

fact to the consideration of experienced and capable surgeons, and who stand in need of those dogmatical details that necessarily enter into elementary books on surgery. On a future occasion I may venture to write a special article on the operation in both sexes; state something regarding the true shape of the male bladder that I cannot find in books; say something about the great faults I have noticed in the mode of using the forceps; why it is that much difficulty is experienced by *some* operators in seizing the stone, and how it can be caught, by a right use, in the first attempt to lay hold of it, whether the bladder contain fluid or be empty.

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ART. LIV.—*Angina Pectoris*: a paper read before the Royal Medical Society of Edinburgh, Scotland, on the 28th of March, 1861. By FRANCIS WAYLAND CAMPBELL, M.D., (McGill College,) L.R.C.P., London; Licentiate of the College of Physicians and Surgeons, Lower Canada; Member of the Royal Medical Society of Edinburgh; Corresponding Member Dublin Microscopic Club, &c., &c.

*Mr. President and Gentlemen:*

In attempting this evening to draw your attention for a few moments to a disease of such great importance as “*Angina Pectoris*,” I do so more in the hope that on the conclusion of my remarks, the members of this Society will freely state what has been their experience, than of adducing anything particularly new or startling concerning an affection, the pathology of which is still disputed by the most eminent authorities of the day. Fortunately for the human family this disease is of comparatively rare occurrence—yet, it was my good fortune that the first case of importance that I was called to attend, after my graduation, was a genuine case of “*Angina Pectoris*.” As it will form the subject of a portion of the following remarks, I will now proceed to detail it:

On the 4th of July, 1860, I was sent for in great haste to visit James S——, a colourer and whitewasher, aged 54, who, I was informed, shortly after taking a hearty dinner, was seized with a violent pain in the region of the stomach. When I arrived at his dwelling I found the pain had entirely disappeared, and he was comparatively well. His bowels being torpid, I ordered ten grains of blue pill to be taken at bed time and a seidlitz powder in the morning; and left instructions, should the pain trouble him again, to apply a sinapism over the affected region. On the following day, I again visited him, and was informed that twice during the night he had had a paroxysm of pain which the sinapisms failed to relieve. Having made minute enquiries into the man’s habits, I found that he indulged rather freely in liquor; this, with the fact that the two attacks he suffered from during the night, were accompanied by a desire to vomit, led me to order a blister over the epigastrium. On the 6th he said he was rather better, the blister having lessened the intensity and frequency of the paroxysms.

On the 7th he was, to use his own expression, “much worse,” having had this morning two severe paroxysms. This time he referred the seat of pain to the region of the heart, and described it as agony the most intense, rendering