surface by the paraffin process. The growth is carcinomatous. The sections consist of irregular solid masses of cells, of large size, and clearly epithelial in nature, embedded in a rather scanty fibrous stroma, which is well formed and carries numerous blood vessels. Beautiful karyokinetic figures are seen in considerable number in the epithelial cell masses, which may be regarded as indications of active growth. The edge of the section corresponding to the free surface is partly ulcerated, partly covered with the usual stratified squamous epithelium of the fauces."

Fig. 1.—Section showing the ulcerated surface and epithelial cell processes—fibrous stroma scanty. $\times 25$.

Fig. 2.—Section showing two of the cell processes and a broad band of fibrous stroma. $\times 150$.

At first she absolutely declined all operative treatment, but as the tonsil enlarged and pressed up the soft palate it gave rise to a little difficulty in swallowing. On four different occasions portions of the tonsil have been removed, which has always afforded the patient relief.

In the diagnosis of malignant disease of the tonsil, as of the larynx, pain is one of the prominent, and as a rule one of the early, symptoms. In the present case, though there has been at times a slight difficulty in swallowing, pain has not

been a characteristic symptom. About a fortnight ago she complained of acute pain shooting up to the right ear, but this only continued intermittently for a few hours, and has not since recurred.

I am indebted to Dr. J. H. Teacher for the microphotographs.

A NOTE ON FIBRO-ADENOMA OF THE MALE BREAST.

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DEVIATIONS from what Sir James Paget has happily termed the "chronometry of disease" are always of pathological as well as of clinical interest; and every case which serves to elucidate or exemplify this phenomenon is therefore deserving of record from a twofold standpoint. Some years ago I published¹ two cases of this affection occurring in girls under the age of puberty, being up to that time the only recorded cases; but until quite recently no example of this neoplasm in the male breast had come under my observation.

J. G., aged 24, a labourer, was admitted into the Meath Hospital on October 8th, 1898, suffering from a small and painful tumour in the left breast. He stated that almost twelve months previously he had begun to feel an occasional stinging pain in this region, which he thought was due to the rubbing of his braces whilst working. He accordingly dispensed with this means of support, but found that no relief from the pain was experienced, and soon afterwards he noticed just under the nipple a small hard kernel about the size of a pea. As this had gone on slowly increasing in size and becoming more painful, he was advised to come up to town for further treatment.

Condition on Admission.—A small tumour about the size and shape of a bean could be felt lying immediately below the left nipple and areola, adherent superficially and with only limited mobility over the underlying tissues. It was painful and extremely tender to the touch, so that the rubbing of the clothes caused constant discomfort, and it was at first thought that possibly some active inflammation might have supervened on a more chronic process.

Treatment.—On this chance glycerine and belladonna were applied under hot fomentations for some days, but without affording any relief. Accordingly, on October 17th, I removed the tumour, which was deeply attached to the pectoral fascia; and in the surrounding fat a similar small but quite separate growth was found, which was also taken away. The wound healed by first intention; the sutures were removed on the fourth day, and the patient was discharged four days later.

On fresh section the little growth presented appearances identical with those found in the two previous cases—dense greyish bands of fibrous tissue, among which the remains of glandular tissue could be easily differentiated with a pocket lens. It was handed to Professor O'Sullivan, of Trinity College, who kindly examined it, and reported it to be a typical fibro-adenoma in which the arrangement of the glandular epithelium conformed mainly to a tubular type.

Mr. Roger Williams² gives references to several recorded cases of this affection, though no mention is made of it in Mr. Marmaduke Sheild's later work;³ and it seems, therefore, as if its occurrence justifies one in calling the attention of surgeons once more to the condition, and urging at the same time the collection of any cases which may come under observation.

REFERENCES.

¹ *Journal of Anatomy and Physiology*, vol. xxvi, July, 1892, p. 509. ² *Diseases of the Breast*, London, 1894, p. 510. ³ *Diseases of the Breast*, London, 1898, pp. 482, 599.

MEMORANDA: MEDICAL, SURGICAL, OBSTETRICAL, THERAPEUTICAL, PATHOLOGICAL, Etc.

TYPHOID POISONING AND SEWER GAS.

THE following is an interesting pendant to Mr. Gifford Nash's series of cases of sewer-gas poisoning published in the *BRITISH MEDICAL JOURNAL* of January 28th.

In 1890 a cook was admitted into the British Hospital, Buenos Ayres, under my care, suffering from typhoid fever, and was shortly followed by the housemaid, who had temporarily assumed her duties. For weeks neither had been beyond the garden of the well-appointed house where they were employed; the water supply was not under suspicion, and the milk came from cows kept on the premises. Both