

A CASE OF MULTIPLE SEBACEOUS CYSTS.

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THE following case presented such a vast number of sebaceous cysts that it is an extremely rare, if not an unprecedented, one. There are a few cases on record in which there were from 132 to 250 tumors present,* and Chiari reports one in which several hundreds were scattered over the general surface.†

The number of cysts in the following case probably far exceeds even that of Chiari's:

A. D., aged twenty-five, a healthy man without anything of moment in either his family or personal history. His skin affection was first noticed during adolescence, no attention, however, being paid to it for some years. It developed gradually and attracted attention through the occurrence of acne and the formation of large pustules, which occurred with increasing frequency. The illustrations show the wide distribution of the lesions, but convey a very inadequate idea of their number, as the great majority of them were too small to show in the photograph, or even to be noticeable to the eye. They could be felt as nodules beneath the skin, varying in size, the smallest being barely palpable, and the largest fully two centimetres in diameter. On the body they were so numerous and closely set that the point of the finger could scarcely be placed on the trunk without touching one or more. Over the larger ones the skin was usually closely adherent, to some only loosely. The small nodules were, as a rule, deeply placed and only attached to the superjacent skin by an ill-defined strand of fibrous tissue, doubtless the obliterated duct. The contents of the smaller and of many of the large nodules consisted of thick, sebaceous material that exuded in a white, ribbon-like form through the linear puncture made with a bistoury. In some of the larger nodules the contents were partly sebaceous and partly a yellow oil; in a few they consisted wholly of oil. None of the cysts were pedunculated, but as they grew large, one here and there of the older ones became inflamed. The exudate into the periphery soon became purulent, and in a short time destroyed the capsule of the cyst, converting the whole into a bleb of pus in which the sebaceous contents became liquefied. The wall of the bleb usually sloughed, leaving a large, ulcerated surface, which healed with a broad, deep scar.

* Jamieson, *Edinburgh Med. Journal*, Sept., 1875, p. 223. Maclaren, *Edinburgh Med. Chir. Socy Trans.*, 1888, p. 77. Politzer, *Jour. Cutan. and G.-U. Diseases*, 1891, p. 281.

† Chiari, *Zeitschrift für Heilkunde*, 1891, Vol. xii. p. 189.