

the entire field. 1st. The evidence of pregnancy. 2nd. The disproportionate size of the uterus, which is usually much larger than corresponds to the period of pregnancy unaccompanied with any evidence of the presence of the fetus, either by palpation or percussion. 3rd. A bloody or sero-sanguineous discharge.

The discharge of vesicles, however, is the only positive sign, but this rarely occurs until the process of expulsion has begun. Moor-Madden⁶ states that before the fourth month it is practically impossible to differentiate cystic degeneration of the chorion from normal pregnancy unless some vesicles should chance to be discharged.

Treatment.—When the diagnosis is established the indication is to empty the uterus at once. The cervix may be dilated with steel dilators or the Barnes bag, and then the finger, aided by the long-handled ovum forceps, should be used for the removal of the neoplasm, but the danger of rupturing the very thin and attenuated walls must be remembered, therefore all intra-uterine manipulation must be gentle.

It is a good plan to make counter pressure over the abdomen while working within the uterus, as the great danger is hemorrhage, which cannot be controlled until the uterus is firmly retracted. The cysts must be cleared out rapidly, followed by the use of hot irrigation and hypodermic injections of ergot. The curette is not safe in these cases, as it may readily perforate the uterine tissue, while its use is sometimes necessary when cysts are imbedded in the decidua, for their thorough removal undoubtedly diminishes the likelihood of subsequent chorion-epithelioma.

The liability to septic infection calls for strict asepsis during the abortion, as well as afterwards, but with the most extreme precautions sepsis may occur, having its focus in a retained cyst.

The cysts sometimes penetrate the walls of the uterus to the peritoneal coat. And a case has been reported of fatal hemorrhage into the peritoneal cavity.

Description.—The vesicles vary in size from that of a small currant to that of a chestnut. Their mode of attachment one to another, makes the so-called resemblance to a bunch of grapes incorrect. They are not attached by the stalks to branches of a main stem, but each vesicle is attached by a pedicle to another cyst, and the first of the series, that nearest the ovum, springs direct from the outer surface of the chorion. The pedunculated structure intervening between the cysts, represents the unaltered tissue of the villi. When the vesicles are discharged separately with the blood-stained fluid, they resemble very closely white currants in red-currant juice.