

the bearing down pains of the second stage begin, do symptoms of constitutional disturbance appear. Then with glottis closed, the lungs tense with air, the diaphragm depressed, and the uterus and abdominal muscles in strong and frequently recurring contractions, an increased amount of blood is driven into the veins and forced along towards the already engorged right heart. Relief can not come from the front, because the narrowed mitral allows but an insufficient quantity of blood to pass through into the left ventricle, and the blood is dammed back upon the left auricle which consequently distends, thus offering still greater resistance to the unloading of the lungs and engorged right heart. The symptoms, therefore, are decreased blood pressure, an irregular, small, rapid, flickering pulse, and cyanosis which tends to increase. The character of the pulse is explained by the fact that enough blood does not enter the left ventricle for it to pump a full stream, and the cyanosis is explained by the increasing engorgement of the right heart. As the bearing down efforts continue, the strain increases, and narcosis or death may occur if the tension is not relieved. At the close of the second stage, if free hæmorrhage takes place from the uterus, the right heart may be somewhat relieved; but whether it is or not, a new danger must be faced presently—on account of the cessation of the placental circulation and the contraction of the uterus, a large quantity of blood is liberated and is forced into the veins. Under this new strain the right heart may become so embarrassed that it may cease to contract and sudden death occurs. What then is the danger of labour in a case of mitral stenosis? Evidently it lies in overdistension of the right heart brought on by the frequent bearing down pains of the second stage, and later by the blood from the utero-placental vessels being suddenly poured into the engorged veins during the third stage. What is the remedy? Shortening the second stage, preventing or moderating the bearing down pains by means of morphia, chloroform or ether, and delivering artificially as quickly as possible. After the birth of the child, encouraging free bleeding from the uterus, and if that does not relieve the cyanosis and strengthen the failing shabby pulse, venesection (eight to sixteen ounces) will relieve the strain and tide the patient over the critical point of pressing danger. As bleeding from the uterus is to be encouraged, not checked, ergot should not be given and frictions to the fundus should not be used. After the urgent danger is over, perfect rest should be secured, by a small hypodermic of morphia if necessary, and the heart should be stimulated by hypodermic injections of strychnine and digitaline.

#### MITRAL INSUFFICIENCY.

This is the commonest of the heart complications of pregnancy. In most of the cases there is good compensation and labour terminates