

to interfere, but to watch and treat symptoms. Dr. Ross had prescribed strychnine, digitalis and stimulants. I continued on the same line, also prescribed amyl nitrite, to be administered occasionally. Her respirations were rapid, between 40 and 50 at times. Pulse from 120 to 170, sometimes could not be counted. Patient was very carefully watched by the resident assistants, and the head nurse, Miss McKellar. I feared she would not live until labor commenced, but did not feel that I dared interfere. Labor commenced on the morning of January 27th, and continued during the day. The os was fully dilated at 5 p.m. Dr. McEachern administered chloroform, the patient being held in the sitting posture on the edge of the bed by two members of the resident staff, while I delivered with forceps. A binder was put around abdomen, and tightened during and after delivery. Fairly free hemorrhage followed and was encouraged. The dyspnea and distress continued for hours. At times we thought she was dying. We gave strychnine and digitalis and small doses of whiskey, but she was still unable to lie down for some days after delivery. About the fourth day the symptoms became less severe. After that, recovery was somewhat rapid, and in one month she went out of the Burnside fairly well. The baby was healthy, though not large, and became a great pet among the nurses. He left the hospital with his mother, under the properly legalized name of Adam Ross Cooper. The onlookers, and others who heard of the case, were surprised at the administration of chloroform under such circumstances, but as I have already discussed this procedure I will only add now that I believe the chloroform was a decided source of benefit to this patient. I have before referred to the prospect if this woman should again become pregnant. Would it be possible for her again to go through pregnancy and labor, and live? I don't know, but I hope she will never try.

Without any reference to mitral insufficiency, I have recorded these seven cases of serious heart lesions with one death. It is quite possible, if not probable, that this patient might have been saved if she had been properly nursed in a comfortable home or hospital. With the worst possible sort of surroundings and the poorest kind of nursing she lived six days after delivery.

I will briefly summarize my views as follows:

1. A woman having a heart lesion which is compensated should not be prevented from marrying.
2. Abortion should not be induced on a woman with heart disease, unless very serious symptoms are present.
3. Premature labor should seldom or never be induced on account of heart disease.
4. Mitral stenosis is the most serious heart lesion during