

remains stationary for a number of years, or for life, and we have known it to disappear spontaneously. Its subjective symptoms are of no great severity, being limited to itching, tingling, and smarting, and more or less uneasiness in moving the limbs, or from pressure when sitting or lying in bed. It has no tendency to desquamation or ulceration."

Squire says: Spontaneous Keloid once developed is apt to continue. Sometimes, although rarely, its color may become altered, and the swelling subside, but some traces of it always remain. The Cicatricial variety generally disappears completely of itself. The disappearance or diminution of keloid tumors is effected by interstitial absorption; they have no tendency to ulceration. Neither variety of keloid exerts any perceptible influence on the general health."

The lessons taught by the cases about to be submitted to the Society, have forced me to arrive at very different conclusions, and, I think when you have considered the testimony and the facts connected with these cases you will be disposed to adopt the idea that there is a type of Idiopathic Cheloid, which is not only serious in its nature, but very dangerous to life.

In Ziemssen's article on Keloid, Virchow is referred to as entertaining the opinion that there are varieties of the disease which must be considered malignant. I give the quotation as it appears in the text. "In close connection with the symptoms of keloid is its diagnosis; for we often encounter difficulties in the correct determination of both morbid processes on account of the numerous and manifold relationships of the idiopathic and cicatricial tumor. Virchow, in view of the observation that some tumid formations termed keloid are of canceroid, (cancerous), others again of fibromatous or sarcomatous and even syphilitic nature, has proposed to separate from keloid altogether all growths springing from cicatrices, and to apply this term only to the formations of spontaneous origin or arising from certain pathological processes. Microscopic examination, however, failed to bear out this view in the sense desired, inasmuch as the same structure was not always found in keloids of spontaneous origin, and according to the results obtained, keloid had sometimes to be included among the fibromatous, sometimes among the sarcomatous tumours. For in the one case the formation is mainly composed of connective tissue, in analogy with the fibroma; in the other cases again the great tendency to relapses, the intractability of the affection, and the exceedingly profuse cell proliferations of the neoplasm are factors which pointed to a relationship with sarcoma." From this extract it will be evident to you that Virchow and the writer of the article in Ziemssen, while differing on some histological and microscopic points, are in accord as to the existence of a variety of cheloid, which pathologically is the very opposite of "innocent."

Let me now refer to a very instructive case occurring in the practice of Dr. Gossip of Windsor, which I saw in consultation with him, in December, 1886, and subsequently in April, 1887. Dr. Gossip had closely watched its progress in the interval between these dates and had come to the conclusion that it approached nearer in character to cheloid, than any other form of disease known to him. It certainly had all the anatomical features of the idiopathic variety. But, as on the occasion of my last visit, it was evident it was running its course to a fatal termination, (and I had not then read the article in Ziemssen.) I found it difficult to reconcile this fact with such statements as I have quoted from recognized authorities, the more so because of the apparent absence of any other form of disease than that which was tangible and visible, seated in the skin, and

subcutaneous tissue of the thorax. I have before me a letter from Dr. Gossip giving a brief history of this case, the contents of which I now submit to the Society.

He says: "I first saw Mrs. C—— with the disease in question, about the beginning of December, 1886, and a few days after you saw her in Halifax. As far as I can ascertain there was no spot on the breast until a few days before I saw it, but, as far back as the April previous, (about 8 months,) Mrs. C—— was continually complaining of a numbness and coldness of the left arm, from the shoulder downwards. I may say that this anaesthetic condition of the arm seems to have left her after the disease became established in the breast. The disease when we first saw it was limited to the upper part of the left breast, which was of a thick, leathery consistence evidently affecting the whole skin and cellular tissue, but I don't think at any time it extended to the true glandular substance. The skin affected was covered with a deep, erythematous blush, or rather something more permanent and pronounced than a blush, and the colour was not effaced on pressure. On palpation the feeling conveyed to the touch was that of handling a piece of sole leather, even to the sense of crackling when pressed or kneaded. The disease at first spread very gradually and continually, but afterwards more rapidly, extending to the abdominal parietes over the stomach and under the arm to the back. During the later course of the disease, the increase was not continuous, as at first, but isolated patches would appear in advance, which would coalesce and then join the parent body. At the time of death the left breast, chest, side, and back, and also the right mamma were affected. At no time was there a sign of pus forming in any cavity, but the cutis vera, over the left mamma, (the part first attacked,) took on a sloughing condition, but the ulceration never extended through the whole thickness of the skin. During the entire progress of the disease Mrs. C—— suffered but little. Occasionally she would have some pain of a neuralgic character in the back and down the thigh. There was no particular constitutional disturbance, but she gradually lost strength, and towards the last a drowsiness which gradually deepened into coma intervened.

I could not say that there were any complications; no paralysis, no albumen in urine, slight anasarca of the feet and ankles, no symptoms of cardiac disease that I remember. Mrs. C—— died June 9th so that the duration of her disease was about 7 or 8 months."

The succinct and valuable description of the case here given by Dr. Gossip well depicts the main features and symptoms of spontaneous cheloid, and I submit it rather than my own notes, because I saw the case but seldom and had no opportunity of watching its progress as it pursued its course to a fatal issue.

On the 1st day of May last a lady, (sent by Dr. Prinrose of Annapolis county,) called at my office to consult me. She was tall and rather stout. Her weight was about 180 lbs. Age 56. She married rather late in life and had two children. Her family history was good. There was no record of either strumous or malignant disease. A few years since she suffered from a sharp attack of cystitis, which readily yielded to treatment. This was the only form of pelvic disease she had had. The stomach and digestive organs were acting satisfactorily, as were the other abdominal organs, as far as could be ascertained. The appetite was good. She stated she had for several years a bronchial cough attended with a limited amount of expectoration of mucus. The principal inconvenience connected with this affection was shortness of breath, which was becoming increasingly