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said to Regurgitate. According to the valve which is affected, the particular injury and condition is designated; for example, Mitral Incom-petency and Mitral Regurgitation; Aortic Incompetency and Regurgitation; and Tricuspid Incompetency and Regurgitation.

It will be easily understood that this condition throws an extra strain upon the Heart, because, for example, when the Tricuspid valves are incompetent, and the Right Ventricle contracts, all the blood which the latter contains is not forced, as it is in health, into the Pulmonary Artery, thus circulating through the lungs, but part of the contents of the ventricle are squeezed back into the Right Auricle; in other words, part of the work of the Ventricle



B FIG. 4. The cavilies of the Heart (Shore & Foster) showing the values with their cords. Aur, Auricles; Vent, Ventricles; V., Veins; a., Arteries; s., Semilunar Values, closing the Arteries—A., Ventricles filling with blood and values open; B., Ventricles contracting, values closed. The arrows show the course of the normal blood stream. in emptying its

in emptying its cavity is wasted, and, by so much, the Heart's muscle is strained. At the same time, the blood flowing back from the Ventricle partly fills the Auricle, and so prevents the easy passage of the blood from the veins of the body into the latter cavity. So the veins from the brain, the limbs, and the trunk, not being cleared as easily as they should be, always remain rather overfilled with blood; and thus we find that one of the first effects of Tricuspid insufficiency is more or less congestion of the various organs and tissues of the body. This is shown, for example, by the dusky appearance of the face and skin; by the more or less blueness of the lips, the nose, the finger nails, and the feet; by the congestion of the liver evidenced by bilious attacks; by the congestion of the stomach, evidenced by distaste for food, nausea, and even vomiting. (To be continued).

Medical Matters.

HYDATID MOLE IN A CHILD.

A BELGIAN journal has recently reported the case of a child, aged $12\frac{1}{2}$ years, in whom, two months after her twelfth birthday, the first period occurred. Clots were passed, without pain. At the second period, there was pain, and a clot was passed. This clot was covered with a

white membrane, forming a perfect cast of the uterus. On microscopical examination the cast proved to be endometrium, with uterine glands and ciliated epithelium. Thus already the child suffered from membranous dysmenorrhœa. The phenomenon was repeated at the third period. The fourth was extremely painful. There was slight loss for three days, then a typical hydatid mole was expelled. Its base measured over three-quarters of an inch. It was made up of vesicles arranged like rows of beads; each vesicle was full of a transparent serosity, its wall was made up of loose fibrocellular tissue with many veins. The vesicles varied in size, the smallest were of the dimensions of a pin's head, the largest as big as a pea. The next period, and all that have succeeded, have been normal; the child has been watched ever since the expulsion of the mole four years ago. Some relation between the membranous dysmenorrhœa and the mole was suspected. A piece of the diseased endometrium or menstrual decidua may have remained behind and undergone a pseudoplacental change. It has been asserted that the hydatidiform mole may develop independently of gestation, and this case seems to prove that theory. As a matter of fact, says the Medical Times, commenting on the case, the most probable explanation is that the membranous dysmenorrhœa was due to the presence of the new growth in the uterine canal. This being expelled, and the source of irritation removed, the child was cured.

DOUBLE OOPHORECTOMY.

In general terms it may be said that the results of removing both ovaries are as follows; and it need scarcely be added that medical men never perform the operation until the patient has been informed of these results, and has given her consent to the proceedure :-(1) The woman becomes absolutely sterile. (2) Men-



