

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 twelve months.

The anatomical characters of cheloid and the nature of its development are clearly and well stated by Erasmus Wilson, as follows: "At its first development 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 tumor. And the development 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 tumor."

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 development 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 predisposed to "fibrosis" this would seem to be a favorable site for its first appearance. In the cases which I have submitted for your consideration the disease was evidently constitutional—not local—not the result merely of a perverted condition of the nerve and vascular supply of a limited area or areas of skin, connected for the most part with the thorax, but these external conditions were beyond doubt "the local expressions of a constitutional disease."

In none of the cases seen by me did the unyielding and unelastic surface affected appear to materially interfere with chest expansion, and although fully recognizing the intimate relations existing between the skin, the respiratory, and circulatory systems, I cannot conceive that so