from his home to his office, but for several years he could not walk back on account of the slight up-grade. He never had an attack of angina, though he died from myocarditis and a dilated heart. In these emotional and muscular types of the "formes frustes" the condition is usually transient. But there is a third variety, the *high-pressure form*, in which day after day, for weeks or months, the individual may never be free from a sense of tension beneath the breast-bone. It is not pain; it has no accurate localisation except that it is directly substernal; there is no radiation; it is not increased by emotion or by exertion, but obtruding itself into consciousness as an unpleasant reminder it means just one thing—that the machine is being driven at too high a speed. The general manager of one of the railways of the Southern States used to call it his "hot box"—i.e., his "hot axle." It is met with in men who are burning the candle at both ends—working hard at business or in a profession and at the same time treading the "primrose path." It is not always of sufficient severity to cause the patient to consult a physician. The Sunday rest may cause its disappearance. Not always a high-pressure affair alone, it is aggravated by worries, particularly the possibility of not carrying through some big scheme or the onset of a financial crisis. With the harness off it may disappear completely. One man writes: "The second day out on the steamer from New York I am free, not the slightest sensation of my enemy." In looking up the history of these cases, in three only did severe angina follow. I have not included "les formes frustes" in my list unless there were other features, such as definite paroxysmal attacks. It is only occasionally severe enough to make a patient seek advice. It is significant that of five cases of which I have notes of the blood pressure, in all it was above 180 and in one 250.

2. *The mild form.*—Under the mild form, *angina minor*, come 43 cases of my series. I have grouped under these the neurotic, vaso-motor, and toxic forms, the varieties which we used to speak of as false or pseudo-angina, a term which I agree with Gibson and others is best given up, since, as I hope to show in the next lecture, the basic features of all forms are identical. Still, it is a very useful exoteric term, a comfort to the patient and his friends. The special features of this variety are—the greater frequency in women, the milder character of the attacks, and the hopeful outlook.

3. *Severe angina, angina major.*—This group is represented in my series by 225 cases, of which 211 were in men. The two special features here are the existence in a large proportion of all cases of organic change in the arteries and the liability to sudden death. It is not easy, nor is it wise, to class cases by symptoms alone, but all the same there is