

hours after this note the end came. Charcot, the founder of modern neurology, died in an attack in the arms of his friend Straus, who himself succumbed to the same disease not long after. The distinguished neurologist Joffroy died from it in Paris last winter. Our much-beloved friend and Fellow, Cullingworth, was its victim, and the list could be much extended. The most brilliant and devoted physician of his generation in the United States, the late William Pepper, died with coronary arteries like pipe-stems. The Provost, indeed the maker, of a great University, the very head and front of every important public movement in a city of a million inhabitants, a universally sought consultant, an enthusiastic teacher, a prolific author, in him was incarnate the restless American spirit, which drove him into a premature grave at the height of his career at the comparatively early age of 55.

I have looked over carefully the notes of the 33 cases to see if any factors could be said to favour. Only 7 were above 60 years of age, one a man of 80 with aortic valve disease. The only comparatively young man in the list, 35, was seen nearly 20 years ago in an attack of the greatest severity. Worry and tobacco seem to have been the cause. He has had no attack now for years. Two cases were in the fourth decade, 13 were in the fifth, and 11 in the sixth.

For the purpose of this analysis we may exclude the cases above the age of 60, after which age no man, much less a doctor, need apologise for an attack of angina pectoris. Neither alcohol nor syphilis was a factor in any case; of the 26 cases under 60, 18 had pronounced arterio-sclerosis and 5 had valvular disease. In a group of 20 men, every one of whom I knew personally, the outstanding feature was the incessant treadmill of practice; and yet if hard work—that “badge of all our tribe”—was alone responsible would there not be a great many more cases? Every one of these men had an added factor—worry; in not a single case under 50 years of age was this feature absent, except in Dr. G., who had aortic insufficiency, and who had had severe attacks of angina years before, probably in connexion with his aortitis. Listen to some of the comments which I jotted down of the circumstances connected with the onset of attacks: “A man of great mental and bodily energy, working early and late in a practice, involved in speculations in land”; “domestic infelicities”; “worries in the Faculty of Medicine”; “troubles with the trustees of his institution”; “law-suits”; “domestic worries”; and so through the list. At least six or seven men of the sixth decade were carrying loads light enough for the fifth but too much for a machine with an ever-lessening reserve.

It is a significant fact that in Ogle's well-known study²

² Transactions of the Royal Medical and Chirurgical Society, vol. lxi.