CASE 2.—Diagnosis: Myomatous uterus. Actual condition: Adenocarcinoma of the body of the uterus, with secondary subperitoneal nodules. (Fig. 2.)

Patient.—Mrs. C., aged 59, was admitted to the Johns Hopkins Hospital, April 22, 1903. She had had three children. Menses stopped at 49. Four years ago uterine hemorrhages commenced and lasted several months. Since then they have

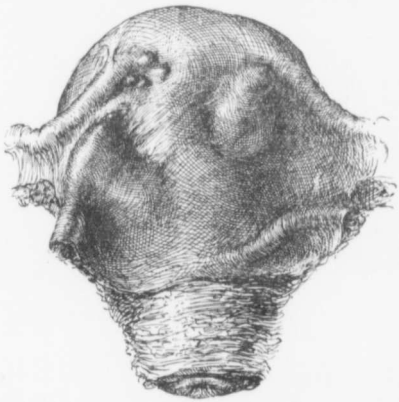

FIG. 2.—ADENOCARCINOMA OF THE BODY OF THE UTERUS WITH SUBPERITONEAL NODULES.

The specimen is viewed from the front. The right round ligament is drawn upward by a cancerous nodule situated at its junction with the uterus. Scattered over the surface of the uterus are cancerous nodules varying from a pea to a marble in size. The insertion of the left round ligament is at a much lower level than is that of the right round ligament. The general contour of the enlarged and nodular uterus closely resembles that of a myomatous organ.

been irregular. There is a continual leucorrheal discharge with some odor.

Examination and Diagnosis.—On vaginal examination we found the uterus about twice the natural size. It was quite nodular. As the patient was in good condition and had a nodular uterus which in general contour corresponded closely with a myomatous uterus (Fig. 2), we made a diagnosis of myoma, especially as the hemorrhages could readily be accounted for by