

majus; hysterectomy; double salpingo-oöphorectomy. The patient's highest temperature was 100.8° F. She made an uneventful recovery except for a superficial breaking down of the incision.

Path. No. 9517.—The specimen consists of a myomatous uterus 10 cm. in length, 9 cm. in breadth, and 8 cm. in its antero-posterior diameter. It is smooth and glistening. The anterior wall varies from 3.5 to 4 cm. in thickness and presents a coarse striated appearance. In the fundus is a discrete myoma 3 mm. in diameter. The posterior wall varies from 2.3 to 3 cm. in thickness. It also presents a rather coarse striation. Just to the left of the cervix is a myoma 2.5 cm. in diameter, and below the cervix is a myoma approximately 6 cm. in diameter. The right tube offers nothing of interest. The ovary is covered with a few adhesions. It is very small. The left tube is normal. The ovary is somewhat mutilated. The mucosa varies from 2 to 4 mm. in thickness, and projecting from the left side is a polyp 2 cm. in length, 1 cm. in thickness.

Sections taken from the posterior wall show an intact surface epithelium. The glands are normal. The stroma presents the usual appearance. The most striking point observed with the dissecting microscope is that at many points the glands can be traced into the depth. At one point they can be followed by continuity for 3 mm. In other places several glands run down in the form of a funnel. Scattered throughout the thickened diffuse myomatous wall are glands and islands of uterine mucosa. Some of them contain only a single gland, others cross-sections of eight or more. Very few of these glands show dilatation.

Sections from the anterior wall also show a great deal of diffuse thickening. We have an intact surface epithelium, normal glands, and a stroma which in its superficial portion shows considerable hemorrhage. At several points far down in the depth we have a few isolated glands. There is here an adenomyomatous tendency, which is not, however, very marked. In the anterior wall