from renal growths, tumours or hydatid cysts of the liver, enlarged gall-bladder, retro-peritoneal growths, pancreatic cysts, and hæmorrhagic abdominal cysts.

Prognosis is hopeless unless the growth be removed early.

Finally, the authors summarise their researches in the following *conclusions* :--

(1) Primary malignant growths of the supra-renal bodies are rare, but their anatomical characters are fairly constant hæmorrhagic, with a tendency to break down in the centre and form a pseudo-cyst. There is no marked difference in the incidence of the disease on the two sides of the body.

(2) Sarcoma is the more frequent form, occurring in fifteen out of 24 cases; carcinoma also occurs, being met with in 9 cases. There is considerable variation in the structure and nature both of the sarcomata and of the carcinomata met with.

(3) The sexes are affected equally, but the average age of female cases $(3i_2)$ years) is much lower than that of males $(43\frac{5}{10})$ years).

(4) The average age is $37r_0^4$ years, and is lower in cases of sarcoma than in carcinoma.

(5) There is no special tendency to the incidence of these tumours in early life. The four cases which occurred under four years of age were all female.

(6) Secondary growths occur most frequently in the liver.

(7) The typical clinical picture of Addison's disease is not presented, but in some rare instances it is partially, though imperfectly, suggested.

(8) There is a great variety in the clinical aspect of the case, but the condition which it most often resembles is that of renal tumour. There is no certain way of correctly distinguishing suprarenal from renal tumours, though there are several points which may help in the differential diagnosis.

THE PITUITARY BODY AND DIABETES MELLITUS.

Loeb (M.)—Centralblatt f. innere Med., September 3, 1898; Medical Chronicle.

The author has previously (in 1884) drawn attention to the association of glycosuria with tumours of the pituitary body. He pointed out that tumours of the pituitary body