theory, he died at the outset of the great awakening in clinical medicine, bequeathing a precious legacy of experience greatly appreciated by several generations of students, and leaving in this College a precious memory which it is our delight to cherish.

Looking through the famous *Commentaries*, one is impressed with the value, with the rarity too, of the old-fashioned, plain, objective description of disease; and one is impressed also with the great gulf which separates the clinical medicine of to-day from that of our great-grandfathers. Page after page of the Commentaries are as arid as those of Cullen or of Boerhaave, and then we light upon an imperishable gem in the brilliant setting of a master workman, whose kinship we recognise with the great of old—with Hippocrates, with Aretæus, and Sydenham. Such a clinical gem is the account which Heberden read at the College, July 21st, 1768, "of a Disorder of the Breast," to which he gave the name "Angina Pectoris," based on the study of 20 cases. When he incorporated the description in his *Commentaries* (written in 1782) his experience had extended to 100 cases.

Historical details I have dealt with at length elsewhere, but in passing one must just mention the predecessors of Heberden, particularly Rougnon, the old Besançon professor. There is no question as to the nature of the case which he describes; you can read for yourselves, as through the kindness of Professor Roland, a distinguished successor of Rougnon at Besançon, I am enabled to show, for the first time, I believe, in this country the rare "Lettre," published in March, 1768. As Rougnon antedated Heberden a few months, so did Morgagni precede Rougnon, and in his excellent report the symptoms are even more fully described, including for the first time the brachial numbness and the aortic lesion; and we get back to classical days if Seneca's disease, which he calls *meditatio mortis*, and the "paradoxon" of Erasistratus, are regarded as angina.

For more than a century the chief contributions to the pathology of the disease have been made by members of this society, and to-day our Fellows number many of its best known students, among whom, Sir, you rank *primus inter pares*. And yet so far as I can ascertain angina pectoris has never been formally considered in one of the College courses. It is, too, a disease for a senior to discuss, since juniors see it but rarely; indeed, I had reached the Fellowship before I saw a case in hospital or private practice. And then I take it that in this course the College wishes an expression of opinion on some affection to which the lecturer has paid special attention. Circumstances have given me a somewhat unusual experience. The lectures published in 1897 were based on a study of the literature and 60 cases; since then I have seen 208 additional cases, and I propose to present very largely my own impressions of the disease.

Let me ask at the outset, What is angina pectoris? Who