

of pus, not foetid, was discharged. The curette brought away granulations from the cervix. The cavity was smooth. The nature of the granulations was obscure. The uterus was washed out with iodine lotion. Patient got perfectly well, and has had no return of the disease.

Dr. Osler mentioned having met "post mortem" with three or four cases of uteri filled with pus, and having occlusion of inner os.

## *Progress of Medical Science.*

### A LECTURE ON THE TREATMENT OF ANGINA PECTORIS.\*

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GENTLEMEN :—Before instituting the treatment of angina pectoris, it is necessary to bear in mind that it may be only a transitory phase of heart disease, destined ere long to give place to the habitual symptoms of a regular cardiac affection. Angina pectoris is not, then, *per se*, always a cause of alarm, even when the attacks seem to be of a typical character. As it is impossible to predict a temporary duration of the malady, it is the duty of the physician, both during the paroxysm and in the interval, to act as though the return of the paroxysms and their attendant danger were inevitable. Above all, the cause should be sought for.

TREATMENT BASED ON ÆTIOLOGICAL CONSIDERATIONS.—If angina pectoris be due to a poison, it would seem to be a simple matter to prevent the attacks by suppressing the cause.

As for those anginas which have their origin in the abuse of tobacco, the remedy is obvious enough. It must, however, be borne in mind that angina pectoris from tobacco is a rare thing. Tobacco determines intermittences, arrhythmia, etc., much oftener than the painful affection under consideration, which, when the result of smoking, is due to the slow action of the nicotine poison on the coronary arteries.

Angina of alcoholic origin does not yield to suppression of the cause. It is a sure sign, when spirit-drinkers have attacks of angina pectoris that arterial lesions already exist—that is to say, endarteritis of the coronary vessels, as well as degenerations or scleroses of the myocardium. It is vain to suppress alcohol in these cases; the evil is done, and is almost always irremediable. Gouty angina, which the Germans regard as the typical form, even identifying angina pectoris with gout, is in reality a cardio-vascular lesion, and resists treatment of the diathesis, just as alcoholic

angina persists in spite of the suppression of the cause. Even granting that there is a definite medication for the gouty diathesis, as there is for the arthritic manifestations, it is doubtful if one could succeed by such specific treatment in preventing gout from affecting the vascular system, or endarteritis from appearing; in fact, the so much vaunted alkalies can do little for the joint affections, and still less for gout of the heart, or the constitutional condition.

ANGINA PECTORIS OF ORGANIC ORIGIN.—Thus far the causal treatment has been practically nil, with the single exception of angina from tobacco. The anginas of organic origin are not any more amenable to treatment directed at the cause. What can we do to remedy alterations of the coronary arteries, degenerations of the cardiac muscle, dilatation of the cavities, and lesions of the aorta, which in reality oftener cause attacks of angina pectoris than mitral lesions? There is no cure for the thoracic angor that results from these grave lesions.

ÆTIOLOGICAL TREATMENT OF ANGINA PECTORIS OF HYSTERICAL ORIGIN.—It would seem that such cases might be easily remedied, that—bearing in mind the hysterical nature of the affection—a preventive treatment might easily be instituted. Practically, however, hysterical angina is very rare, and the cases which have been reported as such have generally been found to be simulated attacks, or real convulsive attacks, of common hysteria with painful irradiations; the diagnosis was at fault. These pseudo-anginas might almost certainly be benefited by hydrotherapy. Were I certain that I had to do with a genuine case of angina pectoris from hysteria, I would preserve the patient from cold douches, which might have a fatal result. These neurotic anginas, almost, if not quite as dangerous as those of organic origin, can be little benefited by the antispasmodics—asafoetida, valerian, musk, castor, etc.

RESUME.—The ætiological treatment of angina pectoris is unsatisfactory, and generally unsuccessful; the best that we can do, then, is to treat the paroxysms, and endeavor to prevent their return.

METHODS OF TREATMENT OF THE PAROXYSMS.—In the presence of a patient who is suffering from an attack of angina pectoris, you are to search promptly for something to calm the pain, relieve the breathing, and regulate the circulation. The principal means are, first:

*Hypodermic Injections of Morphine.*—Hypodermic morphine claims a foremost place by reason of the rapidity of absorption and of physiological action. A centigramme of hydrochlorate of morphine (about one-sixth of a grain) ordinarily suffices to alleviate the pain, which is the principal factor in the paroxysm. I am not afraid to repeat the injection to prevent a return of the angor. I have seen, with one of my hospital colleagues, an old man who was cured of his præ-