

cases makes me doubt whether among the seventy-two cases brought together by Plicque there may not in all have been a primary slight irritative disturbance. That is to say, I am led by a study, not only of this case, but also of the literature of the subject, to agree with Jonathan Hutchinson and the other observers already mentioned, and to hold that the term spontaneous or idiopathic cheloid is a misnomer, and to believe that in every case the *primary* cheloid formation begins around a focus of inflammation. Even in Ohmann-Dumesnil's case, strongly as at first sight it appears to favour the theory of the spontaneous nature of cheloid, it will be observed that the primary growth developed in the cicatrix left after vaccination.

Even where the cheloid formations are multiple the case here brought forward would seem to indicate that similar foci of slight inflammatory disturbance are the starting points of new growths, and the little experiment made by me would, I think, definitely indicate how very slight the inflammatory disturbance need be in order to lead to this hyperplasia of connective tissue.

This same experiment makes it equally evident that in this and other cases of multiple cheloid there is a singular predisposition towards connective tissue overgrowth, even where there is a minimal irritation, but this predisposition is a different matter from true spontaneity, and in these cases we have to presume that a slight inflammation, instead of as in ordinary cases leading to a multiplication of connective tissue cells which ceases with the cessation or removal of the irritant, leads to a multiplication which continues long after the primary irritant has ceased to be at work. And it is this character of growth after the cessation of the primary irritation which, it seems to me, removes these cheloids from the class of simple inflammatory lesions and places them, in accordance with Dr. Adami's suggestion at a recent meeting of the Montreal Medico-Chirurgical Society, among the class of true neoplasms.

Whether slight chronic inflammation alone is sufficient to account for all the cheloid growths in this and other cases is a matter which I must acknowledge admits of debate. For example, I cannot satisfactorily explain to myself the causation of the clusters of minute nodules which could be recognized at one period upon stretching the skin over the arm. I have supposed that these indicated the earliest stages in the cheloidal growth. Here I may be wrong, for in the first place I have not found any record or description of similar appearances by other observers; and in the second place it is to be noticed that the little nodules died away without attaining any increased size. But on the other hand, it deserves to be pointed out that the results of scratching the skin led not (as might have been expected) to a uniform