

somewhat of tubercles, but we believe them to be degenerated glands. No tubercle bacilli could be detected in these areas; nor was there any caseation.

There is no definite arrangement of the muscle around the bunches of glands. It looks as if the glands just filled in the spaces between muscle bundles. At one side of this new growth is a typical myomatous nodule, 1 cm. in diameter; this is entirely devoid of gland elements. The outer zone of the posterior wall, consisting of uterine muscle, is normal. The mucosa covering the anterior uterine wall is normal. Both tubes and ovaries are normal.

Gyn. No. 12,681. Path. No. 9517.

Diffuse myomatous thickening of both anterior and posterior uterine walls; large polyp in the body of the uterus; diffuse adenomyoma of the posterior wall; slight adenomyomatous tendency in the anterior wall.

F. Y., married, aged fifty-nine, white. Admitted Feb. 7, 1906; discharged March 12, 1906. The menses commenced at fourteen and were regular until ten years ago. At this time the periods became irregular and were from three to seven weeks apart. The flow is now more profuse and there is flooding. The patient has had pain in the region of the uterus for some time. The last period came on three weeks ago. The patient has been married thirty-nine years, has had eight children and two miscarriages. The oldest child is thirty-eight, the youngest twenty. Two years ago she consulted a physician, who removed several small polypi from the cervical canal. The bleeding diminished somewhat after this, but has been increasing again of late, and is now as abundant as before the operation. The patient has had no pain except a feeling of dull aching about the bladder. She is constipated. There is shortness of breath and a slight increase in frequency of micturition.

Protruding from the os is a polyp 5 mm. in diameter. The fundus is not definitely outlined.

Operation.—Removal of small cyst from the left labium