

limits is obtained, no matter how carelessly it may be done. Another point to be remembered, is that many of the older instruments were graduated in centimetres of water, and, of course, the numbers are entirely too high for millimetres of mercury.

A person who is neither very old nor very young should have a blood pressure between 100 and 145, preferably 120-135. When the blood pressure is above 145 some reason for the rise is to be looked for. It may be in faulty technique of the measurement, so that high readings should always be carefully reviewed. I make it a rule in reading over 200 to confirm the observation by using several different instruments. With my own instrument, if I cannot repeat the observation with some other instrument, I remove the cuff and replace it, taking particular pains to lace it very smoothly and tightly. There are a good many of the blood pressure cases that are extremely hard to measure, and some that cannot be measured exactly. I saw a patient this afternoon with a blood pressure that I recorded as 240 with my own instrument and confirmed with that of Dr. T. Janeway. In this case, whenever a measurement was taken, if it was repeated within a few minutes, a little higher reading was obtained, because the great pressure undoubtedly stimulated the hypertonic contraction of the artery that was being measured and made it more difficult for it to be compressed. So it is better in these very high cases with my instrument to apply the cuff with great care, lacing it smoothly and firmly, then to get an assistant to elevate the bag, while with one hand you feel the pulse and with the other hand you compress the tube to prevent the fluid from making pressure on the arm. The bag is elevated by the assistant to about twenty points above the expected pressure, and then when you have the pulse well under observation, the tube is released and the pressure is made on the arm. The pulse immediately disappears from the wrist if the elevation has been sufficient, then the assistant is instructed to lower the bag slowly, and as soon as the pulse is felt at the wrist the reading is made. The upper bag is now immediately lowered to relieve the pressure. In this way I find it possible to measure these high cases without the usual amount of pain to the patient and without the error that creeps in from arterial irritation. Of course, patients with a blood pressure of 240 are very uncommon cases. In measuring an ordinary case, the armlet is smoothly and firmly applied, and then the nurse, feeling the pulse with the right hand, simply lifts the upper bag with the left hand ten points at a time until the pulse disappears.

The International Congress of Nurses and Exhibition.

Letters are beginning to flow into the office from all sorts of interesting people from many parts of the world, and they all strike the same note of warm enthusiasm, concerning the coming Nursing Congress and Exhibition.

Sister Karll writes that at least thirty members of the German Nurses' Association will be present. As yet the four delegates to represent the German Association at the Quinquennial Meeting of the International Council have not been elected. From Denmark Matrons and Sisters to the same number may be expected. France will be well represented. Holland, Finland, and Sweden are making their plans. The *Canadian Nurse* says: "Interest in the approaching International Congress of Nurses in London is growing rapidly, and many of the Superintendents and Nurses all over Canada will make a great effort to be present. The Superintendents of several of the leading Canadian Hospitals are making plans for going."

Miss L. L. Dock, our *most* international Hon. Secretary, is extending hospitable invitations to the uttermost parts of the earth—space, difficulties, and impossibilities don't count for a row of pins with Miss Dock. You are in the Antipodes—Cuba—Japan—away north, south, east, or west, as the case may be—what does it signify? Just pack up your traps, get aboard. Anyway, you just must come and take part in this great international professional gathering in London in July. There an enthusiastic welcome awaits you—Step lively. Ta, ta!

The result is marvellous. In Canada, they are quoting Imperialism after Milner: "We must do things together. Here is a good thing we British nurses can do together. Let us do it. Long live the Imperial British Nurses' Council!" British we are, and as such will together with the Mother Country, and its Dominions beyond the seas, hand clasped in hand, enter into professional international kinship with the nurses of the world. But we are also the daughters of a glorious Canada, which stretches from ocean to ocean, and we will take along our blood red, beautiful Maple Leaf and pin it proudly over our patriotic hearts, so will you know us sister nurses, and reverence it, too.

From the United States of America women whose names are a household word in the

previous page

next page