but a number of pyrogenic exotoxins which are potential culprits.

Stevens *et al.* studied ten strains of Group A streptococci isolated from patients with toxic-shock-like syndrome and found that eight produced toxin A.⁵ It is noted for increased virulence and the rash of scarlet fever.⁶ Its protein sequences resemble that of the enterotoxin B of *Staphylococcus aureus* that is associated with toxic shock syndrome.⁷ However, the role of toxin A is incompletely understood. Gram-positive bacteraemia itself may lead to shock and fulminating infections have been reported with B-haemolytic streptococci of other groups that do not produce toxins.^{3,8}

Fulminating infection with severe hypotension may be secondary to Gram-negative endotoxaemia. However, one should consider toxin-producing Group A streptococci as alternative causative agents especially in the presence of skin rashes.

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Hospital patients – are they active enough?

Sir,

Prolonged bed rest is anatomically, physiologically, and psychologically unsound.¹ It can lead to local or systemic complications. In 1954 Arnott wrote: excess prescribing of rest, and excess prescribing of drugs, are millstones around the health service and the nation – extravagance we cannot afford.² This is an important point on which medical and nursing staff perhaps do not give high enough priority, and this may account for the high prevalence (5.7%) of pressure sores in the medical unit in the Leeds western health authority compared to 0.9% in the community.³

The activities of 335 patients (in medical/geriatric wards) including bed rest, sitting, walking, or receiving therapy, were recorded between 11.00 and 11.30 a.m. when patients are unlikely to be restricted to beds because of ward rounds or investigations. A total of 137 patients (41%) were resting in bed, eight of whom were noticed asleep, 29 (9%) patients were out of the ward, 169 (50.4%) were sitting by the bed, 18 (5%) patients were receiving various forms of therapy including intravenous drip, oxygen, or nebulization, but interestingly, fewer (7/22 (14%)) patients on a geriatric ward were in bed in comparison to 130/268 (46%) on medical wards.

This survey demonstrates that a significant number of patients with acute medical problems stay in bed for long hours. The fact that only 5% of patients were receiving oxygen, nebulization, or intravenous drips cannot justify why so many patients were resting in bed until 11.30 a.m. Moreover, maintaining patients' mobility, particularly the elderly, promotes a sense of well-being and plays an important role in their continuing physical and mental health.⁴

The result of this limited survey highlights the need for further investigations of hospital patients' activities in relation to age, diagnosis, complications, discharge, and re-admission. It is important therefore to have a strategy on patients' mobilization which is likely to speed up recovery and early discharge to the community. There is also a need to know more about the types of exercise and activities that may be suitable for hospital patients.

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