

of the valves to close their orifices; whilst in women, as a general rule, the valves close together and unite along their edges, and so form the contracted opening already described.

I have ventured to argue that there is a very simple, physical and mechanical, reason for this difference. The heart of the man is, as a rule, stronger, and its action, therefore, more powerful, and so the inflamed edges of the valve are widely separated and kept asunder until they have healed by puckering and shrinking—the orifice being thus left more or less patent. But the weaker muscular action of the woman's heart permits the edges of the valves to be less separated, being less disturbed by the force of the blood current; they unite along their sides in the manner already described, and so we have the condition known as contraction, or "stenosis" of the orifice produced.

Whether the theory be correct or not, the facts are beyond dispute, and from them we learn a most valuable, practical lesson. Nature's remedy for injury is rest; to avoid weakness she prescribes exertion. In valvular disease we have already seen that the first occurrence is inflammation, and in consequence increased difficulty in the work of the heart. So, we have to combat the inflammatory disease by keeping the patient as completely at rest as possible; but as soon as the trouble is over the power of the organ has to be increased by suitable medicines and regulated exercises so as to strengthen the heart's muscle for the increased labour required from it. Rest in the former stage is all the more important, because in some cases the minute granulations on the edge of the valve, which have already been described, develop into little warty out-growths, and if the heart is acting violently the force of the blood current may tear off one or more of these fragments, and whirling them away in the circulation, may carry them into a vessel in the brain, or in the lungs, or in some other organ, or even in one of the limbs; and sooner or later the fragment will come to a point where it fills the artery, and so blocks at once the further passage of the blood in that vessel. If this happens in the brain, the patient may have a sudden fit of apoplexy; if in the lung, an attack of pneumonia may follow; and if in the spleen, he may have rigors or other symptoms of blood poisoning. These results are quoted here, in order to emphasize the need of absolute rest being enforced in these cases.

(To be continued).

Medical Matters.

NÆVI.



THE disfigurement of the face produced by the dilatation of the superficial blood vessels to which the title *Nævus* is given is comparatively rarely seen in adults at the present day, because it is as a rule cured during infancy. Nævi vary in size from that of a pin's point up to a patch the size of the hand, and the larger the growth, the more difficult, of course, the cure. It is stated in an American contemporary that during recent years, the treatment of these growths by means of the galvanic cautery has quite superseded the old-fashioned treatment by pins and a silk ligature, the former being passed through and underneath the nævus, and the silk being so tightly tied under the pins and around the growth as to cause its strangulation and thus the formation of a slough. This method left a deep and more or less unsightly scar. The object of the cautery is to effect the same object more rapidly, and with less pain and disfigurement. A fine point is usually employed, and being raised first to a red heat, is allowed to become black, and then is passed deeply into the growth. The object is to burn the tissue without causing it to bleed, and the first effect is to cause the contraction and closure of a certain number of the dilated vessels. It is stated that this treatment is sometimes so successful that a comparatively large nævus is rapidly cured, leaving only a few minute scars on the skin where the punctures were made.

CYCLING.

It is generally admitted that cycling has done, and is doing, incalculable good for the health of many who are engaged in sedentary occupations, and have therefore but little opportunity for obtaining proper exercise and fresh air. The benefit has been especially great, perhaps, in the case of women to whom walking is a source of the greatest fatigue. The explanation, of the apparent contradiction, is very simple. In walking, not only is the entire weight of the body borne upon the lower limbs but the exertion of locomotion is almost entirely thrown upon their muscles. In bicycling, the

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