

Mitral stenosis and mitral insufficiency sometimes coexist, and in such cases the symptoms of stenosis usually predominate. The prognosis is graver than when either lesion exists alone.

AORTIC INSUFFICIENCY

is a comparatively rare complication of pregnancy. As the chief cause of this lesion is degenerative change in the aorta and its valves, and as such changes usually occur later in life when pregnancy rarely occurs, the infrequency of this lesion may be understood. The danger is most marked after the fourth or fifth month when increase in the blood mass and in blood pressure aggravates the regurgitation and disturbs left ventricle compensation, even although hitherto it has been fairly well adjusted. The symptoms are œdema, dyspnoea, restlessness and insomnia. The second stage is disastrous; the bearing down pains increase the blood pressure, regurgitation becomes greater, the left ventricle must work harder to empty itself, and finally the end comes by syncope. This is the form of heart disease which calls for prompt emptying of the uterus, no matter whether the child is viable or not, whenever the symptoms of distress manifest themselves. Positive indications for immediate interference exist, when such symptoms appear early or persist in spite of rest and treatment.

AORTIC STENOSIS

is also rare and is seldom found without the mitral valve being more or less involved also. It is remarkable how often aortic stenosis and mitral stenosis are found to coexist.

TREATMENT OF PREGNANCY COMPLICATED WITH HEART DISEASE.

As soon as the lesion is discovered treatment should begin. The patient should be kept under observation and efforts made to guard and maintain compensation. It is not wise to wait till a breakdown occurs, for it is much easier to prevent the loss of compensation, than to restore it after it has been lost. Such patients should be kept from excitement, over-exertion and fatigue. Long walks, hill climbing, running up and down stairs, hot baths, alcoholic drinks, going to theatres and concerts, or to meetings in overcrowded, ill-ventilated halls, may do serious damage—gentle exercise and plenty of fresh air are helpful when the patients' condition will permit. The bowels should be kept free, not only for the purpose of relieving the circulation, but also to lessen the chances of toxæmia developing. Upon the appearance of such symptoms as dyspnoea, palpitation, a feeling of oppression, cough, hæmoptysis or œdema, the patient should be put to bed at once and kept absolutely at rest. An icebag or cold compress over the heart may give relief when