

# LANCET

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## ORIGINAL ARTICLES.

### CYSTIC DEGENERATION OF THE CHORION VILLI WITH SPECIMENS.

(Known under various names as hydatiform, mole, vesicular mole, or dropsy of the chorion.)

Synopsis: This disease is characterized by the hypertrophy of the Chorion Villi, by their conversion into cysts of various sizes, up to a hen's egg, connected with one another or with the base of the chorion by pedicles. It is further distinguished by rapid growth of the ovum; by the early escape of blood from the uterus, and premature expulsion of the ovum, which is covered over a greater or less part of its surface with numbers of small transparent cysts. Various explanations have been advanced to account for its occurrence, but Valpeau was the first to indicate that the cysts were nothing but distended chorion villi. According to Virchow this cystic degeneration of the villi is due to degeneration of the mucous substance within the villi, continuous with the substance of the cord. This change consists in the over-production of true mucous tissue within the villi. This process usually begins before the third month. The implication of the whole chorion is the rule, but exceptionally it is the placenta only that is affected.

The liquid contents of the cysts is usually clear and translucent and gives evidence on chemical examina-

tion of the presence of mucin and albumen in considerable quantities.

As to diagnosis there are three prominent symptoms:

1. Rapid increase in size of the uterus.
2. Discharge of blood or bloody serum from the uterus.
3. The escape of vesicles.

These symptoms do not always manifest themselves so that it does not always permit of a definite diagnosis.

Vesicular mole is most apt to occur in women who have already borne children or who have reached middle age, and is necessarily a result of impregnation. The degenerated chorion usually determines the expulsion of the ovum at some period between the third and sixth month of gestation. If, however, the degeneration be confined to a comparatively limited area the pregnancy will usually go on to term. On the other hand the embryo may be absorbed and the chorion become adherent to the uterine wall and be retained for twelve or more months. This retention is frequently due to the perforation of the uterine wall by the chorion villi, and as a result there may be fatal hemorrhage when the wax is expelled, or the villi may grow to such a length as to pierce the peritoneum which may be torn and fatal hemorrhage ensue into the peritoneal cavity.

AS TO THE ETIOLOGY—It cannot be attributed to any single cause. The conditions responsible for its production are numerous and may reside in either the mother or child.