cellular elements which differ in themselves from those of any other tumour formation.

The disease has only been recognized during the last twelve or fourteen years, cases before that time being diagnosed as carcinoma of the uterus. The earliest case is one reported by Wilton, in 1840, the disease occurring in a woman 37 years of age, who had been pregnant six times, the last pregnancy having terminated in hydatid degeneration. The patent died from rupture of the uterus and intraperitoneal hæmorrhage. Between 1840 and 1888 several undoubted cases were reported by Netzl,[1] Hoffmeier and others; but it was not until July 16th, 1888, that the disease was described as a separate entity by Sänger[2] in a paper read before the Gynæcological Society of Leipsic, so that our knowledge of the malady may be said to date from that time. He considered it to be a sarcoma arising from the decidual membranes, hence the name "Deciduoma Malignum," which he gave to it. Many other theories as to its nature have been put forward. Pfeiffer,[3] Löhlein, Nové-Josserand and Zweifel consider it to be a decidual sarcoma, while Toupit and Hartmann hold that it is of fœtal origin. Gottschalk looked upon it as a tumour of the chorionic villosities, and pointed to the frequency with which it followed hydatid mole. In 1895, Marchand[4] stated that it was not a sarcoma, but that it sprang from the epithelium of the syncytium and Langhans' layer, that is to say, that it originated in the lining of the villi, thus consigning to the disease a double origin, viz., fœtal, from its origin in Langhans' layer and maternal from the syncytium. This view of a mixed origin was supported by Resinelli, Bandler, Fränkel and Langhans, but, later, in 1898, Marchand[5] modified his view by stating that the syncytium arose from the fœtal ectoderm. To-day, the origin of chorionepithelioma from maternal tissue is denied by all observers, and the majority maintain the view of Apfelstedt[6] and Aschoff, etc., that the disease springs from the syncytium and Langhans' layer, but that both of these have their origin in fœtal elements.

To summarise, there are two principal views as to the origin of chorionepithelioma. One, and the oldest, is that of Sänger, Chiari, and others, that the disease is sarcomatous, while the second, supplied by Marchand and his followers, is that it is a special form of epithelioma of fœtal origin.

Although, in the vast majority of cases, chorionepithelioma follows pregnancy; it does not always do so, instances having been recorded by competent observers where the disease occurred in old women past the menopause, in undoubted virgins, and even in males; but in all such