

with a definite membrane, often 1 to 2 mm. thick. They are miniature uterine cavities and the chocolate-colored fluid is old menstrual blood that could not escape.

When an adenomyomatous nodule becomes subperitoneal, the menstrual flow in the growth may gain the upper hand and the myoma become cystic, the contents, of course, being formed from the accumulation of old menstrual blood.

**Symptoms.**\*—Our youngest patient was nineteen, our oldest sixty. The disease is most prevalent between the thirtieth and sixtieth years; it does not in any way tend to sterility.

Lengthened menstrual periods are the first symptom. The flow gradually assumes the proportions of hemorrhages and eventually the period may become continuous.

At the period there is often discomfort, and occasionally a grinding pain in the uterus, evidently due to the increased tension, since all the islands of mucosa scattered throughout the diffuse myoma naturally swell up at the menstrual period, and thus increase the size of the organ.

In over two-thirds of our cases there was no intermenstrual discharge. This is perfectly natural, as in these cases the uterine mucosa is normal and no disintegration of tissue is going on.

Clinically the diagnosis of diffuse adenomyoma is relatively easy, for the following reasons:

1. The bleeding is usually confined to the period.
2. There is usually much pain, referred to the uterus, at the period.

\*While von Recklinghausen was carrying on his work on the pathology of adenomyoma W. A. Freund was carefully analyzing the symptomatology in such cases to determine, if possible, whether the clinical picture was sufficiently characteristic to enable the surgeon to make a diagnosis before operation. In contrast with his findings, our experience goes to show that neither an infantile condition of the uterus nor sterility is in any sense a prominent feature.

Von Rosthorn (Med. Klin. Berlin, 1905, I, 201-203), in a recent publication, reports two cases, in one of which the clinical picture before operation strongly suggested diffuse adenomyoma. He says that in the future, with our increased knowledge, a provisional diagnosis of adenomyoma is sometimes possible before operation.