diminishing the force of its grasp. Occurring in the absence of the physician, the bystanders administer stimulants, and resort to rubbing the arm of the sufferer, with resulting relief to the symptoms; and in an hour's time probably the attack so far remits as to admit of the patient's moving about more or less freely; or a fatal termination may then and there occur. It is more likely, however, that, as in the most recent cases of the kind we have encountered, an interval of rest will be noticed, and then on a renewal of movement, the symptoms will once more set in, this time, perhaps, less violently than at first, and apparently ending in the appearance of quiet repose, during which death ensues almost without any indication of its approach.

Very often the subjects of such illness are unable to recall that they have ever been similarly attacked; they have not, that is, as is usual among the victims of angina pectoris, been for a greater or less number of years suffering from spasmodic affections of the heart, and to their own knowledge this organ of their economy is free from any kind of disease. Nor as far as our own experience goes does auscultatory examination yield any positive or reliable signs, with the exception that its sounds are distant and indistinct; but the most careful observation will fail to make out anything deserving the name of diagnostic indications. Moreover, the evidences of cerebral lesions are altogether absent, and the suggestions of any such origin for the symptoms exhibited in the cases described must be entirely excluded on purely clinical grounds. Neuralgia also can hardly be accepted as explaining the phenomena, inasmuch as a sudden single attack of so violent a nature as to produce a fatal result is improbable, to say the least; and wherever this cause is responsible for death it is reasonable to assume that the final illness will have been preceded by less severe indications of cardiac neuroses. It is consequently necessary to look for some other producing caues of the effects, and this may with some assurance be assumed to reside in a deterioration of the heart itself. As already hinted, the subjects generally found to suffer in the manner under discussion are those in whom the existence of fatty heart might be reasonably suspected; and the *modus operandi* of the changes taking place under such conditions is not difficult to comprehend. As the structure of the walls degenerates the propulsive power of the heart is *pari passu* reduced, and a time ultimately arrives when its action suffices only to maintain the circulation, under conditions of ordinary and unexcited life. Even now, however, the habits of the individual are unconsciously adapted to the failing strength of the organ; all unusual exercise is avoided, and without at all being aware of the fact, the patient foregoes most of his customary exertion, the only point which presents itself to its mind being that he is "growing old." This may continue for a length of time, but should it happen at any moment that either by indulging in a fit of passion, or by taking sudden and violent exercise, the heart is called upon to perform a labor beyond its diminished powers, then the strain becomes more than it can resist, and the attack described results. The popular remedy, a stimulant, usually in the form of whisky, which is at once administered, acts as a temporary aid to the exhausted organ, which, however, is left in a still more exhausted state when its effects have disappeared, and being then still under call to continue its normal action, it responds with rapidly lessening strength to the needs of the circulation, and with or without a renewal of severe symptoms it slows into death.

Such, we take it, is a general explanation of a large proportion of the deaths which have of late figured in reports as being caused by angina pectoris, and the frequency of which has caused some degree of surprise. We cannot, however, hope that treatment is likely to be materially assisted by acceptance of this view, since the structural degeneracy of the implicated organ must necessarily militate against any permanent restoration of its function; the more especially as the occurrence of an attack of illness offers a certain indication of its being inadequate to meet the calls made on its resources. Such failure in fact is proof that the organ has advanced so far in decay as to render its performance of even ordinary work uncertain, and it is suggestive that a greater part of the cases observed are seen in persons in whom on *a priori* grounds, fatty changes are indicated. Possibly, also, many other sudden deaths, the reason for which is often obscure, may have been brought about by similar means; and the subject is at least one worthy of receiving attention.

TORTICOLLIS.

Bartholow, Jour. Am. Assoc.

A great deal can also be accomplished by gymnastic training under the direction of the will, which should be used to educate the weaker muscles to antagonize the stronger; it is wonderful how much can be accomplished in this direction by the force of the will. All drugs that have a reputation for controlling muscular spasm have been tried in this affliction, and hyoscyamus and gelseminum have done some good, but they do not cure. Arsenic thrown directly into the muscle, by hypodermic injection, has done more good than anything else; its use was begun empirically, because it was known to do good in chorea, which is a disease somewhat analogous to torticollis; some very obstinate cases have been thus cured by arsenic. Cocaine, the drug of the day, has also been used with advantage, injections of one-sixth or one-fourth of a grain being made. While these injections are being made into the contracted muscles, strychnia should be similarly used in the paretic muscles. By these combinations we can generally cure the disease, if there be no lesion of the nerve, but we shall find it a very obstinate disease to handle.