of iron and cinchonidine after each meal and a dessertspoonful dose of "Startin's Mixture" (mag. sulph., ferri sulph., acid sulph. dil., tr. gentian. co., aqua) before meals. She was also given potassium iodide ointment to apply externally.

I saw the patient again on July 24, 1895. Her right arm was not yet entirely healed, there being a scab covering what promised to be a large cicatricial surface. Upon further examination I found that the clusters we had seen upon tension of the skin had all disappeared and there remained only the tumour on her back, which was also gradually diminishing in size. Before leaving the patient I made a few small needle scratches in her left arm, for the purpose of noting her proneness to scar formation. The scratches were not deep enough to draw blood. I saw the patient on September 25, 1895. The scab had fallen from the wound on the right arm, and there remained a very rough cicatrix, which was much more extensive than the original wound. On her left arm, where the needle scratches had been made, the tissue was healed, but I could distinctly recognise little nodular lines of cicatricial aspect. These lines were composed of rows of little papules at the site of the previous needle scratches. The patient when I last saw her was enjoying perfect health, the only growth remaining being the one on her back, which was gradually becoming absorbed.

Microscopical Examination of the Excised Cheloid Mass.—I prepared and examined sections of the growth, and came to the conclusion that I was dealing with a characteristic dense connective tissue overgrowth, but to make assurance doubly sure I submitted my specimens to Dr. Wyatt Johnston, who favoured me with the following report: "In the subcutaneous region there is dense fibrous tissue arranged in bands showing very few nuclei. These fibres have an irregular, wavy course, and tend to run parallel to the surface of the skin, rather than perpendicularly. In this fibrous tissue small blood vessels are seen at intervals, both arteries and veins having thickened walls very rich in nuclei.

"There is some small-celled infiltration in the adventitia of these vessels. At a few points throughout the section are bundles of longitudinal fibres with spindle-shaped nuclei. These fibres branch and are possibly cutaneous nerve elements, but nothing can be seen which has the typical structure of a neuro-fibroma. In places there is increase of the nuclei of the corium and the rete layer is well marked and thick. The papillæ are very distinct, and in places the vascular twigs entering them show excessive numbers of nuclei; but as a rule the nuclear proliferation in the vessels becomes less distinct