C. H. I. No. 1517. Path. No. 10,669.

Adenomyoma in both uterine horns (Fig. 65); diffuse adenomyoma of the uterus; miniature uterine cavity.

S. E. W., married, aged forty-three. Admitted December 2, 1906. The patient has not been well for the last five or six years. Her periods during this time have been profuse, at times lasting as long as twelve days. She has had no children and no miscarriages. She has had some retention of urine at times; at other times there is frequency of micturition. There has been leucorrhœa for five or six years.

Operation.—Hystero-myomectomy and appendectomy. The patient made a satisfactory recovery. The highest post-operative temperature was 101.6° F.

Path. No. 10,669.—The specimen consists of a multinodular, myomatous uterus, 10 cm. in length, 13 cm. in breadth, and 11 cm. in its antero-posterior diameters. The uterus is everywhere smooth and glistening. The increase in size is due to subperitoneal, interstitial, and submucous myomata. The largest nodule, 8 cm. in diameter, is situated anteriorly and to the right. The uterine cavity is very small and is much distorted. In the left uterine horn is an area of thickening (Fig. 65). This is directly continuous with the tube and is 4 cm. in length, and varies from 1 to 2.5 cm. in breadth. It appears to be cystic and on section presents a sieve-like or polypoid appearance. There are also irregular cystic spaces, varying from 1 to 5 mm. in diameter. At least seven or eight of these are seen in one cross-section. The right tube is occluded, and reaches 4 cm. in diameter. The ovary is slightly mutilated. The right tube at the uterine horn presents an area of thickening 1.5 cm. in diameter. On section this horn is also seen to contain cystic spaces, one of them at least 3 mm. in length.

Histological Examination.—Sections taken from the right uterine horn show a most instructive picture. Cross-section of the tube shows that it is perfectly normal. Just to one side is a miniature uterine cavity lined with one layer of epithelium.