tion of the longitudinal ridges of the tube, which are glandular in their function. This view renders it perhaps easier to understand why the extension of such a growth to the peritoneum is not necessarily malignant, and how it is that patients in whom such an extension has been discovered on abdominal section have not infrequently remained afterwards in good health.

It is in the cavity of the uterus that the relation of adenoma to inflammation is most marked, while here, as a general rule, the adenomatous condition shows no tendency to form a tumour, properly so called, or to extend to other parts. Thus the so-called villous or fungoid endometritis, which so often comes into notice as a source of hæmorrhage, is histologically much more an adenomatous growth than an inflammation. Nor is this condition in the uterus limited to the time of life at which adenomata are common generally. Recently, in a lady aged 72, who had suffered some weeks from uterine hæmorrhage, I scraped from the uterus with a sharp scoop, soft masses, which, to the naked eye, had all the appearance of cancer. But microscopic sections showed that they consisted of pure adenoma, exactly like the fungoid prominences found on a smaller scale in younger women. Adenoma taking the form of a defined and limited tumour is much more rare; but I have met with a remarkable case in a patient aged about 40. She suffered from hæmorrhage, and a smooth growth was felt presenting at the os uteri, and taken to be a fibroid tumour. On dilating the cervix the growth was found to be soft and friable, and it was feared that it was malignant. Nevertheless it proved to be possible to enucleate it from the wall of the uterus, notwithstanding profuse hæmorrhage, and it appeared to have a definite capsule. On section the growth yielded a milky juice in abundance like cancer: but on microscopic examination it proved to be adenoma, and the patient has remained free from any recurrence after an interval of seven years. In the cervix the relation of adenoma to inflammation is equally marked and the sequence of events can be more easily traced at that part of the cervix originally covered with squamous epithelium. The squamous epithelium is thrown off from inflammatory irritation, with the exception of the deepest palisade layer, which assumes the character of cylindrical epithelium, and proliferates so as to form both prominences and depressions. Thus the so-called erosion may be at once papillary and follicular, and though not forming a tumour is in reality glandular growth, and can often be cured only by destruction, by means of caustics or scraping.—*British Medical Journal.*

SYMPATHETIC OPHTHALMIA.*

BY PROFESSOR PANAS.

GENTLEMEN,—Our patient is forty-three years of age, in good health, with no venereal antecedents, in fact, with no symptoms or history of any kind that would lead you to a correct diagnosis. Two years ago, in stooping to pick up the branch of a tree, he received a contusion of the right eye without any wound. The sight was lost at this time, but it gradually returned, and then was lost again. In June last he began to see floating objects before his left eye, and photophobia developed. The inflammation was slight, but the vision of the eye was in danger, as the visual field was found narrowed in a concentric direction, some ten to fifteen degrees. If you examine his right eye, the one that was first attacked, you will find that the pupil is large and widely dilated. The iris looks like a small ring, this paralysis must not be placed to the account of the amblyopia, for it is a true iridoplegia. And there is besides iridodonesis, which proves that the crystalline body is not in its right place; there is, in fact, a subdislocation of the crystalline lens, caused by the rupture of the capsule. At the base of the eye a glaucomatous excavation is seen, and all the vessels of the retina are pushed over to the nasal side. The tonus is only slightly raised. There can be no doubt that this excavation is caused by the compression and atrophy of the optic nerve. The eye shows no exudation or inflammation,—nothing at all, in fact, to indicate an inflammatory complication. The left eye, however, presents a trace of inflammation, as we find a deposit of pigment there. With the aid of the ophthalmoscope you can see the vitreous body, but through this foggy appearance you can perceive indistinctly the papilla and around it some discoloured plaques on the choroid. From this we may conclude that a subacute inflammation of the neuroepithelial coat of

* Clinical lecture delivered at the Hotel Dieu, Paris.