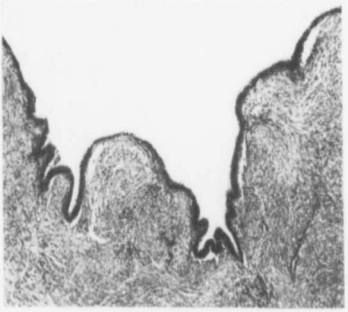

Fig. 4. The lining of a cyst in an adenomyoma of the round ligament. Gyn.-Path. No. 19,018. The tumor consists of fibrous tissue and non-striped muscle. The inner surface of this cyst was undulating and had numerous depressions running off from it. These depressions may with equal propriety be described as glands. The cyst is lined with one layer of cylindrical epithelium, which at the more prominent or exposed points has become cuboidal.

was out of the question, because of the large defect that would have been left. At most points good firm scar-tissue existed. I closed the wound with through-and-through silkworm-gut sutures; accurate skin approximation was made with fine black silk. The lower angle of the wound was drained with protective. The patient made a good recovery.

On December 8, 1915, Dr. Trout wrote me, saying that he had just spoken to the patient. She has had no return of the trouble, is free from pain, and has gained twenty pounds.

Gyn.-Path. No. 19,018. The outlying portion of the tumor consisted of fat with here and there yellowish or brownish pigmentation, suggesting the pigment of old hæmorrhage. The central portion of the tumor closely resembled fibrous tissue. It had cystic spaces scattered throughout it. The contents of these varied, as noted above, some being clear, others turbid, and some being filled with chocolate-like material.

Histological examination. The outlying portion of the specimen consisted of adipose tissue. As one passed toward the tumor, the fat was gradually and irregularly replaced by fibrous tissue, which in many places had undergone almost complete hyaline transformation. Scattered here and there throughout the fibrous tissue were large or small areas of non-striped muscle. Several very small discrete myomata were also noted (Fig. 2). At numerous points in the tumor were glands, tubular or round and lined with one layer of cylindrical epithelium (Fig. 3). Some of the glands lay in direct contact with the fibrous tissue or muscle; others were separated from the tumor by the characteristic stroma of the mucosa. The cyst spaces noted macroscopically were lined with one layer of cylindrical epithelium (Fig. 4).

From the description it is perfectly clear that this was an adenomyoma of the round ligament associated with a large amount of fibrous tissue. From a clinical standpoint the coexistence of a small inguinal hernia with incarcerated omentum and an adenomyoma of the round ligament is very interesting. The increase in size of the inguinal nodule at the period naturally made me suspicious of adenomyoma, and the indications supplied by the presence of old pigment in the fat at operation, coupled with the fact that some cysts contained chocolate-like material, justified a tentative diagnosis that the tumor was an adenomyoma even before the microscopical examination. I have not as yet gone over the recent literature, but do not know of any other case in which an inguinal hernia and an adenomyoma were found in the same hernial protrusion.