

that there is strong evidence that misplaced portions of Müller's duct are responsible for the growth of these tumors. As has been noted, the glands in these adenomyomata cannot be distinguished in many instances from normal uterine glands. They are small, round, and lined with cylindrical ciliated epithelium. Furthermore, they are surrounded by the characteristic stroma of the normal uterine mucosa. Clinically, it has been noted that these growths may have a sympathetic relationship with the menstrual period, as seen in their increase in size at that time, followed in the intermenstrual period by a diminution in their volume. This increase in size is undoubtedly due to the hemorrhage into the glands at the periods, as is proved by the hemorrhagic contents at operation. In our case menstruation had commenced on May 18th and ceased on May 23d or just three days before operation; and on making sections the glands were found filled with well preserved blood. A further point in favor of the Müller's duct origin is that these adenomyomata resemble in every particular the diffuse adenomyomata of the uterus, in which the glands are seen to be direct derivatives of the uterine mucosa. As was said when discussing the origin of adenomyomata of the uterus, there is no other place in the body in which mucosa similar to normal uterine mucosa is found, and furthermore no other mucous membrane that periodically discharges blood. These round ligament adenomyomata fulfil every requirement of normal uterine mucosa. It would be unwise to say absolutely that these growths cannot possibly be derived from remains of the Wolffian duct, but the evidence is overwhelmingly in favor of the Müller's duct origin.

Before concluding a consideration of these cases we must briefly refer to the case reported by Martin¹ in 1891. A patient aged seventy consulted him about a rapidly growing tumor. He opened the abdomen and removed 12 litres of chocolate-colored fluid from a tumor springing from the left round ligament. This was attached to the ligament by a definite pedicle. Pommorsky, who made the microscopic examination, found that the cyst containing the choco-

¹ Martin A.: Zur Pathologie des Ligamentum rotundum. Ztschr. f. Geb. u. Gyn., Bd. xxii, S. 444.