

**BLOOD PRESSURE.
TECHNIQUE
SIMPLIFIED**

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Blood Pressure. Technique Simplified by W. H. Cowing

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W. H. COWING

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W. H. COWING, M. D.



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BLOOD PRESSURE TECHNIQUE SIMPLIFIED

Harvey first discovered the circulation of the blood, which was followed, after several years, by the demonstration of blood pressure, in 1733, by Hale. Since that time men of research have persistently and diligently endeavored to acquaint themselves with every condition of the circulatory system.

In 1828, Poiseuille and Ludwig brought out the first U-shaped manometer for the determination of blood pressure. From that time onward up to about ten years ago, there were many forms of instruments produced, some to live and some to die out. It is safe to say that about ten years ago came the first true realization of the great importance of determining the actual blood pressure in disease. Since that time, interest in this important subject has been daily increasing, and various instruments for the determination of blood pressure have increased proportionately, until at the present time, we are amply able to accurately determine existing blood pressure by the use of the Sphygmomanometer.

Blood Pressure always depends upon four factors:

1. Cardiac energy.
2. Peripheral resistance.
3. Elasticity of the arterial walls.
4. The amount of blood in circulation.

These vary somewhat in normal cases, and in pathologic cases the variance is very great, but by the use of the Sphygmomanometer the exact variation can be accurately ascertained, and the effect of medication or treatment on a pathologic condition will be shown in every Sphygmomanometer reading by increase or decrease in pressure.

Increased blood pressure is a premonitory indication and forerunner of subsequent changes in cardio-vascular renal disease.

The blood pressure varies within wide limits, according to the position of the body, muscular exertion, excitement, anger, passion, nerve tension, digestion, etc., and differs in the same individual in different vessels and at different hours, and allowance must be made for arms of different sizes.

It is certain that no pulse taking or other test will give so accurately equal information.

The best possible time to take blood pressure will be about $1\frac{1}{2}$ to 2 hours after eating, with the patient in a recumbent position. If it is impossible to have the patient lie down, as it sometimes is in office work, they should be seated in an easy position, with the left arm extended and resting on something as nearly on a level with the heart as is possible, and fully reposed.

It is maintained by many authorities, and is undoubtedly true that the most exact blood pressure readings can be obtained from using the femoral artery.