

than subsequent ones. The question was one of great interest as bearing upon life assurance. It was not sufficient to know the amount of risk for all pregnancies, which we were at present, indeed, in possession of. Excluding deaths from puerperal fever, the Dublin Hospital statistics showed that 1 in 100 of primiparæ died, and 1 in 200 of the multiparæ. But as the statistics of private practice only were capable of affording satisfactory information, he would suggest that the Fellows of the Society be invited to contribute to the settlement of the question. A tabular form for the purpose he submitted to the Society.

Dr. Tyler Smith agreed with Dr. Barnes as to the risk incurred by women in first labours, but it was the custom of the insurance office with which he was connected—the New Equitable—to assure the lives of healthy women pregnant for the first or any other time at the ordinary rates. The rates of life assurance were framed upon the average duration of life in average lives. At all ages, the expectancy of the continuation of life was somewhat greater in the female than the male; so that they were the best lives for assurance. As regarded the question of married or single women, there could be no doubt that there were certain risks incidental to child-birth, but single and childless women were subject in an increased degree to certain disorders of the nervous system, and to uterine and ovarian tumours, which rendered them, if anything, less eligible than child-bearing women for life assurance.

Dr. Murphy believed the principle of the New Equitable Society to be the correct one. The statistics of the Dublin Hospital were not applicable to the settlement of this interesting question for special stated reasons; and, in fact, arguments based on statistics generally required to be received with very great caution.—*Medical Times*.

NORMAL HYPERTROPHY OF THE HEART DURING PREGNANCY.

Mr. Larcher has had ample means for investigating this subject at the Paris Maternité for he has examined 130 pregnant women, the greater number of whom succumbed to puerperal fever—no lesion having preceded or given rise to the condition of the heart observed in them. The conclusion he comes to is, that the heart is *normally in a state of hypertrophy during gestation*. The walls of the left ventricle become increased by at least from a fourth to a third in thickness, its texture being also more firm and its colour more bright—the right ventricle and the auricles retaining their normal thickness. These observations, made by M. Larcher, date back some thirty years, and have been confirmed by subsequent ones, made with great exactitude by M. Ducrest, upon 100 other women: but why this paper has been so long in being published no explanation is given.

Within certain limits this condition of things may co-exist with the maintenance of health; but it none the less may be taken to express a predisposition to congestions and hemorrhages. If as a general rule, the hypertrophy gradually disappears after parturition, it may be otherwise in exceptional instances, especially where the recurrence of pregnancy has been frequent, and with short intervals. Is this not a cause of the varied lesions of the circulatory apparatus so commonly met with in women who have borne many children, either at too premature an epoch, at too brief intervals, or during an unfavourable condition of health? There is every reason, too, to believe that the bronchitis, which is so common during pregnancy, derives much of its character of persistency from this condition of the heart. Again, may we not attribute to this the greater danger of pneumonia when developed in pregnant women, and the frequency with which abortion then occurs? The various forms of hemorrhage met with in pregnancy, as epistaxis, hæmoptysis, metrorrhagia, and apoplexy, are likewise predisposed to by this hypertrophy, normal though it be. Although pregnancy may, in the majority of cases, suspend or render slower the progress of pulmonary consumption, the progress of this affection becomes accelerated after delivery, and the still hypertrophied heart increases the perturbation of the respiratory apparatus.—*Archives Générales*, tome xiii.