during the delivery of the child. At the same time remember that a free hemorrhage is beneficial, and should be encouraged. The object of the binder is to compensate for the sudden diminution of the intra-abdominal pressure. It should, therefore, be applied above the level of the uterus in such a way that it will not prevent slight uterine relaxations, or, in other words, in such a way as not to prevent free hemorrhage. With the same object in view avoid the use of ergot. Fothergill and others advise free venesection from the arm if symptoms of embarrassed circulation persist.

Hart says that the most dangerous time for the patient in such cases is the third stage. This is probably correct, but it is well to remember that grave danger exists for several days after delivery, and, in fact, very watchful care is required for weeks.

I will now give reports of cases of mitral and aortic stenosis, without any further reference to many cases of mitral insufficiency which I have observed, and all of which ended in recovery.

CASE I.—Mrs. A., aged 26; primipara.—Dr. W. P. Caven's patient; long standing heart disease with aortic direct murmur. Present in consultation; labor tedious; forceps delivery, under chloroform; no special symptoms during first and second stages; placenta retained; hand introduced for removal; considerable hemorrhage; aortic regurgitant developed with slight endocarditis lasting about two weeks; recovered.

CASE II.—Mrs. H., aged 23; primipara.—Had heart disease for several years. Dr. Caven saw her with me when four months pregnant; had both aortic and mitral stenosis; considered the advisability of inducing abortion, but decided against because there were no serious symptoms; went on to full term without much inconvenience; labor somewhat tedious, but uneventful; delivered with forceps after dilatation; good recovery.

CASE III.—Mrs. K., aged 32; 3-para.—Dr. Caven's patient. Saw her in consultation when three months advanced in pregnancy. For two or three years previous she suffered more or less from symptoms due to heart disease. Dyspnea on exertion very serious at times; a few attacks of hemoptysis; mitral stenosis; loud presystolic murmur. Dr. Caven feared results if pregnancy were allowed to continue. I advised waiting at least a month. We decided on so doing with the understanding that I was to take charge of the patient. No serious symptoms afterwards. In fact, she seemed better during the latter half of pregnancy than during the first half. Labor—at full term—uneventful up to end of the first stage; no chloroform administered; delivered with forceps; healthy child; good recovery.

CASE IV.—Mrs. G., aged 26.—Had one child sixteen months old when I saw her about the beginning of third month of