

even fifty a day. Just before admission, however, they had decreased in frequency, only occurring about twelve times in the day. On admission on December 20th he was put on five grains of antipyrin three times daily, and this dose was increased gradually until January 9th, when the dose had reached twenty-five grains. This was continued until January 16th, and then reduced to twenty grains, and again increased on the 28th to twenty-five grains. During the first six days the average number of fits per diem was 16.5, in the next four it was 13.2, on December 31st he had ten, and on January 1st the same number; on January 4th three fits, and then none till January 28th, twelve days after the antipyrin was reduced, when he had one slight fit. The dose was again increased, and no fits occurred when the last report was received on March 12th. While we have to congratulate Dr. McCall Anderson on the excellent result in this case, which he ascribes entirely to the antipyrin, we would demur in the first place to his description of the result as one of cure, and we should also be inclined to ascribe at least some of the benefit received to the changed conditions in which the patient was placed. It is always difficult to say that an epileptic is cured, and this is especially difficult in the case of a patient who has had a period of freedom from fits of fifteen months' duration on a previous occasion, and subsequent to therapeutic measures entirely different to those employed on this occasion; we should, therefore, hesitate to accept the case as one of cure until a much longer interval of time had elapsed.

THE NATURE AND TREATMENT OF ANGINA PECTORIS.—The *Practitioner* contains Dr. R. Douglas Powell's able paper on this subject (*N. Y. Med. Jour.*). The author believes that angina pectoris rests 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. The influence of habitually increased arterial tension in producing at first functional disturbance and ultimate organic lesions of the heart and vessels is great, and the results are widespread and disastrous. The mechanism of vaso-motor angina is paroxysmally

increased blood-pressure from spasm of the systemic vessels. There may be intense suffering, and a fatal result without any heart lesion discoverable before or after death. Digitalis combined with nitro-glycerin and nervine tonics or sedatives are of great value. Nitrate of amyl and nitro-glycerin are specially useful in grave cases where there is a definite cardiac lesion. Angina pectoris, which is a disturbed innervation of the heart or vessels, may be arranged for convenience into four groups or manifestations:

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 excessive 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—*syncopal angina*. This group would include the *vagus angina pectoris* of Ross.

TEMPTATIONS OF QUACKERY.—Says the *Med. Rec.*: A woman physician of this city is said to have expressed the following views: "It takes a deal of conscientiousness to keep a physician from becoming a quack. It's such an easy thing to quack when you know your patient wants you to, and that because the patient wants it, it would perhaps be beneficial in the end. By quacking I mean resorting to clap-trap and unscientific methods, such as the faith cure and its like. No one but a physician has any idea how great a demand there is for this among intelligent people. They don't want the honest, straightforward exhibition of the action of drugs on the body. They want a mystery about it, an exhibition of healing as a divine force—something that appeals to the imagination. And be-