

Cardiac Crises in Tabes Dorsalis.—Groedel (*Deut. Med. Woch.*, No. 20, 1888) describes three cases of tabes in which attacks of angina pectoris were present. The symptoms were similar to those described by Vulpian and Leyden. I. A Hamburg merchant, æt 49, who had suffered for one year from shooting pains in the lower extremities, was aroused in the middle of the night by a tightening pain about the chest with dyspnoea. The medical man who was summoned diagnosed tabes. No physical signs of organic heart lesion were discovered. The patient was sent to Nanheim where, after some unusual fatigue at an excursion, there occurred another attack of angina with pallor of the face, dyspnoea, and smallness of the pulse. No cardiac lesion. In the following year there were several less severe attacks, while the ataxia gradually increased. II. An American, aged 50, for some years a tabetic. For several months past, without any assignable cause, attacks of angina pectoris. II. A third case is mentioned, but it is not as characteristic as the two others since the patient has also chronic nephritis with cardiac hypertrophy to a slight degree.

ADDISON'S DISEASE.

Contributions to the Pathological Anatomy of Addison's Disease.—Kahlden reports two observations of autopsies made in two cases of this disease. The patients were aged respectively 54 and 70 years.* In both cases the suprarenals presented at their centres caseous masses, in which the anatomical structure of the glands was lost, and in which a considerable number of tubercle bacilli were present. The semilunar ganglia were the seat of remarkable changes; the ganglionic cells, as well as their nuclei and their protoplasm were transformed into pigmentary granulations: the greater number of blood vessels here had undergone hyaline degeneration with an infiltration of the adventitia with rounded cells, at the same time that the splanchnic nerves showed a thickening of the lamellar sheath. There were hemorrhages more or less abundant in the periphery of the ganglia. These lesions were not equally manifested on either side. The author is of opinion that these anatomical modifications of the semilunar ganglia can explain partly the symptoms of the disease, although one is

* Archiv für Pathol. Anat. u. Physiol., Band cxv., Heft 1.