

- Motion and activity rather than rest and idleness give us more chances of living longer.

THE DANGERS OF LONG REST

Bed is popularly supposed to be the safest place in which a person can be. It is supposed to be the obvious place to go when one is sick, as the first step toward recovery. Doctors are assessed by their bedside manner, and bed is not ordered like a pill or a purge, but is assumed to be the basis for all treatment.

And that's where patients, and doctors too, are wrong. A leading British authority, Dr. R. A. J. Asher, member of the Royal College of Physicians, declares: "We should think twice before ordering our patients to bed when they complain and realize that beneath the comfort of the blanket there lurks a host of formidable dangers."

In the *British Medical Journal*, he points out that hardly any part of the body is immune to the hazards of the bed.

In recent years, more and more doctors have been get-

ting their patients out of bed as soon as possible after operations.

Latest report on this post-operative management comes from three Chicago doctors at the Loyola University School of Medicine. This group, headed by Dr. Arkell M. Vaugh, studied 100 patients who were walking about within two to three days after their operations. There were no deaths or wound disruptions; in fact, the healing process was speeded up.

Early ambulation, as the up-and-about system is called, is being used in surgery cases as a mode of treatment for illness. The British doctor, carrying the idea a step further, suggests avoidance of the bed as a preventative of disease of all types.

Lying in bed can create or aggravate lung diseases. The bed can bring on thrombosis—the lethal catastrophe of clots in the blood. It can

increase the danger of skin trouble and cause disability of muscles, wasting away of bones, kidney trouble, various stomach and intestine ailments, as well as damage to the nervous system.

Going into detail, here are some of the risks that one runs by staying too long in bed:

Respiratory system. The maintenance of one position allows secretions to collect in the bronchial passages, encouraging the development of at least one form of pneumonia. Furthermore, in the case of lung trouble, the lack of exercise causes a smaller amount of respiration, preventing the re-expansion of a collapsed or diseased lung.

Blood vessels. The danger here is thrombosis or thrombo-embolism. The absence of leg movements means that the blood in the veins lacks the helpful squeeze from the muscles which normally speeds its flow. One theory is that a blood clot is sometimes started by damage to the tissues, caused by prolonged weight of the leg on the bed compressing the veins of the calf.

"Thus it may be said," states Dr. Asher, "that thrombophlebitis (a blood clot plus inflammation of the vein) is the internal counterpart of the bedsore. We may one day regard a thrombosis to be as much a sign of nursing mismanagement as we do the ordinary bedsore today."

Researchers, significantly found thrombosis in the calf veins of 53 per cent of all the cases of middle-aged and elderly people who had been in bed for a considerable time.

Muscles and joints. While in bed, some muscles are contracted and other stretched, causing considerable crippling. Foot drop is the commonest of these muscle and joint ailments; stiffness of the knee joints is probably next. The wasting of the general muscular system results in the hobbling, painful gait of the convalescent patient.

Bones. When bones are not used, the calcium drains from them. This wasting away of the bones can be a serious matter, especially in elderly people. For that rea-

son, fractures may take considerably longer to heal.

Kidneys. The drain in calcium from the bones during bed rest causes a greater amount of calcium in the urine and greater danger of kidney and bladder stones. A worse danger is retention of urine, particularly in males. "Getting a patient out of bed may turn him from an incontinent person to a clean one."

Alimentary tract. After a few days in bed, heartburn may be noticed, and constipation occurs almost invariably, as a result of lack of muscular movement. Such constipation is most harmful among the aged, and intestinal obstruction may develop.

Nervous system. Particularly in nervous diseases involving failure of muscular co-ordination, even a short spell in bed may produce a setback which takes weeks to overcome; and any length of time in bed may leave a patient bedridden many years before his time.

Mental changes. Finally the demoralizing effect of staying in bed causes mental changes. At the start it may

produce fuzziness, pettiness, and irritability, and the patient may acquire an exaggerated idea of the seriousness of his condition.

At a later stage, the patient is overcome by a dismal lethargy and resents any efforts to extract him from his bed. "The end result," says Dr. Asher, "can be a comatose, vegetable existence in which, like a useless but carefully tended plant, the patient lies permanently in a condition of tranquil torpidity."

There are other disadvantages of staying in bed: the loss of education among children patients; the danger to the lungs from the dust that arises during bed-making.

When all this is said, Dr. Asher admits he has painted a gloomy and unfair picture: that it is as bad as all that. There is much comfort and healing in bed, and rest is essential in many illnesses.

His object, he emphasizes, has been to disclose the evils of over-doses. Bed rest should be resorted to only when prescribed by the physician and should not be assumed

by the patient or his nurse without the doctor's advice.

Dr. Asher tells of being placed in charge of a hospital ward, and finding there a woman who had been in bed for 17 years, suffering supposedly from nervous disability. She was very upset when he ordered her to get up, but after she had been up for a few days she became a different person.

Dr. John Powers, of Cooperstown, N.Y., has studied

the cases of 100 patients who were encouraged to get up and sit in a chair the first day after major operations. They had fewer complications than those operation patients who stayed in bed for 10 to 15 days. Furthermore, the early-up group was back to work within an average of five weeks, compared to nine weeks for ordinary patients. — *From British Medical Journal.*

AID TO VIETNAM

The New York Journal American expressed hope that Filipino and South Korean troops can be "put to work in Vietnam as fast as planes can get them there."

"In an open letter to State Secretary Dean Rusk, Salipada K. Pendatun, speaker of the Philippine house, appealed for an answer for a six-month-old offer of up to 50,000 Filipino volunteers for Vietnam service. . . The Filipinos know how much we are dedicated to freedom. . . they have more reasons arc dedicated to freedom. . . they have more reasons than most to put faith in our objective to keep the nations free. In this world in which a one-time friend often turns out not to be a friend under pressure of communist aggression it is heartening to have South Korea and the Philippines stand up to be counted."