

PSYCHOLOGY

Heart Patients Need Sleep

► AT LAST, doctors are telling nurses to let patients sleep, at least after open-heart surgery.

A group of Columbia University doctors found that loss of sleep is one of the reasons for the mental stress that often follows this type of operation, and advised nurses at the Columbia-Presbyterian Medical Center to modify their procedures to "allow the maximum number of uninterrupted sleep periods."

Typical of the patients interviewed who had had psychiatric experiences in the intensive-care room after heart surgery was one who said she was able to sleep but "they kept waking me up." The constantly hissing oxygen tent and the sound of the circular air-conditioning unit over each bed added to the disorientation.

On the fifth day after her operation a 56-year-old woman said she began to hear music. All it played was rock 'n' roll, she imagined, and said she thought this torture was part of a plot.

The delirium usually disappeared after patients were removed from the recovery room after the fifth post-operative day. Perceptual distortions, visual and auditory hallucinations, disorientation and paranoid symptoms appeared in 38% of the 99 patients studied.

Part of the trouble came from the fact that the patients were put in a recovery room with four beds. Most patients were kept from moving very much, partly from pain but also because they were attached to electrocardiogram electrodes and an intravenous catheter. The necessarily intensive nursing and medical care meant at least hourly bedside visits.

Here are some of the suggestions made for changing the recovery room procedures in addition to advice for maintaining the usual night-sleep cycle.

1. Patients should be placed in individual rooms so they will not be bothered by light necessary in the care of other patients, or by the patients themselves.

2. All monitoring equipment should be maintained outside the individual room to reduce the monotony of any constant rhythmic signaling sound or light and to reduce the patient's anxiety about danger when the pattern changes.

3. As many wires and tubes as possible should be removed from the person's extremities to permit him to move better.

4. The constant noise of the oxygen-cooling tent and air-conditioning unit should be eliminated whenever possible.

5. To provide variety of stimuli, each patient should be provided with a radio and television set that he can control.

6. Each room should be equipped with a large clock and calendar visible to the patient.

The physicians said that some of the suggestions had been followed, and that nurses are more aware of the sleep need. Monitoring equipment is less intrusive, although still at the bedside, and bed radios have

been installed. Although it is too early to come to any conclusions, the researchers believe that the incidence and severity of the delirium have recently declined.

The study, which was aided by a grant from the John H. Hartford Foundation, Inc., was reported in *The New England Journal of Medicine* 273:287, 1965, by Drs. Donald S. Kornfeld and Sheldon Zimberg, psychiatrists, and Dr. James R. Malm, associate professor of surgery, Columbia University College of Physicians and Surgeons.

• Science News Letter, 88:116 August 21, 1965

MEDICINE

Fever Blister, Virus Link In Brain Inflammation

► ENCEPHALITIS, or inflammation of the brain, is reported among 52 patients with a central nervous system disease associated with herpes simplex virus, the virus that causes fever blisters.

The virus is believed to stay in the system after the first infection, and when fever blisters break out on the lips, it means that the infection is reactivated.

Four physicians in San Francisco and Berkeley, Calif., report that fever blisters recurred on the lips of three patients before encephalitis appeared. They suggest in the *New England Journal of Medicine*, 273:341, 1965, that the brain inflammation resulted from a reactivated infection.

Dr. William Leider, now of Children's Memorial Hospital, Chicago, Drs. Robert L. Magoffin and Edward H. Lennette of the California State Department of Public Health, Berkeley, and Dr. L. N. R. Leonards of the University of California Medical Center, San Francisco, reported the study.

• Science News Letter, 88:116 August 21, 1965

PSYCHOLOGY

Medical Students Get Imaginary Diseases

► THE OLD DOCTORS' JOKE about medical students getting imaginary diseases is not funny. Nearly four out of five medical students develop symptoms brought on by their studies at some time during their medical education, University of Southern California psychiatrists said.

Cancer, tuberculosis, heart disease and kidney disease were among the organic ailments the students feared they were getting at the USC School of Medicine, Los Angeles. Psychiatric "disorders" as well as physical symptoms were present in 78.8% of the senior medical students chosen at random.

Only 9 of 23 students said they were sufficiently concerned about their emotional health to obtain psychiatric advice, although all 23 guessed that their anxiety and symptoms were imaginary.

Drs. Sherwyn M. Woods and Joseph M. Natterson, with Jerome Silverman, reported these findings.

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Questions

ASTROPHYSICS—How might the light from Seyfert galaxies, which have very bright cores undergoing violent explosions, give a quasar-like appearance? p. 117.

GEOPHYSICS—What project is being undertaken with the Aerobee high-altitude-sounding rockets this summer? p. 117.

INVENTION—What is involved in the newly patented process for making wood resistant to rotting and termites? p. 118.

MEDICINE—What substance may prevent Rh negative women from developing antibodies dangerous to their unborn Rh positive babies? p. 115.

PALEONTOLOGY—About how many years ago did sharks probably infest what is now desert-land in Israel? p. 123.

PSYCHOLOGY—What symptoms have post-operative heart surgery patients exhibited when deprived of sleep? p. 116.

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