

the nuclei of the stroma cells contain nuclear figures. Scattered throughout the stroma are frequently found large venous sinuses, some of which are thrombosed. Cancer of the body of the uterus is diagnosed from its pattern, and, secondly, from the changes in the individual cells. Gland hyperplasia histologically bears absolutely no resemblance to it.

Where carcinoma of the cervix exists the small cauliflower outgrowths from the cervix or the area of ulceration leave little doubt as to the diagnosis. If one is not certain, then a small wedge of cervix is removed and examined, preferably at once.

While speaking of carcinoma of the cervix, I wish to draw your attention to a pelvic tumor that has thus far in the main escaped notice. Dr. D. S. D. Jessup, of New York, recently sent me a specimen of two tumors, each of which had the same characteristics. In each case the tumor was attached to the cervix and grew into the rectal wall. Both growths were so firmly fixed that while the surgeon was doing a complete abdominal hysterectomy he had to remove at the same time a piece of the rectal wall with the cervical growth. In both cases the tumor consisted of myomatous tissue, with uterine mucosa scattered throughout it. In the February number of the *Proceedings of the Royal Society* is a report of two similar cases by Dr. Cuthbert Lockyer, of London.

I have had two cases which belong in this category. In the first case the myoma had not as yet become firmly grafted on to the rectum. In the second case the adenomyoma filled the left broad ligament, and on account of the patient's extreme weakness it could only be removed in part. I feel confident that, when all rectal growths are carefully examined histologically, some supposedly carcinomatous growths will prove to be adenomyomata. These cases are of so much interest that I will give them somewhat in detail.

CASE 1.—*Myomata of the Uterus; Adenomyoma between the Cervix and Rectum and associated with Rectal Adhesions.*

Mrs. G. P., seen in consultation with Dr. Samuel T. Earle, March 17th, 1911. This patient had several small polypi in the rectum. The uterus lay back on the bowel and was apparently adherent. On March 22nd of the same year Dr. Earle burned off the rectal polypi. These were five or six in number and situated directly behind the cervix. Microscopic examination of these showed that they had been undergoing definite inflammatory changes, as evidenced by the quantities of polymorphonuclear leucocytes on the surface, and by the fact that the underlying stroma contained great numbers of small round cells.