

POST GRADUATE WEEK

FRIDAY, MAY 21st.

Friday, May 21st, was the last day of the Post Graduate Week at the General Lying-in Hospital, York Road, S.E., Saturday being devoted to the examination. It began at 11.30 with another demonstration in the milk kitchen by Sister Morley, on the same lines as the previous day, and the kitchen was crowded to the door with an eager and interested audience.

In the afternoon the class assembled at the Hospital at two o'clock, and then divided, one half going to the Walker-Gordon Dairy Farm at Wembley, and the other to the Museum of the Royal College of Surgeons.

At Wembley the party were conducted round the beautiful grounds and rock garden by two of the staff. They saw the milking done by milkers wearing overalls, who first wash their hands and clean their nails. The milk is cooled rapidly by running it over blocks of ice and stored at the temperature of 32 deg. Fahr. All cans, pails, and bottles are sterilised, and if bottled immediately and sealed, the milk so treated keeps indefinitely.

The party also saw the fine stables, and the department for preparing prescription milk, and had explained to them the method of estimating the amount of fat contained in the milk. Before leaving they were most hospitably entertained to tea.

The party which accompanied Sister Olive to the Museum of the Royal College of Surgeons and listened to Sister Olive's lucid explanations of specimens had a treat not easily forgotten. It is pathetic to see how eager women are to see or to learn anything which will illuminate their work for them, and to realise how seldom they receive the desired information.

Sister Olive's knowledge, enthusiasm, sense of humour and gift of teaching make her an ideal lecturer, and those who again visit the Museum "on their own," which it was the intention of the demonstration to stimulate, will realise how much they learnt in one short hour.

On their return to the Hospital, the party found a dainty tea, over which the Matron hospitably presided, awaiting them in the garden, and then the majority attended Dr. Fairbairn's class for pupil midwives on the subject of precipitate labour.

BLOOD PRESSURE IN PREGNANCY.

Dr. F. S. Newell, in an American contemporary quoted by the *British Medical Journal*, reports observations on the blood pressure during pregnancy in 450 cases referred to the Prenatal Committee of the Woman's Municipal League of Boston. As soon as the patient was referred, she was visited by a nurse, who gave her advice suited to her circumstances in regard to hygiene, diet, &c., and took the blood pressure and a sample of urine for the albumin test. Visits were

repeated at ten-day intervals, or oftener in doubtful cases, until labour. All abnormalities were reported to the proper persons who could give adequate attention. The average blood pressure during pregnancy is commonly stated as 118, and a range between 100 to 130 was considered as normal; 421 patients showed a normal pressure throughout. The remaining 29 showed at times a higher than normal pressure. Four mothers died out of the 450—one from pneumonia, one from haemorrhage of placenta praevia, one of heart disease, and one of septic infection. The blood and urinary examinations showed abnormal conditions in all four. There were nine stillbirths. Four were due to difficult operative delivery, two to placenta praevia, and one each to premature detachment of the placenta, congenital syphilis, and fetal monstrosity. In each case the blood pressure and urine were normal. There were four premature births, and three of the babies died—one at seven and two at eight months. In two of these cases the mother showed an abnormally high blood pressure, one of them showing a definite toxæmia. The conclusions reached are that the study of the records of these cases shows definitely that a considerable number of patients have a temporary rise in blood pressure during pregnancy without the development of other symptoms, as is found in patients under other conditions. The significance of this rise in blood pressure can only be ascertained by a frequent study of the blood pressure in a large number of cases. In other cases the rise in blood pressure was followed by the appearance of albumin, a combination of which has been shown to be a definite indication of the development of toxæmia. In only one case, however, did convulsions develop, the other cases yielding to treatment. Thirty-nine cases showed slight traces of albumin in the urine, but no changes in the blood pressure. As the urine was not obtained by catheter, the source of the albumin is unknown; but in the majority of the cases it was probably due to contamination of the urine by leucorrhoeal discharge. To judge from these cases, the presence of a slight amount of albumin, if not accompanied by a rise in blood pressure, is negligible. Eleven patients showed albumin with a high blood pressure, all of these being presumably more or less toxæmic. Five patients showed a blood pressure of 140 or over throughout the period during which they were under observation. Only one of these patients developed albumin at any time during the pregnancy, and all passed through labour normally, which would tend to prove that persistent high blood pressure, in the absence of other signs, is not necessarily a dangerous symptom, although it should always arouse suspicion and call for increased watchfulness—whereas, as was shown in other cases in this series, a rise in blood pressure from a low point is not infrequently followed by the appearance of albumin and the development of symptoms of toxæmia, and is more significant than a high pressure throughout.

[previous page](#)

[next page](#)