

before death. No other lesion of the heart was discovered, and all the other organs were healthy, with the exception of the liver, which was considerably enlarged.

REMARKS.

This case of Angina Pectoris is interesting in the rapid manner in which it proved fatal. Previous to the time of my being called to attend him, he enjoyed remarkably good health, for a period of at least twenty years, not having a bodily ache of any kind. It is seldom that a first attack proves fatal—indeed it is generally after the lapse of some months, sometimes years, that the patient succumbs. A case is recorded by Stokes where the patient suffered for ten years from aggravated symptoms of Angina Pectoris. The quick succession of attacks that this man suffered from, was another peculiarity in the case, while no exciting cause could possibly be ascertained. The remote or predisposing cause of Angina is as yet shrouded in mystery, but there seems to be sufficient evidence for the conclusion that true angina never occurs without organic disease of the heart or the arteries in its vicinity. It is true that cases have been recorded in which no traces of organic disease were observed, but of such cases Dr. Stokes remarks that “it is more probable that in the cases so described the disease was overlooked, than that the heart was perfectly sound.” He goes on to say “that such cases as were observed before the application of the microscope to pathological anatomy may be set aside, as proving the existence of angina without organic change; for among the most important uses of histological research is the discovery of those early stages of organic change which escape the unassisted eye.” Dr. Walshe, on the same subject, says: “It has occurred to me to examine, during life, some six or eight cases of true angina; in every one there were signs of organic disease. I have opened, or seen opened, the bodies of three persons destroyed in the paroxysm; the heart was texturally affected in all.”

The forms of organic disease present in different cases seem to be very various, and have been enumerated by Dr. Latham as follows: 1st. Weakness and attenuation. 2nd. Weakness with fatty degeneration. 3rd. Some form of valvular disease, generally affecting the left side. 4th. Disease of the aorta, with or without obstruction of the coronary arteries. Nearly every known disease of the heart and arteries may be included in one or other of the above classes, and have been found associated with angina. But all these diseases often exist, and prove fatal, without any symptom of angina—therefore, as Walshe remarks, “as angina occurs with all varieties of heart disease, and may be absent with all, the conclusion is unavoidable that there is something beyond organic mischief concerned in generating the paroxysm.” What this something is, has not been decided. The suddenness of the advent and cessation of the paroxysm, and the perfect ease in the interval seem to ally it to the nervous group. Walshe, with Latham and others, look upon the paroxysm as spasmodic or neuralgic in character, while Stokes, with Parry, consider the pathological condition during the paroxysm to be a diminution of the muscular power of the heart. There are not wanting many and strong arguments on both sides, but the latter view seems to be most strongly supported by facts. Thus females—notoriously more liable to spasmodic diseases than males—enjoy almost a complete immunity from the