schwig; Harris; Behrens; Curtis and Owen; Burrows; Blumberg; Franke; Hammann; Parns; Avoni; Carossini; Sheck; Beust; Maron; Ivavenko; Critehett and Griffith; Sauerbruch; Sonntag; Friedländer; Dreyfuss; King; Wien and Caro; Hartley; Pels-Leusden; Woringer and Marques; Nürmberger; Vincent; Cogswell and Goodale; and others.

I. OCCUPATIONAL RELATIONS

Traumatic epithelial cysts are especially common in shoemakers, cobblers, carpenters, tailors, manual laborers, and mechanics, that is, in workers who are exposed by their particular occupational activity to traumatization of the fingers and hands (Hartley; Wien and Caro).

II. INCIDENCE

Garré reported in 1894 a total of 37 cases of traumatic epithelial cysts collected from the literature. Wörz increased this number in 1897 to 58 cases, of which in his opinion, however, only 24 had an adequate traumatic history. Pfietzner was able to collect an additional 75 cases of epithelial cysts, of which 43 showed a traumatic history. Parns added in 1914 twenty-five new cases, and Hammann stated in 1930 that since that time 37 additional cases had been placed on record. This number was increased by the end of 1939 by approximately 40 new cases, to which Cogswell and Goodale added in 1940 37 cases, making a total of 270 cases of epithelial cysts, the majority of which possess a definitely traumatic origin.

A recent report of Nürmberger who observed 17 traumatic epithelial cysts in a series of 178 cystic epithelial tumors of the skin, of which 121 were epidermoids and 40 were dermoids, furnished some information concerning the relative incidence of the traumatic epithelial cystic formations.

III. TYPE OF TRAUMA

The injuring force may be dull (blow, fall, or contusion) or sharp (perforation by cut, stab, tear [knife, wire, splinter, needle, fork, nail, or by some other sharp instrument]). It is not infrequently associated with an injury to the nail of the finger (splitting, perforation, tearing), but is not always accompanied by a break in the skin. The trauma is followed sometimes by a suppurative process.

IV. SITE

The great majority of the traumatic epithelial cysts are situated on the volar surface of the fingers, especially of the distal phalanx (about 75 to 80 per cent). A smaller number is located on the palm of the hands (Garré; Wörz), a few of the cysts are found on the dorsal side of the fingers, while other sites are exceptional (toe [Wörz]; dorsum of foot [Wien and Caro]; forehead [Hartley; Bland-Sutton]; forearm, neck, cheek, orbital region, forehead, buttocks, leg [Cogswell and Goodale]). The cysts are most often