will give an answer to satisfy all of us? The subject is full of knotty problems, which lend themselves to speculation. I could wish for a more active scientific imagination that amid webs of fancy I might entangle and darken the maturer counsels of some of my distinguished auditors. But with neither the brains nor the inclination for such a task, in a more modest flight I shall consider it as—*A disease, characterised by paroxysmal attacks of pain, pectoral or extra-pectoral, associated with changes in the vascular walls, organic or functional.*

Primarily an affection of the arterial system—of the pump and the pipes, of the system in which are literally the issues of life and death—its protean features cannot be understood unless we remember that between the chief parts of this system, the heart and the arteries, there is no essential difference, since the arteries are only a long-drawn-out heart and the heart but a bulbous expansion of an artery. A physical unit, and worked as such, it is controlled at every moment by an outside mechanism, an elaborate system of nerves which penetrate every part, and even lose themselves in its structures.

The problem before us is the anginal paroxysm in all its grades, from the trifling sense of substernal distress to the vascular *ictus* by which a man is felled as with a club. After a few etiological details I shall discuss briefly the clinical types and certain extra-cardiac features of the disease. In the second lecture I shall consider the pathology, and in the concluding one speak of prognosis and treatment.

General Etiology.

Has angina pectoris increased in the community? Has the high-pressure life of modern days made the disease more common? There is an impression among consultants in the United States that there has been an increase of late years, a view not borne out for this country by the figures available. In 1908 there were 929 fatal cases in England and Wales—617 men and 312 women. For the 20 years, 1888 to 1907, the average number of deaths was about 700; in 1905 the number rose above 800; and in 1907 to 942; but the average number of deaths per 1,000,000 living has not materially increased, ranging from 20 to 25, but in 1907 it reached 28. In England the population of the registration districts of England and Wales is about 35,000,000. The statistics for the United States in a registration area, embracing 45,000,000 of people, show a decidedly greater prevalence of the disease. The total deaths in 1908 were just under 3000. But the average number of deaths per 1,000,000 of population have not varied much within the past ten years, but it is more than double that of England and Wales, ranging from 66 to 70 per 1,000,000 of inhabitants.