Prognosis in Individual Cases. Addison's disease, when so well established that it can be confidently diagnosed, appears to be almost always fatal sooner or later; but it is well known that very considerable lesions of the suprarenals may be entirely latent until, as the result of some acute infection or intoxication falling on the adrenals, acute inadequacy occurs and leads to a fatal termination. Sergent[7] insists with some reason that such cases should not be included in Addison's disease, but be entitled 'acute adrenal inadequacy.' Further, some degree of suprarenal inadequacy or 'Addisonism,' especially in chronic pulmonary tuberculosis, in which the symptoms suggest but fall short of those in Addison's disease, may be a temporary condition (Bonnet).[8] The diagnosis in the early stages is difficult, and the possibility of error must be frankly admitted, for cases diagnosed by thoroughly competent physicians may recover and remain perfectly well. Thus, I know a distinguished physician who was diagnosed as a case of Addison's disease by Greenhow, a well-known authority on the disease, more than thirty years ago, and who was a great athlete and is now a grandfather in perfect health. Out of 293 cases collected by Lewin[9] in 1892, cure was stated to have occurred in ten. It is therefore probable that arrest may occur after initial symptoms of slight intensity have been noticed.

The average duration of symptoms in Wilks's cases was eighteen months, but some of these cases ran a very acute course. On the other hand, survival for ten or even more years after the onset of symptoms has been recorded. The most acute cases are those in which the suprarenals are already damaged, usually by tuberculous infiltration, but in which symptoms are absent until, as the result of some acute infection or toxæmia, the available chromatlin substance is paralyzed, so that symptoms burst out in a fulminating manner, leading to death in a few days or weeks. As already pointed out, these cases are not, strictly speaking, examples of Addison's syndrome. Between the very chronic and the fulminating cases there are intermediate groups which contain most of the cases. Cases of simple atrophy of the adrenals appear to run a more rapid course than the more usual cases in which the glands are invaded by tuberculosis. Possibly this is because there is atrophy of the whole chromaffin system, which thus prevents any compensatory hypertrophy.

Pigmentation, which usually suggests the diagnosis, is much less important than asthenia as a guide to the course of the disease; in fact, the most acute cases are commonly free from bronzing. In children, the disease is both rarer and runs a more rapid course than in adults; it is said that two-thirds of the cases in children last less than a year (Castaigne and Simon[10]). The outlook is obviously worse in cases which steadily progress down-hill than in those which have periods of remission.

Danger Signals. Great asthenia and collapse, excessively subnormal temperature, yawning, low arterial blood-pressure (e.g., a systolic blood pressure of 65 mm. Hg), and disappearance of the radial pulse,