the bodies has been the seat of recognisable disease. Of the three conditions above mentioned the most frequent found is the association of the disease with complete or almost complete destruction of the gland. So frequent is the association that the attempts to explain away the other two rare states of Addison's disease with intact suprarenal bodies and suprarenal disease without the Addisonian symptoms have been almost painful in their ingenuity. Yet undoubtedly well authenticated cases are on record of both of these conditions.

We have in this connection singularly full statistical collections of cases. That of Lewin (9) is well known; he collected accounts of 285 cases, of which 211 showed caseous lesions of the suprarenals (74 %). Gilman (10) found an even greater proportion of either primary or secondary tuberculosis (80 %); in the remaining 20 % there were either other forms of atrophic disease or absence of recognisable disturbance.

The existence of cases of Addison's disease without obvious disease of the suprarenals is generally acknowledged. Lewin found that as many as 12 % of his cases were of this type. The explanation generally given is that in these there had been alterations in the neighbouring semilunar ganglia and abdominal sympathetic. Certainly disturbance of the nervous system, and especially of the sympathetic, does lead to pigmentation of the skin. We see this in cases of hysteria and again in Graves' disease, in which from whatever cause (I shall speak of this later) we have most marked nervous changes, but I must confess that I feel some little impatience towards the upholders of this semilunar ganglion theory of Addison's disease, for scarce two of them describe the same order of lesions. Most of the changes described would appear to be quite common in the adult dying from other causes; thus Hale White (11) found that examining 33 semilunar ganglia removed indiscriminately, if we leave out of account 3 perfectly normal taken from young children, 24, or 80 per cent of the remainder exhibited more or less extensive degenerative changes with frequent presence of granular masses of pigment. Dixon Mann (12) also making a careful comparative study of the abdominal sympathetics and semilunar ganglia from two cases of the disease and from the unaffected individual came to a like conclusion. He found them not more affected than are those of other individuals. Under the circumstances, therefore, I see no valid reason why cases in which the bodies are found apparently unaffected may not, in the light of our present knowledge, be most satisfactorily classed as possible examples of relative glandular inadequacy of the second order. This suggestion may to some appear revolutionary; but let me reiterate my main argument: We acknowledge that