

should be no straining at stool or in making water. The bowels should be regulated so as to move easily, and for some days the urine should be drawn off. The retrogressive changes which take place in the heart during the puerperium introduce a new element of danger, and therefore the greatest watchfulness must be exercised. Complete quiet and good nursing are imperative. The patient should not lose sleep nor be disturbed in any way. As soon as the stomach is able to bear iron it should be given.—*Medicine.*

PRELIMINARY NOTE ON THE POSSIBILITY OF TREATING MITRAL STENOSIS BY SURGICAL METHODS.

BY SIR LAUDER BRUNTON, M.D., (EDIN.) F.R.S.
Physician to St. Bartholomew's Hospital.

Mitral Stenosis is not only one of the most distressing forms of cardiac disease, but in its severe forms it resists all treatment by medicine. On looking at the contracted mitral orifice in a severe case of this disease one is impressed by the hopelessness of ever finding a remedy which will enable the auricle to drive the blood in a sufficient stream through the small mitral orifice, and the wish unconsciously arises that one could divide the constriction as easily during life as one can after death. The risk which such an operation would entail naturally makes one shrink from it, but in some cases it might be well worth while for the patients to balance the risk of a shortened life against the certainty of a prolonged period of existence which could hardly be called life, as the only conditions under which it could be continued might to them be worse than death. I was much impressed by the case of a man under middle age whom I had under my care at St. Bartholomew's Hospital. For no fault of his own, but simply because of his disease, this man was really exiled from his family, and one might almost say imprisoned for life, inasmuch as he could only live in a hospital ward or a workhouse infirmary. Whenever he left the hospital ward or infirmary with an amelioration of his distressing symptoms and returned home, the exertion brought on an exacerbation and he had to leave home again in a few days to return to the hospital or infirmary. It occurred to me that it was worth while, for such a patient to run a risk, and even a very grave risk, in order to obtain such improvement as might enable him at least to stay at home. But no one would be justified in attempting such a dangerous operation as dividing a mitral stenosis on a fellow-creature without having first tested its practi-