

country. La grippe is no exception. Appearing among us several years ago, it returned the second year in a form more virulent than the first, producing efforts far-reaching and uniformly demoralizing. The possibilities are that the coming winter and spring will develop enormous numbers of these cases; cases effected *do novo* by the germ—if there be any—and cases that have never recovered from previous attacks, with re-aroused disturbances due to the sudden and frequent changes of the weather. Feeling the importance of keeping open the excretory system of glands, and at the same time considering thoughtfully the rheumatic feature that accompanies these cases, no remedy would more promptly suggest itself to my mind than that of tongaline; a combination which naturally suggests antagonism to a locked-up condition of the glands, opposition to rheumatism, neuralgia, nervous headache and gout.

I commend it earnestly and emphatically to the practitioners of the country at large, to meet the conditions to which we have referred.

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THE MALIGNANT TENDENCY OF CHRONIC MAMMARY TUMORS.—Dr. W. Henry Bennett, of St. George's Hospital, has written in the *Lancet*; *N. Y. Med. Jour.*, concerning the tendency of apparently innocent tumors of the breast to take on a malignant character. He recites his experience in three cases and emphasizes the teaching of many generations of surgeons that the path of safety lies alone in an early removal. There are probably few families in the land that have not had an experience of the dangers of delay in the acceptance of the surgeon's recommendation to free a patient from the perils of a chronic and so-called benign growth of the mammary gland.

One of Dr. Bennett's patients had a lump in the breast that was quiescent seven years. She discovered the hardness by accident, and, as is the custom with very many patients, kept the knowledge of it to herself for a long while. There was no increase of size, and there was no discomfort, but she was advised by her physician, to who she ultimately went for advice that the proper treatment was removal at once, or at least as soon as any inclination toward increase was observed. After about three years the woman was confined. The

swelling than became sensitive, but no marked increase took place until three years later. All this time she continued reluctant to have any surgical interference. Finally Dr. Bennett was consulted, and the urgency of the situation was found to require immediate operation.

Upon removal, the tumor was found to be with a well-defined capsule, and only attached to the gland at a single point. The external parts of the tumor were clearly an adeno-fibroma, but in its centre lay a rounded mass of semi-gelatinous material, to with the tendency of the once innocent lump to grow was due. This softish central mass was found to be of the nature of a spindle-celled sarcoma, and it was at all points surrounded by a layer of tissue identical in structure with the chronic and quiescent adeno-fibroma. At one point, however, the sarcoma approached very close to the surface, so that the benign overlying tissue could hardly be discerned. The entire mamma was removed.

The author is decidedly of the opinion that the growth was originally wholly an adeno-fibroma, and that the sarcomatous element had only recently been superadded. The chronic tumor was a weak point in the breast, and it probably suffered an injury or irritation during the time of suckling, and from that time began to grow heterelogously, a conversion to malignancy being the result. If the patient had not been subject to this point of weakness, it may very well be doubted if she would have had the sarcoma; and also if the tumor had been early removed, there would have been no sarcoma. Dr. Bennett opposes the teaching of some of the text-books that chronic mammary tumors have a tendency to shrink and disappear. His observation is that these chronic adenomata or adeno-fibromata do not shrink, to say nothing of their complete disappearance. Chronic indurations sometimes disappear during lactations, especially after a first parturition, but these are, in his opinion not the true chronic tumor of the breast. In the latter, the tendency after parturition is invariably in the direction of growing rather than shrinkage, and toward malignancy rather than remain *in statu quo*. The pathological probability is in favor of the less desirable result, in the case of these chronic and "benign" mammary growths. Their "benign" element is almost invariably compassed in a mere chronicity, longer or shorter, where danger is never absent.