deloo asserted that fibromas were usually the result of an injury to the connective tissue, and Ewing stated that fibromas of the periosteum and of the joints may follow a repeated trauma sustained by these tissues. Von Hansemann and other investigators looked upon fibromas as the products of some special type of inflammatory reaction of the connective tissue. Undoubtedly some of the fibromas (primary, genuine type), including the several varieties, such as fibro-lipomas, fibro-myxomas, fibromyomas, fibro-angiomas, and fibro-adenomas, originate from embryonic tissue misplacements and anlagen (kidney, breast, and uterus). Many others arise on the basis of preceding chronic, productive, inflammatory reactions in which other than fibroblastic elements may participate, possibly causing fibromatoid formations with various complex structures. A clear and definite distinction between early primary, genuine fibromas and fibromatoid, inflammatory, precursor lesions is made difficult, in that early fibromas are often not encapsulated and resemble in this respect productive fibromatoid proliferations, which merge insensibly with the tissues surrounding them. While true fibromas become encapsulated ultimately and appear as sharply circumscribed nodes, old fibromatoid inflammatory foci assume ultimately to an increasing degree neoplastic features, until they assume characteristics which make them undistinguishable from primary fibromas (Ribbert). It must be conceded, therefore, that a local trauma which elicits a chronic inflammatory process of the connective tissue may cause a solitary fibroma (Zipersson; Arning; Ricker and Gans; Fabian; Unna; and Gülden).

In addition to the frequent fibromatoid and adenofibromatoid formations occurring in the female breast, there arises rarely a peculiar type of myxofibroma, described as cystosarcoma phylloides or giant intracanalicular myxoma, which has been related in its origin to a preceding trauma to the breast. Lee and Pack stated that there was, in 13 out of 109 reported cases of this neoplasm, a definite and evidently authentic history of a trauma preceding the onset of the tumorous growth in the injured breast. These investigators were unable to decide, whether the trauma initiated the neoplastic development in these cases or simply activated a small preformed, but previously undetected fibroadenoma.

The development of multiple cutaneous fibromas has been related etiologically to a prolonged and severe exposure to low temperatures resulting in the production of frost bites (Zipersson). This investigator reported the case of a woman, 30 years old, who claimed to have sustained at the age of two numerous frost bites, which were followed by the appearance of multiple nodules in the skin. Some of these tumors were pedunculated and yellow brown, resembling in this way the neurofibromatous lesions associated with Recklinghausen's disease. It seems highly unlikely that any causal relations existed between frost bites and cutaneous fibromatosis, as alleged by Zipersson, as such multiple lesions develop evidently upon a congenital basis.