THIS YEAR AT DALHOUSIE

In this, our final issue for the academic year, the Journal publishes two abstracts of student research projects. The Departments of Obstetrics and Gynecology, and of Psychiatry are represented. Although only a very few of the summer research projects in which students participated have been presented in this feature of the Journal, the editorial staff is confident that this innovation has been a success and should be continued.

In association with Dr. D. Cudmore, of the Department of Obstetrics and Gynecology, Donald V. Wright (fourth year) reviewed thirty-nine cases of eclampsia from the records of the Grace Maternity Hospital.

"Toxemia of pregnancy is one of the enigmas of modern medicine; yet, when handled properly, it is said that this syndrome can be prevented at least from going on to eclampsia, if not from occurring in the first place. With this thought in mind it was decided to review all cases of eclampsia occurring at the Grace Maternity Hospital over a fifteen year period (1952-1966 incl.) to attempt to determine what should have been done to prevent this dangerous state from being reached. A total of 45,281 deliveries took place at the GMH during this period with 1,316 (2.9% of deliveries) presenting as acute toxemia and 39 (0.08%) of these eventually convulsing.

"In order to retain a reasonable degree of objectivity the following criteria were considered to be the minimum requirements of adequate therapy:

1. Admission to hospital before severe pre-eclampsia appeared.
2. Immediate commencement of therapy upon admission, including toxic routine and anticonvulsive therapy.
3. Anticonvulsive therapy - Na Amytal & MgSO4 or its equivalent - to be continued throughout labor and for at least 24 hours post-partum.
4. Additional sedation - e.g. Na Amytal or Na Luminol in adequate doses.
5. Avoidance of pressor substances such as Ergometrine.

"Using these criteria it was found that 38 of the eclamptics were inadequately treated on at least one point. The one patient who was treated adequately went on to convulse in spite of therapy.

"Of the 39 women, 33 were primigravida and 6 were multigravida. The average age was 22.8 years and there were no maternal deaths.

"The 39 pregnancies resulted in 40 births, 37 live births and 3 stillbirths. One infant died at 30 days postpartum. It was noted that 15 infants suffered from either respiratory distress, or an Apgar of less than 4. Ten infants were premature by gestation as diagnosed by their physicians.

"The time of the first convulsion varied from several hours prior to admission to 75 hours postpartum. Nine patients (23.7%) convulsed antepartum, 15 (38.4%) intrapartum, and 15 (38.4%) postpartum. Of the postpartum convulsions 93.3% occurred in the first 24 hrs., which agrees with Rubin and Erde's finding of 90% in the first 24 hours.

"Regarding therapy, it was found that 8 patients had a total of 14 convulsions after receiving Magnesium Sulfate but 4 of these had the last injection at least ten hours before convulsing. This suggests a need for monitoring more closely the serum levels of Magnesium Sulfate preferably by laboratory methods.

"In conclusion, the question arose as to how these cases had managed to slip by the available diagnostic barriers and go on to eclampsia. In the first place there appears to have been a failure in communication between the members of the medical and paramedical teams, and secondly, when this communication was good, there was a marked tendency to under-treat the patient. This suggests an urgent need for a reassessment of the present approach toward toxemia."

Lewis Newman (fourth year) conducted an exhaustive study of the characteristics of the "walk-in" psychiatric patient. This project was under the direction of Dr. Sol Hirsch of the Department of Psychiatry.

"We attempted to determine the factors which cause a person with psychiatric illness to appear in the out-patient department with-

out an appointment or in the emergency department, which is essentially the same thing. More simply, what are the causes of the "walk-in" psychiatric patient?

"Patterns of events or triggering incidents were especially looked for in the hope that diagnosis and predictability might be facilitated in the future.

"The material consisted of psychiatric "walk-in" patients of the psychiatry outpatient and the emergency departments of the Victoria General Hospital, Halifax.

"A patient was designated a "walk-in" if a psychiatry resident was called to see him. The study member also interviewed the patient at this initial contact and again in a follow-up interview fourteen to twenty-one days later.

"It was found that no patterns of events or triggering incidents could be applied to large numbers of the study group of one hundred and twelve as the cause of their walking in. Other enlightening information was obtained, however, which could be used to make the involved departments more efficient.

"Twenty percent of patients were referred by doctors without notifying the hospital they were going to do so. Hospital committees exist which could ask these doctors not to do this. Only six percent of patients thought they could come any time without appointment, so ignorance of rules is not used as an excuse. Twenty-seven percent of patients were in the out-patient department before and should have known the appointment rule. The receptionist could make sure that each new patient learns this rule. Repeater walk-ins with chronic conditions (the nurses often know them well) probably should not be seen without appointment. This, it is felt, is elementary conditioning. This is just, for why should some have to repeatedly wait their turns while others, the "walk-ins" repeatedly come without appointment and be waited upon with little, if any, less attention?

"In conclusion, this student believes that a more suitable and efficient psychiatry service is possible with simple elementary conditioning."

The I.U.D.

The I.U.D. is relatively new,
And for many is quite the thing,
But for some other luckless few
Is an intrauterine teething ring!
–Anonymous

EXCERPTS FROM THE PAST*

YOUR EMBLEM

On the cover of this Journal there is depicted a hand bearing a pine cone - the emblem of the Dalhousie Medical School. Until 1924, the School had no official emblem. In that year, The Students' Medical Society appointed Dr. H. L. Scammell, who was then a student, to search for some unique, suitable emblem. His choice, the pine cone, was approved and adopted by the Society.

The pine cone is the most ancient symbol of the healing art in existence. Among the ancient Egyptians it was regarded as an important healing agent, and supposed to be endowed as well with magical properties. The Greeks adopted the symbol from the Egyptians, and some statues of Aesculapius represent him holding a pine cone in his left hand, with the serpent entwined around a rod in his right hand.

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