Summary

1. The non-functional pigment present in the blood is unaffected by the toxaemias of pregnancy.

2. The oxygen dissociation curve of haemoglobin from toxaemia cases has been found to be more hyperbolic in nature than that in normal pregnancy in which it is S-shaped. With the increasing severity of toxaemia the shifting of the curve is greater. This indicates that under toxaemias of pregnancy the haemoglobin parts with its oxygen more sluggishly.

3. Similar behaviour of haemoglobin has been observed when its pH or salt concentration is increased and also in hypertensive patients or members with familial predisposition to hypertension.

4. The oxygen dissociation curve in some of the toxaemia cases resembles that given by foetal blood. An alkali-resistant component (Hb-F) was however absent in toxaemia syndrome.

5. Paper electrophoretic pattern of haemoglobin from some of the toxaemia cases, and in hypertensive patients and other members of the family indicates the presence of more than one component. Proline, cysteine and methionine were found less and aspartic acid and tyrosine slightly
higher in the haemoglobin from toxaemic cases than those in normal pregnancy. No significant difference was however, observed in the total basic and acidic amino acid contents under these two conditions.

7. The immunological specificity test by "specificity of anaphylactic reaction" has confirmed the specificity of toxaemic haemoglobin.

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Conclusion

From the implications of the above findings it may be concluded that the deficient oxygen supply by the haemoglobin in the toxaemia syndrome of later months of pregnancy might be responsible for some of the accompanying clinical and pathological manifestations in this disease.

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