troublesome, even on slight exertion. The shoulders were high and round. The upper part of the right posterior chest was, however, much more prominent than the left. There was emphysematous respiration most marked in the right lung, where the percussion note, was clear, in contrast with that of the left in which the dullness was most distinct over the middle and upper portions, front and rear; moist râles were heard in both lungs. There was a very noticeable contraction of the left half of the chest, and the expansion of the upper and middle portions of this lung was very much impaired. It was evident that this lung, (the left,) was the site of extensive fibroid degeneration. The heart's sounds were normal but weak, and were heard most distinctly about the central portion of the sternum. There was nothing abnormal observed connected with the nervous system, special or general. The skin as a whole was inactive and dry. The diseased spot in that portion covering the left mammary gland first attracted attention about the last of September, 1888, in consequence of a slight irritation and itching which became localized there.

On exposing the front portion of the chest I was struck with the increased size of the left breast when compared with the right, and the peculiar appearance of the skin covering it. There was a fixed erythematous redness over the surface of this skin equal in extent, to the area of the gland. The colour was a deep red hue and disappeared, but only for an instant, on pressure. The diseased skin was considerably but evenly elevated above the line of that which was healthy. It was slightly wrinkled and to the touch dense and firm. The subcutaneous cellular tissue was hypertrophied and very intimately connected with the corium; but the mammary gland was apparently uninvolved. Manipulating the part produced neither pain nor discomfort. The nipple, as in Dr. Gossip's case, was healthy, not retracted, although such was apparently the case, but this was due to the elevation of the skin around it. There was a deep furrow between the two elevated portions of cellular tissue and skin, running from the margin of the breast into the left axillary region. At the bottom of this "furrow" the skin, (in shape like a narrow ribbon,) was undergoing the same overgrowth of its connective tissue which marked that covering the breast. She said the affected part had never received any injury or bruise beyond that which may have been caused by the pressure of the steel busk of her corsets. The general glandular system, as far as could be ascertained, was quite free from disease.

My diagnosis was idiopathic cheloid, complicated with pulmonary fibroid degeneration. I declined to interfere surgically and gave an unfavourable prognosis. She had been taking arsenic before I saw her, and although, personally, I had seen no success following the use of "Chian turpentine" in the treatment of malignant disease, I advised Dr. Primrose to try it and to use externally "Pond's Extract," (*i. e.* Hamamelis,) and if after trial no improvement resulted, to administer the perchloride of mercury, and apply the local remedies suggested by Wilson in his brief article on cheloid in Quain's Medical Dictionary.

I saw this lady a second time on the 13th of June. Her pulse was 100 and the temperature 99½, the same as on May 1st. The breathing was shorter and more difficult. The only other change worthy of note was the extension across the sternum to the margin of the right breast, of a network of capillaries, giving the surface of the skin there the same red tint to which I have already called your attention. This condition extended also under the arm and transversely across the left chest to the angle of the scapula, but hypertrophic changes in the skin were not observable to any marked degree.

In Dr. Primrose's correspondence connected with this case he informed me that several years ago he had under his charge a woman aged 50 similarly affected. The disease first attacked the right breast, crossed the sternum to the left, and from thence extended to the left side and arm. The latter became greatly swollen and painful. There was no ulceration. Its course was rapid and terminated in death at the expiration of 12 months.

The anatomical characters of cheloid and the nature of its developement are clearly and well stated by Erasmus Wilson, as follows:—"At its first developement cheloma occupies the fibrous portion of the corium. As it increases in bulk it pushes the vascular layer outwards and stretches the corpus papillare, obliterating the capillary network more or less completely. In its aggregate form, when it presents itself as a flat plate raised for a quarter of an inch above the level of the adjoining skin, and sinking to a similar extent into the corium, it has the appearance of being tied down by strong cords or roots at either end and frequently overlaps the healthy skin along its borders. In this state it is seen to be composed of strong, fibrous bands closely interlaced with each other, and enveloped by a smooth, transparent, pinkish layer, in which may be detected a scanty vascular plexus converging to venules which sink between the meshes of the fibrous structure. Around the circumference of one of these larger, flattened tumors, such as is commonly met with on the sternum, and measuring several inches in diameter, there will generally be observed a few scattered knots. These are developed in the fibrous sheath of the arteries at a short distance from the mass, and being thus linked to the central growth are subsequently drawn into the focus of the tumour. And the developement of the so-called roots is explained by the propagation of the proliferating process, by the coats and sheaths of the blood vessels communicating with the central tumour."

I have not had the opportunity of observing the disease in all its phases, or of watching its progress at short intervals, as the cases I have seen came from a distance, and almost immediately returned to their homes, but the anatomical characters and process of developement just quoted from Wilson closely and accurately correspond with the main *external conditions* noticed by myself occasionally, but frequently by the gentlemen under whose immediate care they were.

It is stated that there is no tendency to ulceration in this disease. You will remember that in Dr. Gossip's case it was present but was superficial, not extending through the cutis vera.

The impression is conveyed by several writers on the subject of cheloid, that the skin immediately over the sternum, (where there is but a limited amount of cellular tissue intervening between it and the bone,) is the point where the disease generally has its origin, and very occasionally only allusion is made to its connection with the skin covering the mammary gland in females. The cases I have seen have been in women, and in all the site of its first appearance was over the breast, as it was in the woman who died under the care of Dr. Primrose. The respiratory movements and the prominence of this organ in the female, subject it not unfrequently to irritation from pressure and friction, and to other injuries from without. And in a system pre-disposed to "fibrosis" this would seem to be a favourable site for its first appearance. In the cases which I have submitted for your consideration the disease was evidently