

cases the presence of teratomata was either proven or strongly suspected. The fact has been emphasised by Schlegenhäuser⁷ and Wlassow.⁸ As examples of this may be cited the cases of Bostrom and Ritchie. Bostrom's⁹ patient was a man, 32 years old, who was operated on for a small cerebral tumour, which, on histological examination, showed decidual masses. Later on, the man died and the autopsy revealed metastases in the lungs and peritoneum, these metastases also showing evidences of chorionepithelioma. Ritchie's patient was also a young man, who died of a malignant tumour of the mediastinum. At the autopsy, a dermoid cyst was found, as well as another mass, which showed all of the microscopical characters of chorionepithelioma. These exceptions are sufficient to establish the fact that the disease *may* occur quite independently of pregnancy, but there is no denying the statement that but few cases are seen in which there has not been some evidence of previous impregnation.

Pathological Anatomy.—Examination in situ with the naked eye shows the growth to be an irregular, diffuse, fungous mass deeply implanted in the uterine wall by numerous prolongations which run between the bundles of muscular fibres. At other times, the surface is ulcerated, rough and coarsely ragged with villous vegetations. At the seat of the disease, the uterine wall may be almost or entirely eaten through. Solivij¹⁰ reports a case where the disease had penetrated into the parametrium. More rarely, the growth may be pedunculated or else the opposite condition may be present, nodules of tumour lying beneath the mucous membrane, which is apparently intact. The tumour varies considerably in size; it may be as small as a marble and almost never exceeds the size of a full term foetal head. In colour, it is usually greyish, with dark hæmorrhagic spots, but it may be either dark green or bright red. The growth is usually soft and friable in consistence, never being firm, as in fibroids, or hard, as one gets in ordinary epithelioma. The usual situation of the tumour is high up near the fundus uteri, but the vagina may be the primary site, and examples of this have been reported by Landau and Büsse. Landau's¹¹ patient was an unmarried girl, twenty years of age, who previously had enjoyed the best of health. She was admitted to his clinic on November 9th, 1900, having been last "unwell" in the middle of August. At the end of October, bleeding and pain in the lower abdomen came on. She was examined on November 5th, and the os was found to be closed. She was curetted but no diseased tissue was found. She suffered from repeated hæmoptysis. On November 9th, Landau found the internal organs of generation to be healthy, but he discovered two swellings