

In addition both capsules were very adherent to neighboring structures, especially towards inner side, so that all their vessels, as also the semilunar ganglia with their nerve branches were closely invested and matted together by a mass of fibrous tissue.

*Kidneys* appeared normal. *Bladder* empty and normal.

*Thorax*.—Right pleural cavity obliterated; upper right lobe traversed by numerous bands of dark, fibrous tissue; a number of discrete, caseating tubercles. Left pleural cavity also obliterated. The upper left lobe beset by a large number of tubercular nodules, and also markedly atrophied and condensed by dark bands of fibrous tissue. The lobe was, as a result, deformed as well as atrophied. On splitting up the bronchi, no evidence of acute inflammation was present. The tubercular nodules noted were on an average the size of a pea, were enclosed in dense walls of fibrous tissue and for the most part caseous.

*Heart*.—Weight, 9 ounces, slightly paler than normal, pointed in shape; right side distended; valves normal.

P. S.—Dr. Harold Parsons kindly made a microscopical examination of the adrenal glands, and reported an extreme and typical tuberculosis.

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The preceding history and *post mortem* presents a typical case of Addison's disease, with the characteristic phenomena well marked; viz.: Indefinite onset, increasing mental and muscular asthenia, epigastric pain and vomiting, pigmentation of skin and mucous membranes, and finally absence of marked emaciation or anemia. Apart from the interest attached to the whole case, especial attention is due to the evidence of extensive but quiescent disease of the lungs. The *post mortem* findings, too, while fulfilling expectations, have one or two features of extra interest, viz.: The wide distribution of unsuspected and quiescent tuberculosis, and also the markedly acute inflammation of the alimentary canal without any clinical symptoms.

Addison's paper, published in 1854, consists of the recital of eleven cases, all of which came to *post mortem*. In four cases cancerous disease of the adrenals was found, and in the others tubercular change.

Two cases of which he speaks were unique in that they presented areas of leucoderma which were so marked that even the hair at these points was quite white, forming a marked contrast with the surrounding dinginess.

He prefaces his recital by a concise but complete description of the clinical course of the disease, showing that it may run from six weeks to over a year. With one possible exception, his cases