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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.
TWO CASES OF ONYCHIA CONGENITALIS OUT OF PLURAL PREGNANCY.

BY PROF. S. MENDES DA COSTA AND J. W. VAN DER VALK, M. D., AMSTERDAM, HOLLAND.

Jadassohn and Lewandowski's case of Pachyonychia, described and represented in the Iconographia dermatologica of Jacobi, is interesting with regard to its extreme rarity. A girl aged 15 years and her brother 4 years old were both similarly affected with a keratosis of the follicles, a leukokeratosis of the tongue, some anomalies of sweat glands and the aforementioned nail affection.

The nails of all fingers and toes were thickened and hardened, transversely narrowed and curved as by lateral pressure. The authors consider their case to be a congenital anomaly of keratinisation.

We have met with two other cases of congenital onychia, which we will now describe.

The first case (of M. d. C.) refers to a boy, aged 3 years, one of triplets. This boy has been affected since birth with a pachyonychia of all his nails and with an anomaly of his follicles, showing the development of red papules within the centre of them a horny plug or a comedo-like body. These papules now cover particularly the exterior surfaces of the members. One of his uterine companions died when 3 weeks old, without any affection of skin or nails. The other one has developed normally and is still living.

The second case (of v. d. V.) is that of a healthy looking boy, 12 years of age, since his birth showing a vesicular dystrophy of the skin and a dystrophy of the nails of both hands and feet.

The patient is one of a twin-birth, but the development of the second fetus stopped after some time, and when born had reached the size of an orange.

Without any perceivable cause and without any warning symptoms, loosely filled vesicles of different sizes arise on different parts of the body, which after having burst are soon cured without leaving cicatrices.

The photo of the hands shows some of these efflorescences whilst recovering. Some fingers have no nails at all. The remaining nails are thickened under the nail plates and cylindrically bent in the long axis, showing here and there a lengthwise fissure.

In this case the nail plates are contrary to the case of Jadassohn and Lewandowski, not so strongly thickened, but they are also transversely too much bent.

RENAL TUBERCULOSIS.—Dr. R. H. Green (International Journal of Surgery) claims that unless there are marked symptoms of septicemia in some form renal tuberculosis should not be treated by operative procedures, but if marked septic conditions are present they may be so imperative as to require surgical intervention. As to therapy, the author advises the use of a vaccine which has proven of value in some inoperable cases. For tuberculous cystitis he recommends an aqueous solution of ichthyol, one part of ichthyol to five of water. Where both kidneys are found to be involved with a high degree of sepsis, an exploratory operation should be performed.