

situated in the lower part of the left wall of the vagina near the introitus. One of these was the size of a bean, while the other was about twice as large. They looked like thrombosed veins, and the mucosa over them was ulcerated with blood at the base of the ulcer. No physical signs of pulmonary disease could be made out. The two vaginal masses were excised, and the patient was apparently quite well in February, 1902. Microscopic examination of these masses and uterine scrapings showed that the former were typical examples of chorionepithelioma, while the uterus was quite free from disease. Contrary to most uterine growths, secondary deposits occur both early and frequently in chorionepithelioma, and this fact may be considered as symptomatic of the disease. Extension takes place by means of the blood-vessels, and in many specimens one can see the tumour cells projecting into the blood-spaces or even lying loose there. A case reported by Lockyer, however, suggests the possibility of their transmissibility by the lymphatics as well. The patient was 26 years old, and had given birth to a full time child four weeks before coming under observation. Ten days after labour, she began to have dragging pains in the vagina, accompanied by a brownish discharge. About ten days later a lump appeared in the groin. The primary seat of disease was the uterus, with secondary nodules in the left groin, right labium majus and lungs. This inguinal swelling occupied the site of the inguinal glands and greatly resembled a mass of enlarged and inflamed glands. Although microscopic examination of these masses did not reveal any glandular structure, their appearance and situation, at least, are suggestive of invasion through the lymphatics. The lungs are the organs which are the more prone to be affected secondarily, thus accounting for the cough, dyspnoea, hæmoptysis, etc., so often met with. Next in order of frequency to be attacked by secondary deposits is the vagina. Here, the growth usually presents itself as a soft violet coloured nodule, which rapidly increases in volume, ulcerates, and bleeds profusely. Eirmann's statistics show 28 pulmonary to 20 vaginal metastases, while in my own series of 277 cases (including Teacher's) there are 103 pulmonary and 72 vaginal growths. The nervous system may possibly be affected, and, more rarely, the bones. As for the viscera, there are none but what have been attacked.

Histology.—Teacher¹² describes the most typical elements as consisting of (1) Small well-defined polyhedral cells with large vesicular nuclei closely packed together in masses without any connective tissue stroma between them. (2) Large multi-nucleated masses of protoplasm (plasmodia or syncytia) in which no definite cell boundaries are recognisable. (3) Large cells, sometimes mono-nucleated, sometimes