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HEART DISEASE AND PREGNANCY.

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The study of heart disease in its relation to pregnancy should interest every medical man, whether he is engaged chiefly in obstetric practice, or whether he is devoting himself mainly to general medicine. The physician should be able to forecast the probable effects of pregnancy and labour upon those of his patients who are suffering from heart troubles, while the obstetrician should know how endocarditis and chronic valvular disease may modify or derange the course of pregnancy, labour and the puerperium in patients whom he is expected to confine. Unfortunately professional opinion regarding these matters is, as a rule, rather vague and uncertain, partly because of the persistence of certain venerable traditions, and partly because teachers and text-books have devoted too little attention to the subject. They have not taught us clearly enough that the various forms of heart disease affect pregnant women in different ways, and that it is fundamentally important to make an exact diagnosis before we attempt treatment. We cannot even approximately estimate the risks and damages run by such patients, or lay out a rational line of treatment for them, until we have made out the condition of the heart and estimated the degree of compensation present as well as the probability of its continuance. It used to be a common belief among the laity that heart troubles are rare in pregnancy, that such patients have a certain immunity from pregnancy, and that even if they do become pregnant, their cardiac troubles may improve or at any rate will not become worse. Routine examination of hospital cases proves that heart troubles exist in from one to two per cent. of pregnant women, and clinical experience shows that cardiopaths are not usually sterile, that they are not specially liable to abort, that the majority of them may