HEADACHES FROM EYE-STRAIN.—Dr. S. Weir Mitchell, *American Jour. of Medical Sciences*, April, 1876, calls attention to a class of cases which have been largely overlooked, in which very prominent and disturbing cerebral symptoms, especially headaches, are produced by ocular disorders and defects. He lays down the following propositions:

1. That there are many headaches which are due indirectly to disorders of the refractive or accommodative apparatus of the eyes.
2. That in these instances the brain symptom is often the most prominent, and sometimes the sole prominent symptom of the eye troubles, so that while there may be no pain or sense of fatigue in the eye, the strain with which it is used may be interpreted solely by occipital or frontal pain.
3. That long continuance of eye troubles may be the unsuspected source of insomnia, vertigo, nausea, and general failure of health.
4. That in many cases the eye trouble becomes suddenly mischievous owing to some failure of the general health, or to increased sensitiveness of brain from moral or mental causes.

Dr. Mitchell gives accounts of nine cases in which headache, vertigo, and other symptoms of cerebral disturbance were plainly due to ocular defects, and the consequent strain of the eyes in their use, and were relieved by proper appliances, glasses, etc., after the correct diagnosis had been made.

THE AETIOLOGY OF ANGINA PECTORIS.—According to G. Sée, (*La France Médicale*, November 26, et. seqr., 1876) angina pectoris is not a simple neurosis, but an affection depending upon ischæmia of the heart. As direct causes, we have especially mechanical alterations of the coronary arteries, next degeneration of the cardiac muscles, and in consequence dilatation of its cavities, inducing insufficient blood supply to the coronary arteries, and consequently to the heart. In a second series we have—but much more rarely—purely functional disturbances in the coronary arteries, as in smokers, hysterical patients, etc. It should be kept in mind that the majority of cases depend on an actual organic lesion. M. Sée explains all the phenomena of the attack, and the cause of death by this cardiac ischaemia. When the myocardium and the included terminations of the vagi suffer from an imperfect blood supply, pain will be produced, likewise the feeling of anguish experienced in this affection. This irritation of the sensory nerves causes, in a reflex way, an excitation of the motor branches of the vagus, which has as a result slowing of the pulse at the end of the attack, and the interruption of the cardiac contractions; an exhaustion of the vagus follows later, and we then have the final quickening of the pulsations. The painful irradiations in the shoulders, the arms, and other parts of the body, are explained by M. Sée by central propagation from the originally irritated nerves to various other sensory nerves. As regards therapeutics, he recommends subcutaneous injections of morphia during the attack, or clysters of two or three grammes (=36—45 grs.) of chloral hydrate Sp. Mindererus