

ABSTRACTS

Traction alopecia in Sikh boys, Gurmohan Singh, (Section of Skin & VD, Inst Med Sci, BHU, Varanasi) *Brit J Derm*, 92 : 232, 1975.

Traction alopecia due to slow continuous traction is well-known in girls with pony-tail hairstyles, those who use rollers to curl their hair, and in negroes who plait their kinky hair to straighten it.

A similar traction alopecia is seen in Sikh boys. In the Sikh religion males do not cut their hair. To keep their long hair well groomed and kempt, the hair is made into a plait, twisted and put up on top of head, where it is kept for 12 to 24 h before recombining. This is a universal hairstyle in all Sikh male children. They try to twist the hair so tight that while playing it does not come undone. As in other types of traction alopecia, the periphery of the scalp, especially in the frontal and parietal regions, is chiefly involved.

Treatment is to make the hair-do looser. In early and mild cases full regrowth may occur, but in longstanding cases this may be incomplete.

Neomycin Resistant Staphylococci on Neomycin Treated Skin, Gurmohan Singh, (Section of Skin & VD, Inst Med Sci, BHU, Varanasi), *Indian J Med Res*, 62 : 877, 1974.

Use of antimicrobials increases the number of organisms resistant to it and consequently increases frequency of infection, but its mechanism is not established. Experimental production of staphylococcal infection on intact human skin and study of the growth of neomycin resistant staphylococcus aureus, on neomycin treated and control sites has supported the above hypothesis. Interplay of resident flora and inoculated staphylococci was studied by prehydration of inoculation sites which resulted in heavy growth of resident flora on control sites only. Inoculated neomycin resistant staphylococci could hardly grow on control sites, producing no clinical lesions, when the bacteria grew wild on neomycin treated sites with clinical lesions in every subject. It establishes that the absence of suppressing effect of resident flora increases the growth and hence the number of pathogenic organisms.

An Analysis of 2000 cases of Dermatomycoses, Shah HS, Amin AG, Kanvinde MS, Kanvinde SM and Patel GD (KM Sch PG Med Res, Ahmedabad) *Indian J Path Bact*, 18 : 32, 1975.

Two thousand clinically suspected cases were examined to study the mycology of the dermatomycosis. 707 revealed the presence of fungus either by direct examination or culture. The commonest dermatophyte species was *T. rubrum* (80.7%) *T. violaceum*, *T. tonsurans*, *T. mentagrophytes*, *E. floccosum*, *M. gypseum* and *T. simmi* were the other dermatophytes isolated in order of frequency. Males were more commonly affected than females in the ratio of 2 : 1 approximately. The maximum incidence in the present series was seen in the third decade. Correlating clinical and mycological data it appears that *T. rubrum* is mainly responsible for *T. corporis* (89 percent) and *T. cruris* (86.3 percent) infections. *T. corporis* and *T. cruris* together constitute the