

In the history of this case there are two or three points of interest.

1. The localized pain and tenderness in the epigastric region as well as soreness when any jarring of the body took place. These symptoms were so prominent that the diagnosis of cancer in the retro-peritoneal glands was made during life.

2. The increase of the connective tissue in the upper and posterior part of the abdomen. This condition was found by Habershon and others in Addison's disease.

3. The apparent recovery followed by relapse. This is not an uncommon event in the history of this disease.

4. The diseased condition of the suprarenal capsules. This was very marked, and was the only primary pathological condition found. In looking over the literature of this disease the condition of these organs is not mentioned in many of the cases related. In the majority of those in which mention is made of them, they were healthy. It might here be stated that there was no bronzing or other discolouration of the skin at any time noticed.

The patient, whose history follows, I had the opportunity of examining through the kindness of Dr. Aikins. As he was only seen once, the history is very imperfect:—

Case II., A. B., *et.* 30, farmer, married, of medium height, was examined by me March 31st, 1883. He was active and in good health up to July, 1882. While working at the hay harvest he suffered from sore mouth. White blisters appeared over the mucous membrane which prevented him from eating. He, however, continued at work, and consequently became very weak. He lost flesh and became very pale. At the same time he suffered from epigastric pains, which were eased by his taking food. Epigastric tenderness has been present up to the present time. In the latter part of July, while at work, his arm became numb and weak. His limbs were never completely paralysed, and they recovered

slowly, so that in October and November he was able to hew railway ties. He then felt much better, but not well.

(At Christmas he had again paralysis of the lower extremities, from which he has partially recovered. He still totters in walking.

*Present Condition.*—Countenance of a pale greenish hue. No enlargement of any of the abdominal organs could be made out by physical examination. He is more or less thirsty between meals. His appetite is poor. He cannot take the lightest food without its being followed by nausea. He has no hæmorrhoids nor has there been any hæmorrhage until a few mornings ago, when his nose began to bleed without any apparent cause. Urine normal. Temperature  $100\frac{1}{2}^{\circ}$ . Pulse 84. No cardiac valvular disease could be made out.

(Blood examined by Gower's hæmacytometer, 1,500,000 in the c.c.m., about 3/10 of normal number. The patient returned home, and died on the 23rd of April, a little over three weeks after we saw him.

From a letter sent by his brother we learned that he was unable to take food after his return, and sank gradually.

(As no post mortem was made in this case, it might be said that cancer was present. There was, however, no evidence of it from physical examination, and the symptoms were so typical of pernicious anæmia that we may, I think, reasonably put it under that head.

The one striking feature in this history is the account of the nervous symptoms. Somewhat similar phenomena were also noticed in another case, which I will relate further on. Immerman, Biermer and Cayley relate cases in which there was temporary paralysis. It has generally been considered a secondary lesion, the result of the abnormal condition of blood. In this case, however, the paralysis occurred very early in the disease, and it is a question whether the primary lesion after all does not exist in the nervous system.