

line of new connective tissue development, but to the production of rows of minute nodules very similar to those here described; and it is worth noting also that in Mr. Hutchinson's case of Mrs. G., to which I have already referred more than once, similar though larger papules were to be recognized along streaks which, as the author remarks, looked like "a scratch from a pin which had inflamed." One of these streaks had been present for several years, the other for a year, and Mr. Hutchinson points out that (as I have also found to be the case) the cheloidal mass originates as a small well-defined nodule, which only at a later date, when it has become relatively large, sends out the characteristic "crab's claws" into the surrounding tissue. I am therefore inclined to hold to my belief that these little subcutaneous nodules are to be regarded as the initial stage of the cheloid formation. But that being so, I have, as I say, to acknowledge my ignorance of their exact origin and to leave the matter open, just as I own it is difficult to understand why in Schwimmer's case the 150 or so cheloid nodules were thickly studded over the right lateral thoracic region and developed in no other region of the body. The most I can venture to state is that reasoning from the analogy of those cases in which from the very first the development of these growths has been closely observed, it is possible to assume that in every case there was some preliminary irritation.

In conclusion I wish to thank Dr. J. H. Duncan for the kind assistance afforded me in the clinical study of this case, as also Professor Adami and Dr. Wyatt Johnston for their valuable advice and suggestions in regard to its pathological features.

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