

THE DOCTRINE OF
THE INTERNAL SECRETORY ACTIVITY
OF GLANDS IN RELATION TO THE PATHOLOGICAL
ANATOMY OF SUNDRY MORBID CONDITIONS.¹

(OF DIABETES, ADDISON'S AND GRAVES' DISEASES, MYXŒDEMA, CRETINISM
AND ACROMEGALY.)

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To remove an organ and study the effects of the operation is clearly an exercise in experimental pathology and only secondarily and indirectly a physiological investigation, while the greater the precision with which the course and symptoms of any morbid condition are studied, the more the study becomes a matter of science, a matter of pathology rather than of medicine. In other words, asked as a pathologist to enter into this discussion, I find that all other participants have trespassed into pathological territory. This is one of the penalties of sure advance in our common subject: the pathology of yesterday becomes the medicine of to-day, and I might add, the medicine of to-day yields place to the surgery of to-morrow. But this being the case, so as not to reiterate, I am impelled to make my contribution to this discussion a *resumé* of the results obtained in a branch of pathology which others are not likely to dwell upon. It is in many respects an unsatisfactory branch—a branch capable of testing rather than of originating any theory. I refer to morbid anatomy.

I propose, therefore, during the next few minutes, to lay before you what may be gleaned from the post-mortem room bearing upon this subject of internal secretion. But first it is necessary to call your attention to the very narrow limits of the information to be gained from a study of the gross and fine anatomy of diseased organs in this connection.

Morbid anatomy alone can tell us singularly little concerning alterations in function. The existence of lesions recognisable to the naked eye or under the microscope may support conclusions reached by other means. It can do little more. We know from experiment

¹ Being a contribution to the discussion upon "Internal Secretions," at the Triennial Medical Congress, Washington, May 5th, 1897.