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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.
PHILOLOGY

Various types of filter, the lesion along the
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stage rays filtered

DR. DONALD M. PILSBURY: Every one emphasizes the importance of getting irradiation started early in the treatment of hemangiomas. Can you assign any age after which irradiation will not have a satisfactory effect on the hemangioma?

DR. G. E. PFAHLER: I do not believe there is any such age, but, according to the literature the age of 5 or 6 months is considered the most suitable for treatment. The child I refer to was 4 months old when I saw her. The younger children respond more quickly. The tissues are more sensitive in children, so that they respond to one half or one third of the dose required for an adult.

Congenital Ectodermal Dysplasia; Pachyonychia Congenita? Presented by DR. CARROLL S. WRIGHT.

I., a white boy aged 12 years, at birth showed roughening of the entire cutaneous surface and "infection" of the thumb nails. When he was 2 weeks old blisters formed on the soles, knees and elbows. These ruptured and crusts formed. The nails of both hands and feet became infected. The patient was treated for years by various practitioners and at several hospitals in Philadelphia. On May 17, 1937 the patient was admitted to the surgical service of the Johns Hopkins Hospital with the diagnosis of "chronic eczema secondarily infected, producing an impetiginous picture." This was treated with azochloramid compresses and with potassium permanganate and gentian violet; the ulcerated lesions were cleared of infection and remained improved for six months following discharge. They have since progressively become worse, especially during the four months prior to his admission, on April 28, 1940. The only observations of significance related to the skin and mucous membranes. The picture was one of chronic illness and apathy. There was a bronze tint to the skin with exaggeration of the papillae. There were small roughened, keratotic tags projecting from the cutaneous surface. On the trunk and extremities there were a number of large infected areas. These were covered by large, scaly crusts. The feet and perioral region were most severely affected. The tongue, gingiva and buccal mucosa revealed a diffuse superficial leukoplakic involvement. The tip of the tongue was shiny and atrophic. In 1940 the blood contained 100 per cent hemoglobin (14.5 Gm.) and there were 10,000 leucocytes, with a normal differential count. The urine was normal. The serum protein content was 5.9 Gm. per hundred cubic centimeters. The albumin-globulin ratio was 1.5. The serum cholesterol content was 161 mg. The basal metabolic rate on one occasion, when conditions were not completely satisfactory, was +40 per cent. Roentgenographic examination of the gastrointestinal tract after the ingestion of barium sulfate was normal. A scraping from the skin was negative for fungi. The Wassermann reaction of the blood was negative. The reaction to a tuberculin test was negative to 0.1 Gm. The patient was treated at Johns Hopkins Hospital with the application of saline compresses. Crusts were removed and denuded infected areas healed with the application of gentian violet or 5 per cent ammoniated mercury. This therapy satisfactorily cleared old lesions of infections. An attempt was made to pare down the nails with a scalpel after soaking them in acetone.

Pachyonychia Congenita. Presented by DR. CARROLL S. WRIGHT and DR. E. R. GROSS.

T. N., a white infant girl aged 6 months, presents heavy thickening of all the nails, the thickening increasing toward the free borders. The nail plates are hard and brittle. There is also a leukokeratosis of the tongue. There is a strawberry nevus on the right buttock. The changes of the nails and tongue have been present since birth.

DISCUSSION OF TWO CASES OF PACHYONYCHIA CONGENITA

DR. CARROLL S. WRIGHT: I made a tentative diagnosis of pachyonychia congenita in the first case. The picture includes the changes of the mucous membranes, the nails and the skin, all of which are typical. The patient also shows a cutaneous picture which suggests Darier's disease somewhat. For the cutaneous lesions I think one might use the method described by Dr. L. C. Goldberg (Arch.
Pemphigus Foliaceus. Presented by Dr. John H. Stokes and Dr. John W. Lentz.

G. R., a white woman aged 42, presents a generalized eruption which in its typical phase is of a bullous and exfoliative type. In addition, on April 17, 1942 she had a vegetative, pedunculated, lemon-sized lesion removed, which previously had been diagnosed by biopsy as a basal cell epithelioma. The eruption had its onset following the extraction of an infected tooth. It has persisted for twenty-three years. The present eruption has never completely disappeared. The symp-