

small a portion (small when compared with the whole cutaneous covering of the body), could, *per se*, produce results so serious as sometimes at least supervene on the invasion of this disease. We must look within the body and to other organs or systems for the additional factors concerned in effecting such fatal results as are here recorded.

In the case last mentioned the hyperplasia of the skin was, in all probability, long preceded by a fibroid condition of the pulmonary connective tissue, and, in this individual case I do not think it will be assuming too much to suggest that there is a connection between them, or in other words, that the same conditions which produced the pulmonary fibrosis were instrumental also in effecting the fibroid change in the skin of the thorax. (In this relation it will be well to remember the fact that in neither Dr. Gossip's nor Dr. Primrose's fatal cases were there symptoms of this or any other form of lung disease.) From the facts and statements which I have thus very imperfectly submitted to the society, I think it will be apparent to you that the matter is of sufficient importance to demand further and closer consideration, and it would be very gratifying to me if some of the gentlemen before me who are specially interested in pathology and histology should avail themselves of any opportunities that may offer to more thoroughly and exhaustively examine and report on this subject. Finally, let me add that one of the objects I have in view in thus taxing your time is to sound a note of warning in relation to prognosis. Some of my confrères present may not have met with "malignant cheloid," and, should it fall to their lot to come in contact with mammary cases of the disease in women who have passed the mid-period of life, I would say they should view the outlook as dreary and dark and anticipate little advantage from any form of treatment.