

multi-nucleated, some of which present a resemblance to decidual cells, while others are identical in character with the multi-nucleated giant cells which occur in the decidua serotina. These, in some parts, are arranged in cell masses without intervening cell stroma, while in other places they are infiltrating and destroying adjacent tissues after the manner of sarcomata. The cells of the first class are those of Langhans' layer. When young, they are small, but they increase in size as age advances. Their nuclei contain a fine intra-nuclear network and are easily stained. They also contain glycogen. These cells of Langhans' layer constitute neither an important nor a necessary element in chorionepithelioma, and they may be completely absent in specimens from undoubted cases of that disease. The same statement does not hold good, however, in regard to the syncytial masses, which are always present in true chorionepithelioma. The plasmodia or syncytia are not true cells, but are simply ill-defined masses of protoplasm with one or more nuclei. Their protoplasm is usually homogeneous and opaque and takes the stain of eosin, etc., very strongly. The nuclei are small, oval or rounded, and are scattered throughout the mass without any attempt at order. They multiply by direct division, and may be vacuolated. The syncytium forms the boundary of the growth, *i.e.*, it is seen at its periphery. In the centre of the neoplasm, no vessels with true walls are seen, but the growth is nourished by means of lacunæ, the walls of which are composed of syncytial masses which penetrate the uterine wall. In doing so, they send long processes between the muscular bundles which run along the vessels and ultimately penetrate their walls. Before actually doing so, however, they cause a weakening of the walls, thus allowing of a localised dilatation of the vessel which gives it an appearance of being thrombosed, or varicose. After entering the vessel, these plasmodia actively proliferate and act in one of two ways. The mass in the vessel may form a thrombus, which may itself go to some distant part or it may give off cells or smaller portions which, in their turn, travel with the blood-stream and so give rise to new foci of disease. Or, the thrombus may form and remain where it is, becoming canaliculised and taking the place of the vessel wall. This infiltration of the vessel wall explains the manner of spread of the disease and also the hæmorrhages. Haultain<sup>13</sup> thinks that many cases of cure may be explained by the blood being poured out around the neoplasm and cutting off its nourishment by pressure.

Marchand recognises three forms, *viz.*: (1) Typical, characterised by the presence of syncytial masses sending off branches in all directions, thus forming a network, the strands of which are covered with nuclei, and in whose meshes are clear cells which vary in number; (2) Inter-