

second pregnancy; had a double aortic murmur, also presystolic; no serious symptoms. I did not see her after fourth month. Delivered by Dr. Caven at full term; healthy child; no difficulty.

CASE V.—Mrs. S., aged 32; 2-para.—Dr. Graef's patient. Saw her in consultation early in labor. She had suffered much during pregnancy from dyspnea and marked precordial distress. When I arrived, labor was slightly advanced; os partially dilated. She was suffering much from dyspnea and distress in the region of the heart; was unable to lie down; had a well-marked presystolic murmur; also aortic murmur. Inhalation of nitrite of amyl afforded marked relief. We also administered strychnia and digitalis and a little chloroform. I was unable to remain long; Dr. Graef delivered her with forceps about four hours after I left; child dead; patient appeared to be doing fairly well for some days, but died somewhat suddenly the sixth day after delivery. Patient was a poor woman living in a small house without any conveniences; no proper nursing. She refused to go to a hospital.

CASE VI.—Mrs. X., aged 35; primipara—Had suffered for years from mitral stenosis, and had been under the care of Dr. Caven, who consulted me about the case and requested me to help him in her expected confinement. When labor commenced Dr. Caven was out of town and I took charge. Labor fairly easy for a rather old primipara; no serious symptoms, but patient had two large pillows under head and shoulders; waited about half an hour after full dilation, because symptoms were not urgent, and I was afraid of the perineum: administered a little chloroform; finally delivered easily with forceps. I had a competent and experienced nurse to assist me, and did not call any one in to administer the anesthetic. I would not, however, advise others to follow my example in this respect. At the time of writing, the baby is a week old, and the patient has not had an unfavorable symptom.

CASE VII.—Mrs. C., aged 30; 3-para.—I attended this patient in January, 1898, but I describe her case last because I wish to go somewhat fully into details as to treatment. She had been under the care of Dr. Jas. F. W. Ross, in the pavilion of the Toronto General Hospital. He sent her into the Burnside Lying-in Hospital to be placed under my care during her confinement. She had been suffering for some years from mitral stenosis. I first saw her in the Burnside three days before the onset of labor. She had severe bronchial catarrh with slight hemoptysis at times, urgent dyspnea, and marked precordial distress. Was unable to lie down even for a few minutes, but lay propped up in bed almost in a sitting posture. Her sufferings were great, and her general condition most alarming. After a consultation with Dr. Ross, we decided not