CONTRIBUTION TO THE ORIGIN OF ADENO-MYOMA OF THE UTERUS.

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After calling attention to the anatomical appearance of adenomyomata of the uterus, and the various theories which have been advanced concerning the origin of epithelial structures contained in them, the speaker described a uterus removed at autopsy from a woman who died just after delivery as the result of hemorrhage from placenta prævia.

At the time of its removal the uterus apparently presented the characteristic appearance of the organ immediately following delivery, except that the area of placental attachment covered two-thirds of its interior, instead of being more circumscribed and limited to the anterior or posterior wall, thus indicating in all probability that interference with its blood supply had led to a much more extensive implantation of the placenta than usual.

On making a sagittal section through the uterus after hardening, numerous irregularly shaped, more or less oval areas, of a dull white appearance, and varying from a millimetre in di-

ameter to structures 5 x 10 m.m. in their various dimensions, could be seen throughout the entire thickness of the uterine walls, which measured 3 c.m. in their thickest parts. These areas were most abundant immediately beneath the endometrium, but could be traced outward through the entire thickness of the uterine wall to its peritoneal covering. Upon microscopic examination they were found to consist of typical decidual tissue, which was made up of the characteristic decidual cells and glandular spaces lined by cuboidal epithelium.

The speaker stated that so far as he could ascertain this was the first case in which such a distribution of decidual tissue had been observed, and then proceeded to discuss the importance of such an observation in contributing towards determining the derivation of the epithelial structures contained in adenomyomata. In his specimen there could be no doubt as to the origin of the decidual areas, and every one must agree that they are derived from the uterine mucosa. Their wide distribution throughout the uterine muscle precluded the possibility of their having resulted post partum and indicated most conclusively that they must have existed prior to the onset of pregnancy.

Such being the case, the specimen affords a most beautiful example of the presence of tissue derived from the endometrium being scattered throughout the myometrium of an adult woman, and should myomata happen to develop in their vicinity, a most satisfactory basis for the development of an adenomyoma would be offered.

The speaker then mentioned the fact that in not a few cases the glandular elements in typical adenomyomata showed changes identical with those occurring in the menstruating endometrium, and held that the development of the decidual tissue in his case seemed to make it probable that where portions of Müllerian tissue were scattered through the myometrium, they might undergo the same changes as the normal endometrium, namely, menstruation and decidual formation.

The speaker then referred briefly to the literature upon the histogenesis of adenomyomata, and pointed out that von Recklinghausen's contention that they were of Wolffian body origin, which at first had been received with great enthusiasm, had grad-

ually lost ground, so that the vast majority of recent writers hold that such structures are developed more frequently from Müllerian than from Wolffian body elements, some even going so far as to state that only the former mode of origin is possible. The speaker, however, made it clear that he did not wish to be understood as taking so extreme a ground, but felt that, while the vast majority of such growths were clearly derived from Müllerian tissue, conclusive evidence against the Wolffian body origin of certain cases had not yet been, and probably never could be adduced.