the pain is severe. Frequent dry cuppings, sinapisms or turpentine stupes are useful when there is much lung engorgement with dyspnœa and local pain. A small hypodermic of morphia acts like a charm when dyspnœa is urgent. Œdema with quick irregular pulse calls for digitalis. The prolonged and free use of strychnia often enables us to tide the patient safely along to term or at least to the period of the child's viability.

It has been shown experimentally that digitalis is an irritant to unstriped muscle, and may excite uterine action. Consequently it has been urged that digitalis should not be given to pregnant women with heart trouble, for fear of bringing on abortion. According to our experience no such complication need be feared with moderate doses of the drug, and we are in the habit of giving it as freely as we give strychnine when it is indicated.

If the patient is seen early and compensation is good, if it is the first pregnancy or if there is no exhaustion from rapid child bearing, she may be allowed to go on to term, the compensation meanwhile being closely watched. If the patient is not seen until the heart symptoms are marked, the first endeavour should be to build up compensation by absolute rest in bed, dieting, etc. If that cannot be done, it will be best to induce labour as soon as the child is viable, in the thirty-fourth or thirty-fifth week, if possible, not earlier than the thirty-second, nor later than the thirty-sixth week. If only moderate compensation exists and the patient is allowed to go on to term, the chances of failure are increased. Clinical experience goes to show that better results can be obtained in moderately severe cases by inducing labour when the child is small and can be easily delivered than to allow the patient to go on to term with the chances of a large child and a difficult forceps or version operation. When the lesion is grave, the patient exhausted, and there is reason to believe that compensation will not be maintained, it is better to end pregnancy, whether the child is viable or not. When labour comes on, the first stage should be allowed to terminate naturally, unless urgent symptoms arise. A free bowel movement may be obtained, and digitaline may be given freely to strengthen and steady the heart. If this stage is prolonged, nutrition must be maintained and rest and sleep secured. When the os is fully dilated, the uterus should be emptied artificially under light anæsthesia of some kind. A hypodermic of morphia at the beginning of the second stage will soothe the pains, and then only a few whiffs of chloroform or ether will be required for the easy and rapid termination of labour. If the os is undilated, and rapid delivery is necessary, artificial dilatation of the os or multiple incisions of the cervix should be employed. After the