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We hope that making available the relevant information on Pachyonychia Congenita will be a means of furthering research to find effective therapies and a cure for PC.
infrequently suggested. To support the possibility of psoriasis in this patient is the history of a scaling lesion on a knee some time ago. I think psoriasis is to be seriously considered.

**Dr. H. Sutherland Campbell:** On looking at the lesions, I believed them to be a possible fungous infection or psoriasis. The patient mentioned that he had spots on the hand that cleared up. I think that the results of histologic examination are conclusive in this case. I do not believe one could see such classic elongated papillae in any section other than one of psoriasis.

**Dr. Kendall Frost:** I treated this boy for several weeks last year and gave him the roentgen irradiation referred to. His hands were irritated most of the time from handling ropes on his sailboat, and it was difficult to differentiate the various factors making up the appearance at that time. He now has a definite psoriasis on the plantar surfaces, and he must have had it all the time.

**Dr. Arthur Fletcher Hall Jr.:** Psoriasis was considered in the original diagnosis because of the silvery scales present on the palmar markings and on some areas of the feet when the skin was dry. The histologic picture seemed characteristic enough of psoriasis to make that diagnosis. In so far as the sailing is concerned, my opinion has been under my care I have found that his hands are better when he is out in the sunlight. When he made a two week automobile trip, during which he was under considerable nervous strain, the hands were worse. Last fall he attended college and was apparently under considerable mental pressure and strain from his studies. His hands got worse during that time. At Christmas time his family decided that he had better stop his studies and do some work that did not upset him, in the hope that his hands would benefit in some way. Since he has been working as a contractor the hands have become much worse, and I am at a loss as to how to treat him. He can hardly use a pencil with his hands.

**Pachyonychia Congenita in Mother and Daughter.** Presented by Dr. Nelson Paul Anderson.

L. L. K. and M. L. K., mother and daughter, aged 28 years and 3 years and 9 months, respectively, are presented for a disorder affecting all of the nails. The mothers' nails have been involved since early childhood, and no benefit has been derived from surgical removal of the nails, radium and roentgen irradiation or numerous keratolytic ointments. No other relatives have a similar condition.

The child has had the disorder since a few weeks after birth.

The examination reveals all of the nails of both patients to be greatly thickened and extremely hard. The nails are apparently of normal length and width and become thicker at the free borders, where they measure 3 to 5 mm. in thickness. On the mother's plantar surfaces are many callosities. Examination of the scalps of both mother and child gave normal results.

**DISCUSSION**

**Dr. Nelson Paul Anderson:** This is the first example of pachyonychia congenita that I have seen. It is certainly congenital, as one can observe the same changes in the nails of the daughter, although she has no changes in the mucus membrane or callosities on the soles.

**Keratosis Palmaris et Plantaris.** Presented by Dr. Franklin I. Ball.

H. R., a nurse aged 38, is presented with her sister, M. B., aged 44, for a popular eruption on the palms and soles present since early childhood. The lesions have become more pronounced during the past two years. A third sister is also said to have similar lesions.

The dermatologic examination shows numerous, scattered, split pea-sized, flat, hyperkeratotic papules on the palmar and plantar surfaces.