carry off the increasing amount of waste matter eliminated by it. The enlarging uterus and the increasing intraabdominal pressure crowd up the diaphragm, displacing the heart, preventing the full expansion of the lungs and consequently limiting their oxygenating power. It is easy to understand therefore, how it becomes increasingly difficult to establish and maintain compensation as pregnancy advances. It may be urged that some observers deny the existence of cardiac hypertrophy in normal pregnancy, claiming that the increase in the area of cardiac dullness is due to upward displacement of the heart and not to hypertrophy. Other observers, too, assert as the result of experiment and actual measurement, that the lung capacity remains constant in normal pregnancy. But it is hard to admit the validity of such claims, when every day we see for ourselves how easily breathlessness on exertion is produced, and how quick and shallow the respiration usually is in pregnant women. As the result of clinical observation, it seems only reasonable to infer that the capacity of the lungs is decreased and expansion becomes limited directly in proportion to the growth of the uterine tumour. It is also well established clinically that in cases of pregnancy complicated with heart disease, it is rare to find urgent dyspnœa in primigravidæ, and that when it does occur in multigravidæ it begins usually about the fourth or fifth month, and becomes more distressing as the abdomen enlarges, and that very slight causes may then produce heart failure.

PROGNOSIS.

As regards their degree of dangerousness, cardiac lesions in pregnancy are usually arranged in the following order:—Mitral stenosis, aortic insufficiency, mitral insufficiency alone or complicated with stenosis or some aortic lesion.

Practically, however, such a classification must be accepted with caution, for it is difficult or impossible to base a prognosis merely upon the variety of valvular disease present in any given case. The primiparity or multiparity of the patient, her general health and nutrition, the condition of the kidneys, the amount of compensation present and the ease with which it is upset or restored, the patient's ability to remain quiet in bed free from exertion or excitement, and the way in which she responds to treatment,—all these things are of more importance in estimating the probable result than the kind of anatomical lesion present.

MITRAL STENOSIS.

Since less blood than usual passes through the narrowed mitral orifice, such patients as a rule are poorly nourished, weak and anæmic. In labour, the first stage does not cause any particular distress; not until