

In true angina the symptoms might be divided into essential and incidental.

Crucial symptoms were that the pain was pectoral, usually sternal to begin with, and involving a considerable area, including the left or both arms, and sometimes extending to the neck, the inhibition of respiration, and the sense of impending death. There might be peripheral neuritis of one or both hands. There were rare cases without pain, but by common consent pain was a very marked feature of angina as a rule.

There was a strange want of precision in locating the seat of the pain. For instance, in a number of papers at an examination by the College of Physicians, the pain was in every instance described as præ-cordial, the præ-cordia being actually the diaphragm. Such sentences occurred as "præ-cordial pain terrible," "pain seated at the heart," etc. Cardiac angina might occur but it was very very rare.

The pain more accurately was located usually below the upper, middle, or lower part of the sternal bone, rather more to the left than the right side. Professor Osler, an accurate observer, described it as "an agonising sub-sternal pain." Sir William Broadbent, also an acute thinker spoke of "pain behind the sternum, usually accompanied by a sense of impending death." Sir Lauder Brunton again speaks of it as "over the sternum." Careful observers never use the word præ-cordial.

Angina pectoris, the lecturer said, must be a common disease. He had seen very many cases of it. It must be insisted that the pain was not at the heart, not the common wearing, disheartening ache of ordinary dilatation.

There was such a thing as the "status anginosa." The symptoms might be so slight as to escape observation, but for the uncanny spell cast over the patient.

A certain number of cases were of the epigastric type, the feature being a peculiar uncanny sensation at the pit of the stomach. In angina, respiration is distinctly inhibited for a few seconds. The pulse, in not a few cases, is unaltered. When it is altered it is usually in connection with early and late changes. The heart, however, is relatively impassive, and the output fairly constant and undisturbed. In a few cases, when the pulse has been in touch at the time of death a sudden stop has been observed.

Angina pectoris had been described as "that turbulent disorder of the heart." There might be two kinds of heart disturbance in connection with angina: (1) Denoted by a very slight

alteration in the pulse, almost imperceptible except to the experienced observer, and (2) a rapid pulse associated with atheroma.

Dilatation of the stomach was of importance, and the sense of impending death an important symptom, but not invariably present.

Angina pectoris was, said the lecturer, a grave but not necessarily fatal disease. The number of cured cases on his list was a very large one. Death when it did occur was apt to be sudden, usually at the beginning of an attack. A cause was that the heart was cramped, and if there was weakness, or dilatation, it might not be able to recover. In an attack of angina there is first forcible distension of the veins, then cramp, with sometimes an intermittent pulse. True angina may be simulated by the various neuroses, or by vaso-motor storms.

Fatal cases of angina pectoris were usually due to affections and blocking of the coronary arteries, but death was not the essence of the malady; there were a very very large number of recoveries. In connection with the supposition that angina pectoris was a disease of the heart, it was significant that Sir William Broadbent asserted that he could not as a physician of the heart form any picture of angina pectoris. He believed it to be what it really is Aortitis. Thus a sudden strain on the aorta had caused severe angina pectoris in a patient for years who ultimately recovered. A case of influenza developed well marked and typical angina pectoris, aortitis was subsequently found. Angina was also not infrequently associated with syphilitic aortitis.

The part of the aorta actually affected was that just above the valves. The danger lay in inhibition, but if the coronary arteries were not blocked, there might be frightful angina for years, and ultimate recovery. The nearer the root of the aorta the greater the inhibition, and the greater the consequent danger.

CAISSON DISEASE.

Surgeon Rees in the official report on the health of the British Navy shows that while its general health is better than ever before since 1856, the growth of engineering and submarine work has caused the introduction of Caisson Disease, due to absorption of the atmospheric air by the blood when exposed to pressure. Stout men and men over 40 are specially liable to it, nearly all those who continue diving work with impunity being thin. The danger is diminished by bringing men to the surface by slow stages.

[previous page](#)

[next page](#)