

filling the mesh-spaces. The cervical mucosa appears much thinner in parts; the blood-vessels are engorged, and there are evidences of inflammatory action.

While these changes have been going on in the epithelium, etc., the glands—normally 0.5,—1 micro-millimetres long, by 40-80 micro-millimetres wide*—have dilated to many times their normal diameter, so that they may appear on the surface as minute vesicles, varying in size from a pin's head to that of a millet seed. This has led to the terms, acne and herpes, of the German and French authors. The feel of these little cyst to the examining fingers has been likened by Mundé to "shot buried under the mucous membrane."

When a number of these hyper-distended glands rupture, a raw, red-looking spot is seen—a so-called ulcerated patch. These "ulcerations" have always been supposed to be due to loss of epithelium; but Ruge and Veit maintain that this view is incorrect, as "the surface is covered with a single layer of epithelium. The cells are smaller than those which line the normal cervical canal, and being narrow and long have a palisade-like arrangement. The thin layer of cells allows the subjacent vascular tissue to shine through, hence the redness of color."†

From my own observations I cannot wholly corroborate this. Distension of the gland is not the only process at work, for there is, as I have just shown, an absolute degeneration—caused, perhaps, by the pressure within and the inflammation without—of the epithelial lining of the cyst, which, in the later stages, leads to almost, if not complete destruction. Such a cyst rupturing would present a spot devoid of epithelium. As Ruge and Veit further state that they have only seen this appearance in preparations which have been taken from the cadaver, and have remained in weak spirits for a long time, I thought the conditions which I had observed, particularly the loss of epithelium, might be due to post-mortem changes, as all the specimens which

I have as yet examined have been taken from the dead body.

Since preparing this paper, however, I have come across an article by Fischel, of Prag, who states that he finds on comparing specimens taken from the living subject with those from the cadaver, that "the post-mortem changes do not essentially alter the histological appearance of the erosion."* We may, therefore, safely assume as correct the observations recorded above.

The great importance of recognizing this condition of cystic degeneration, when present, and removing it by proper treatment before attempting trachelorrhaphy, or any like operation upon the cervix uteri, becomes at once apparent. With the surfaces of the wound filled with this unhealthy, rapidly-secreting gland structure, it cannot be expected that healing by first-intention will or can result. And even in cases where no operation is contemplated, the demolishing of these cysts affords the patient much relief; for they are a constant source of irritation, and help to keep up the congestion of the parts by pressure upon the adjacent tissues and blood-vessels.

I am of the opinion, too, that these cysts, from the extreme irritation just mentioned, which they are capable of causing, may enter largely into the ætiology of cervical cancer.

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THERAPEUTIC NOTES.

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CONJUNCTIVITIS.

In conjunctivitis, nothing gives such speedy relief as a 4 per cent. solution of the muriate of cocaine dropped into the painful eye. The writer has used it in a large number of cases, and has always been delighted with its action.

When the conjunctiva is exceedingly painful and tender to light, the cocaine acts like magic, the sufferer experiencing almost immediate relief. The pain ceases, the eye may be opened without any pain from exposure, and the injection is greatly lessened. In many cases the trouble

* Kölliker, Gewebelehre, Leipsic, 1861, p. 562.

† Hart and Barbour, Manual of Gynæcology. Second Edition, 1883, p. 278.

* Arch. f. Gynak., 1880. Bd. xv., p. 76.