"Statistics of Mortality in the Medical Profession," among 3865 deaths 444 were undefined diseases of the heart and circulatory system, though only 34 deaths were specified as due to angina pectoris. The same dominance of cardio-vascular disease is indicated in the Registrar-General's Report.[3]

Clinical Types.

It is interesting to look over a long series of some one affection with a view to classification. Angina pectoris offers notorious difficulties, and I do not suppose there are any two of us who would agree.

As far as symptoms are concerned my cases fall into three groups: (1) Les formes frustes; (2) mild; and (3) severe.

1. *The mildest form, "les formes frustes" of the French.*—Substernal tension, uneasiness, distress, rising gradually to positive pain, a not infrequent complaint, one, indeed, from which few of us escape, is associated with three conditions. Emotion is the most common and the least serious cause. How often does it happen on getting up to speak, or when beginning to read a paper, that a man experiences a sense of tension just beneath the breast bone, a curious indescribable feeling, not of pain, yet sometimes working to a degree of uneasiness that is only relieved by firm pressure? The slight associated pallor indicates a vaso-motor disturbance which may increase, and a man may have to stop speaking; indeed, I have known instances in which fainting has occurred. In one of my physician-patients, a well-known author, the attacks of true angina began in this way; while lecturing he would experience a feeling of substernal tension and for years had nothing else and had it under no other circumstances. He could play golf and ride, and do an extraordinary amount of work without any uneasiness. Only a single action may bring it on. Dr B. could lecture and hold his clinic without experiencing any difficulty, but if he read a paper before the Medical Society, or if he gave an address in public, the substernal tension was certain to come on. In this form the condition is very transient; while sometimes a danger signal, in many cases it may be disregarded altogether. Not so the second form, in which this substernal distress is associated only with muscular effort—the slightest ascent, the extra round of golf, a sudden hurrying, as to catch a train. Much more frequently the precursor of angina, it is remarkable for how long a person may have slight attacks without aggravation. In a tranquil life the individual is perfectly comfortable. As old Dr. K—— of Philadelphia used to say to me, "I can stand anything in life but a hill or a stair." A Mr. W—— could walk a mile

[3] Decennial Supplement, Part II., 1908.