

bear a living child safely, especially in their first pregnancy; but it is also certain that each recurring pregnancy aggravates their heart lesion and increases its danger, and that disastrous results are most apt to occur in those women who have been weakened by several pregnancies occurring in rapid succession. Indeed, it is not uncommon for women to go safely through one pregnancy or even several without the existence of a heart lesion having been even suspected; this is particularly apt to occur in cases of mitral incompetence with good compensation. A routine examination of the heart in all pregnant women would prevent such an oversight and would show also how frequently cardiac complications do exist and how a little care will generally enable us to deliver such patients safely. Although it is undoubtedly true that endocarditis and valvular disease are serious complications of pregnancy, needing constant watchfulness and care, yet nevertheless it is equally true that the danger has been very much overrated, and that the presence of heart disease is not a necessary, nor even a frequent indication for the induction of abortion or premature labour.

#### CAUSES AND COURSE.

A cardiac lesion may have existed before pregnancy began; in such a case it may be said that pregnancy complicates the heart disease. The cardiac trouble may have been latent, and by pregnancy it is developed and made known. Finally, it may begin during pregnancy or the puerperium, and then it must be considered a complication of pregnancy. In the latter case it is the result usually of rheumatism or some other intercurrent disease, or has been produced by toxæmia or septic infection. But whatever may have been the cause, the heart lesion is always aggravated by pregnancy, especially after the fourth or fifth month, while on the other hand the course of pregnancy may be more or less seriously affected by it. There may be a miscarriage; or if the patient reaches term, she may die during or after labour or in the puerperium; or even if she escapes with her life, she may be left with a crippled heart, more or less of an invalid for the rest of her days.

It is not hard to understand why pregnancy affects heart troubles injuriously. In the non-pregnant state, when an attack of endocarditis leaves a valve contracted or incompetent, the circulatory balance is restored and maintained by a compensatory hypertrophy. But when pregnancy occurs in such a case, it complicates matters by calling upon the heart for still more compensation while the conditions are becoming less and less favourable for such repair as pregnancy advances. Tension is increasing, the nutritive quality of the blood is impaired, since it must not only provide material for the growth of the fœtus, but must also