mediary form, where the characteristics of the above two are blended. Nothing is known, so far, as to the relation between these different forms and the prognosis.

Clinical Process.—Chorionepithelioma may begin very insidiously by bringing out symptoms of some very different malady, as is seen in the case reported by Büsse.[14] In this case, the patient had a fatal hemiplegia, and the autopsy revealed the presence of chorionepithelioma affecting the right Sylvian artery, with secondary deposits in the liver, spleen and right heart, the genitals being quite free from the disease, although the patient had suffered from a miscarriage six months previously. Usually, however, it is uterine hæmorrhage which first attracts the attention of the patient. This bleeding is marked by its severity and its resistance to treatment, curettage even being ineffectual in many instances. This blood-loss rapidly impairs the patient's health; she loses weight and her skin becomes waxy. Between the hæmorrhages there is a serous, sero-sanguineous or smoky discharge, which has a foul odour. Local pain is either absent or slight. The patient may have chills, fever, vomiting, cough, purulent expectoration, hæmoptysis, nervous affections, etc., produced by the metastases, or, in the case of the chills and fever, sepsis.

Examination of the patient reveals various phenomena. Bi-manually, the uterus is felt to be enlarged, but the amount of this enlargement varies, rarely, however, exceeding that of a full term fœtal head. Its surface may be either nodular or else smooth and even. Per vaginam, the cervix may be felt to be soft and the os to be so patulous as to admit of the entrance of the examining finger into the uterine cavity, where one may find a mass of soft, spongy material, resembling placental tissue. This growth is usually situated on either the anterior or posterior wall of the uterus near the fundus. While exploring the cavity, the finger may remove a fragment of tissue for microscopical examination Pigmentation of the skin, which is so often seen to accompany the usual forms of malignant disease, so far has not been recorded in connection with chorionepithelioma.

Etiology.—This disease usually occurs during the period of greatest sexual activity, but there are exceptions to this rule. One case in a patient over fifty-five has been reported, but none beyond that age. It may occur in girls before they reach puberty, but this is extremely rare. Teacher considers the average age to be about thirty-three, with a slight rise towards the two extremes of sexual life, owing to the tendency of old or immature uteri to produce abnormal conceptions, especially hydatid mole. "Out of 169 tumours, 6 occurred between the ages of