right arm. The face is pale, anxious and ashy, and covered by a cold beady sweat. The lips are livid. The patient at times is restless, but more often quiet. The pulse may be small, hard, thready and irregular; nearly normal in rate or slowed. The heart sounds are feeble, distant and valvular. The attack lasts only a few seconds or minutes and subsides. It may recur successively. Death may occur at the height of the attack or by faint and syncope. Relief is accompanied by eructations of gas, flatulence, passages of large quantities of urine and exhaustation. Treatment: First, from the paroxysm, by amylnitrite, nitroglycerine and morphia, followed by stimulants and carminatives, if needed; secondarily, iodine of potash, arsenic, etc., as the cardiac state requires.

EYE SYMPTOMS IN ARTERIO-SCLEROSIS.

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Changes in the retinal vessels as a result of arterio-sclerosis are seen with comparative infrequency, though they are not so rare as was formerly supposed. Raehlman found visible changes in twenty-four out of forty-four cases of arterio-sclerosis. Disturbance of function is not always present, and, in the absence of subjective eye symptoms, no doubt many cases escape observation. When vision is affected the reduction varies from slight fogginess to complete binocular blindness.

The changes to be seen by the ophthalmoscope are: (1) Pulsation of arteries and veins. (2) Tortuosity and attenuation of the vessels; (3) white streaks along the margins of the larger vessels; (4) hemorrhages; (5) rarely, a beaded appearance of the smaller vessels is seen, due to the formation of small aneurisms.

The third symptom mentioned—the formation of white streaks or lines along the margins of the larger vessels—is thought to be pathognomonic of senile arterio-sclerosis. It may, however, be very difficult to differentiate this from the somewhat similar appearances which follow neuro-retinitis. In the latter condition, however, the calibre of the vessels is not usually constricted as it is in arterio-sclerosis.

Pulsation of the vessels is most likely to be seen early in the course of the disease when the arterial tension is high. Several varieties of abnormal pulsation are seen, but the most common resembles a rhythmic wave, beginning at the papilla and spreading out over the retina. The pulsation is produced by a difference between the intraocular tension and the general