few are of the basal cell variety. As the cancer originates usually in the central portion of the scar, it is surrounded by cicatricial tissue and has therefore the tendency to spread in the beginning more on the surface than into the depth, where its progress is impeded by the fibrous tissue (Iwamoto). Because of this type of proliferation of scar cancers, their late metastatization into the regionary lymph nodes, and their frequent location on extremities permitting their radical removal by amputation, the prognosis of this type of traumatic carcinoma is more favorable than that of skin cancers in general (Iwamoto; Treves and Pack).

Concerning the medico-legal and social aspects of scar cancer, Wainwright pointed out that the late occurrence of these tumors in scars of industrial injuries should cause the removal of time limitations from the compensation laws.

V. VARICOSE ULCERS

Varicose veins and their ulcerative sequelae of the lower limbs are relatively common conditions, which are particularly frequent in those individuals who are forced to stand more or less on one spot during their occupational activities (laundresses, shop girls, or waitresses). The skin above and adjoining the varicose, subcutaneous veins becomes ultimately thinned, atrophic, edematous, increasingly pigmented and eczematous, while dilated tortuous capillaries, sometimes forming spiderweb-like patterns, are found near the larger veins, giving the involved area, because of the existing passive congestion, a pinkish red to dark purple color (Biegeleisen). Ulceration in the altered skin occurs either spontaneously or as the result of some mechanical injury. These ulcerative defects are shallow in the beginning, but later may become deep and crater-like, and may develop thick, elevated, callous edges. Because of their torpid character, the ulcers often exhibit very little tendency to heal, and, especially, if the causative, unfavorable static, occupational conditions continue. These ulcers may persist for many years and may reach large proportions, sometimes encircling the leg.

While the chronic inflammatory conditions as well as the presence of prolonged circulatory disturbances resulting in nutritional disturbances of the affected tissue should represent a favorable soil for the development of malignancy, according to the conceptions incorporated in some theories of carcinogenesis (Virchow; Warburg), it is a well established fact that cancerous complications of varicose leg ulcers are rare (White; Mason; Gottheil). Their behaviour in this respect does not differ from that of the corresponding varicose conditions of the recto-anal region, the hemorrhoids.

Gottheil expressed the opinion that the chronic dermatitis, accompanying varicose ulcers, and not the vascular and circulatory disturbances, represents the cause of a malignant transformation in a varicose ulcer. It has been observed that the malignant change sometimes occurs simultaneously with, or soon following, the onset of an acute eczema in the chronic varicose and ulcerated skin.