

birth of the child, free bleeding from the uterus should be encouraged. Ergot and frictions of the uterus do harm by checking the loss of blood which might relieve the over-burdened right heart. If cyanosis persists and the venous pressure is not relieved, venesection will give the promptest results. Some recommend nitrite of amyl or nitroglycerine immediately after delivery when there is great dyspnoea and extreme high tension. It is better to allow the placenta to separate naturally and to come away without artificial assistance. If the strain of delivery has not been recovered from, the extra strain consequent upon the artificial separation and extraction of the placenta may prove the last straw, and the patient may collapse suddenly, as occurred in Case No. 1273. To obviate the ill effects of the rapid fall of intraabdominal pressure after the conclusion of the second stage, it has been recommended to apply a firm binder or to put a sandbag on the abdomen immediately after delivery.

The puerperium needs careful management. Strychnia, digitaline, morphia, laxatives, tonics and careful feeding should be used as circumstances require. The child should not be nursed even in mild cases; the mother needs all her strength and all the nourishment and rest she can get to enable her to recover from the effects of pregnancy and labour.

Prolonged rest in bed during the puerperium is imperative until involution is complete and compensation has become well established.

Whether or not, it is prudent for a young woman with a pronounced valvular lesion to marry, is a question sometimes submitted to the physician. In such a case the risks of marrying are always great, for the occurrence of pregnancy is certain to aggravate the disease and shorten life. It is best always to discountenance marriage under such circumstances. Whether our advice is followed or not, it is our duty to give the warning, and that with no uncertain voice.

#### ANALYSIS OF THE SERIES OF THIRTEEN HOSPITAL CASES.

These thirteen cases occurred out of a total of 1,022. Several have not been included in the list, because the heart lesion was moderate, the compensation good, the delivery spontaneous and normal, no special symptoms arose and no special treatment was required. If we include these milder cases, the proportion of pregnant women with cardiac lesions who were delivered in the Montreal Maternity would be about two per cent. Of these thirteen, there were:—

I Gravidae . . . . .	3	There were under 30 years of	
II " . . . . .	4	age . . . . .	8
III " . . . . .	2	30 years and over . . . . .	5
VII " . . . . .	2	The youngest . . . . .	21
IX " . . . . .	1	The oldest . . . . .	40
XIV " . . . . .	1		