

To the touch it presents a hard resisting structure like fibro-cartilage, invested by a soft velvety-looking skin. The central portion is denser and harder than the circumference, and the white lines have all the rigidity of bands of fibrous tissue. Below the principal tumour there is at present a small Keloid of a horizontal direction, of a pale pinkish color and inclining towards the principal one; examined by the hand a hard cord is detected between them. The patient at present suffers from excessive itching and pain of a smarting or shooting character, and occasionally a darting sensation like an electric shock. Pain does not endure long but occurs frequently and is excited by any movement which produces pressure on it, such as bringing her shoulders together or lying on her side in bed. She feels no increase of pain during the changes of the weather and it undergoes no alteration of color from mental or bodily excitement or elevation of temperature. She has no tumour of this sort on any other part of her body and the lymphatic glands in the neighbourhood are unaffected.

The treatment pursued was with a view to cause its resolution. Locally a firm compress of padded lint was applied by means of a figure of eight bandage and the following was given.

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Of which a tablespoonful is to be taken three times a day. This treatment was pursued for some time with apparent benefit, but the patient left the hospital (as she was going home to Ireland) before the results of this plan of treatment were ascertained.

Remarks.—The above case is interesting chiefly from its rarity. It is the first case, if I mistake not, which has been admitted into the Montreal hospital. The learned Gibert, physician to the Hopital Saint Louis, and Professor of cutaneous Pathology, in his extensive hospital and private practice has only observed two cases of it. The disease has no tendency to undergo carcinomatous degeneration, although M. Alibert has classed it in the group of *Dermatoses Cancéreuses*, doubtless from the schirrous hardness of the tumour which constitutes it.

He recognises two varieties: the true Keloid or Radiciform and the false Keloid or *Larvéé*. The last is only mentioned to put us on our guard against the resemblance which exists between the cicatrices of certain burns and the veritable Keloid. M. Alibert who first regarded this tumour as incurable has since known a spontaneous cure effected by resolution. The treatment by extirpation with the knife is now justly abandoned as it hastens the growth of the tumour on its reproduction, which is almost certain to take place.

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Whilst I write, there is a good deal of excitement amongst the Fellows of the College of Surgeons in regard to the forthcoming election of councillors on the