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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.
Extensive Melanoma. Presented by Dr. Howard Fox.

Mrs. M. deH., aged 50, a trained nurse, born in Hungary, since birth had presented a lesion occupying the greater part of the left side of the forehead. It was about 3½ inches (8.8 cm.) in the longest dimension, and extended slightly to the scalp. It was well defined and consisted of smooth, rounded nodules; some were discrete and others coalesced to form lumpy masses. The eruption was slaty blue and did not disappear on pressure.

Five months prior to presentation she had fallen on her face, and two weeks later there was considerable swelling and tenderness of the lower part of the lesion, which had gradually lessened somewhat. At that time she had suffered from phlebitis of the thigh. There were no lesions elsewhere to suggest metastasis. She had not been treated.

DISCUSSION

Dr. J. F. Fraser: In my opinion, the lesion should be let alone.

Exfoliative Dermatitis. Presented by Dr. P. E. Bechet.

L. G., a woman, aged 29, had had a severe case of psoriasis for many years, which, although a chrysarobin dermatitis was not present, changed into a generalized scarlet, lobster-red, peeling dermatitis that involved the entire area of the skin. When the patient was first seen, this generalized exfoliation had been present without remission for eight years. A blood count showed: hemoglobin, 70; red cells, 3,770,000; white cells, 10,600; polymorphonuclears, 64 per cent; lymphocytes, 33 per cent, and eosinophils, 3 per cent.

DISCUSSION

Dr. E. F. Traup: This seems to be a typical case of exfoliative dermatitis, and apparently psoriasis has been definitely established as the eruption preceding the onset of the present condition. The only question is whether the therapy with arsenic had any bearing on bringing about the exfoliation. I have no therapeutic suggestions other than those that Dr. Bechet has already tried, and which I believe should still be carried on for some time.

Dr. Benford Throne: I do not think that sodium thiosulphate has been given a sufficient trial. I should give 1 Gm. intravenously every day or as often as possible; on the days when it is not given, enteric coated tablets should be given, the daily dose by mouth being from 1.5 to 2 Gm. I have found the addition of parathyroid valuable at times, and it could be given in one-tenth grain (0.00648 Gm.) doses three times a day. The thiosulphate should be continued until an alkalosis develops, and then it should temporarily be discontinued and a calcium preparation, preferably calcium chloride urea, substituted. The combination of the parathyroid and the calcium will increase the blood calcium. This can be watched by making determinations of blood calcium and phosphorus, and when the amount of calcium exceeds the normal, the use of parathyroid may be discontinued.

Dr. P. E. Bechet: I am grateful for Dr. Throne's suggestions; the patient has received sodium thiosulphate for two months, without benefit. A test for arsenicals did not show any retention of that metal. However, I shall use sodium thiosulphate again as he suggests.

Onychogryphosis (Congenital). Presented by Dr. P. E. Bechet.

Since birth Mrs. S. H. had had extensive hypertrophy of all the nails. One of the children was similarly affected. All therapeutic measures had proved availing.

DISCUSSION

Dr. F. C. Combes: I have nothing to add, except that the proper term for this condition of the nails should be onychoptosis instead of onychogryphosis. The root term is from the Greek, grypos, meaning curved.
SOCIETY TRANSACTIONS

Dr. Howard Fox: This case is of especial interest to me, as I saw the patient nineteen years ago at the Polyclinic Hospital when she was 5 years of age. At that time she presented a classic picture of onychogryphosis affecting all the finger-nails and toe-nails. The toe-nails, which showed a well marked example of the typical ring's horn twist, were removed and attached to a wax cast which was made at the time. At present the condition is one of markedly thickened nails, without the twisting. The case is furthermore interesting as she now has a slight leukokeratosis of the tongue and keratosis of the soles. These changes correspond to the ones described in the "Iconographia" by Jadassohn and Lewandowsky as pachonychia congenita, a case of which I have also presented before this society.

Lupus Miliaris in a Syphilitic Patient. Presented by Dr. E. R. Maloney.

H. McG., a white woman, 29 years old, had been under treatment for secondary syphilis since April, 1931. While she was undergoing treatment with arsenic and mercury, in June, 1931, an eruption developed, made up of small, flat papules, ranging in size from that of a pinhead to that of a split pea. Some of these papules were the color of the skin; some were yellowish and some reddish. The eruption occurred mostly on the neck, shoulders and chest; a few lesions had recently developed on the chin.

The Wassermann test made in April was strongly positive, and in June it was negative.

Microscopic examination of a removed papule showed miliary tubercles containing epithelioid and giant cells. Inoculation into a guinea-pig at the end of seven weeks gave negative results. (This test was made again.) The Mantoux test was negative.

Generalized Papular and Vegetating Eruption Disappearing After the Drinking of Sulphur Water. Presented by Dr. Howard Fox.

A. H., aged 35, a claims agent, had previously been presented before the Manhattan Dermatological Society on May 12, 1931. Despite considerable clinical and laboratory study, no definite diagnosis had been made, and practically no relief had been afforded by treatment. He recently returned to the clinic, and was hardly recognized on account of the disappearance of the eruption. He had also gained 10 pounds (4,500 Gm.). He had spent two months in Cobblestone, doing no work and living on good food, including a good deal of milk. He also drank large amounts of a local natural spring water said to contain sulphur. At the end of the first two weeks improvement began, and at the end of two more weeks the eruption had almost disappeared.

He had previously been at the same place in the country for a month, at which time he had tried to build up his health by good food and copious drinking of milk, but he had not taken the sulphur water.

A photograph of the patient demonstrating his former condition, with marked vegetations on the face, was submitted, and showed the striking change in his appearance.

Discussion

Dr. F. C. Combes: I should like to know what the eosinophil count was in this case.

Dr. Binford Throne: I think that in this case a great part of the result should be attributed to the action of the sulphur water. The discovery by Hopkins of England of glutathione in the cytoplasm of the cell and cell nucleus, and of its importance in the oxygen reduction processes in the cell is of great value. Glutathione contains a sulph-hydryl radical. Any condition that interferes with it would cause improper functioning of the cells. It was on this principle that Dr. Myers considered the action of sodium thiosulphate to be based. In this case the