in all of which lutein cysts were present. Even where the ovary appears to the naked eye to be healthy, careful microscopic study will often show an excess of lutein cells to be present.

Prognosis.—Chorionepithelioma is considered the most malignant tumour which can attack the uterus. If not interfered with, death usually supervenes in from a few weeks to two or three months, but, exceptionally, the patient may live for one or two years (Bacon). If discovered early and treated radically, the patient may recover, and the same happy result has been reported even when no treatment was carried out; but the diagnosis in these cases is doubtful. However, well authenticated cases have terminated favourably where part of the growth had been left in situ. In one of the cases reported by C. P. Noble, the disease had spread from the uterus to the bladder, and, although this infected area was left, the patient fully recovered. She was seen and examined 18 months after her operation, at which time the nodule could not be felt, and she was in excellent health.

Velits considers that spontaneous cure may result from necrobiosis, "as is shown by the lowered vitality and the disappearance of the cells of Langhans, and the appearance of wandering cells, which shows the separation of the syncytium." Cases somewhat similar to that of Noble, where the secondary nodules have not been touched, but hysterectomy has been performed and the patients have made permanent recoveries, have been reported by Albert, Kolomonkin, Marchand, and others.

Those cases which follow moles are less virulent than those which are preceded by ordinary pregnancy, and, of the latter, those ending in abortion appear to have the highest rate of mortality. In my own series, the mortality was: After moles, 52.85 per cent.; abortions, 63.75 per cent.; and after full term pregnancies, 54.32 per cent.

Nothwithstanding the above-mentioned exceptions, the prognosis in chorionepithelioma is extremely grave.

Diagnosis.—Hæmorrhage after labour does not always mean chorionepithelioma, but in all cases where it is severe, continuous and difficult to check, one ought to be suspicious of serious trouble. In such a case, curettage with subsequent microscopical examination of the scrapings should clear up the diagnosis, but the tissue must be examined in as perfect a condition as possible if any valuable information is to be obtained.

It is very difficult to distinguish between the villi of an hydatid mole and those of chorionepithelioma, but where you see large degenerated cells you must be on the watch for malignancy. Where you have severe and obstinate hæmorrhage in a puerperal woman, and find evidences of