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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.
Pachyonychia Congenita. Presented by Dr. Botho Friedrich-Wilhelm Felden.

I. L., a boy aged 14, is presented from the Skin and Cancer Unit of the New York Post-Graduate Medical School and Hospital because of a condition which has been present for seven years. On both feet are various-sized sharply outlined erythematous patches with bullous lesions. The toe nails are absent. The finger nails are discolored, brittle and deformed. Some of them are thickened. Follicular keratosis involves the elbows, the knees and the face. The edges of the tongue show leukoplakia. Examination of the nails for tinea and tests with oidiomycin and trichophytin gave negative results.

DISCUSSION

Dr. G. F. Machaczek: This patient was under treatment for a number of years at the Vanderbilt Clinic, and I believe he had his toe nails removed a few years ago. They were enormously thick.

Dr. Botho Friedrich-Wilhelm Felden: This boy told me that all his nails were removed seven years ago, and the nails on one hand were removed twice. Therefore, some of the nails are entirely missing and the others are deformed or poorly developed. The original conception of pachyonychia congenita, as the name implies, is of thickening of the nails. On the left hand the patient still has a thickened nail on the small finger; he told me he was born with thickened, deformed nails. Emphasis should be placed not only on the thickening and deformity of the nails but on the follicular hyperkeratotic lesions on the knees and the elbows, similar to the follicular hyperkeratoses in cases of Darier's disease. Some patients have acneform lesions of the face, and many have bullous eruptions, sometimes mistaken for epidermolysis bullosa hereditaria. That diagnosis is often entertained at first in cases like this, because there are changes of the nails and leukokeratosis of the tongue and the insides of the cheeks. In some of the cases described there are changes in the cornea and the ear drums and other deformities. The whole condition apparently belongs to the group of congenital dyskeratotic malformations of the skin.

"Systemic" Sarcoidosis. Presented by Dr. Eugene Traugott Bernstein.

Mrs. A. O., a woman aged 39, is presented from the Mount Sinai Hospital because of an eruption involving the upper extremities and the upper part of the back which has been present for seven years. The condition is Darier's sarcoid (sarcoïdes nodulaires et noueuses des membres), associated with systemic lesions in the sepal mucosa, the pharynx, the larynx and the lungs, hepatosplenomegaly and thrombopénie purpura. The patient is a native of Puerto Rico.

At present the eruption is composed of bluish red lesions in the subcutaneous tissue and the superficial layers of the skin which feel nodular and result in depressions and scar formation. The nodules range in size from that of a pea to that of a hen's egg.

The patient was first seen in May 1930. She was well nourished and came to the dermatologic department because of an eruption on the lower limbs. She had been married seven years and had had two healthy children and no miscarriages; the Wassermann reaction was repeatedly negative. Neither she nor any member of