

loss of blood we felt that something must be done. The cervix was dilated, and on curetting we brought away what, on microscopical examination, proved to be perfectly normal uterine mucosa. The supravaginal hysterectomy had evidently been a high one. The right broad ligament was indurated and board-like, and on the left side there was also thickening.

A few days later we explored the abdomen. When the operation was commenced her pulse was 145. We found the rectum densely adherent to the bladder, and the left broad ligament was filled out by a rather cystic growth. Those assisting at the operation thought we were dealing with a malignant growth which had spread into the broad ligament. In order to determine definitely, I cut the round ligament and separated the folds of the broad ligament, and found we were dealing with a cystic mass 6 cm. in diameter. This was gradually shelled out from its attachment to the rectum, but by this time the patient's pulse had become almost imperceptible, and was between 180 and 190, although she had lost practically no blood. We removed the greater part of the growth, but left a portion still attached to the rectum, and did not dare explore the right broad ligament. A drain was introduced into the pelvis and brought out into the lower angle of the incision. When the cystic mass that was attached to the rectum and had occupied the left broad ligament was cut across, it was found to contain one large irregular cavity about 2.5 cm. in diameter. This contained chocolate-colored fluid, and was lined by a rather smooth-looking membrane, which was brownish tinged. The outer coat looked like ordinary muscle.

On microscopic examination it was found that the wall of the blood-stained cyst was lined by one layer of cylindrical epithelium, and that this rested on a definite stroma consisting of cells having oval vesicular nuclei. The more solid portions of the growth were made up of non-striated muscle fibres arranged in whorls, and of quantities of uterine glands embedded in their characteristic stroma. In some places only two or three glands with the surrounding stroma were visible, but at other points miniature uterine cavities were found.

We are here dealing with an adenomyoma which has formed a cystic mass in the left broad ligament, and which has become densely adherent to the rectum. If the patient at a later date is in fair condition we will then attempt to shell out the thickening in the right broad ligament, remove the cervix, and then a portion of the rectum to which the growth is intimately blended.