

## THE PREVENTION OF APOPLEXY.\*

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FROM the time of Hippocrates physicians have aimed, by methods better and worst, at the forecast of disease. They have perceived that successful forecast is not only of prime utility in the particular case, but is the test by which they must be judged concerning their knowledge of the causes of disease, a knowledge in which must lie, in the long-run, our command of the means of cure. And if, leaving the particular instance, we turn our eyes towards the broader incidence of disease, we shall see that a knowledge of causes is the only way to what is far more than individual curé, namely prevention. On such considerations as these we may be contented to be judged to-day. To the great Italians of the early renaissance we owe far more than we are wont to acknowledge. To them we owe not indeed Harvey himself, but surely the spirit and the teaching which made Harvey what he was; and as in Harvey physiology began, so pathology had its chief source and inspiration in Morgagni.

Virchow has said that the key to Morgagni's reform was the substitution of the question, Where is disease? for What is disease?—the substitution of an inquiry into the place and order of the phenomena, instead of that which had ruled the Middle Ages, the inquiry into the essence of disease. Since Morgagni's day the revelations which have rewarded this change of attitude and method have been prodigious, and not in the direct results of anatomical search only. By the new method wide and deep changes have penetrated thence into the fields of clinical and therapeutical knowledge. In therapeutics, for instance, the distance between Morgagni and Wilks was as great as in morbid anatomy itself. The reform was sound, useful and progressive, almost above our appreciation. Yet, like all reforms, it has had its defect or partiality. To ask, as Virchow put it, Where is disease?—unless we give an infinite extension to the word "where"—is to convey too stationary a sense to the problem; to make it too static. Among the consequences of this limitation was a certain fatalism, both of pathology and of therapeutics; and this the more that; as in the vast majority of cases the necropsy does not take place until the disease has wrecked the organs affected, the mind is impressed by the destructive and inevitable aspect of the event, rather than by the processes, often very protracted and insidious, in which the event was generated. It is recognized on all hands that from this static attitude of observation prognosis and therapeutics suffered much loss:

\*Read at the Bristol-Medico-Chirurgical Society, and from the *Bristol-Medico-Chirurgical Journal*.