

trauma would not seem to have played so important a part; nevertheless the conviction has been steadily growing that the true cheloids have equally a traumatic origin, and thus a study of these forms of growths, both true and false, assumes an especial importance in connection with the primary causation of true neoplasms in general.

It is the modern English and German dermatologists more especially who have emphasized the impossibility of making an ætiological distinction between the true and the false growths. Foremost among these is Jonathan Hutchinson, who states definitely that cheloid cannot exist "without being a disease of scar, no matter how minute the scars may have been." He describes a case (that of Mrs. G.) where the growth originated as a little pimple; growth was slow, but resulted in the production of a typical cheloid mass four inches long and one and a half inches wide. At the end of twenty years it was still aggressive at the greater part of its border, was "itchy" and often painful. Crocker also concludes that the division of true and false cheloid is unsound, both from clinical and anatomical grounds, for true cheloid may be caused from unnoticeable injuries. Van Harlingen, of Philadelphia, states that he has never seen a case of spontaneous cheloid, and holds that cheloid can never occur save as a sequel of cicatricial formation. Unna emphatically remarks that the condition is never spontaneous ("ueberhaupt wohl nie spontan"), and he adds that the apparently spontaneous isolated cheloids of the sternum (the most frequent region of development) are the effects of scratching on account of seborrhœal eczema of the sternal region.

The pathological anatomy of the so-called spontaneous and of cicatricial cheloid is the same. Both are composed of bundles of connective tissue, forming a close network, and of a certain number of fusiform cells. The relative proportion of the two elements depends upon the age of the growth. In the older growths fusiform cells are rare, while in recent cheloid they are numerous, sometimes forming nests in the meshwork of the connective tissue. The more recent the growth, the more vascular and the nearer the approach in structure to sarcoma; the older the growth, the closer its resemblance to a pure fibroma.

But while thus histologically the two forms may be identical, and while this view exists that ætiologically no true distinction can be drawn, it must be added that there are still firm adherents to the view that cheloid may arise spontaneously.

Thus Ohmann-Dumesnil reports the case of a mulatto who was vaccinated on the right arm when three years of age. When the