

17 and 20; 73 between 21 and 30; 54 between 31 and 40; 28 between 41 and 50; 9 between 51 and 55; and 22 in women over 45."

In a series of 277 cases collected by myself, including Teacher's list, age was not stated in 19. Of the others, 4 were under 20; 105 were between 20 and 30; 80 were between 31 and 40; 57 were between 41 and 50; and 12 were over 50.

There can no longer be any doubt as to the influence which hydatid moles have upon the chorionepithelioma, and this is probably due to the extreme activity of the epithelium of the chorionic villi. Of 12 cases which occurred in women who were over fifty, 9 followed moles, with the exception of McCann's patient, who had not been pregnant for nine years.

Birmann reports that, out of 35 cases, 18 were preceded by hydatid moles. Ladinski<sup>15</sup> collected 128 cases, of which 51 followed moles (expelled at the fourth month in 33 cases); 41 followed abortions; 21 followed normal labour; 4 followed premature labour; and 3 followed tubal pregnancy.

Metoz collected 98 cases, of which moles preceded 48.

In my own series, the nature of the previous pregnancy was only stated in 262 cases. Of these, 36.78 per cent. followed moles; 31.80 per cent. abortions; and 26.43 per cent. full time labours. Gebhardt states that hydatid mole develops once out of every 728 pregnancies, while Williamson gives the relative frequency to be 1 mole in every 2,400 pregnancies, and Berry Hart finds that 1 mole in every 1,000 becomes malignant.

The duration of time between the pregnancy and the appearance of the disease varies. Usually only two or three months intervene, but McCann reports a case with nine years' interval, Flieschman six years, and several with an interval of from two to three years have been recorded. My own case was delivered of her last ovum (an hydatid) three and a half years before the onset of symptoms. It may, however, develop during the course of pregnancy.

Another factor which may wield an important influence upon the etiology of this disease, is disease of the ovaries. In quite a large proportion of the cases of chorionepithelioma such a complication has been noticed. When it does occur, it is usually in the form of lutein cysts, the abnormal quantity of lutein cells which is present being supposed to have a stimulating effect upon the proliferating epithelium of the villi. While the connection between these lutein cysts and chorionepithelioma has not yet been proven, the two conditions are sufficiently often observed in the same patient to give some strength to the theory. As evidence of this, Hammarschlag reports five cases of chorionepithelioma,