

ptoms, and, in 1050 autopsies upon subjects dying from diseases other than Addison's, Rolleston (16) met with an example of caseation of the right and atrophy of the left suprarenal and with three cases (under the age of forty-five) in which both were peculiarly small. All these were without symptoms intra-vitam. There are more frequent examples recorded of cancerous growth destroying both bodies without noticeable symptoms. There is a possibility that the new growth here was so rapid and so recent that symptoms had not time to develop. In the atrophic and tubercular cases it is not so easy to accept this explanation. Therefore, I am inclined to believe that compensation may occasionally manifest itself in man as it does occasionally in animals which have suffered complete ablation of both organs.

THE THYROID GLAND AND MYXŒDEMA.

I have already approached the limits of the time allotted to me and there is yet for me to pass in review the gland and its affections, which in this connection have created the most general interest. I refer to the thyroid and to the conditions of myxœdema, cretinism and exophthalmic goitre.

From an anatomical point of view there is little for me to say in elucidation of the pathology of myxœdema beyond the one all-important statement that, with very rare exceptions, there is discoverable a well marked atrophy of the thyroid. About this all pathologists are agreed. In the majority of cases the atrophy is peculiarly extensive, the specific cells of the gland being replaced by fibrous tissue; in some it is not so far advanced and areas may be found, not merely of degenerated remains of the vesicular epithelium, but of vesicles which by the superabundant proliferation of their epithelium would seem to be undergoing a compensatory hypertrophy. Yet where these are present they are localised and few in number; the main mass of the organ shows atrophy. A few cases only are on record, like that of Gulliver (17), where there has been a cancerous metamorphosis or replacement of the parenchyma.

That in these cases the myxœdema is associated with diminished internal secretion of the gland is, I need scarce say, substantiated by the good effects of treatment by thyroid extract or thyroid feeding.

It must next be asked whether myxœdema can show itself with apparently intact thyroid, *id. est*, whether there are any cases which may possibly be explained by excess of the substance or substances acted upon by the internal secretion of the gland. The literature is peculiarly silent upon this point. I can find no example of autopsies upon cases diagnosed clinically as myxœdema in which the gland was