

and during the last decennium the acuter observers of clinical phenomena have been engaged in encouraging a less fatalistic prognosis in diseases of the heart and kidneys, in tuberculosis, and in many other maladies. In diseases of the nervous system, as we should expect in the sphere of greatest complexity, one in which the causes are more profoundly withdrawn from direct observation, this fatalism still oppresses the physician. Where these diseases are seated is but too apparent; but by what processes they accumulate is as yet concealed from us. Now the ravages of disease are grievous enough without the despondencies of the *post-mortem* room. We shall gain heart, and the patient will gain hope, if we turn our eyes for a little while from this theatre to the clinical laboratory, in search of the genesis of disease; in an endeavor to detect the first small beginnings, which, unchecked, issue in such miscarriage. We shall not indeed go back to inquire, What is disease? but we shall not stop at the morbid anatomist's question, "Where is disease?"; we shall ask farther, How is disease?

Clinically, we have given up the catastrophic notion of disease; we have learned that its catastrophes are sudden only to him who is blind to their approaches. The springing of a mine is astonishing to its victims, but is no surprise to the sapper who laid it, who carried the clues to his tent, and at the just moment touched the button. The very name of apoplexy—in Latin, *sideratio*—signifies a stroke as if from the stars; the victim is, as it were, planet-stricken. And so it appeared to our fathers who gave it the name, and to many a generation after them; nay, so it appears still to the inexpert public. Yet nowadays the pathologist himself—possessed at first with fatalist submission, silent before the violent outburst of blood into the delicate web of the brain, pondering in helpless dismay what man could have done in face of such a stroke—has begun to try to get behind the catastrophe. Now he demonstrates to the bystander that granular kidneys, perhaps,—at any rate damaged arteries, and an abnormal heart, are precedent conditions. So that the event is surprising only to the unwarned. At this stage the eager mind questions farther and farther—how comes it that these arteries, these kidneys, this heart, are so changed? For all this is no swift infliction; it signifies modifications implying a long duration and gradual progress, modifications which again cannot have been without their insidious causes to take us farther back still; and so on. Thus, as in tuberculosis, we are laying aside the attitude of amazement or resignation, and are putting on that of the scout; if perchance we may detect the first approaches of the enemy, or even by timely diplomacy prevent him before war is declared. We are receding from the fatalism of the early pathological anatomists, and returning to that desire for more and more timely forecast which dis-