

CONDITION OF THE ENDOMETRIUM WHERE SIMPLE UTERINE MYOMATA EXIST.

As a rule the cervical mucosa is perfectly normal save for the presence of a cervical polyp, or some dilated cervical glands. In the body of the uterus, endometritis is occasionally found, but, when present, is almost invariably associated with inflammatory changes in the adnexa. Tuberculosis of the endometrium is occasionally associated with myomata, but rarely occurs independently, and is then usually secondary to a similar process in the Fallopian tubes. Of squamous-cell carcinoma of the cervix and adeno-carcinoma of the body of the uterus we shall speak later.

While any of the foregoing conditions may exist, in nearly all instances the changes present are usually entirely mechanical in their nature. If the myomata are subperitoneal or intraligamentary, the mucosa is usually normal, provided, of course, that the tubes are unaltered. When the nodule impinges on the uterine cavity the mucosa over the most prominent part becomes stretched and thinned out, until eventually there will remain nothing but the surface epithelium covering the nodule. While this atrophy is taking place, the mucosa in the depressions at the sides of the nodules remains unaltered or becomes thicker, this thickening occasionally being due to simple gland hypertrophy. Portions of the mucosa are often mechanically forced out into the cavity, producing polypi. With the distortion of the mucosa the glands sometimes become blocked, and small cystic dilatations are formed.

When the myoma becomes entirely submucous, it is usually covered by a thin layer of mucosa, but in a few instances we have seen a sloughing focus in the myoma opening directly into the uterine cavity.

Now and then a submucous myoma in the posterior wall will blend with a similar nodule in the anterior wall, obliterating the uterine cavity entirely over a limited area. From an examination of a great many specimens we can lay down the general rule that where the Fallopian tubes are normal, and where no sloughing submucous myoma exists the uterine mucosa is perfectly normal. This fact has no little bearing on the operative treatment inasmuch as the condition of the mucosa is an index of how far we may venture in removing a partially submucous myoma by way of the abdomen. Histological studies, then, having taught us that the endometrium is usually normal, we can in most instances open up the uterine cavity with little or no danger of infection.

Parasitic Myomata.—With the increase in their size the