

## ANGINA PECTORIS.

EDITOR DOMINION MEDICAL MONTHLY :

SIR,—There are essentially two kinds of Angina Pectoris—one resting upon a neuro-pathological foundation in which the characteristic symptoms range between the wide limits of remedial functional disorder, and fatal organic lesion of the cardio-vascular system. Arterial tension is an essential element in the majority of cases, but is not organic disease, the *fons et origo* of arterial tension. There may be intense suffering and a fatal result without any heart lesion discoverable before or after death. In a well-marked case of angina, no morbid sounds could be detected during life, neither was there any great amount of suffering; urgent dyspepsia was the most pressing symptom. T. C., æt. 68, suffered as above for several years, and a short time since died sitting in his chair smoking his pipe without a struggle or a cry. A post mortem disclosed ossification of the coronary arteries all along their course to their termination. There were adhesions to the lung, referable to a former attack of pleuro-pneumonia, but the other organs were all healthy.

Now, how do we account for the absence of all morbid and unnatural heart sounds? Is it because these arteries are embedded in the muscular structure of the heart, and such being a bad conductor of sound, give no guide to the physician in his examination. T. C. had been before several doctors, and all pronounced his heart *sound*, although there was always a tension of the pulse.

Dr. Powell thus describes and defines Angina Pectoris :

"1. Disturbed innervation of the systemic or pulmonary vessels, causing their spasmodic contraction and, consequently, a sudden excessive demand upon the

propelling power of the heart, violent palpitation or more or less cramp and paralysis ensuing, according to the reserve power and integrity of the organ—*angina pectoris vasomotoria*.

"2. Essentially the same mechanism, but with the same successive demand made upon a diseased heart—*angina pectoris gravior*.

"3. The trouble may commence at the heart from irritation or excitation of the cardiac nerves, or from sudden accession of anæmia of cardiac muscle from coronary disease—*primary cardiac angina*.

"4. In certain condition of the blood, or under certain reflex excitations of the inhibitory nerves, always, however, with a degenerate, feeble heart in the background, we may observe intermittence in its action prolonged to syncope—*syncope angina*. This group would include the *vagus angina pectoris* of Ross."

A few nights since I was called to a lady, said to be dying; such a case as might, I am sure, be referred to the first cause, and quite independent of organic lesion of the heart. She was relieved by hypo. of morphine and atrop and nitroglycerine in a short time.

Yours obliged,

H. B. EVANS.

Picton, July 18, 1894.

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## Book Notices.

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*The Medical Profession in Upper Canada, 1783-1850.* An historical narrative, with original documents relating to the profession, including some brief biographies. By WILLIAM CANNIFF, M.D., M.R.C.S. Eng. Illustrated. Toronto: William Briggs. 1894.

The present volume of nearly 700 pages is the outcome of much labour. Dr. Canniff has done a good service for the medical men of this province. He