

6. It is sometimes advisable to induce abortion. I am very glad to be able to express a positive opinion that this radical method of treatment is seldom required. If marked failure of compensation occurs early in pregnancy, as shown by serious pulmonary congestion, urgent dyspnea and the like, the patient should, in the first place, receive appropriate treatment. If the symptoms become worse instead of better, operative interference may be deemed advisable. Many women, especially Roman Catholics, will not consent to any such procedure. Of course in such instances the patient's decision should be final. It is extremely difficult to lay down definite rules. I may say, without any hesitation, that I am less inclined to interfere in such cases than I was years ago.

The following case, hereafter described as Case III, while it caused me much perplexity, was very instructive:

Patient three months advanced in pregnancy. Had mitral stenosis. Had severe dyspnea on exertion, palpitation, rapid pulse. Similar symptoms had appeared before pregnancy on various occasions. At one time the pulmonary congestion was marked and caused hemoptysis. After careful deliberation, and with considerable hesitation, we decided to wait for one month, and watch the effect of treatment. The patient went on to full term.

7. It is sometimes well to consider the history of the patient in reference to previous pregnancies. If she has been in great peril during a former pregnancy and labor, one might think it unlikely that she could pass through such an ordeal again. I will refer in detail further on to a case where the patient was in grave danger during and after confinement. I fear that another labor would cause her death. What should I do if she came to me to-morrow two months advanced in pregnancy? I don't know, but I would not advise the induction of abortion unless grave symptoms were present. It has been pointed out by Hanfield Jones and others, that many women go through early pregnancies with comparatively little danger, but each pregnancy causes a certain deterioration of the heart muscle, which is more or less permanent; therefore, the danger of cardiac insufficiency becomes greater with each successive pregnancy. I am not certain, however, that this statement is correct in all cases, as I think I have seen more than one patient in whom pregnancy did not cause any deterioration of the heart muscle.

8. We have sometimes to consider the advisability of inducing premature labor. I can speak a little more definitely respecting this procedure. Angus Macdonald was decidedly opposed to it, because it was "likely to do greater harm than good by disturbing the action of the heart and the condition of the lungs." I think there is a pretty general consensus of