

Where labor occurs speedy delivery should be accomplished. Ether narcosis may be used. In chronic adhesive pericarditis the relief of strain both during the pregnancy and labor is indicated.

For functional derangements he gives tonics, diversions, regular walks in the fresh air, massage, and where nausea exists a diet arranged so that the gravida is never without food for a longer period than two hours. For acute endocarditis accompanying pregnancy there are no special indications for treatment than complete rest. In chronic diseases where compensation is present there exists no indications against marriage. The conditions in advanced cardiac disease would likely prohibit the idea of marriage in the mind of the patient herself. Considering heart disease in its early development as it occurs in pregnancy, the first axiom of treatment is the avoidance of drugs where the heart's action remains regular. In the later stages cardiac stimulants to equalize the circulation and overcome pulmonary stasis are necessary. The use of digitalis or strophanthus and nitroglycerin, together with laxatives and the employment of strychnine, is essential in this connection. The administration of potassium iodide or veratrum viride in simple hypertrophy with over-action may be indicated. Milk taken with the meals and between them is of great benefit. The patient should lie down one hour a day in cases where the cardiac disturbance is slight; in advanced cases the patient should be confined in bed for at least the earlier half of the day. Lactation is contra-indicated as is the Nauheim method of cardiac exercise. In the stage of asystole the energetic use of heart stimulants together with venesection is indicated, although interference from an obstetric point of view in these cases often becomes imperative. Such interference is also indicated in these cases where the circulatory disturbance is not great enough to point to a fatal outcome, and yet where serious aggravation of the heart symptoms may arise from the presence of uncontrollable vomiting.

As to the obstetric treatment, abortion is not to be advised, and the induction of premature labor should be reserved for these cases in which further progress means the death of the patient. When sudden death threatens the patient celio-hysterotomy is to be performed. Ether is the best anesthetic to use. The indications are against the use of ergot.