

side of the heart as well as the left shows that there cannot be complete proof of the hypertrophy of the left ventricle during pregnancy.

The view that dilatation and weakening of the right heart occurs in pregnancy is supported by the fact that not infrequently this organ quite early in pregnancy often fails in otherwise healthy women. Tracings of the apex beat demonstrate it to be often due to over distended right ventricle, and not to a hypertrophied left ventricle. The constant presence of overfulness of the jugular veins in the neck the irregularity of the pulse, the occurrence of heart failure not infrequently during pregnancy, and, the fact that dilatation of the heart cavities, and not hypertrophy of the left ventricle, have been found in a large number of cases post mortem, tend to confirm this view. He sums up this whole argument as follows: it is probable in some cases that hypertrophy of the heart is the chief change which occurs, while in some there is hypertrophy of the left ventricle and dilatation of the right side of the heart. It also appears certain that in some healthy women neither dilatation nor hypertrophy of the heart occurs during pregnancy.

He thinks on the whole, the evidence is in favour of the view that blood pressure is raised above the normal during pregnancy, and that this rise begins in the second half of pregnancy and reaches its maximum at term. There is immediate fall below the normal immediately after delivery, a fact of considerable importance.

The pregnant woman, in view of the increased demand made upon her heart by her condition, is on the border line of break-down. The majority of cases of valvular disease of the heart complicated by pregnancy do perfectly well. There can be no doubt but that pregnancy constitutes an increased danger to a woman who has a severe valvular lesion of the heart. He has collected from literature 131 cases of severe heart disease occurring in 55,000 cases of labour, the proportion of about 1 case in about 400 cases of labour.

With regard to the special dangers of heart disease in cases of pregnancy these are failure of compensation and the occurrence of degenerative changes in the heart muscle. The symptoms of these cases are very much the same as of their occurrence at any other time.

Death from cardiac failure during labour is very uncommon but the author records the occurrence of such a case in his practice.

After delivery, the heart may give out in three ways. Immediately after birth of the child, cardiac failure may occur, as a result of over distension of the right side of the heart, with resulting paralysis, or by the blood accumulating in the large abdominal veins in consequence of the rapid fall of blood pressure. The third way in which cardiac failure