

tion and nature of the metastases. The os is dilated and soft and there is found in the womb cavity, or protruding through the os a soft mass resembling placenta. The pigmentation of the skin so usual in malignant disease has not been noticed in chorionepithelioma.

As to the etiology most cases occur during the period of sexual activity. It has been met with in girls under puberty and in women at 55 years of age. The average age for its appearance is 33 or 34. There is no longer any doubt as to the influence of the hydatid mole in causing a growth, as the epithelium of the chorionic villi is very active in such cases. In 262 cases of the series collected by Dr. Lockhart, there was the history moles in nearly 37 per cent., nearly 32 per cent. followed abortions, and 26 per cent. full time labors. The disease usually comes on within two or three months from the termination of the pregnancy. Cases are reported where several years elapsed. It may commence during pregnancy. Lutein cysts of the ovaries have been thought to have some connection with the disease, as the lutein cells may stimulate in some way the epithelium of the villi.

The prognosis is very grave. In Dr. Lockhart's total series of 277 cases the death rate was 52.85 per cent. after moles, 63.75 per cent. after abortions, and 54.32 per cent. after full term pregnancies. When the disease is not interfered with, death usually occurs in from a few weeks to a few months.

The treatment is preventive, palliative and curative. Much can be done to prevent the occurrence of the disease by careful attention to the condition of the uterus after pregnancy, especially after abortions or moles. Where the disease cannot be removed, the symptoms may be alleviated by judicious treatment to relieve pain, control the haemorrhages, keep the parts clean and maintain the strength of the patient. In all cases, seen early enough, the disease should be thoroughly removed by the excision of affected tissue and the entire uterus.

A table giving the record of collected cases closes the article.

POST DIPHTHERITIC PARALYSIS.

Aubrey T. Mussen, M.D., reports two cases of paralysis following diphtheria. In these cases there were the usual loss of motor and sensory nerve function, loss of the reflexes, and wasting of the muscles. The treatment consisted in galvanism for 15 to 30 minutes twice a week to keep up the tone of the muscles. When the nerves regenerated faradism was employed, and vibratory massage by means of an oscillator.