiration is made easier on one side than the other, and pain is either rendered less acute or aggravated. When there is little pain, and the object of the patient is to secure easy expansion of the uninjured lung, as in the case of pleurisy with much effusion, he will lie on the diseased side. But in the earlier stages of pleurisy, where pain is the prominent feature, he is more likely to lie on the side which produces the least suffering, *i.e.*, the sound side. Any change may denote an alteration in the course of the disease. Again, one side is chosen when there is a cavity in the lung, when the aperture of the cavity lies below, a distressing and perpetual cough results, due to the secretion entering the bronchi, but if the patient turns, there is a quiet period while the cavity is filling, and a fit of coughing, followed again by another period of rest.

In advanced heart, lung, and kidney disease the patient can rarely lie down, but sits erect; this position gives greater freedom to the respiratory muscles, by lessening the intra-abdominal pressure. When there is great abdominal distension, through ascitic fluid, the patient cannot flex his knees, so sits up, bending forwards, keeping his limbs straight; a bed-table on which to rest the arms is a comfort in these cases. In abdominal diseases the attitude is characteristic, especially where the peri-

toneum is involved; the patient lies on his back, with shallow respirations and a rigidity of attitude, and one or both legs flexed, according to the extent of the inflammation, whether it is confined to one side or become more general. In colic or dysmenorrhœa this attitude is accompanied by great restlessness, which contrasts with the more fixed one of severe inflammation. The dragging pain of renal calculus causes a drooping of the shoulder on the affected side, and is, of course, more pronounced on standing, but may even be seen in bed. In nervous diseases the attitude is often typical; *e.g.*, in meningitis, where the head is retracted and seems to bore into the pillow. A patient suffering from acute rheumatism assumes a peculiarly helpless look, the limbs lying outstretched heavy and motionless.

It must be remembered that although these attitudes are suggestive of disease, persons sometimes become accustomed to lying on the one side more than the other, or on the back, as the case may be, and although it is well to be on the lookout for disease, its presence is not necessarily indicated.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Adeline Douglas, Miss M. Jenkins, Miss P. Thomson, Miss J. Clark, Miss Alice M. Burns.

The late Dr. Oswald Browne, M.A., F.R.C.P., in a lecture given to nurses at the Metropolitan Hospital, Kingsland Road, N.E., said: "We look to you to observe, and to report with the utmost accuracy, those delicate variations and passing changes of disease which present themselves almost from hour to hour, a knowledge which can only in completeness be obtained by nearly constant presence with the sick."

In regard to the patient Dr. Browne asked: "How does he lie in bed? His favourite position? Is it on his right side or his left, or in the 'semi-prone' position? Does he lie towards or on the side affected (as in pleural effusion), or mostly on his back, with legs drawn up (acute peritonitis), or in that peculiar 'folded' manner of tubercular meningitis, resting on his side, with head held back, retracted abdomen, legs drawn up, and arm folded beneath his head? Is he restless, for ever wishing to change his position? (dropsy). Does he settle listlessly into the hollow of his bed? (as in the last stages of disease)."

QUESTION FOR NEXT WEEK.

Frequent micturition in children. Describe causes and treatment.

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