well preserved or at least retaining their outlines. The presence of the villi is proof positive of the intra-uterine pregnancy. If the foetus has escaped, the placenta usually remains, but if this has been expelled, small fragments are then found and we have the typical decidual formation still clearly visible and showing evidence of inflammation.

Hydatidiform moles. These are not very common. The patient has given a history of conception and then after a few months when movement is looked for none is detected and frequently there is a bloody discharge, often somewhat like brick dust. The uterus is globular and elastic, the cervix hard and the breasts diminished in size. Were one not cognizant of the facts, the diagnosis of a globular myomatous uterus might readily be made—in fact, I reported a case two years ago where we were almost sure that the growth was a myoma until after examination under ether. This disease is due to a cystic degeneration of the placental villi. These cystic villi with their secondary branches roughly look like bunches of grapes. On curetting large quantities of small cysts escape. They do not resemble anything else—so the diagnosis is certain. All these cases should be carefully watched as malignant changes are peculiarly prone to follow and may in fact have commenced and engrafted themselves on to the uterus prior to the expulsion of the mole. If uterine haemorrhages recur within a few weeks or months after removal of the mole a careful vaginal examination should be made at once to see if any uterine nodules exist and uterine scrapings should be made to determine definitely if any malignant growth be present.

Chorioepithelioma. This is a disease, until recent years, unknown. It never occurs except after pregnancy and is due to a malignant change in the placenta and possibly in the decidua. It may follow a simple miscarriage or an apparently normal labor, but is very frequent after a hydatidiform mole. It has in a few instances developed subsequent to a tubal pregnancy. Given a recent pregnancy, miscarriage or mole followed in a few weeks or months by copious uterine haemorrhages, we must immediately suspect chorioepithelioma or as it is frequently termed deciduoma malignum. On examining the uterus it is usually found enlarged and may be nodular, while in the vagina a bright