tissue composing the fibroid with resultant absorption, or by an increase in the oxidizing power of the blood, with absorption of the fibroid as a secondary effect."—*Medical Review.*

PRIMARY MALIGNANT DISEASE OF THE SUPRARENAL BODIES.

Rolleston (H. D.) and Marks (H. W. J.)—*The American Journal of Medical Science*, October, 1898; *Medical Chronicle.*

The authors describe in detail a case of primary malignant adrenal growth occurring in a man aged 50. The signs and symptoms pointed to a diffuse aneurism in connection with the commencement of the abdominal aorta. Hæmatemesis and melæna suggested the view that the aneurism had burst into the alimentary canal. The hæmorrhage was, however, occasioned by the growth having extended into the stomach. There was no resemblance to Addison's disease. Histologically, the tumour was considered to be a carcinoma.

The subject of primary malignant growth of the adrenals is discussed in detail. Tables are given briefly summarising six cases met with at St. George's Hospital and twenty other cases, fourteen of which are collected from literature. Only those cases have been selected which appeared to be certainly primary, and in which the malignant character was shown either by secondary growths or the invasion of adjacent parts.

As regards *frequency*, primary malignant disease of the adrenals is distinctly rare. The authors have only been able to collect 26 cases in all from literature, from the London hospitals and museums, and from various private sources. Beadles states that amongst 4,800 autopsies at Colney Hatch no case has been met with. *Sex* is a factor of no importance. Of the 26 cases, 13 were males and 13 females. The average *age* was 37½ years; the extremes being 9 months and 73 years, both in females. The average age of the 9 cases of carcinoma was 44⅙ years; that of the 18 cases of sarcoma was 32⅓ years. Thus sarcoma, as is generally the rule, occurs at an earlier age than carcinoma, and the female sex is attacked earlier than the male.

As regards *morbid anatomy*, the growth is usually vascular, soft, rapidly growing, and having a marked tendency to undergo fatty degeneration, necrosis and softening in the interior, with formation of a central cavity, which contains a mass of blood-stained and degenerated growth. It must, however, be remembered that a similar softening may occur in undoubted adenomata.