projecting on the pleural surface, with a marked impaction similar to the preceding at the posterior fracture. 32b and 29 are double fractures; in each the injuries are close together within three inches of the sternal end; in these the signs of impaction are trivial, and the vertebral fragments are marked off more clearly than the sternal, but the general features are like the three preceding, clearly the result of pressure in the axis of the rib. I might perhaps add to this list from the series, but I take only such examples as leave no doubt on my own mind as having been clearly fractures from indirect injury attended with penetration of one or other fragment into the opposing one. I have casually referred to fractures of the neck and head of a rib of which we cannot doubt that the cause was indirect force, of which we possess several specimens, but I purposely avoid their details at present, as they do not in themselves afford evidence such as appears in the sections of the specimens of fracture in front of the angle I have examined. I may merely state that in every one of these specimens where any displacement occurs it encroaches on the chest cavity.

I believe, then, that I may indorse the statement of Malgaigne that Petit's theory will not stand when brought face to face with facts. I am fortunate in being able to supply the material for filling the gap in the range of ordinary fracture phenomena which Malgaigne has picked, by showing that impaction, with splintering as its result, may occur here as in fractures of other long bones.

ART. XII.—*Notes on Molluscum Sebaceum*. By WALTER G. SMITH, M.D., F.K.Q.C.P.I.; Assistant-Physician to the Adelaide Hospital.

IN the instructive Lectures on Clinical Surgery, Vol. I., Part I., recently published by Mr. Jonathan Hutchinson, the first lecture is devoted to the subject of *Molluscum Contagiosum* (*seu* *Sebaceum*). After noticing the curious fact that although the disease has been long and well known in England, yet it is only within the last few years that cases have been described either in France or Germany, where indeed they have been spoken of as interesting rarities, he remarks:—"It would not be without interest to collect further data as to the geographical distribution of contagious molluscum. It seems to be common in Scotland, if we may judge by the

numerous observations published on the subject by Scotch surgeons. About Ireland I do not know" (p. 2, footnote).

In these notes I propose to supply this deficiency, in part at least. My data are derived from the Adelaide Hospital, and chiefly from the special Dispensary for Diseases of the Skin, which is held once a week. Every cutaneous case that presents itself is entered in a register, and as molluscum is an affection usually recognised with such ease, it is not likely that any case escaped observation, except possibly a few examples of isolated tumours too small to attract the attention of either patient or doctor. The dispensary is largely attended, and, from its central position, its records may be considered to fairly represent the relative frequency of cutaneous affections in Dublin.

The disease is very much more common among the lower orders, and is rarely seen in the upper classes, especially when we allow for those patients affected with molluscum in the vicinity of the eyes, and who resort to oculists for treatment. Neither Dr. M'Call Anderson nor Dr. Begbie ever saw it in the higher ranks of society, and Mr. Startin considered that the disease was certainly ten times more common amongst the lower than the upper classes (Dr. Dyce Duckworth, *St. Barthol. Hosp. Rep.*, Vol. VIII.).

Out of a total of over 5,300 cases observed and registered within the past nine years at the Adelaide Hospital, I find 25 cases of molluscum sebaceum noted, or 1 in 200 nearly. I subjoin an abstract of the particulars of these cases in the order in which they came under notice. This proportion represents a frequency eight times greater than in Glasgow, for Dr. M'Call Anderson met with only six examples of this affection in an analysis of 10,000 dispensary cases, or 1 in 1,700 nearly. In the north of Ireland, Dr. H. S. Purdon's statistics, based upon an analysis of 5,700 hospital cases of cutaneous diseases, give the relative frequency of molluscum sebaceum as 1 in 638 (*Dubl. Journ. Med. Sci.*, Oct., 1872).

Dr. Macnaughton Jones, of Cork, in a private letter informs me that "there can be no question of the rarity of the disease in the south of Ireland." From his own experience of hospital and dispensary practice for the past fourteen years, he can recall only one case of true molluscum.

Cases of Molluscum Sebaceum.

No.	Age and Date	Sex	Position, &c.	Evidence of Contagion
1	26 Sept., 1869	M.	Details not noted.	—
2	8 May, 1870	M.	Chest, neck, face; not on genitals. Two months.	—
3	69 May, 1871	M.	Neck, chest, abdomen, arms, legs; none on face or genitals. (See below.)	—
4	19 Sept., 1871	F.	Neck; one on chest.	—
5	6 Nov., 1873	F.	18-20 tumours on chest. Seven months.	Mother stated that when the child squeezed out any of the tumours, wherever the contents adhered to the skin, there a new tumour appeared. —
6	18 Feb., 1874	M.	Two small tumours on dorsum of penis for years; one double, with two depressions; nowhere else.	—
7	2 April, 1875	M.	About a dozen tumours on the neck. Two months.	No one else in the house affected at the time. Nine months later his younger sister presented herself with a similar eruption. (Cf. No. 9.) —
8	32 June, 1875	M.	A number of small tumours on penis only.	—
9	1 yr. 8 ms. Dec., 1875	F.	Face and neck. Three weeks.	Sister of No. 7.
10	7 Jan., 1876	F.	About six on face, neck, and back of shoulder; one on face sup- purating; none on genitals.	—
11	4 Jan., 1876	F.	Five on face, eyelids, mouth, temples; one on right upper eyelid suppurating and resem- bling a boil or abscess; two on fingers.	Said to have taken it from another girl in the same house, who was similarly affected.
12	11 May, 1876	F.	Face, eyelids, and front of ear; one near ear inflamed; none on genitals.	—
13	29 June, 1876	M.	On penis only. One year and a half.	—
14	1 yr. 4 ms. July, 1876	F.	Face, first on chin, then about angles of mouth and on neck.	See below.
15	9 July, 1876	F.	Eyelids, nose, upper and lower lips, third rib, first and third fingers; none on genitals.	Lived in same house as No. 14.
16	5 July, 1876	F.	Five about the right shoulder; none on face or genitals.	Other children in the house, but no history of their being affected. —
17	22 May, 1877	F.	Face and neck; one tumour large and inflamed.	—
18	11 Nov., 1877	F.	About six on neck only. Five months.	—
19	36 Nov., 1877	M.	About a dozen on forehead only.	—

Cases of Molluscum Sebaceum—continued.

No.	Age and Date	Sex	Position, &c.	Evidence of Contagion
20	10 months Dec., 1877	F.	About twenty on face and neck only; one or two acutely inflamed; none on genitals.	—
21	14 April, 1878	F.	Vulva and inside of thighs; one acutely inflamed. One year.	—
22	7 May, 1878	F.	One below right eye.	—
23	10 months July, 1878	M.	Seven or eight on face, and three or four on scalp; none elsewhere.	Mother is nursing the child, but presents no trace of the eruption. Another child in the house said to have been similarly affected.
24	4 Sept., 1878	M.	Face only; two beside the nose, acutely inflamed, resembling boils.	—
25	3 Sept., 1878	M.	Face only; one on right outer canthus, inflamed and wart-like; two on left lower lip; one or two specks on right cheek.	No tumours to be found on mother, or on baby (six months), and sister (eleven years) said to be free from it.

These returns, I need scarcely say, strictly refer to molluscum sebaceum only, and I have not as yet chanced to meet with a solitary case of molluscum fibrosum. Some of the notes are imperfect, and I regret that due attention was not paid in every case to the curious question of contagion, but Cases 14 and 15 belong to a series which furnish some evidence upon this point.

Case 14.—Maggie O'N., aged sixteen months. Two small tumours appeared three months previously; one was situated exactly in the middle line of the chin, and the other a little to its right. Some months later she was again brought to the dispensary with a number of new mollusca, several minute tumours about the angles of the mouth, and two larger ones on the side of the neck. Inquiry elicited that the child's sister, aged two years nine months, was the first to be affected with similar tumours—one near the right eye and another on the right side of the chin. These "festered," and disappeared spontaneously in about two months. The father also contracted several of these tumours about six months ago, and now (July, 1876) has five or six on the forehead and about the left eyebrow. The mother never exhibited any herself, but believes that her children caught them from a boy (Joseph D.), aged seventeen, who was living in the house with them. The boy is unable to account for the tumours appearing on his face. A

little girl (Catherine O'B.) who, at that time, was living in the same house with these children also had a number of similar tumours (Case 15). Her mother did not contract them.

In addition to the abundant credentials adduced by Dr. Duckworth (*St. Bartholomew's Hosp. Rep.*, Vols. IV. and VIII.), Mr. Hutchinson, and others in support of the doctrine of contagion, I may refer to the cases recorded by the late Dr. H. Eames in 1872. In one family he observed the disease to occur in the following order of succession:—(a) A boy, aged two years and nine months; (b) a girl, aged fourteen years; (c) the mother; (d) a girl, aged eight years. The eldest boy remained unaffected; all the children slept in the same room (*Brit. Med. Journ.*, Dec. 21, 1872); and, in the same Journal, Dr. Ferrier relates another corroborative case.

Those who, with Hebra and Wilson, refuse to admit the contagious character of this disease, do not offer any sufficient explanation of the numerous cases now on record of the successive development of the disease in several members of the same family, or in other individuals whom circumstances bring into close and frequent contact.

In regard to position it will be seen that in 17 out of 24 cases the eruption occurred on the face or neck, and in one instance only on the scalp, in which situation it is extremely rare. The great majority of the cases were incidental to childhood or youth, but the affection may be met at any period from early infancy (Cases 20, 23) to old age. As to sex, 11 cases were contributed by males and 14 by females—a proportion differing from that stated by Piffard (*Diseases of the Skin*, p. 343).

The importance of a correct diagnosis is illustrated by Cases 6, 8, and 13, where the tumours were restricted to the penis only, and by Case 21, where the vulva of a young girl was involved, and a serious mistake might possibly have been committed. Mr. Hutchinson mentions that it has happened to him four times to see a molluscous tumour mistaken for an indurated chancre, and in one of them the patient had been put under the full influence of mercury by the surgeon. In another case of diffused molluscum a syphilitic diagnosis was also made.

Again, in such a group of cases as 10, 11, and 12, and notably in Case 11, the resemblance to a boil was so close, and the peculiar characters of the molluscous gland so obscured by inflammatory changes, that an error of diagnosis would be far from unlikely;

but it is scarcely necessary to observe that the two affections require different management. Cases 3, 13, and 21 show that the duration of the disease is not unfrequently protracted, although it cannot be denied that the majority of the tubercles is self-limited in time; and, as we can trace upon the face, for example, they either vanish gradually, or become pedunculated by extrusion and then drop off, or are separated by inflammatory action.

There is a general agreement as to the treatment proper for these singular little tumours—viz., that it is essential to remove the hypertrophied gland, and to prevent the re-development of its secretion. With the larger tumours I am in the habit of squeezing out the sharply lobulated contents of the distended follicle with the finger nails, or preferably, with a dressing forceps, and then cauterising the interior of the cavity. A single turn of a pointed stick of nitrate of silver answers very well, and immediately checks any slight hæmorrhage that may occur. The minute lichenoid molluscous specks often noticeable on the face are conveniently destroyed by pressing a tiny drop of acid nitrate of mercury firmly into the central depression. If there be any tendency to pedunculation the tumours are best snipped off, and the base cauterised.

The extruded contents of the larger follicles often exhibit a striking resemblance to a miniature brain, with its diminutive convolutions.

How any one who has examined a sufficient number of these lobulated tumours, and watched their evolution, can doubt the sebaceous origin of mollusum is a puzzle; and when we read of pathologists describing this disease as a "hyperplastic epithelioma," it is difficult to believe that they can mean the same affection as that under consideration.

Lastly, I would call attention to Case 3, as a remarkable and rare example of abundant and exaggerated development of molluscous eruption. Previously to 1871, Mr. Hutchinson, in all his large and varied experience, had not seen a case of the kind, and is not aware that any author has described similar cases, but within the next four years, he was enabled to observe 3 additional cases of generalised mollusum sebaceum.

I have in my possession a drawing which excellently reproduces the peculiar features of the eruption in my case, and which I exhibited to the Pathological Society in 1871. The following are the details:—

A man, aged sixty-nine, was admitted into the Adelaide Hospital,

May 27th, 1871, suffering from bronchitis. Upon stripping him a large number of tumours were seen scattered over the surface of the body. They occurred on the lower part of the neck, on the chest, abdomen, arms, and one or two on the legs. Their number amounted to many scores, and they were of various sizes, the smallest being about equal to a small pin's head. The largest tumour was situated over the upper part of the left rectus abdominis muscle, and measured $3\frac{1}{4}$ inches by 3 inches.^a It was soft, pendulous, and studded over with numerous pin-hole depressions. Many of the other tumours were likewise marked by a central dark speck, from which a cylinder of sebaceous matter exuded on pressure. The second largest tumour occupied the left groin, and measured $2\frac{1}{2}$ inches by $1\frac{1}{2}$ inches. In colour they did not differ from the adjoining skin, or were slightly pink; they were sessile, generally fixed by a broad base, and they were absent from the face and genitals. Of their sebaceous character there could be no doubt, and not a few of them had become cystic from absorption of their contents. These tumours had existed for at least 30 years, and had never caused any inconvenience. None of them underwent inflammatory changes. For some years new tumours developed themselves, but the patient asserted that no fresh ones had appeared for the last 15 or 20 years. Interspersed between the tumours were many small purplish stains, probably marking the position of old tumours which had disappeared.

ART. XIII.—*Remarks on some New Forms of Surgical Dressings and Applications.*^b By SURGEON-MAJOR J. H. PORTER, Assistant Professor of Military Surgery, Army Medical School, Netley.

THE late Dr. Parkes, as President of the Southampton Medical Society, at one of the annual meetings impressed upon us the importance of selecting for our discussions subjects bearing on therapeutics, and as his advice has frequently presented itself to me when considering what subject I should bring before you in fulfilling my promise to read a paper some time during the year, I considered I would be following his excellent counsel were I to endeavour to interest you by making a few remarks based on my

^a One of the largest tumours on record is that mentioned by Mr. Erasmus Wilson, and it was only $3\frac{1}{2}$ inches in diameter.

^b Read before the Southampton Medical Society, October, 1878.