

opinion among obstetricians who have devoted much attention to this subject, that the views thus expressed are correct. My own experience leads me to believe that the patient has the best chance when this operation, which is always more or less an act of violence, is not performed. I will simply give the rule that we should not induce premature labor in such cases: but I don't think it should be considered absolute. It might happen that some symptoms would arise so urgent in nature that interference should be considered necessary.

Labor.—How does valvular disease of the heart affect labor? I am not sure that it produces any visible effect in the majority of cases. I have sometimes looked forward to certain labors with fear and trembling; and, much to my surprise, have frequently found them apparently normal in all respects. Reynolds^s says that "labor in the presence of cardiac diseases is apt to be rapid, because the soft parts are usually resilient and lax." In my experience I have found nothing to justify this statement.

Symptoms.—The symptoms during labor are not generally different from those which are found during the last few days or even weeks of pregnancy. The most serious are dyspnea, hemoptysis, precordial distress and palpitation. (Respiration and pulse are generally much quickened.) The dyspnea and other symptoms are aggravated when patient is in the recumbent posture. On this account the patient is in many cases compelled to sit up wholly or partially even while sleeping.

Prognosis.—I have not space to quote authorities to any extent; but I may say in a general way that many careful observers give mortality rates ranging from 10 to 60 per cent. Many writers, who treat the subject carefully in other respects, fail to give statistics. I think it unfortunate that such is the case, because I believe more complete details as to results would show mortality rates much less alarming than those which I have quoted. I believe that the publication of such reports has caused many practitioners to induce abortion when there was no necessity for such procedure.

No statement has surprised me more than that made in three modern American text-books on midwifery, viz., "Jewett's Practice of Obstetrics," by American Authors; "The American Text-Book of Obstetrics," and "Davis' Treatise on Obstetrics," that in cases of mitral insufficiency the proportion of deaths is 13 per cent. In the three books there is little or no evidence as to the origin of the unlucky thirteen. In connection with the statistics referred to I cannot help thinking that various authors have been misunderstood, because they have referred to those cases only where compensation has been seriously interfered with. In addition it is well to remember that some of these