

*Nitro-glycerin.*—The physiological effects of this medicament are very much like those of nitrite of amyl. Dr. Murrell, an English physician, was one of the first to call the attention of the profession to this remedy. I have tried it in a few cases, giving internally one or two drops of a one-per-cent. solution; it has seemed to me to give relief.\*

*Chloral.*—Chloral acts very promptly in procuring sleep and in facilitating respiration, but its effects on the circulation are almost nil in these cases. It is not to be depended upon, and I have abandoned its use.

*Divers Excitants.*—Colin recommends the acetate of ammonium, which is also a favorite with Vignier, in the dose of six grammes.

I shall speak of electricity under the means of prevention. It has no curative power during the paroxysm.

**RESUME.**—Morphine subcutaneously, nitrite of amyl in inhalations (three to four drops)—these are the medicinal measures which seem to me likely to be relied on in the future. Both diminish the intravascular pressure, and thus facilitate the circulation. But there is a physiological contrariety between these two medicaments which seems to demand elucidation. Morphine does, in fact, diminish the intravascular pressure by giving more tone to the blood-vessels which are made to contract under its influence, but in such a way as to help on the circulation, and thus re-enforce the work of the heart, whose tasks are lightened when the auxiliary vaso-motor forces are in their highest state of efficiency. Nitrite of amyl lessens the blood pressure by dilating the vessels, and thus removing obstacles to the free circulation, and in this way lightening the heart's labor. The circulation by the coronary arteries is thus favored by either mode of action, but in a more marked manner by nitrite of amyl. Moreover, the two medicaments assuage the pain which embarrasses the heart's action, and facilitate respiration, which is also embarrassed.

**TREATMENT OF ANGINA PECTORIS IN THE INTERVAL OF THE ATTACKS.**—Besides the ordinary recommendations to persons suffering from heart disease, spirit-drinkers in general, and smokers in particular, to abstain from customary excesses, it remains to do what can be done to prevent the attacks by hygienic and medicinal means. Jurine advises persons who are victims to this painful cardiac affection to live in the country, to keep as free as possible from all care and excitement, to inhabit a ground tenement, to walk and ride a little every day. This advice would be very good if it were practicable.

\* Mr. Field, of Brighton, England, was the first to describe, twenty years ago, the physiological effects of nitro-glycerin. Dr. Murrell afterward repeated the observations of Field, trying it on thirty-five patients. The action of nitro-glycerin is a little slower than that of nitrite of amyl.  
—TRANSLATOR.

The medicinal measures which I employ habitually are: 1. Bromide of potassium; 2. Digitalis; 3. Electricity (hardly habitually, but it deserves mention); 4. Arsenic (of which the same may be said); it is sometimes of use as a vaso-motor tonic, but its action is doubtful.

Hydrotherapeutics ought to be absolutely proscribed.

1. Bromide of potassium determines contraction of the blood-vessels, calms the nervous system (particularly the centres of special sense), and induces sleep; it is a regulator of the peripheral movements of the blood. Under its action the patient becomes less impressionable to the physical and psychical influences which might provoke a return of the paroxysm. But this medicine has the grave inconvenience of producing a debility which is more or less permanent, and can not be continued with impunity beyond a certain time.

2. Digitalis, when the thoracic angor results from cardiac atony or degeneration, presents a real advantage over the bromide; it fortifies and sustains the action of the heart, and is in every way the preferable medicament.

3. Electricity has been applied in divers way, and in accordance with the different theories which have been put forth as to the nature of the malady. If employed from confidence in the pneumogastric-nerve theory of Eulenburg,\* and an attempt be made to galvanize this nerve, you run the risk of arrest of the heart's action, the unfortunate case reported by Duchenne is in proof of this.

If you desire to influence the sympathetic alone, in accordance with the theory of Martin and Hachard, there is a practical difficulty in the way, and, moreover, a physiological heresy lurks behind the theory. There is, in fact, no paralysis of the sympathetic to overcome. The disease is in reality attended with excitation of the cardiac sympathetic nerves, and the coronary vessels, the latter being in a state of erethism—there is no paralysis in the case; on the other hand, there is not even excitation of the sympathetic nerves in general, accompanied by a contraction of the blood-vessels in general. The disease (so far as the nerves implicated are concerned) being partial and limited, how are you going to benefit the pathological condition by electrical currents applied to the sympathetic trunk or plexuses? If it were possible to galvanize the cardiac sympathetic nerves, would you not augment rather than diminish vaso-motor contractility? The subject demands further study.—*N. Y. Med. Journal.*

\* Eulenburg, "Traité des maladies nerveuses," 1878. He describes two forms of the disease, one of which is due to direct excitation of the vagi nerves, the other to reflex excitation of these nerves. He also describes two other varieties of different nerve origin.