case of the so-called 'hospital sore-throat,' that it may also be produced by other poisons than those originating within the system from the impeded excercise of the function of the skin." It will thus be seen that the pathology of pneumonia remains a question *sub judice*, but that the best authorities incline more and more to the specific theory of its origin.—ED. IN *Lancet*.

ANGINA PECTORIS.

The sufferer from angina pectoris is without warning attacked by a sense of oppression in the precordial region, which is rapidly followed by a well-defined, severe pain, radiating over the left chest, sometimes to the right as well, and from the chest to the left shoulder, whence it extends into the arm and rarely into the forearm, and accompanied by a sense of suffocation. The pain may also shoot up the neck. The arm seems to be of enormous weight, and there is severe pain upon movement. No position in which it may be placed gives relief, while there is a disposition to relax the affected side by an inclination of the body. The face is pale, the features expressive of intense anguish. Respiration is restrained, for movement of the chest wall intensifies the agony; and the heart is either slowed or beats irregularly. The patient attempts to assume a position that will relax the muscles of the thorax and arm, and may either take a sitting or standing posture, being careful, however, to secure support.

Patients are not talkative during a paroxysm, every inspiration required in the act of conversation being accompanied by an acute pang. All movements or jars increase suffering and there is often a strange sensation as of approaching death.

These symptoms, though passing rapidly, sometimes not lasting more than a few moments, may be likened to the slow and easy motion of a train of cars as it leaves the station, but at each second adding to its momentum and intensity, until it is rushing along at reckless speed, pounding, racking, and tearing along, until the patient dreads the next move and fears instant destruction—then, by the same imperceptible change there is a gliding, easy slackening of signs, and soon the countenance itself clears a little, and with a sigh of relief he feels well. Such is the course of symptoms in a well-developed paroxysm. The symptoms may vary; the arm may not suffer; the paroxysm may be so mild as to be almost disregarded.

What is it? For years that question has been asked, and as yet it is practically unanswered. The diversity of opinion as to the nature of the affection is illustrated by the number of names that have been given it, twenty-four in all, based upon phenomena that seemed to be characteristic. The common name, angina pectoris, is as unmeaning as any.

From a clinical standpoint there seems but little if any advantage in considering the affection under the two forms, true angina pectoris (in which there is disease of the heart) and false angina (in which there is no recognized heart-lesion). I might say that no clinical distinction can be determined; and the pathology of the disorder is at best uncertain. It is true that in some cases in which death has occurred, in one, ossified or obliterated coronary arteries have been found; in another fatty degeneration of the heart; and in another, some other morbid condition; but similar lesions are found in cases in which there had never been attacks of angina. The affection has been considered as a neuralgia, but pure and simple neuralgia it cannot be; for while neuralgia is strictly a nerve pain (and pain enough there is in angina), the pain is so different from the indescribable, agonizing sensations of angina pectoris that the latter must be looked upon as a neurosis; and here we have a clear, decided statement that we are lost. So we accept the neuroses as the category into which angina pectoris falls, and qualify it further by the prefix vasomotor. Some writers prefer to call the disorder angina pectoris when there is recognized organic heart-disease, but under all other circumstances to call it simply a neurosis. This seems like a distinction without a difference, for with or without heart-trouble the affection is a neurosis, the heart-trouble having no clinical significance.

The pallid skin indicative of disturbed circulation, the slowed or irregular heart's action, accompanied by pain in the thoracic respiratory muscles, seem to point more surely to a centrally impeded or deranged innervation affecting the capillaries than to organic heart-disease. With this conception we can understand why the symptomatic phenomena may be irregularly produced, one part affected and another not, accordingly as a greater or smaller number of vasomotor nerve-centers is disturbed. We also find that angina pectoris may result from organic or functional irritation of the terminal filaments of the pneumogastric nerve supplying the heart, lungs, liver, stomach, or intestines, the sense-impressions being conveyed to its nucleus in the medulla and communicated to the vasomotor nuclei. The vasomotor centres being distributed throughout the cord, as well as in the medulla, are irritated, whether from nutritive defect or otherwise, the direct cause being conjectural; the capillaries of those parts or organs from which the disturbance emanates are contracted; the blood-pressure is increased and the circulation is diminished, as indicated by the visible signs. The disturbance of circulation cries for relief, and the excruciating pain becomes a landmark for the location of the organs involved,