

CYSTIC DISEASE OF THE CHORION: WITH A TABU-
LATION OF ONE HUNDRED CASES.¹

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ON the morning of July 20, 1895, there appeared at the Gynecologic Dispensary of the Pennsylvania Hospital D. C., a tall, well-developed Russian Jewess, who intellectually was much superior to others of her class, and who gave the following history: She was 25 years of age, and was at that time three and a half months advanced in her fifth pregnancy. She had given birth to three children at term and one miscarriage; her youngest child was $2\frac{1}{2}$ years of age. Her labors had been of ordinary severity. She stated that she was averse to having more children, and that for the past two years she had been adopting measures to prevent conception, including the practice of onanism, and the use of vaginal injections. She was exceedingly weak and emaciated, and markedly anemic at the time of her visit, but had formerly enjoyed excellent health. Her menstrual periods had been regular. Notwithstanding her efforts at enforced sterility she had conceived, and gestation had to all appearances advanced in a perfectly normal manner until the ninth week. At this time she began to have a slight bleeding, which persisted as an almost daily show until the date of her visit to the hospital, five weeks later. The constant flowing was unattended with pain at first, but later she had

¹ Read before the Barton Cooke Hirst Obstetrical Society, of the University of Pennsylvania.



suffered with slight colicky pains in the lower abdomen, of sufficient intensity, however, to excite considerable apprehension,—hence her application for relief.

An examination made at this time elicited all the signs of early gestation, including a very soft cervix and a moderate degree of uterine enlargement, about corresponding to, or perhaps, a little over that of the supposed period of pregnancy. The cervix was somewhat patulous and there was a moderate flow of red blood. The diagnosis of a threatened abortion was made, and the patient was given one dram doses of the fluid extract of *viburnum prunifolium* three times daily, and ordered to confine herself to bed until the flow had ceased. Three days later, the bleeding having persisted, but without any appreciable increase in the amount, she was given a suppository of the aqueous extract of opium night and morning. In two days' time she reported that there had been no amelioration of her symptoms. The treatment was continued, and after an absence of nine days she returned on the morning of August 3, reporting that there was at that time but a slight flow, and that she was feeling considerably improved. It was noted, however, that there was a progressive emaciation with marked sallowness of the skin.

Eleven days passed when she again appeared in a decidedly worse condition, with a return of the bleeding, and the addition of severe abdominal pain. She stated that she had been discharging small clots for the past two or three days. She was also suffering exceedingly from hemorrhoids. An examination made at this time revealed a still more patulous condition of the external os, and the finger, gently introduced, detected dilatation of the internal os, and the presence of a spongy material feeling very much like placental tissue. It was also noted that the fundus of the uterus was much enlarged, reaching well up to the umbilicus. The amount of abdominal resistance did not permit a close study of the degree of consistence of the uterine tumor. A diagnosis of placenta previa was made, and the patient was given my address and commanded to send for me at once should there appear any considerable increase in the amount of hemorrhage. This was the morning of August 14.

Four days later, at 5.30 A.M,—the patient now being four and a half months pregnant,—I was hastily summoned by note which stated that the woman was bleeding to death. When I reached her the hemorrhage had ceased, but the bed, bedclothing, and floor were drenched with blood, and her mother showed me a chamber-pot half filled with clotted blood, but containing no membranes or other portion of an ovum. A glance was sufficient to show that the patient was almost exsanguinated. A careful examination revealed the os

dilated to the size of a quarter of a dollar, but filled with a protruding mass of spongy material which I judged to be placental tissue. The patient informed me that on the previous morning she had suffered from a smart hemorrhage, and had passed a fragment of meat-like substance that had contained one or two bladder-like structures.

Fearing a renewal of the hemorrhage if I should displace this plug, I sent for Dr. Alfred C. Wood, who etherized the patient. When completely anesthetized I dilated the os and removed with the fingers a large mass—over two quarts—of a substance very closely resembling boiled tapioca, and which I at once recognized as cystic degeneration of the chorion. But very little bleeding attended the evacuation of the mass, and the uterus contracted firmly as the cavity was emptied. After giving a hypodermatic injection of ergotin and an intrauterine douche of mercuric-chloride solution (1:3000), a strip of iodoform gauze was introduced and the patient placed in bed. An examination of the removed uterine contents revealed no trace of a fetus, and but a small portion of placental tissue—about two by two inches in size—was found. The cysts, which varied in size from a very minute vesicle to one as large as a small-sized grape, were white or pinkish-white in color, and translucent. They were not pedunculated, but seemed to be loosely grouped together without any special relationship to one another.

The progress of the case was very satisfactory. The evening temperature on the day of delivery was 101° F., and the next morning 100° F., with a pulse of 102. The following morning the lochia became exceedingly offensive, although there was no elevation of temperature over 100° F., and the pulse remained but moderately accelerated. Under the use of mercuric-chloride douches of 1:2000 strength, the fetor was destroyed and the patient steadily regained her strength and color. She remained in bed for two weeks, at the expiration of which time she was practically well, the uterus being well advanced in involution and sunk beneath the pelvic brim. Two weeks later she again visited the hospital to report progress, and even at that early period had regained considerable flesh and color.

Shortly before this time, Kehrer,¹ of Heidelberg, had published a paper containing the reports of fifty hitherto unpublished cases of cystic disease of the chorion, which he had gathered in two years' time, from forty-eight midwives and physicians in the lowlands of Baden. It was the opinion of all with whom he had corresponded that the disease was one of considerable rarity. His object in gathering unreported cases was to arrive, if possible, at a more accurate knowledge of the peculiarities of the disease, for he believed that the

¹ Archiv für Gynäkologie, 1894, Band XLV, Heft 3.

cases that found their way into the medical journals were more probably those that had terminated favorably, and would not, therefore, present a true picture of the gravity of the disease.

Admitting that there was much truth in Kehrer's arguments, it being deplorably true that medical men are not apt to report their failures, I was stimulated, however, by this interesting case in my own practice, and by my perusal of Kehrer's paper, to put the matter to the test. At the expense of much time and trouble, therefore, and with the kind assistance of Dr. T. Perceval Gerson, of Johns Hopkins Hospital, and Dr. George C. Küsel, of this city, I have collected from current medical literature 100 reported cases of the disease, which I have tabulated, and from which I have formulated conclusions. These I have compared with the studies of Kehrer with the following results:

In the first place, as regards the age at the time of the molar birth. In 15 per cent. of the cases the age of the woman is not stated, but from the histories of the cases in eight instances in which the patients were described as "young" married women, it is fair to presume that they were under 30 years of age. In 8 per cent. the patient was under 20 years, the youngest being a single girl of 13. The larger percentages occurred between 20 and 40 years of age; thus, between 20 and 30 years one-third of the cases (33 per cent.) are noted, or, if we include here the eight women whose ages are not given, but who were presumably under 30, we have a percentage of 41 occurring in the third decade of life. Twenty-seven per cent. of the women were between 30 and 40 years of age, and 11 per cent. between 40 and 50 years, while but 5 per cent. were over 50; the two oldest women having each attained the age of 53. It will thus be noted that 68 per cent. of the cases occurred between 20 and 40 years of age, while only 8 per cent. were under, and 16 per cent. over, this period, leaving 7 per cent. undetermined. Two per cent. of the cases occurred in colored women, one 29 years of age, and the other a mulatto of 42, and 5 per cent. occurred in single women, four of these being under 20 years (13, 16, 17, and 17), and one 24 years of age. These figures very closely approximate those of Kehrer, who found in his fifty cases that 4 per cent. happened before the twentieth year, 38 per cent. between 20 and 30 years, 36 per cent. between 30 and 40 years, 18 per cent. between 40 and 50, and 4 per cent. over 50 years of age. It will be noted that 74 per cent. of Kehrer's cases occurred between the twentieth and fortieth year as compared with 68 per cent. of my own table. Sixteen per cent. of my cases occurred in advanced years,—that is, after 40 years of age,—while 22 per cent. of Kehrer's cases occurred during the same period. This goes to prove the rela-

tive frequency of the molar births late in life as compared to normal childbirth.

Number of Previous Pregnancies.—In 9 per cent. of my cases it is not stated whether the patient had previously given birth to children. In 24 per cent. the molar birth occurred in primiparæ, as compared with 10 per cent. of Kehrer's table. Of the remainder, 8 per cent. were multiparæ, the number of previous children not being noted; 14 per cent. had given birth to one child; 7 per cent. to two children; 6 per cent. to three children; 5 per cent. to four children; 2 per cent. to five children; 4 per cent. to six children; 4 per cent. to seven children; 2 per cent. to eight children; 3 per cent. to nine children; 3 per cent. to ten children; 1 per cent. to eleven children; 2 per cent. to twelve children; 2 per cent. to thirteen children; 2 per cent. to fourteen children; and 1 per cent. to fifteen children. Eighteen per cent. of the women, or $23\frac{1}{2}$ per cent. of the multiparæ, had aborted one or more times.

Previous Health.—In 36 per cent. of the cases no mention is made as to the previous condition of health. Forty per cent. of the women had always enjoyed excellent health and presented normal menstrual histories, while in 25 per cent. of the cases the record is that of poor health. Most of these delicate women suffered from anemia and irregular menstruation, with periods of suppression or a history of too profuse flow. One was of the scrofulous diathesis; one had suffered from an attack of typhus fever one year before; one had had a gastric ulcer; one was insane, believing herself to have hydrophobia; one was melancholic and attempted suicide by cutting her throat; and one was suffering from a chronic cardiac disease. It would appear from these statistics that the previous condition of health exerted little, if any, influence upon the development of the chorionic disease.

Symptoms during the Pregnancy.—Fifty per cent. of the women suffered from nausea and vomiting during the molar pregnancy, in many the symptoms being more or less constant and severe. Generally it became more marked towards the close of the gestation. Eight per cent. of the women did not present this symptom, and in 42 per cent. no statement is given. This cannot, therefore, be regarded as an especially characteristic clinical manifestation of cystic degeneration of the chorion. One woman presented the symptom of pica in an aggravated form.

Fully half of the women suffered from anemia and debility to a marked degree, and a number of these were prostrated to such an extent as to necessitate their confinement to bed for a portion of the pregnancy. It would seem very evident, therefore, that women with

this abnormal condition in the uterine cavity are especially prone to suffer from an undue debility which is probably largely dependent upon the hemorrhages from which they suffer.

Albuminuria and edema of the lower extremities or general anasarca were noted in 19 per cent. of the cases, a frequency sufficient to attract attention and to call for a closer study as to the coexistence of renal derangement and cystic disease of the ovum. It would be fair to state that renal insufficiency, or the kidney of pregnancy, is at least three times as frequent in this condition as in normal gestation.

Abdominal pain was a marked symptom in 38 per cent. of the women, and when present was usually first noted towards the close of the gestation. It partook of the character of labor pains, and in some instances was exceptionally severe. Thirteen per cent. of the women had absolutely no pain before the onset of labor, while in almost half of the cases no mention of this symptom is made. It is probable that the origin of this pain is the extreme and rapid development of the uterine tumor which was noted in 85 per cent. of the cases. By the time of the third or fourth month in the vast majority of the cases the abdominal distention and uterine growth were equal to that of the sixth or seventh month of normal gestation, the fundus uteri reaching to or extending slightly above the umbilicus. On palpation the tumor was generally noted to be of a greater consistence than the cystic tumor of pregnancy, non-fluctuating, but of a peculiar doughy or mushy feel. Absence of the uterine soufflé is the rule. A number of the women claimed to have felt fetal movements.

Uterine hemorrhage is a constant symptom, in many instances occurring as an excessive flow at irregular intervals, or, as in my own case, persisting as a daily stillicidium until the final profuse hemorrhage ushering in the expulsion of the mole. Generally the bleeding does not commence before the second or third month, and at times it partakes rather of the nature of a watery or sanguineous discharge than of a true hemorrhage. Once established, the flowing persists in increasing amounts at irregular intervals. Kehrer believes that the hemorrhage results from imperfect attachment of the diseased chorionic villi to the decidual tissue.

Time of Birth.—The month of pregnancy in which the expulsion of the mass occurs varies. In my own table in 6 per cent. of the cases the time is not given. In 6 per cent. it occurred during the second month; in 20 per cent. during the third month; in 31 per cent. during the fourth month; in 12 per cent. during the fifth month; in 15 per cent. during the sixth month; in 2 per cent. during the seventh month; in 4 per cent. during the eighth month; and in 3 per cent. at term. Sixty-three per cent. of the cases, therefore,

occurred from the third to the fifth months inclusive, as compared to 74 per cent. in Kehrer's table. But 3 per cent. of my cases arrived at term, while Kehrer showed a percentage of 4. The time required for the expulsion of the mass was usually short, not exceeding four to six hours in most of the cases. The labors, however, as far as suffering was concerned, closely resembled the normal. The pains were intermittent, colicky, and often severe, and attended with profuse bleeding in most of the cases.

Size and Nature of the Mole.—Almost without exception the mass discharged was of considerable bulk, varying from a pint to over a gallon. The description of the size varies. In one instance it filled a dinner-plate; in others it is described as immense or enormous; repeatedly it was said to half fill or to fill completely an ordinary chamber-pot or hand basin. In one case it was said to weigh six or seven pounds; again, four pounds, and again, between two and three pounds. In one case it was described as one and a half times as large as a fetal head at term.

Generally the mole consisted of the usual clear or translucent vesicles of a whitish or pinkish-white color, and varying in size from a pin's head to a walnut. These cysts contained the characteristic watery fluid. In 1 per cent. of the cases the disease had occurred at a preceding pregnancy. In 21 per cent. of the cases fragments of placental tissue and fetal membranes were discovered, and in 6 per cent. of the cases an embryo or fetus either preceded or followed the discharge of the mass.

The mole was expelled spontaneously in 39 per cent. of the cases, and in the remainder of the patients was driven out either by strong uterine contractions induced by the action of ergot, or was removed by the hand or curette.

Sepsis.—There is a great tendency to the manifestation of septic intoxication after the delivery of an hydatidiform mole. In my table 31 per cent. of the women, or nearly one-third of the cases, developed a certain degree of sepsis, as shown by an elevation of temperature, rigors, and fetid lochia. Five of the cases resulted fatally.

Mortality.—The mortality as shown by my table is probably a little under the usual percentage, thus proving the truth of Kehrer's statement that fatal cases, as a rule, are not reported. The table shows a mortality of 10 per cent., 3 per cent. perishing from hemorrhage at the time of delivery; 2 per cent. succumbing shortly after delivery to the effects of perforation of the uterine wall; and 5 per cent. dying at varying periods during the puerperium of septic infection.

A tabular arrangement of the cases is appended.

HISTORY OF THE PREGNANCY.

Number.	Reporter.	Reference.	Name.	Social State.	Age.	Previous Pregnancies.	Abortions.	Previous Health.	Gastric Symptoms.	General Symptoms.	Pain.	Hemorrhage.	Abdominal Enlargement.
1	Ander- son, W.	Lond Med. Reposit., 1827, XXVIII, 403.	Mrs. E.	M.	22	2	0	Spare habit; a fright when 3 mos. pregnant.	.....	Felt quickening.	Some bearing down.	First at 7th mo.; slight in amount.	Great.
2	Andrew, John.	Glasgow Med. Journ., 1832, v, 68-74.	M. R.	S.	16	0	0	Poor for 6 mos., spitting of blood; mental depression.	.....	Weak; anemic; attempted suicide at 6th month by cutting throat.	Irregular bearing down.	None.	Rapid; size of eighth month of gestation.
3	Ibid.	Ibid.	Mrs. F.	M. 22 mos.	..	1	1, at three mos.	.....	Nau- sea.	Slight spitting of blood.	Slight.	None.	Greater than at the sixth month of pregnancy.
4	Ibid.	Ibid.	Mrs. S.	M. 6 mos.	..	0	0	Poor.	Nau- sea.	Violent cough; slight spitting of blood.	.....	None.	Marked; firm to the touch.
5	Ibid.	Ibid.	S. H.	S.	17	0	0	Good.	Nau- sea; occasional vom- iting.	.....	None.	.....	Size of 7th month of gestation; hymen intact.
6	Arm- strong, J.	Liverpool and Manchester M. & S. Reporter, 1874, 53.	Mrs. X.	M.	..	1	0	.....	.....	.....	.....	.....	Rapid in- crease.
7	Ashley, W. H.	London Lancet, 1850, II, 319-321.	Mrs. F.	M. 18 years.	36	15	6	Good constitution; inclined to obesity; menstruation profuse; severe uterine hemorrhage after birth of fifth and succeeding children.	Nausea and vom- iting, at times severe.	Anemia; hys- teria; ex- treme debil- ity; dyspep- sia; moder- ate emacia- tion; vision impaired; bedridden for over two years.	Severe.	Fluid dis- charges of a dirty white color, at times offen- sive.	Considera- ble.
8	Athill, L.	Brit. Med. Journ., 1878, I, 334.	.....	.....	.....	.....	.....	Very deli- cate; suffer- ing with ulcer of stom- ach.	.....	.....	.....	First at 12th week; re- peated and profuse after that date.	.....
9	B., J.	Prov. M. & S. J., London, 1842, v, 328.	Mrs. X.	M.	52	Large family.	.....	.....	Repeated vom- iting.	Much weak- ened.	.....	.....	Size of 7th month of gestation.
10	Barnes, Robert.	Trans. Obst. Soc., London, 1865, VII, 117-120.	A. W.	M.	42	11	3, last at third mo., one year previously.	.....	Considerable nau- sea and vom- iting.	Edema of legs; anemic; urine scanty, highly-colored; felt quickening.	.....	.....	Abdomen promi- nent; tu- mor more to right side, and reaching to umbili- cus; firm, elastic, tender.

HISTORY OF MOLAR BIRTH.

Month of Gestation.	Pain.	Hemorrhage.	Description of Mole.	Treatment.	PUERPERIUM.			Result.
					Days in Bed.	Hemorrhage.	Fever.	
Term.	Slight.	Slight.	Weight of mass upward of five pounds; great quantity of fluid; vesicles size of hazel nuts; piece of placental tissue size of walnut.	Expelled spontaneously.	Usual time.	No.	No.	Recovery.
Sixth.	.....	Considerable.	Discharged a sac the size of a newborn child's head, containing clear fluid; one hour later a large mass of hydatids; two hours later another mass.	Expelled spontaneously.	Thirteen days.	"	"	Recovery.
Fourth.	Severe.	Slight.	Discharged a large sac containing clear fluid, and soon after a large mass of vesicles, weighing about seven pounds; vesicles contained a glairy fluid; no fetus nor placenta.	Expelled spontaneously.	Two weeks.	"	"	Recovery.
Fourth.	Severe; labor-like.	Considerable.	Discharged a fleshy mass resembling placenta, with a number of small vesicles on its surface; no cord or fetus; shortly after expelled a bag containing fluid; a little later passed a hand-basinful of vesicles, size of a pea to a large hen's egg, containing a glairy fluid; the next day nearly as much more was discharged.	Partially spontaneous; manual extraction.	Twelve days.	Slight.	"	Recovery.
Five and a half.	Severe; irregular.	Considerable flooding.	Discharged a large bag containing a glairy fluid, and shortly after a mass of vesicles.	Partially spontaneous; manual extraction.	Usual time.	No.	Slight for two days.	Recovery.
Not given.	Severe.	Profuse.	Mass of hydatids containing a watery fluid.	Manual extraction.	.....	.....	.....	Death at time of delivery, of hemorrhage.
Not known.	Severe; bearing-down.	Considerable.	Discharge of solid masses looking like lard, with cysts, at intervals for a month; about four ounces of solid matter and a large amount of fluid.	Expelled spontaneously.	Four or five months.	No.	No.	Gradual recovery.
Fourth.	.....	Some.	Size of mass not given.	Ergot, tamponing, and hot-water injections.	Usual time.	"	"	Rapid recovery.
Four and a half.	.....	Profuse.	Mass of hydatids of sufficient size to fill a wash hand-basin.	Expelled under action of large doses of ergot.	"	"	Slight.	Recovery good.
Six and a half.	Labor-like.	Some.	Considerable mass of cysts, some as large as a walnut; discharged in several sections.	Galvanism; tampon; finally spontaneous expulsion.	.....	.....	Yes.	Death evening of delivery, of sepsis (stupor, retching, vomiting); uterus contained fibroid tumor size of large orange.

HISTORY OF THE PREGNANCY—Continued.

Number.	Reporter.	Reference.	Name.	Social State.	Age.	Previous Pregnancies.	Abortions.	Previous Health.	Gastric Symptoms.	General Symptoms.	Pain.	Hemorrhage.	Abdominal Enlargement.
11	Bartlett, Ezra.	Boston M. & S. J., 1846, XXXIV, 95-97.	Mrs. A.	M.	37	2, youngest six mos.	o	.....	Some nausea and vomiting.	Some edema of feet; considerable debility; bedridden.	Severe.	Slight at the sixth week.	Size of 6th month by the 12th week; no fluctuation.
12	Bass, J. D.	Tr. Texas Med. Ass., 1885, XVII, 382-386.	Mrs. D.	M.	24	o	o	Very delicate; at end of 1st month of pregnancy fell and struck abdomen on chairpost.	.....	Anemic.	Slight.	Slight from one and a half mos.	Size of 7th month at four mos.
13	Bennett, Thomas J.	Richmond and Louisville M. J., 1872, XIII, 337.	Mrs. E.	M.	25	o	o	Never enjoyed good health; amenorrhea.	Nausea and vomiting.	Anemic; dropsical for three months.	.....	.....	Considerable.
14	Bernardy, E. P.	Unreported.	Mrs. G. S.	M.	30	o	o	Good.	.....	.....	.....	Slight from the fifth month.	Great distention; tumor soft, but hardening under contractions.
15	Bethune, Norman.	Canada Lancet, 1876, VIII, 161.	Mrs. X.	M.	41	14, last three abortions.	4 between 4th & 6th mo., & 3 at 2d mo.	Delicate; highly nervous temperament; poor health for 11 years.	Nausea from date of first hem., day and night; pica.	Anemic; very weak; bedridden.	Severe for 1 week before delivery.	Slight after one and a half mos.; severe for 1 week before delivery of mole.	Uterus reached midway between pubes and umbilicus.
16	Boislinière.	St. Louis Courier of Med., 1879, I, 104-107.	.....	.....	.....	.....	.....	.....	.....	.....	Slight.	For one week previous to expulsion of mass, watery and sanguineous discharges, followed by alarming hemorrhages.	Great distention.
17	Bookless, John.	Boston M. and S. J., 1852, XLV, 80.	Mrs. A.	M.	49	12 (all living), labor difficult.	o	Good.	None.	.....	Slight.	None.	Considerable.
18	Borden, F. W.	Med. News, 1884, XLV, 703.	Mrs. P.	M.	36	7, youngest four years.	o	Always remarkably healthy; menstruation regular.	None.	Comfortable.	None.	Appeared at 8th week; excessive with piece of membrane.	Moderate.
19	Browne, G. Henry.	Lancet, 1886, August 7, 249.	Mrs. X.	M.	32	Multipara.	o	.....	.....	.....	.....	Flooding began at sixth week, and continued at intervals.	Abdomen at 3½ mos. size of 7 mos. of gestation.
20	Bryan, John M.	Brit. Med. Journ., 1872, II, 464.	Mrs. X.	M.	38	4, youngest 17 years.	1	Healthy.	Constant nausea and vomiting after 2½ mos.	Considerably emaciated.	.....	Slight at 2d mo., and for 6 weeks after there was an inodorous sanguineo-aqueous discharge.	At 4 months uterus extended quite across abdomen, and reached the umbilicus.

HISTORY OF MOLAR BIRTH—*Continued.*

Month of Gestation.	Pain.	Hemorrhage.	Description of Mole.	Treatment.	PUERPERIUM.			Result.
					Days in Bed.	Hemorrhage.	Fever.	
Fourth.	Severe.	Profuse, causing collapse.	Mass of hydatids filling a chamber-pot.	Expelled under the action of ergot.	Seven to eight weeks.	No.	No.	Recovery protracted.
Fourth.	Labor-like.	Considerable.	Size of mass not given.	Manual extraction.	.....	.....	.....	Death early the following morning from hemorrhage.
Eighth.	Moderate.	Slight.	Delivered of a dead fetus; next day hydatid mass, weighing about four pounds; fetus had been dead for probably three months.	Expelled spontaneously.	Usual time.	No.	No.	Good recovery.
Term.	Labor-like.	Profuse.	Mass of cysts and degenerated fetal membranes filling a quart measure.	Manual extraction.	Usual time.	"	"	Good recovery.
Four and a half.	Severe; labor-like.	Considerable.	Mass of hydatids weighing two pounds; size of vesicles pin's head to cherry stone; many showed opaque whitish dots.	Expelled spontaneously.	.....	"	Slight.	Recovery gradual, but perfect.
Third.	Labor-like.	Considerable.	Considerable mass of hydatids, resembling grapes; no trace of fetus.	Expelled spontaneously,	Usual time.	"	No.	Good recovery.
Not given.	Labor-like	Profuse.	Considerable cluster of hydatids interspersed with clots.	Expelled spontaneously.	.....	Considerable for some hours.	"	Recovery.
Two and a half.	None.	Excessive.	Small mass containing but four cysts.	Manual extraction.	Usual time.	No.	"	Recovery.
Three and a half.	Severe.	Considerable.	Expelled a "large quantity" of vesicles.	Expelled under action of ergot and Barnes's bag.	Usual time.	"	"	Recovery.
Four and a half.	Labor-like.	Free.	Expelled a large mass of hydatids (about two pints), and six or eight hours afterwards a smaller mass.	Manual extraction.	.....	Slight.	Offensive lochia on second day.	Gradual recovery.

HISTORY OF THE PREGNANCY—Continued.

Number.	Reporter.	Reference.	Name.	Social State.	Age.	Previous Pregnancies.	Abortions.	Previous Health.	Gastric Symptoms.	General Symptoms.	Pain.	Hemorrhage.	Abdominal Enlargement.
21	Campbell, J. C.	Mich. Med. News., 1880, III, 60.	Mrs. C.	M.	47	12	0	Not noted.	.....	.....	Some.	Considerable.	Abdomen size of 6th month of gestation.
22	Chadwick, James R.	Boston M. and S. J., 1887, CXVI, 258.	Mrs. X.	M.	..	I, 18 mos. before.	0	Good.	Frequent and severe from first bleeding.	.....	.....	At 1 month small quantity of watery fluid which recurred in the subsequent four weeks.	At 11 weeks uterus reached one inch above umbilicus.
23	Champlin, A. P.	N. Orl. M. & S. J., 1885, n.s., 273-277.	Mrs. X.	M. 17 years.	33	9	I, at 2 mos.	Not given.	.....	.....	.....	Considerable during last 5 months.	.....
24	Chowne.	Lancet, November 11, 1843.	.....	.....	.....	.....	.....	Not given.	.....	.....	.....	Not given.	Not given.
25	Chunn, W. P.	Maryland M. J., 1882, 3, IX, 550-552.	Mrs. B.	M.	35	9, youngest four years.	0	Heart-disease for sometime; menstruation regular and without pain.	Nausea and vomiting at short intervals.	Ankles edematous; in bed for four or five days.	Severe.	None until final attack.	At twomos. equal to sixth mo. of gestation; reaching to umbilicus; elastic, doughy.
26	Cleeman, R. A.	Am. Journ. Obsf., 1875, VIII, 172-173.	Mrs. X.	M. 21 mos.	16½	I, 10 mos. before.	0	Small, delicate frame; good health after birth of child; hard labor.	None.	Anemic; drowsy	.....	At 3½ mos. profuse, and afterward frequent intervals.	At 4th mo. size of 7th month of gestation; very sensitive.
27	Cremen, J.	Dublin J. M. Sc., 1858, XXV, 473.	Mrs. E. M.	M.	40	13	I, at 7 mos.	Slight, delicate, cachectic-looking; fell at 3d mo. and struck abdomen	.....	.....	Slight at intervals since fall.	.....	About normal.
28	Crossman, Edward.	British Med. Journ., 1867, II, 24.	Mrs. X.	M.	28	1	0	Not stated.	None.	.....	Slight at intervals.	Commenced at 4th mo.; slight in amount.	Considerable.
29	Curtin, R. G.	Am. J. Obst., 1871-2, IV, 731-736.	Mrs. L. G.	M. 2 years.	23	0	0	Small, delicate, but always healthy; menstruation regular.	Nausea and vomiting from 2d mo.	Rapid and extreme emaciation; edema of feet and legs; anemic; no albumen in urine.	Intermittent between hemorrhages.	Commenced at end of 1st month; yellowish discharge, at times grumous.	At 4th mo. tumor extended above umbilicus; firm to the touch.
30	Davidson, Alexander.	Canada Pract., Toronto, 1885, x, 161.	Mrs. W.	M.	45	Several; youngest five years.	.....	Menstruation regular.	Constant, severe nausea.	.....	Slight.	During last month constant watery discharge.	Tumor reached one inch above umbilicus.
31	Davis, C. W.	Cin. Lancet-Clinic, 1887, n.s., XVIII, 695.	Mrs. M.	M.	23	0	0	Good; menstruation regular.	.....	.....	.....	Flow for last month moderate in amount.	Not stated.

HISTORY OF MOLAR BIRTH—Continued.

Month of Gestation.	Pain.	Hemorrhage.	Description of Mole.	Treatment.	PUERPERIUM.			Result.
					Days in Bed.	Hemorrhage.	Fever.	
Fifth.	Severe labor-pains.	Severe flooding.	Expelled a mass filling a great bowl, resembling small grapes; size of vesicles shot to large pea; vesicles filled with yellow viscid water; pieces of membrane resembling placental tissue.	Expelled under action of ergot.	. . . . .	No.	No.	Recovery.
Third.	. . . . .	Free.	Expelled a basinful of cysts, blood clots, and chorionic membranes.	Manual extraction.	. . . . .	Slow, but continuous oozing of dark fluid.	Slight for few days; cellulitis one week after birth.	Recovery slow, but good.
Six and a half.	Labor-like.	Considerable.	Weight of mass four and a half pounds; vesicles clear, grape-like; size, pin's head to grape; of pearly clearness; mixed with coagula; piece of placental tissue four inches in diameter; no cord.	Manual extraction.	Usual time.	No.	No.	Good recovery.
Fifth.	Severe labor-like.	Some.	Expelled large quantity of hydatid cysts, partly enveloped in pieces of membrane resembling decidua.	Expelled spontaneously.	Usual time.	Slight.	"	Recovery.
Two and a half.	Bearing-down.	Terrific.	Expelled a quart of currant-like cystic bodies.	Expelled after passage of sound and use of ergot.	. . . . .	. . . . .	. . . . .	Died of hemorrhage at time of birth.
Fourth.	Labor-like.	Considerable.	Expelled mass larger than full-sized placenta, followed by smaller mass and blood clots.	Manual extraction.	Two weeks.	Slight.	Slight; lochia fetid.	Rapid recovery.
Four and a half.	Labor-like.	Moderate.	Expelled small mass containing considerable placental tissue.	Manual extraction.	. . . . .	"	Slight.	Gradual recovery.
Seven and a half.	Slight; labor-like.	Severe.	Two large masses of hydatids filling a chamber-pot; a half hour later another mass half filling the vessel; no fetus or placenta; some pieces of tough white membrane; vesicles transparent in clusters.	Expelled spontaneously.	Usual time.	No.	No.	Good recovery.
Four and a half.	Strong; labor-like.	Profuse.	Expelled large mass of vesicles; on second day removed piece of decidua the size of an orange.	Ergot and compression of uterus above.	Two weeks.	Some.	Slight; very offensive lochia.	Good recovery.
Third.	Labor-like.	Considerable.	Expelled large mass of hydatids; size of mass not given.	Expelled spontaneously.	Usual time.	[No.	No.	Good recovery.
Six and a half.	Labor-like.	Some.	Expelled large mass of vesicles.	Expelled spontaneously.	Usual time.	"	"	Speedy recovery.

HISTORY OF THE PREGNANCY—Continued.

Number.	Reporter.	Reference.	Name.	Social State.	Age.	Previous Pregnancies.	Abortions.	Previous Health.	Gastric Symptoms.	General Symptoms.	Pain.	Hemorrhage.	Abdominal Enlargement.
32	Davis, J. Hall.	Tr. Ob. Soc., Lond., 1861, Vol. III, 177.	Mrs. X.	M.	33	4	1, at 2d mos.	Not stated.	.....	.....	.....	Severe flooding for last 3 weeks.	Not stated.
33	Doering, E. J.	Am. J. Obst., 1886, XIX, 512-515.	Mrs. P.	M.	21	1, fifteen mos. before.	0	Slender; general health good; instrumental labor; child ten pounds.	.....	.....	None.	Slight hemorrhage at end of 2d mo., soon followed by profuse flow.	Uterus size of four and a half months.
34	Dorland, W. A. N.	UNIV. MED. MAG., May, 1896.	Mrs. D. C.	M.	25	4, youngest 2½ years.	1	Excellent; menstruation regular.	None.	Very weak; emaciated; anemic.	Slight; colicky during last few wks.	Slight bleeding at the ninth week; persisting daily until birth of mole.	Fundus of uterus reached up to the umbilicus.
35	Dulac, L.	Gaz. Hebdom., 1884.	Mrs. X.	M.	18 years.	37	0	Good; menstruation regular.	Daily nausea and vomiting after three and a half mos.	Edema of face and ankles; urineloaded with albumen; headache; dyspepsia.	.....	Flooding commenced in 2d mo., and recurred frequently.	Not stated.
36	Dunn, W. A.	Boston M. and S. J., 1885, CXIII, 612.	Mrs. M.	M.	.....	.....	.....	.....	.....	.....	.....	None.	Uterus size of full term.
37	Edis, A. W.	British Med. Journ., 1871, II, 353.	Miss C. T.	S.	17	0	0	Good.	.....	.....	None.	First at 7½ months.	Uterus one and a half inches above umbilicus; no movements nor heart-sounds; soft, doughy.
38	Edwards, Charles.	Lancet, 1847, Vol. I.	Mrs. S. A.	M.	42	7	1, 12 yrs. before.	Bilious temperament; healthy; menstruation regular.	Constant nausea and vomiting after simple food.	Great emaciation; pain in scrobiculus cordis, and in bowels.	Labor-like.	Began at 3d month; a daily stillidium of black blood.	Large size.
39	Fifield.	Boston M. and S. J., 1857-8, LVII, 197.	Mrs. B. M. G.	M.	36	6	.....	.....	Occasional vomiting, finally becoming excessive.	.....	.....	Began at 2½ mos.; recurring almost daily; profuse at third month.	Uterus size of 5th mo. of gestation.

HISTORY OF MOLAR BIRTH—Continued.

Month of Gestation.	Pain.	Hemorrhage.	Description of Mole.	Treatment.	PUERPERIUM.			Result.
					Days in Bed.	Hemorrhage.	Fever.	
Sixth.	Labor-like,	Considerable.	Expelled a fetus; placenta entire and appearance healthy; subsequently a mass of hydatids, about one and a half pints; vesicles size of millet seed to a grape; fetus died in a few moments.	Manual extraction.	Usual time.	No.	Slight; lochia offensive.	Recovery good.
Second.	Labor-like.	Considerable.	Entire mass about the size of a large orange; small vesicles.	Tampon and ergot.	Fifteen days.	Some.	Considerable.	Good recovery.
Four and a half.	Labor-like.	Profuse.	Mass of hydatids,—over two quarts; no trace of a fetus; one small piece of placental tissue, two inches by two inches, vesicles size from pin head to grape.	Manual extraction.	Two weeks.	No.	Slight for two days; lochia fetid.	Good recovery.
Fifth.	Labor-like.	Severe flooding.	Expelled a mass of hydatids of considerable size, containing a small portion of placental tissue.	Expelled spontaneously.	One month.	"	Slight.	Seventeen days after delivery had an eclamptic seizure with hemiplegia, but made a fair recovery.
Sixth.	Labor-like.	Profuse.	Expelled a large basinful of cysts.	Manual extraction.	Usual time.	"	No.	Good recovery.
Eighth.	Labor-like.	Considerable.	Expelled a mass of hydatids nearly filling an ordinary hand-basin.	Manual extraction.	Three weeks.	"	"	Good recovery.
Four and a half.	Labor-like.	Considerable.	Expelled two quarts of hydatids without investing membrane or fetus.	Expelled spontaneously.	Usual time.	"	"	Good recovery.
Fifth.	Labor-like.	Profuse.	Expelled between two and three quarts of cysts.	Tampon.	Two weeks.	Considerable.	"	Good recovery.

HISTORY OF THE PREGNANCY.—Continued.

Number.	Reporter.	Reference.	Name.	Social State.	Age.	Previous Pregnancies.	Abortions.	Previous Health.	Gastric Symptoms.	General Symptoms.	Pain.	Hemorrhage.	Abdominal Enlargement.
40	Fischel.	St. Louis M. and S. J., 1881, XLI, 196.	Mrs. X.	M. 1 yr.	22	0	0	Very delicate.	Nausea and vomiting during last 3 mos.	.....	.....	During last 3 months at intervals of two weeks; at times flooding.	Very marked and of rapid development.
41	Foote, John.	M. and S. Reporter, 1860-61, v, 349.	.....	.....	25	.....	.....	.....	.....	.....	Labor-like for 2 days only.	Profuse during last few days.	Uterus enlarged; had felt movements.
42	Ford, C. M.	Am. J. Med. Sc., n. s., Vol. LVI, 1868.	Mrs. S. A., mulatto.	M.	42	13	...	Weight 200 pounds; plethoric; menstruation regular.	Constant nausea.	Great exhaustion; faintness.	.....	Serum and blood discharge for 2½ mos.	At third month uterus size of fifth month of gestation. Considerable.
43	Gay, Geo. H.	Boston M. and S. J., Vol. LXX, 1864, 138.	Mrs. X.	M.	30	2	0	Menstruation regular.	Severe vomiting throughout.	.....	.....	Flowing from sixth week.	Considerable.
44	Githens, W. H.	Peoria Med. Monthly, 1880-81, I, 136-38.	B. S.	.....	19	0	0	Anemic; dysmenorrhea.	Severe.	Great prostration; partially bedridden.	Labor-like.	Repeated after eighth week; profuse.	Marked.
45	Haines.	Dublin J. Med. Sc., 1850, x, 201.	Mrs. X.	M.	33	5	0	.....	None.	.....	None.	Occasional.	Uterus well above pelvic brim.
46	Hehle.	Wien. med. Presse, 1871.	Mrs. M. C.	M.	32	Several.	.....	Poor.	.....	No debility.	None.	Slight; easily arrested.	.....
47	Hewitt, Graily.	Trans. Ob. Soc., London, 1859, Vol. I, 251.	Mrs. X.	M.	24	1, seven mos. before.	0	.....	None.	.....	.....	Slight at 6th week; profuse later.	Not marked.
48	Hildebrande.	Monatsch. f. Geburts. u. Frauenkrankh'n, 1860.	Mrs. X.	M.	34	3	1	Typhus fever one year before	.....	.....	Severe; cramp-like.	Profuse.	Uterine tumor reached umbilicus.
49	Hooker, Charles.	Boston M. and S. J., Vol. xvi, 1837, 91.	Mrs. C.	M.	26	1, 2 years before.	0	Never good since birth of child; menstruation irregular; serous discharges from vagina.	Nausea and vomiting.	.....	.....	Flooding at 3d mo.	Considerable.
50	Hunter, Geo. Y.	Lancet, 1846, Vol. I, 430.	Mrs. B.	M.	23	1	0	.....	.....	.....	None.	None.	Much beyond term.
51	Hutchinson.	Lancet, April, 1851.	Mrs. H.	M. 3 yrs.	25	2, youngest 5 mos.	0	Good until beginning of pregnancy (molar).	.....	.....	Some; labor-like.	Began at 2½ mos.; recurred at short intervals; at one time lost 1 quart of clotted blood.	Sudden enlargement; more on right side.

HISTORY OF MOLAR BIRTH.—Continued.

Month of Gestation.	Pain.	Hemorrhage.	Description of Mole.	Treatment.	PUERPERIUM.			Result.
					Days in Bed.	Hemorrhage.	Fever.	
Sixth.	Labor-like.	Considerable.	Expelled an immense mass of hydatids.	Manual extraction.	Usual time.	No.	No.	Good recovery.
Sixth.	Violent ; Labor-like.	Profuse.	Expelled a gallon of transparent cysts; size of cysts, hempseed to walnut.	Manual extraction.	Ten days.	"	"	Good recovery.
Four and a half.	Labor-like.	Flooding.	Expelled one quart of hydatids; three days later expelled three pints more; and twelve days later a piece of decidua.	Tent; spontaneous expulsion.	. . . . .	Some.	"	Good recovery.
Third.	Labor-like.	Some.	Expelled two quarts of cysts and a well-developed fetus of three months; cord normal.	Spontaneous expulsion.	Usual time.	No.	"	Good recovery.
Fourth.	Labor-like.	Profuse.	Expelled immense mass (thousands of vesicles); no trace of fetus or placenta.	Manual extraction.	Two weeks.	"	Slight for 2 days; offensive lochia.	Perfect recovery; again pregnant in 4 months.
Three and half.	Labor-like.	Considerable.	Expelled a mass of hydatids, filling a dinner-plate; large fragment of decidua.	Spontaneous expulsion.	Usual time.	"	No.	Good recovery; 12 mos. later gave birth to living child, but died on 10th or 11th day (cause unknown.)
Not given.	Labor-like.	Some.	No description given.	Manual extraction.	Fourteen days.	"	"	Good recovery.
Two and a half.	Labor-like.	Considerable.	Expelled small mass of small transparent cysts.	Manual extraction.	Usual time.	"	"	Good recovery; 12 mos. later another child.
Six and a half.	Labor-like.	Some.	Expelled mass of hydatids; also a fetus; description not given.	Spontaneous expulsion.	Usual time.	"	Some.	Good recovery.
Third.	Labor-like.	Profuse.	Expelled six or seven pounds of cysts.	Spontaneous expulsion.	Three months.	"	"	Died in 3 mos. of septic pelvic abscess; uterine walls infiltrated with fungous growths.
Term.	Labor-like.	Some.	Child born after two hours' labor, followed by three pints of hydatids, which were attached to placenta as well as to uterus.	Spontaneous expulsion.	Usual time.	Slight.	Moderate.	Good recovery.
Three and half.	Labor-like.	"	Expelled a large quantity of hydatids resembling bunches of grapes; no trace of fetus.	Spontaneous expulsion.	Usual time.	No.	No.	Good recovery.

HISTORY OF THE PREGNANCY.—Continued.

Number.	Reporter.	Reference.	Name.	Social State.	Age.	Previous Pregnancies.	Abortions.	Previous Health.	Gastric Symptoms.	General Symptoms.	Pain.	Hemorrhage.	Abdominal Enlargement.
52	Jackson.	Am. J. Med. Sc., n. s., 1853, Vol. XXV, 379.	Mrs. X.	M.	38	8, last still-born 8 mos. before.	...	.....	.....	Edema of legs.	.....	Slight bloody discharge daily.	Uterine tumor size of full term.
53	Jamieson, Allan.	Lancet, August, 1867.	Mrs. S. E.	M.	27	Last child born 18 mos. before.	...	Menses regular.	Nausea and vomiting.	Legs edematous; urine scanty; highly colored, highly albuminous; few hyaline and finely granular casts; anemic; cough.	None.	Colored discharge for last 2 mos.	Uterine tumor reached to umbilicus; placental souffle distinct to left of fundus.
54	Koch.	Zeitschr. f. Wund- artz u. Ge- burtsh.	Mrs. M.	M.	36	7	o	Frail.	.....	.....	None.	Small quantity.	Uterine tumor equal to fifth month.
55	Lewis, E. S.	N. O. Med. and Surg. J., 1881-82, N. S., IX, 401-406.	Mrs. X.	M.	20	1	1, at six mos.	Perfect before marriage.	Frequent nausea and vomiting.	Anemic; anasarca.	.....	Began at 3d mo., following severe exertion; profuse; no discharge of cysts.	Uterine tumor size of seventh month; movable, elastic.
56	Macgill, W. D.	Am. J. Med. Sc., 1827, 1, 240.	Mrs. W.	M.	40	Several.	...	Good.	Nausea and vomiting.	.....	.....	Periodic, every 24 hrs., usually in evening, and increasing in am't.	Considerable.
57	Madden, Thos. More.	Dublin Quart. J. M., 1868, XLVI, 290.	Mrs. K.	M.	22	2	o	"	None.	Weak.	None.	For 3 days before a considerable am't of clotted blood.	Uterine tumor normal in size.
58	Ibid.	Ibid.	Mrs. E. F.	M.	53	14, last 8 years before.	o	Menses persisted since birth of last child.	.....	.....	Labor-like; with hemorrhage.	For 12 mos. a constant red discharge from vagina; smart hemorrhage 2 w'ks before.	Marked.
59	Ibid.	Med. Press and Circ., 1888, n. s., XLVI, 7-10.	Mrs. E. G.	M.	30	9	1, at seven mos., 6 mos. before.	Good.	.....	Great exhaustion; anemia.	.....	Persistent since miscarriage.	Considerable.
60	Marsh, F. O.	Med. News, 1884, p. 524-528.	Mrs. L. J.	M.	24	1, 20 mos. old.	o	Malarial fever 3½ years before; menstruation at 15; dysmenor- rhea before marriage.	Some.	Edema of feet and legs for 2 months; urine loaded with albumen; heartburn; headache; giddiness.	Labor-like	Began at end of 3d mo.	Uterine tumor extended to umbilicus.
61	Marsh, Jas P.	N. Y. Med. J., 1883, XLVIII, 93-95.	Mrs. X.	M. 4mos.	24	o	o	Puberty at 15; menses regular before marriage; general health good; fall at 2d mo. of gestation.	Almost un- control- lable vom- iting.	Emaciated; very weak; anemic.	Intense paroxysmal.	Occasionally; slight after 2d month.	Rapid; uterus at 4th mo. reached umbilicus; more on left side of abdomen; no heart-sounds.

HISTORY OF MOLAR BIRTH.—Continued.

Month of Gestation.	Pain.	Hemorrhage.	Description of Mole.	Treatment.	PUERPERIUM.			Result.
					Days in Bed.	Hemorrhage.	Fever.	
Fourth.	Labor-like.	Profuse.	Expelled five pints of cysts; also fetus of fourth month, a small piece of cord, and an eight-inch fragment of healthy chorion.	Ergot; spontaneous expulsion.	Usual time.	No.	No.	Good recovery.
Eighth.	None.	"	Expelled large quantity of cysts; no trace of fetus; piece of placental tissue size of hand.	Spontaneous expulsion.	Usual time.	"	"	Good recovery.
Third.	Labor-like.	Some.	Description not given.	Manual extraction.	Usual time.	Slight.	"	Good recovery.
Sixth.	Intense; labor-like.	Considerable.	Expelled a chamber-potful of grape-like masses, and firm, dark clots.	Manual extraction.	Two weeks.	"	Sharp (105½°); no uterine tenderness; marked fetor.	Good recovery.
Three and half.	Labor-like.	Severe.	Expelled mass of hydatids size of fetal head at birth.	Ergot; spontaneous expulsion.	Usual time.	No.	No.	Good recovery.
Fifth.	Labor-like.	Considerable.	Expelled a large basinful of hydatids and fresh clots; size of vesicles, currant to plum.	Spontaneous expulsion.	Usual time.	"	"	Good recovery.
Not known.	Labor-like.	Profuse.	Expelled a mass of hydatids, and two days later a blighted fetus; size of vesicles, pea to grape.	Spontaneous expulsion.	One week.	"	"	Good recovery.
Seventh.	Labor-like.	Considerable.	Expelled mass of hydatids filling small hand-basin; small piece of placental tissue.	Manual extraction.	Usual time.	"	"	Good recovery.
Fifth.	Labor-like.	Some.	Mass of hydatids filled half a large wash-basin.	Digital separation of growth; spontaneous expulsion.	. . . . .	Slight; in form of clots.	Severe, commencing on 4th day; soon developed typhoid state.	Died on 12th day of sepsis.
Four and a half.	Labor-like.	Profuse.	Nearly three pints of cysts of various sizes.	Manual extraction and curetting.	Two weeks.	No.	Slight.	Good recovery.

HISTORY OF THE PREGNANCY.—Continued.

Number.	Reporter.	Reference.	Name.	Social State.	Age.	Previous Pregnancies.	Abortions.	Previous Health.	Gastric Symptoms.	General Symptoms.	Pain.	Hemorrhage.	Abdominal Enlargement.
62	Maslow-sky.	Centralb. f. Gynäkol., No. 16, 1882	...	...	21	0	0	Good.	.....	Anemic.	Some.	Slight, at intervals.	Considerable; about at umbilicus.
63	Mellor. Thos.	British Med. Journ., 1865, II, 282.	Mrs. W.	M.	25	1, 13 mos. old.	0	"	Nausea and vomiting.	.....	Irregular.	At 3½ mos. slight discharge of blood.	Considerable.
64	Miller, J. P.	Trans. Med. Soc., W. Va., Wheeling, 1879, II, part 4, pp. 488-519.	Mrs. B.	M.	17	0	0	Menstruation regular; dysmenorrhea.	Constant nausea and vomiting.	Edema of feet; night-sweats; cough; bed-ridden.	Slight.	At 6th week, at first slight; in a few days free; at 10th week escape of piece of decidua (?).	Considerable; cystic, soft, doughy.
65	Moore, C. F.	Dublin Quart. J. Med. Sc., 1868, XLV, 473.	Mrs. J. R.	M.	50	10, last 10 years before.	0	Menses regular, ceased 2 years before, but show every 7 to 8 weeks since.	Frequent bilious vomiting for 2 mos.	Giddiness; debility.	Some.	Constant and bloody, at times offensive; discharge lasting 2 mos.	Some.
66	Moore-head, J.	Lancet, 1863, Vol. 1, 305.	Mrs. G.	M.	50	7, sterile for past twenty years.	3	Naturally stout; menstruation regular up to 2 mos. before first visit.	Nausea and vomiting.	Anemic; somewhat emaciated.	Some.	Began after a mental shock at 1½ mos.; sanguineous discharge and clots; later watery and bloody.	Globular tumor size of child's head, extending to umbilicus.
67	Morris, J. M.	Boston M. J., 1845, XXXII, 17.	Mrs. C.	M.	...	3	0	Sanguine temperament; fine constitution; fell at 1½ of mos. pregnancy.	.....	.....	Severe; occasional.	Began at 4th mo.; bloody and at times brownish discharge.	Considerable; never felt movements.
68	Ibid.	Ibid.	Mrs. W.	M.	32	6	...	Delicate form.	.....	Pain in chest; signs of tuberculosis.	.....	.....	.....
69	Moses, S. G.	St. Louis Cour. Med., 1879, I, 104-107.	Mrs. X.	M.	...	...	...	.....	.....	Marked nervous manifestations.	.....	.....	Enormous; at 6 mos. much larger than uterus at term.
70	Munde, Paul F.	Am Journ Obst., 1874-75, VII, 475.	Mrs. G.	M.	44	10	0	Always good.	Severe vomiting.	General malaise.	.....	Severe in 2d month.	Uterus reached above umbilicus; size of seventh month, broad, doughy, irregular contractions; no fetal movements.
71	Mundell, J. H.	J. Am. Med. Associa'n, 1888, XI, 592.	Mrs. L. T.	M.	19	0	0	.....	Nausea and vomiting after 1½ mos.	Weak.	.....	Slight after 2d month.	Uterus reached umbilicus; hard, symmetrical.

HISTORY OF MOLAR BIRTH.—Continued.

Month of Gestation.	Pain.	Hemorrhage.	Description of Mole.	Treatment.	PUERPERIUM.			Result.
					Days in Bed.	Hemorrhage.	Fever.	
Four and a half.	Labor-like.	Some.	Description not given.	Spontaneous expulsion.	Usual time.	No.	No.	Good recovery.
Four and a half.	Labor-like.	Considerable.	Mass of cysts and coagula; vesicles size of grape and less; no vestige of embryo.	Spontaneous expulsion.	Usual time.	Slight.	"	Good recovery.
Fourth.	Considerable.	Terrific.	Mass of cysts weighed between two and three pounds; vesicles white; in size from small cherry to large plum; contained a watery fluid.	Manual extraction.	Five weeks.	Considerable at intervals for 1 mo.	Fetid lochia.	Retarded recovery.
Three and a half.	Severe.	Considerable.	Mass of hydatids size of pin's head to grape, of a beautiful pink color; size of mass, one and a half fetal head.	Spontaneous expulsion.	Usual time.	No.	No.	Good recovery.
Two and a half.	Severe; labor-like.	Some.	Vesicular masses nearly filled half a wash-basin; size of vesicles, currant a few larger.	Spontaneous expulsion.	Usual time.	"	"	Good recovery
Sixth.	Labor-like.	"	Weight of hydatids about four pounds; size of cysts, pin's head to hazel-nut.	Spontaneous expulsion.	Usual time.	"	Slight fetid lochia.	Good recovery.
Eight and a half.	Labor-like.	"	Weight of hydatids six or seven pounds; size of cysts, mustard seed to large filbert.	Spontaneous expulsion.	Few weeks.	"	Slight.	Gradual but complete recovery.
Sixth.	Labor-like.	Considerable.	Mass of hydatids filled an ordinary bucket.	Manual extraction.	.....	"	"	Gradual recovery.
Fourth.	Violent; labor-like.	Some.	Large quantity of vesicles mingled with coagula and shreds of membranes and placental tissue; size of vesicles, currants; mass expelled, size of two fists.	Tampon:ergot; spontaneous expulsion.	.....	"	No.	Slow recovery.
Third.	Labor-like.	"	Large quantity of cysts.	Tampon; manual extraction.	.....	"	Slight.	Slow recovery.

HISTORY OF THE PREGNANCY.—Continued.

Number.	Reporter.	Reference.	Name	Social State.	Age.	Previous Pregnancies.	Abortions.	Previous Health.	Gastric Symptoms.	General Symptoms.	Pain.	Hemorrhage.	Abdominal Enlargement.
72	Murphy, P. J.	Obst. Gaz., Cincin., 1880-81, III, 114-116	Mrs. L. N., colored.	M.	29			Never strong; puberty at 18.	Constant nausea and vomiting.	Edema of feet; ane-	. . . .	Severe at irregular intervals after 2d month; profuse at 6th month.	Rapid; at 2d mo. size of 6th mo. of gestation.
73	Oliver, James.	Lancet, Sep. 21, 1889, p. 592.	Mrs. A. T.	M. 7 yrs.	25	5, last 2 years.	0	Puberty at 14; menses always lasted 7 days.	Nausea and vomiting.	Edema of legs; ane-	Colicky.	More or less daily for 11 weeks.	Tumor reached one inch above umbilicus.
74	Parish, W. H.	Trans. Ob. Soc., Philadelphia.	Mrs. C.	M.	30	3	0	Generally poor.	. . . .	Exhaustion; bedridden.	. . . .	Slight.	Tumor reached above umbilicus; bilobed with vertical median furrow; regular uterine contractions.
75	Phillips, John.	Trans. Ob. Soc., London, Vol. XXXII, 1890, p. 63	Mrs. X.	M.	42	Several.	. . . . .	. . . . .	. . . . .	Edema of feet and legs and hands; no albumen in urine.	. . . .	Incessant flooding for 3 weeks.	Uterus two inches above umbilicus; no fetal heart-sounds.
76	Poole.	Dublin J. Med. Sc., 1881, 3 s., LXXI, 423-426.	Mrs. X.	M.	27	3	0	Poor.	Constant nausea and vomiting.	Extreme debility; in bed 1 mo.	None.	Commenced at fifteenth week.	At 4th mo. tumor equal to 6th mo. of gestation; resisting.
77	Ibid.	Ibid.	Mrs. X.	M.	26	3	0	Good.	Irritable stomach.	Emaciated.	None.	Commenced at 4th mo.; at first coffee-grounds, later free blood.	Rapid and considerable.
78	Putnam.	Am Journ. Med. Soc., 1850, n. s., XX, 37.	Mrs. X.	M.	Young.	Several.	. . . . .	Menstruation regular.	. . . . .	. . . . .	Some.	Began at middle of 4th mo; slight at first, gradually increasing.	Considerable.
79	Rooker, Jas. I.	Boston M. and S. J., 1868-69, LXXIX, 216.	Mrs. W.	M. 6 mos.	. . .	0	0	. . . . .	Nausea and vomiting.	Anemic.	. . . . .	. . . . .	Gradual.
80	Routh.	Lancet, 1860, I, 597	Mrs. B.	M.	35	1	0	. . . . .	. . . . .	. . . . .	. . . . .	Constant.	Considerable.
81	Sackett, S. P.	Obst. Gaz., Cincin., 1881-82, IV, 174-76.	. . . . .	. . . . .	23	0	0	Always good; menstruation regular.	Nausea and vomiting.	Exhaustion; faintness; emaciation.	Slight.	Began at 4th mo.; slight in amount.	Considerable.
82	Schütz.	Zeitschr. f. Wund- artz u Geburtsh.	Mrs. B. W.	M.	30	6	0	Good.	. . . . .	None.	None.	Profuse.	Considerable.
83	Shattuck, Geo. B.	Boston M. and S. J., 1888, CXIX, 10.	Miss S. C.	S.	37	0	0	"	Nausea and vomiting for 6 w'ks.	. . . . .	. . . . .	Slight in 8th week.	Tumor reached umbilicus; no bruit.

HISTORY OF MOLAR BIRTH.—Continued.

Month of Gestation.	Pain.	Hemorrhage.	Description of Mole.	Treatment.	PUERPERIUM.			Result.
					Days in Bed.	Hemorrhage.	Fever.	
Sixth.	Considerable.	Profuse.	Large mass of hydatids; two and three-fifths pounds; vesicles size of pin's head to grape.	Ergot; spontaneous expulsion.	. . . . .	No.	Slight for 3 to 4 days.	Good recovery.
Four and a half.	Some.	Considerable.	Weight of mass, two pounds.	Spontaneous expulsion.	Usual time.	"	No.	Good recovery.
Three and a half.	None.	Slight.	Mass removed size of fetal head at term; no placenta; no fetus.	Manual extraction.	. . . . .	Some.	"	Slow recovery
Fourth.	Labor-like.	Some.	Large mass of vesicles; no trace of fetus.	Manual extraction.	Usual time.	No.	"	Recovery.
Fourth.	Labor-like.	Slight.	Expelled three pints of vesicles, resembling boiled sago, mixed with clotted blood; no decidua.	Spontaneous expulsion.	Two weeks.	"	"	Good recovery.
Fourth.	Labor-like.	Some.	Mass of cysts; vesicles quite large, some size of plum; shreds of decidua.	Spontaneous expulsion.	Two weeks.	"	"	Good recovery.
Four and a half.	Labor-like.	"	Mass more than filled a half-pint bowl; size of vesicles, pin's head to half an inch in diameter; no fetus; but decidua distinct.	Spontaneous expulsion.	. . . . .	Some.	"	Slow but good recovery.
Five and a half.	Labor-like.	Profuse.	Mass weighed about five pounds; vesicles size of pin's head to large grape.	Manual extraction.	Usual time.	No.	"	Slow but good recovery.
Two and a half.	Labor-like.	Considerable.	Large number of cysts, pinkish in color, and containing an albuminous fluid, of acid reaction.	Spontaneous expulsion.	Usual time.	"	"	Good recovery.
Four and a half.	Labor-like.	Free.	Considerable quantity of vesicles.	Manual extraction.	Two weeks.	"	Slight.	Slow but steady recovery.
Five and a half.	Labor-like.	Some.	No description given.	Spontaneous expulsion.	Three weeks.	"	No.	Good recovery.
Three and a half.	Labor-like.	Slight.	Mass filled one-third of a pail; cysts and clots.	Manual extraction.	Usual time.	"	"	Good recovery.

HISTORY OF MOLAR BIRTH.—*Continued.*

Month of Gestation.	Pain.	Hemorrhage.	Description of Mole.	Treatment.	PUERPERIUM.			Result.
					Days in Bed.	Hemorrhage.	Fever.	
Fifth.	Labor-like.	Slight.	Chamberful of "bladdery, seaweedy" material; vesicles size of pea to hazel-nut; no fetus; three years before had discharged the same.	Spontaneous expulsion.	Usual time.	No.	No.	Good recovery.
Fourth.	Severe.	Profuse.	About a quart of cysts, size of currants and grapes.	Manual extraction.	Usual time.	"	"	Good recovery.
Three and half.	"	"	Half a gallon of cystic bodies.	Manual extraction.	Usual time.	"	"	Good recovery.
Third.	Labor-like.	Some.	Mass of hydatids, size not given; no embryo.	Spontaneous expulsion.	Usual time.	"	"	Good recovery.
Not given.	Labor-like.	"	Weight of mass of hydatids, three and three-quarters pounds.	Spontaneous expulsion.	Usual time.	"	"	Rapid recovery.
Four and half.	Labor-like.	Considerable.	Large basinful of cysts; no fetus.	Spontaneous expulsion.	Usual time.	"	"	Good recovery.
Third.	Labor-like.	Some.	Two quarts of vesicles.	Manual extraction.	Five months.	Free.	Considerable.	Tedious convalescence, but good recovery.
Fourth.	Labor-like.	Considerable.	Three quarts of cysts and clots.	Ergot; spontaneous expulsion.	. . . . .	No.	Some.	Slow recovery.
Five and a half.	Labor-like.	Moderate.	Mass of cysts; no trace of fetus or placenta.	Spontaneous expulsion.	. . . . .	. . . . .	Yes.	Died six weeks after delivery, of sepsis.
Five and a half.	Labor-like.	Moderate.	Mass of cysts; about one-eighth of normal placenta remained.	Spontaneous expulsion.	Usual time.	Slight.	No.	Good recovery.
Five and a half.	Labor-like.	Some.	Mass of cysts.	Spontaneous expulsion.	Usual time.	No.	"	Good recovery.
Third.	Labor-like.	"	Four or five quarts of hydatids expelled.	Spontaneous expulsion.	Usual time.	"	"	Good recovery.
Fourth.	Considerable.	Profuse flooding.	Chamber-pot two-thirds full; size of cysts from large shot to inch in diameter; no fetus or placenta.	Manual extraction.	Usual time.	"	"	Good recovery.
Three and half.	Labor-like.	Considerable.	Large mass found after death in uterine cavity; mass of cysts expelled.	Spontaneous expulsion.	. . . . .	"	"	Died of uterine rupture; masses of cysts embedded in wall.
Sixth.	Labor-like.	Profuse.	Great mass of hydatids and clots.	Spontaneous expulsion.	. . . . .	. . . . .	. . . . .	Died of uterine rupture; ragged ulcer size of shilling in upper anterior wall.

HISTORY OF THE PREGNANCY.—*Concluded.*

Number.	Reporter.	Reference.	Name.	Social State.	Age.	Previous Pregnancies.	Abortions.	Previous Health.	Gastric Symptoms.	General Symptoms.	Pain.	Hemorrhage.	Abdominal Enlargement.
99	Woodman, W. B.	Trans. Ob. Soc., London, 1865.	Miss E. H.	S.	24	0	0	.....	.....	General anasarca; pulmonary edema; urine scanty; enormous am't of albumen; few casts.	.....	Constant flowing from 1½ months.	Size of tumor equal to seventh month of gestation.
100	Ibid.	Ibid.	Mrs. M. K.	M.	36	4	1	.....	.....	General anasarca; urine scanty, albuminous; no casts.	.....	Some for last week.	Enormous.

HISTORY OF MOLAR BIRTH.—*Concluded.*

Month of Gestation.	Pain.	Hemorrhage.	Description of Mole.	Treatment.	PUERPERIUM.			Result.
					Days in Bed.	Hemorrhage.	Fever.	
Three and a half.	Labor-like.	Flooding.	Three to four pounds of hydatids; size of vesicles, pin's head to grape.	Spontaneous expulsion.	. . . . .	. . . . .	Yes.	Died on third day, of sepsis.
Six and a half.	Labor-like.	Profuse.	Two to three pounds of hydatids; size of vesicles, pin's head to gooseberry; some degenerated spongy placental tissue.	Spontaneous expulsion.	Usual time.	No.	No.	Good recovery.

