

After Dr. Earle had finished his operation I opened the abdomen. The rectum was found adherent to the posterior surface of the uterus low down. On the left side was a corpus luteum cyst. This had evidently ruptured at some previous time, as the surrounding tissues were stained a dark brown. We did a complete hysterectomy, removing the uterus and appendages. I then shelled out a small myoma 1 cm. in diameter from the left side of the pelvic floor, and another 3 cm. in diameter, with a secondary nodule 1 cm. in diameter lying on its surface. This combined nodule was situated between the rectum and vagina on the left. The patient made a perfectly satisfactory recovery. At a later date, however, she had definite renal trouble, as evidenced by pus from both kidneys. X-ray examination showed a calculus in the pelvis of each kidney. As the left kidney had apparently given more trouble than the right we removed the stone from that kidney. The stone in the right kidney the patient still has, as it has given her very little trouble.

Pathological report, No. 16079. The uterus itself is little enlarged. Scattered over the outer surface of the organ are several small fibroids. On microscopic examination the endometrium shows definite endometritis. The larger nodule lying between the cervix and rectum is 4x3x2 cm., and the smaller one 1 cm. in diameter. The larger nodule, on histological examination, consists in the main of typical myomatous tissue, but at one point in a cleft are islands of typical uterine mucosa, and at another point is a miniature uterine cavity. The smaller nodule only contains one or two gland-like spaces. From the history it will be noted that in this case the cervix was adherent to the rectum. We have here a connecting link between the ordinary adenomyoma of the uterus and an adenomyoma involving the rectum. It is the only case that I have ever seen showing this stage.

*CASE 2. Adenomyoma in the left broad ligament and intimately blended with the rectum.*

Mrs. G. S., admitted to the Johns Hopkins Hospital, June 4th, 1913. This patient is thirty-seven years of age, and two years ago was operated upon in San Francisco, a myomatous uterus and enlarged ovaries being removed. At that time it was necessary to also remove a small portion of the rectum on account of dense adhesions.

Since operation she had had a great deal of pain in the lower abdomen and has for months had almost continual bleeding from the cervix. On her admission to the hospital I found thickening posterior to the cervix, also induration in both broad ligaments. Although she was in a very weakened condition from the continuous