

occurs is some days after delivery, from degenerative changes in the heart muscle and from a failure on the part of diseased heart to recover from the strain of labour.

He records a case of cardiac failure after delivery, in consequence probably of blood accumulating in the abdominal veins. The patient, a multipara 38 years of age, had had a severe attack of influenza with some cardiac weakness some weeks before her confinement and had only recovered a few days before her delivery. Labour was precipitate. Immediately after delivery of the child the patient became collapsed. There was no hæmorrhage external or internal and the uterus contracted well. In spite of every means to combat the condition, death took place 2½ hours later. He thinks that death in this case is due to the failure of the heart weakened by the recent attack of influenza, and so brought about by a sudden fall in the blood pressure as a result of the precipitate labour, and the consequent accumulation of the blood in the large veins in the abdomen.

There is another possible sequel to cardiac failure following delivery, and that is a tendency to the retention in the body of various toxic materials as a result of the enfeebled circulation, and a failure of the excretory function of the kidneys and the liver. These substances may lead to degenerative changes in the heart muscle.

He considers the average death rate of cases of valvular disease complicating pregnancy is about 12 per cent. The mortality naturally depends on the variety of the heart diseases to some extent, but mainly on the condition of the heart muscle. If the valvular lesion is well compensated, the heart muscle healthy, and the blood pressure normal, the danger to the patient is very small indeed. If the heart muscle degenerates or if there is insufficient compensation, the danger is great.

With regard to treatment the author lays stress upon rest in bed and general heart tonics. He is of the opinion that there are some cases in which the induction of abortion or premature labour is better treatment than is generally supposed and that in the majority of cases if such interference is necessary its adoption will improve the patient's condition and not make it worse.

A case is recorded of a patient suffering from edema of the lungs, cough, and hæmoptysis. In spite of treatment the edema did not clear up so that at 5 months abortion was induced under anæsthesia. Treatment by rest in bed and medicine if not followed by marked improvement should be followed by induction of abortion or premature labour. With regard to the conduct of labour in these cases he says that if there are signs after the delivery of the child that the right side of the heart is