tinguished the schools of Cos and Cnidus; the forecast in which lie the proof of scientific knowledge and the means of prevention.

At the present time we are enthusiastic in the foreknowledge and prevention of tuberculosis; we are waylaying the epidemics in their courses; we are ardently pursuing the tracks of cancer; and as one by one we disarm them, we are gathering understanding and hope. It is my desire to-day to bring you to a like encouragement in respect of the apoplexy of cerebral hemorrhage.

That cases of "stroke" are not all the same kind, we have known for some time past; especially since the researches of Kirkes. On the cases in which healthy arteries are blocked by casual embolism, however, I have not now to speak; moreover, we will set aside all cases in which the effects of extrinsic poisonous or bacterio-toxic agents are concerned. We are to consider those in which disease of long-standing is found in the arteries about the seat of the hemorrhage. In a large number of these cases, however, we find no effusion of blood, or nor in bulk, at any rate; the circulation of the brain is arrested, but by a silting up of the arteries rather than by rupture of them. Moreover, in these cases we find that the heart, abnormal as it may be, does not indicate present or previous hypertrophy; often indeed an atrophy. We find too that the arteries of these cases often present calcification of the middle coat, while the body at large is one in which senile change is far advanced, and probably not advanced prematurely—the patients do not run between sixty-five and seventy, but between seventy-five and eighty-five. In apoplexy by cerebral hemorrhage, the outbreak in the brain is no fault of this organ but wholly its misfortune. By apoplexy we lose day by day able citizens whose mental powers before the fatal seizure were intact both in vigour and quality. The pathological signs are those of some slow injury to the blood-vessels; but the heart is or has been hypertrophied and the result of the conditions is rupture rather than occlusion.

Now what do we know, or what can we find out, concerning these awful visitations? For the last quarter of a century I have taught that in a large number of cases of sanguineous apoplexy the kidneys are not granular; and if in some of them they are fibrous, they do not partake of the nature of chronic Bright's disease. This I affirm on the condition of the secreting structures of the tubes, which dwindling or crushed as they may be here or there, present no foci, or traces of past foci, of degeneration or necrosis. Professor Osler has given his valuable judgment in favour of the proposition that a large number of cases of the kind we are contemplating are not attributable to chronic Bright's disease. Now my belief is that, if we can carry our analysis of causes far enough back, we shall reach a junction where we shall travel on a line of common