teristic symptoms survived for ten years, but was in bed for the last eight years. Although open-air treatment has done good, and is reasonable on the ground that most of the cases show tuberculosis of the adrenals, protection from cold and exposure must be insured. Healthy and cheerful surroundings, with sun and warmth, by improving the general health and resistance, have an obvious bearing on the prognosis. In a few instances, of which Gaucher and Gougerot[1] have collected six examples, syphilis appears to be the causal factor, and in these circumstances it is reasonable to hope that improvement will follow careful antisyphilitic medication, but these patients bear mercury badly, and the administration of salvarsan preparations would be an anxious proceeding.

Organotherapy in this disease is very disappointing as compared with the results in myxœdema. A small proportion of cases are permanently benefited or cured, marked improvement occurs in some instances, and that there is some relation between the two is borne out by the onset of relapses when the treatment is stopped, and by improvement when it is resumed; on the other hand, relapses and even death may occur during treatment. In nearly half the reported cases, treatment does not exert any influence, and in a few instances alarming symptoms appear to be due to the administration of suprarenal products. That arterial lesions comparable to those produced experimentally may be caused in Addison's disease by adrenal medication is unlikely, though Looper and Crouzon[2] report a case bearing this interpretation. Adams's[3] critical analysis of 112 collected cases of Addison's disease treated by suprarenal medication shows that in 6, or 5·35 per cent, permanent benefit or cure resulted; in 33, or 29·5 per cent, marked improvement followed; in 49, or 43·75 per cent, no effect was noted; and in 7, or 6·25 per cent, alarming symptoms were due to the treatment.

Tuberculin Treatment.—Although cases thus treated may undoubtedly improve or appear to be almost cured, as in Munro's[4] patient whom I saw, it must be remembered that even small doses of tuberculin may cause alarming symptoms, and probably for this reason the number of reported cases is very small. The prognosis in cases thus treated is complicated by the difficulty of determining that a given case is due to adrenal tuberculosis. Cases of tuberculous disease of the adrenals may fail to show any improvement after tuberculin.

Operative Treatment would appear to be entirely contra-indicated by the high grade of asthenia characteristic of the fully-developed disease, and has only been attempted in isolated cases. A tuberculous adrenal which formed a palpable tumour was removed from a woman with the constitutional signs but without the pigmentation of the disease, and recovery followed (Oestreich).[5] Transplantation of an animal's adrenal into the testis of a patient with Addison's disease was carried out by Busch and Wright,[6] who reported some improvement, but death occurred two and a half weeks after the operation.