

The changes in the glands in adeno-carcinoma are quite as characteristic, but lying deeper they do not come away so frequently in the scrapings as do the processes. Great caution must, nevertheless, be observed in diagnosing cancer from the appearances of the glands alone, as there are conditions, benign in character, which roughly resemble the carcinomatous condition, but which can usually be distinguished from the latter by a critical eye.

In adeno-carcinoma the gland tissue is much increased in amount, and of an exceedingly irregular construction. The histological picture is that of many gland groups surrounded by stroma and unevenly separated from one another. This last feature must be constantly borne in mind in diagnosing from glandular hypertrophy.

The gland groups are composed of many alveoli, which are separated from each other by little or no stroma. In favorable specimens one may see that such a group is the result of the irregular branching and transformation of a single gland. Many of the lumina are partly bridged across by outgrowths from the epithelium, and that these outgrowths frequently bridge across completely, is stated by several observers.

The epithelium lining the glands is from one to many layers deep. The character of the individual cells varies much in different cases. They may differ little from normal epithelial cells, or may be extremely irregular in shape, size and staining properties, differing so much from normal gland epithelium that they cannot be determined histologically to have originated from such.

The stroma is fairly cellular, and is composed of spindle-celled connective tissue. Here and there throughout it are patches of small cell infiltration.

Adeno-carcinoma must be diagnosed from (1) Unusual thickening of the cylindrical epithelium on the surface and in the glands. (2) Erosions. (3) Polypi. (4) Submucous myomata. (5) Interstitial myomata. (6) Adeno-myomata. (7) Tuberculosis. (8) Squamous cell carcinoma. (9) Endothelioma. (10) Sarcoma. (11) Cases in which glands are normal, but in which there is considerable proliferation in the surrounding stroma. (12) Glandular hypertrophy. (13) Changes in the endometrium in pregnancy. (14) Endometritis. Also various other rare conditions.

CASE.—Miss S., aged about 55 years. Menopause about five years ago. Had a watery discharge from vagina all last summer. The discharge was sometimes slightly bloody. On the 29th of October she had a hemorrhage, and my father was called in. On examination, the os was found to be dilated and a mass of soft tissue could be felt within the cervix. This