

IJDVL

ABSTRACTS'
1961-70



Published for
INDIAN ASSOCIATION OF
DERMATOLOGISTS, VENEREOLOGISTS & LEPROLOGISTS

WITH BEST
COMPLIMENTS
FROM
MICRO LABS PVT. LTD.
BANGALORE

IJDVL ABSTRACTS 1961-70

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**This book is dedicated to my revered teacher Prof K C Kandhari,
to whom too many of us owe too much.**

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PREFACE

An encouraging response to IJDVL abstracts 1971-80 prompted us to undertake the task of compiling this issue. This difficult job was made simple by the help extended by Dr J S Pasricha Professor of Dermato-Venereology, AIIMS Ansari Nagar, New Delhi and the Chief Editor of Indian Journal of Dermatology, Venereology and Leprology. His suggestions and supply of back issues is gratefully acknowledged. We also extend our thanks to Prof V N Sehgal Head of Dermato-Venereology, Maulana Azad Medical College Delhi for his help. Mr Gopal Ji of M/S Law Publishers, Allahabad and Mr L C Kesarwani deserve special mention for contribution towards publication of this book.

Allahabad
Jan 1990

A K Bajaj
Sarita Bajaj

ACANTHOSIS NIGRICANS

**Rao C Mallikarjuna, Patnaik R, Rao P
Ramachandra et al**

Ind J Dermatol Venereol, 1966; 32: 136-144.

In the cases reported the mother, her daughter and son had cutaneous lesions of acanthosis nigricans. In the mother, the dermatosis had a late onset at the age of 30 years. In her daughter, it appeared at the age of 16 years and in her son at the age of 1 year and nine months. It was interesting to note that the mother was not having the disorder when her daughter was born, but still her daughter developed the lesions at puberty. Because of the absence of any symptoms or signs pertaining to internal cancer, all the 3 cases were diagnosed as cases of benign acanthosis nigricans. These cases support the view about the genetic transmission and familial nature of the dermatosis.

JUEVENILE ACANTHOSIS NIGRICANS

Singh Gurmohan and Ojha Divakar

Ind J Dermatol Venereol, 1967; 33: 104-106.

Two cases of Juvenile acanthosis nigricans without any complications are presented. Improvement of lesions with vitamin A is reported.

VEGETABLE OILS AND ACNEFORM LESIONS

**Bhutani LK, Malhotra YK and Kandhari
KC**

Ind J Dermatol Venereol, 1970; 36: 119-121.

The evidence presented here is suggestive that oil was playing an aetiological role in these acneform lesions. The exact pathogenesis is poorly understood but it seems probable that either those oils contain some aromatic or aliphatic irritant compounds or that they have been adulterated by some mineral oils which have been known to cause acneform lesions by stimulating follicular hyperkeratosis in susceptible individuals. The problem may be expected to attain bigger magnitude because of possibility of adulteration of oils as the prices of vegetable oils keep on soaring high. The role, that sunlight may be playing in this can only be

speculated.

ACTINOMYCOSIS - A REVIEW WITH A CASE REPORT

Saxena KN and Malviya US

Ind J Dermatol Venereol, 1963; 29: 109-116.

A case of chronic granulomatous suppurative lesion of foot is reported. Smear examination, culture of pus and histology revealed the diagnosis of actinomycosis. Causative fungus was actinomyces bovis. No improvement was noticed by medical treatment. Patient was cured of the condition by excision of the affected part and a skin graft.

AINHUM-REVIEW OF LITERATURE AND 3 CASE REPORTS

Nagabhushanam P

Ind J Dermatol Venereol, 1967; 33: 146-149.

A brief review of ainhum, a rare disease of unknown etiology has been given. Case reports of three patients who attended SVRR Hospital, Tirupati are given. A modified line of therapy for Grade I and II has been suggested.

CASE REPORTS ON AINHUM

Tiwary PK

Ind J Dermatol Venereol, 1968; 34: 110-112.

Three cases of Ainhum are reported and injections of cortisone were given with temporary relief.

AINHUM ASSOCIATED WITH PSORIASIS

Lal Sardari, Velou A, and Bhama T

Ind J Dermatol Venereol, 1969; 35: 157-158.

A case of 'Ainhum' associated with psoriasis is reported. This appears to be the first report of such association.

GENELOGICAL ASPECTS OF ALBINISM

Shah BH and Desai BA

Ind J Dermatol Venereol, 1967; 33: 260-263.

The article illustriously documents few principles of transmission of recessive disease. It also authenticates the adverse effects of consanguinity in transmission of hereditary diseases and how the knowledge of genetics can help us in deciphering the genotype of a

person.

ALBRIGHT'S SYNDROME

Mehta TK and Marquis L

Ind J Dermatol Venereol, 1968; 34: 84-86.

A case of Albright's syndrome in a male patient of 22 years is presented. The skin and osseous involvement was segmental. This is in agreement with most cases reported. No mucosal, lesions were present. No gonadal or endocrinal dysfunction was evident. Family history did not reveal any other members presenting similar lesions.

THE ROLE AND ORGANISATION OF AN ALLERGY DEPARTMENT

Schuppli R

Ind J Dermatol Venereol, 1963; 29: 2-5.

The percentage of purely allergic diseases in the dermatological practice is high. Apart from the eczema cases, which constitute about 20 % of all cases, urticaria and drug eruptions make up about 5 %. Also in to the field of allergy belong the immunological processes manifesting themselves in the various form of vasculitis and the large field of the "reactions cutanees" so that the allergic diseases present about 30-40 % of the total number of cases in a skin clinic. As every patient suffering from an allergic diseases has to be treated even more individually than the normal dermatological patient more time must be reserved for the allergological investigations. The equipment of the allergy department correspond the usual clinical requirments. In addition inhalers are useful. Special emergency sets for the treatment of anaphylactic shock should be within easy reach so as not to lose valuable time in the treatment of shock symptoms.

ALLERGY

Schuppli R

Ind J Dermatol Venereol, 1963; 29: 1-2.

Allergy and eczematous dermatitis constitute a difficult problem in dermatology because of the diverse causes underlying the pathogenesis, its variegated symptomatology and the varying prognosis of the different clicial types. Approaches in allergy include

intelligent history, clinical assessment of presenting pictures, routine laboratory tests and sometimes X-rays, patch testing for contact allergy, intracutaneous testing for some drug, microbial and food allergy, serologic diagnosis, cultural investigations and selective pathogen cultures.

ALLERGY IN GENERAL PRACTICE AND AS A SPECIALITY IN DERMATOLOGY

Schuppli R

Ind J Dermatol Venereol, 1963; 29: 5-9.

The author describes various types of allergic reactions to drugs, animal substances, vegetable substances, chemicals and also various diseases because of allergic causes. The importance of thorough investigation of allergological problems is stressed. The remarks that allergology is still in its beginnings, but it is growing more and more important because of consumption of powerful drugs and active chemical substances to which more people are being exposed.

EVALUATION OF LOCAL MEASURES IN ALLERGIC DERMATOSES ANTIHISTAMINES AND CORTICOSTEROIDS

Gaind ML

Ind J Dermatol Venereol, 1963; 29: 180-183.

Specific diagnosis and elimination of the antigenic agents are prerequisites for successful treatment of allergic dermatoses. Topical antihistaminics do not accomplish that other remedies do not accomplish as well. They play no significant role in producing reversal of pathology. Their antipruritic and anti-inflammatory effect is variable, eczematous sensitisation occurs in a significant percentage of cases and this may therefore interfere with subsequent systemic use of these valuable therapeutic agents. Therefore their local use has no place in modern therapy of allergic dermatoses. Topical corticosteroids on the other hand are strong anti-inflammatory and anti-erythemic agents and quickly allay discomfort. They play an important role in the reversal of pathology but their use depends on careful assessment of severity and disability. Their topical use in

wide spread lesions is uneconomical. Of the topical corticosteroids Triamcinolone acetonide in 0.1% -0.5% of concentration is the most effective, but it is 25% more expensive. It is reasonable that it should be used as a second line of therapy in patients in whom the response to 1% Hydrocortisone ointment is either incomplete or slow. Creams and lotions appear to be more effective than ointments, but there may be danger of contact dermatitis from the creams. There is evidence that under the influence of local hydrocortisone the skin is held in a state of susceptibility to the effect of surface irritation, therefore in the beginning it must be applied every six hours and gradually tailed off. Finally search for an ideal anti-inflammatory and anti-pruritic agent which produces relatively-few or no ill effect must continue.

ONYCHOMADESIS, KERATOSIS PILARIS LIKE ERUPTIONS SYMBLEPHERON AND PSEUDO-CONJUNCTIVAL CYSTS AS LATE SEQUELAE OF PENICILLIN ALLERGY

Patnaik R and Agarwal TP

Ind J Dermatol Venereol, 1963; 29: 117-120.

A case of onychomadesis affecting the nails of all fingers and big toes is reported. The patient also had keratosis pilaris like eruptions on the body and severe acneiform eruptions on the face, symblepheron and pseudo-conjunctival cysts in the eyes. All these occurred as sequelae of exfoliative dermatitis due to penicillin allergy.

TWO TYPES OF ALLERGY (TO QUININE) OCCURRING SIMULTANEOUSLY IN TWO PATIENTS

Jansen LH

Ind J Dermatol Venereol, 1961; 27: 15-21.

Description of two cases of allergy to quinine substances; in both cases first a delayed type allergy developed, manifesting itself by contact dermatitis. After some years also an immediate type allergy (shock symptoms) became apparent. In both cases the immediate type urticarial skin test (scratch intracutaneous) and the delayed type (patch

test) were positive.

CUTANEOUS AMOEBIASIS

Jayaram DP and Rajashekaraiah HK

Ind J Dermatol Venereol, 1969; 35: 148-149.

The purpose of this communication is to emphasise that in the differential diagnosis of perianal ulcerations besides lymphogranuloma venereum, donovanosis, tuberculosis and malignancy, amoebic ulcerations should also be kept in mind. Secondly, in the differential diagnosis of chronic vaginal discharge particularly in women with poor sanitary habits, amoebiasis should also be kept in mind, though it may be a very rare cause.

AMOEBIC ULCER OF SKIN

Krishnaswamy M, Patnaik R and Thomas E

Ind J Dermatol Venereol, 1964; 30: 132-134.

A case of amoebic ulceration of the anal and perianal region as a complication of severe intestinal amoebiasis is reported.

SYSTEMIC ANAPHYLAXIS FOLLOWING A TEST DOSE OF STREPTOMYCIN

Gajwani BW and Verma BS

Ind J Dermatol Venereol, 1968; 34: 113-114.

A 19 years old patient noticed that soon after entering his work place (streptomycin packing section) he developed burning of the eyes with excessive lacrimation, urticaria and sometimes he even vomitted and had difficulty in breathing. He was tested with 0.005 gm of streptomycin. Soon after the test patient complained of generalised warmth, tightness in the chest and itching all over. He had a vomit and complained of severe dyspnoea and palpitation. He became restless, there was marked flushing of the face and eyes, he perspired profusely and felt very cold and clammy, there was audible wheeze, pulse and blood pressure were not recordable. Epinephrine, dexamethasone and antistine resulted in improvement.

RUBY ANGIOMAS IN CIRRHOSIS OF LIVER

Shah Kirtikant C, Shah Arunakant C and Shah Pravin C

Ind J Dermatol Venereol, 1967; 33: 174-176.

The literature on ruby angiomas is reviewed and their connection with cirrhosis of liver is shown. Data on the incidence of ruby angiomas were obtained from observations on sixty normal persons and sixty cases of cirrhosis of liver in both the sexes belonging to different age groups. Ruby angiomas were found more numerous in cirrhosis of liver than in normal persons. They may form one of the cutaneous manifestations of microangiopathy

occurring in hepatocellular failure. The pathogenesis of these angiomas is obscure.

ANGIOSARCOMA

Tyagi SP and Srivastava GP

Ind J Dermatol Venereol, 1970; 36: 130-131.

A case of angiosarcoma occurring in the forearm of a boy aged nine years is reported herewith. Complete removal of the tumour followed by radiation therapy was done as a treatment of choice in this case.

BACTERIAL FLORA OF NORMAL SKIN

Kandhari KC, Prakash Om and Singh Gur-mohan

Ind J Dermatol Venereol, 1963; 29; 53-57.

Fifteen apparently normal individuals without any skin, nasal or throat infection were the subjects of this study. First three were the post graduate medical students. *Staphylococcus albus* coagulase-negative was encountered in all the cases. The next common organism was anaerobic diphtheroid, found in seven cases. Other organisms found were *Staphylococcus aureus* coagulase +ive in three cases; *Streptococcus beta hemolyticus*, *Streptococcus viridans*, *Escherichia coli*, *Proteus vulgaris*, aerobic spore bearers and *Candida* spp each in one case. In four cases no anaerobes were isolated. The number of anaerobes (whenever found) were less than aerobes in that case.

STUDIES OF SKIN COLONISATION BY STAPHYLOCOCCUS AUREUS

Verma BS, Shah KC and Dalal KS

Ind J Dermatol Venereol, 1965; 31: 139-142.

A preliminary comparative study of staphylococci carrier rates in clinical and non-clinical medical students was made. Nasal carriage was found to be predominant in the non-clinical group and the perineal carriage in the clinical group. It is suggested that the inhaled particles of antibiotic-laden dust in the

hospital, perhaps may be causing suppression of nasal staphylococcal flora in the clinical students.

MODIFIED BENCH-VICE

(A DEVICE TO SEPARATE EPIDERMIS FROM DERMIS BY STRETCHING)

Pasricha JS and Kandhari KC

Ind J Dermatol Venereol, 1967; 33: 257-258.

The instrument consists of an improved version of the ordinary bench-vice used by carpenters, in which the top plates fixed on the jaws have been modified to hold ends of skin pieces of suitable dimensions. The jaws can be separated by a screw, moved by a handle to achieve a maximum distance of 50 cm between them.

BOWEN'S DISEASE

Jalihali SV, Sayed BA and Bhatt PA

Ind J Dermatol Venereol, 1962; 28: 33-36.

The clinical features, gross and microscopic appearance of a case of Bowen's disease are discussed.

BUSCHKE-LOEWENSTEIN TUMOUR OF PENIS

Patankar VJ, Dimre MS, Potnis AG et al

Ind J Dermatol Venereol, 1966; 32: 225-228.

Three cases of Buschke-Loewenstein tumour of the penis are reported. The apparent similarity to malignancy and their benign course are emphasized.

CALCINOSIS CUTIS**Khandelwal MK and Tiwari JC****Ind J Dermatol Venereol, 1963; 29: 172-176.**

Two cases of calcinosis cutis are reported above as seen in the Medical College Hospital, Nagpur, within a period of six months. Other causes of calcification were ruled out from the history, clinical examination and biochemical analysis of the blood.

CALCINOSIS CUTIS**Shroff JC and Marquis L****Ind J Dermatol Venereol, 1968; 34: 197-200.**

A case of idiopathic calcinosis cutis in a female Chinese patient of 54 years age is presented. The skin histopathology showed the deep blue stained deposits of calcium on Haematoxylin and Eosin staining. The deposition of calcium in this case is possibly the result of decreased metabolic activity in the dermal tissue, mild degenerative changes of the connective tissue being a predisposing factor. It is believed that the CO₂ tension in the tissue being lower than normal, this reduced the solubility of calcium, resulting in its precipitation in the affected tissue. Disodium EDTA 0.58gmIV is reported to produce favourable results.

CLINICAL AND LABORATORY STUDIES ON CUTANEOUS CANDIDIASIS**Kandhari KC and Rama Rao KM****Ind J Dermatol Venereol, 1969; 35: 102-107.**

Fifty six cases of cutaneous candidiasis consisting of chronic paronychia, intertriginous lesions, balanoposthitis, and vulvovaginitis were studied. The predisposing factors were discussed. The incidence of diabetes was found to be 20.4%. *C. albicans* was isolated in 54 out of 56 patients and in the remaining two *C. tropicalis* was isolated and its aetiological significance was discussed. A higher percentage of patients were found to harbour *C. albicans* in their throat and faeces than the controls and therefore GI tract was suggested to be a source of infection. None of the species of candida could be isolated from the intertriginous areas of control patients. The probable reason for this variance from

many western reports was suggested to be differences in the habits and clothing of Indians. Morphological variations of *C. albicans* on Beef Extracts Blood agar, EMB agar, and CMA with Tween 20 were pointed out. The place of fermentation reaction in identification of *C. albicans* was discussed. High titres of agglutinins were found only in patients with clinical candidiasis but agglutination reactions were found to be unreliable as a routine diagnostic aid in cutaneous candidiasis.

THERAPEUTIC EFFICACY OF HAMYCIN IN THE TREATMENT OF ORAL THRUSH**Gokhale BB****Ind J Dermatol Venereol, 1967; 33: 127-136.**

Hamycin, a new polyene antifungal antibiotic was tried in the form of glycerine suspension in 0.1% concentration in newborn infants suffering with oral thrush. A double blind study in 72 cases was planned. The results conclusively prove that Hamycin is effective against *C. albicans* in oral thrush.

LEDERKYN IN CHANCROID**Narang SS, Bhargava NC and Rao M Seshagiri****Ind J Dermatol Venereol, 1964; 30: 246-250.**

The use of sulphamethoxypridazine (Lederkyn) was studied in 50 male cases of chancroid and compared to an equal number of cases treated with sulphadiazine. The periods of cure were found to be 6.2 days and 5.04 days with Lederkyn and sulphadiazine respectively. Considering the statistical deviations the therapeutic response with both drugs was almost the same. The cost of Lederkyn compared favourably with that of sulphadiazine. The main advantage of lederkyn was the ease of administration and reliability regarding intake. This was the main single factor which made Lederkyn superior to sulphadiazine. 68% of the patients were in age group 20-29 years. The lesions were single and multiple in 44% and 56% of patients respectively. Adenitis was present in 44% patients which responded favourably with lederkyn. No bubo was seen. 16% acquired

infection from prostitutes and the rest from amateurs or promiscuous women.

CHROMOBLASTOMYCOSIS IN INDIA

Bhaktaviziam C, Mathai R, Mammen A et al
Ind J Dermatol Venereol, 1970; 36: 185-188.

This paper presents two additional cases of Chromoblastomycosis seen in the Department of Dermatology of Christian Medical College and Hospital, Vellore.

HISTOCHEMICAL INVESTIGATIONS IN COLLAGEN DISEASES OF THE SKIN

De Souza EJ

Ind J Dermatol Venereol, 1968; 34: 228-230.

Here is a method which is relatively easy to conduct with only a frozen section as a necessary requirement. The muscle activity is useful index. Extremely interesting is the fact that muscle even though clinically unaffected shows change, indicative of a metabolic nature, possibly an enzymatic disturbance. This may help to explain why collagen deposits more easily as these fibres require the least enzyme for their survival. Muscles requiring so much are therefore specially vulnerable.

CONGENITAL CONSTRICTIONS

Verma BS, Shah SH and Bhatt DR

Ind J Dermatol Venereol, 1967; 33: 273-275.

A case of congenital constrictions affecting three extremities, has been described. A short review of this disease has been given.

CORNU CUTANEUM GENITALIS

Rama Ayyangar MC

Ind J Dermatol Venereol, 1963; 29: 177-179.

Analysis of the statistical data and the case records reveals that the disease occurred even in young adults and that mostly in married people the significance of which is not known. There was no greater incidence of the penile horns in any particular section of the community. It is evident that the lesions occurred in 56% cases soon after circumcision. It is therefore surmised that the operative interference and subsequent application of crude drugs might have acted as predisposing factors and that the association of circumcision

with penile horns may be causal rather than casual. In 11% there was associated penile cancer.

BETAMETHASONE - 17 VALERATE OINTMENT (A CLINICAL TRIAL WITH OCCLUSIVE THERAPY)

Mulay DN, Mehta JS, Ahuja BB and Chandnani GJ

Ind J Dermatol Venereol, 1968; 34: 124-126.

One hundred and seventy six lesions of lichen simplex chronicus treated with bethamethasone-17 valerate situated at different sites of the body in 88 patients under occlusive dressing in analysed here. The dressing schedule was twice a week for a period of eight weeks. 100 percent success was achieved in 94.6 percent lesions. Six cases with ten lesions developed local complications whereas no systemic complication was observed.

BETAMETHASONE 17-VALERATE AND HYDROCORTISONE UNDER OCCLUSIVE DRESSING

Kandhari KC and Pasricha JS

Ind J Dermatol Venereol, 1970; 36: 127-129.

Ointments containing betamethasone 17-valerate with and without neomycin, hydrocortisone and a placebo were tried under occlusive dressing by a double blind paired comparison technique. Cases of psoriasis, lichenified dermatitis, lichen planus and a few others were included in the study. Betamethasone 17-valerate produced far superior results as compared to hydrocortisone and the placebo. Addition of neomycin to betamethasone made no difference. All cases treated with betamethasone showed dramatic improvement. Intolerance to occlusive dressing was seen in the form of a miliaria-like reaction which in some cases necessitated withdrawal of further therapy. This mode of therapy is recommended as a very useful means if the cases are selected carefully and the treatment given under proper climatic conditions.

INDICATIONS AND DOSAGES IN LONG

RANGE THERAPY OF CORTISTEROIDS IN DERMATOLOGY

Sadana SR

Ind J Dermatol Venereol, 1963; 29: 228-235.

Various diseases in which it has to be used over a long period can be divided into three groups-1. Serious, often fatal disease in which there is no choice but to use the steroids. Diseases included in this group are: (a) Pemphigus (b) Systemic lupus erythematosus (c) Dermatomyositis (d) Scleroderma. Corticosteroids have not only provided the clinician with a more rational method for management of these diseases but also, according to some, it has prolonged the span of life. 2. Chronic incapacitating and distressing dermatoses in which corticosteroids have been found useful. These include: (a) Severe atopic dermatitis (of children, adolescents and adults) (b) Nummular eczema (c) Eczematous eruption of the hands (d) Exudative discoid and Chronic lichenoid dermatoses (e) Erythrodermia. These disorders, as a rule, do not cause death but, all the same, they can wreck the social and family life of the sufferer. Their use is, therefore, justified especially when other measures have failed to control the disease. 3. Dermatoses in which they are still under study and may be useful. They are: (a) Psoriasis (b) Sarcoidosis (c) Seborrhoeic dermatitis (d) Dermatitis herpetiformis (e) Alopecia areata (f) Lichen planus.

A TOPICAL HYDROXYQUINALDINE - STEROID COMBINATION IN DER- MATOLOGICAL PRACTICE

Nagabhushanam P

Ind J Dermatol Venereol, 1968; 34: 50-54.

Sixty one cases of various dermatoses were studied with local application of sterosan-hydrocortisone. It was found to be very useful in contact-dermatitis, infected eczematoid dermatitis, infected and eczematized tinea and intertrigo lesions.

CORTICOSTEROIDS IN MEDICINE

Koticha KK

Ind J Dermatol Venereol, 1970; 36: 192-197.

Though they are not as safe as commonly thought to be they are very widely used drugs today. The clinician should be aware that corticosteroids do not cure even one disease. These potentially toxic drugs may also worsen the underlying disease. A revision is presented of their nomenclature, classification, biochemical effects, therapeutic uses and toxicity.

A TOPICAL TAR-STEROID COMBINA- TION IN DERMATOLOGICAL MANAGE- MENT

Marquis Leslie and Gardi RD

Ind J Dermatol Venereol, 1966; 32: 90-99.

The triple anti-pruritic, anti-eczematoid, anti-inflammatory effect of a tar-steroid ointment (Tarsolon) was assessed in a clinico-therapeutic trial in 75 cases. In cases of residual or localised eczematous dermatitis, like atopic dermatitis, contact dermatitis, chronic infectious eczematoid dermatitis and nummular dermatitis, the topical applications were well tolerated in the subacute exudative phase of the disease. In cases of Lichen simplex chronicus (neuro-dermatitis circumscripta) and pruritus seroti, the corticosteroid action and the keratoplastic tar effect synergistically proved beneficial. Patients of psoriasis, the tar-steroid combination applied produced prolonged periods of freedom from symptoms. The number of cases of psoriasis in this study is too small for statistical evaluation. Seborrhoeic lesions, particularly of an intertriginous nature were rapidly controlled and in cases of stasis dermatitis the superficial inflammation and pruritus were suppressed by the medicament. In hyper-keratotic and infiltrated lesions, the response was poor probably due to difficulty of adequate percutaneous penetration of the ointment, so as to reach the deeper areas. Extensive applications over the body in disseminated atopic dermatitis, psoriasis and pityriasis rosea did not produce any untoward reactions, except for dryness of the skin which was remedied by alternate olive oil applications. No photosensitivity was encountered in any of our cases. Of cosmetic consideration was the

whitish grey discoloration of the skin (titanium dioxide effect) and the tarry odour of Tarsolon. The use of a surfactant in ointments containing tar producing even dispersion and uniformity of the size of the particles was a desirable attribute for any well prepared medication.

THE CRST SYNDROME

Kandhari KC and Shafi Mohammed

Ind J Dermatol Venereol, 1968; 34: 140-142.

A case of CRST syndrome is presented. The importance of recognizing the syndrome is stressed and the patho-physiology of the various aspects of this condition is discussed.

A CLINICAL EXPERIENCE WITH R 2040-CREME

Handa F

Ind J Dermatol Venereol, 1965; 31: 256-263.

Forty cases of common pruritic dermatoses with or without eczematoid changes were treated with Eurax 10%-Hydrocortisone 0.25% combination. A control study group II was done in another forty cases of more or less identical nature with Eurax 10% alone. Eurax-hydrocortisone seems to have a remarkable effect in pruritic dermatoses with eczematoid changes. Results show that a combination of Eurax 10% - hydrocortisone 0.25% (R 2040-Creme) is better than Eurax alone. Side effects were noted in one out of forty cases in group I and 4 out of 40 cases in Eurax group II.

CUTIS LAXA

Saha BH, Sindhur CP and James MT

Ind J Dermatol Venereol, 1968; 34: 154-157.

A rare case of cutis laxa is presented. Cutis laxa enjoys more popularity as compared to other synonyms; though dermatomegaly or generalised elastosis is appropriate. Cutis laxa is a specific entity and must be differentiated from cutis hyperelastica and neurofibromatosis. Whether the disease is congenital or acquired it involves the connective tissue throughout the body. In view of the fact that the mother developed spontaneous pneumothorax it would be debatable to conclude whether our patient has

a congenital or acquired variety of cutis laxa. Authors have postulated a hypothesis towards the relation of cause and effect of cutis laxa to enteric fever.

CUTIS VERTICIS GYRATA

Kher HL and Bedi BMS

Ind J Dermatol Venereol, 1969; 35: 159-161.

A case of cutis verticis gyrata of primary variety is reported. Relevant literature on the subject has been reviewed and discussed.

CUTIS VERTICIS GYRATA DUE TO CHRONIC FOLLICULITIS

Marquis L and Mehta TK

Ind J Dermatol Venereol, 1966; 32: 221-224.

A case of cutis verticis gyrata due to chronic folliculitis was encountered. The skin entity is seen in association with acromegaly, leukaemia, myxoedema, pachydermoperiostosis and dermatolysis. Besides a congenital naevoid form has been described. Two other cases of cutis verticis gyrata were seen by courtesy of Dr. J C Shroff, in both these cases the aetiological factor responsible was a severe folliculitis. It is possible that the shaving of the scalp hair by the unhygienic instruments of the street barber has been responsible for the folliculitis, resulting ultimately in the clinical picture of cutis verticis gyrata.

A REVIEW OF CYSTICERCOSIS CELLULOSAE WITH TWO CASE REPORTS

Misra RS, Pal Dharam and Bikhchandani R

Ind J Dermatol Venereol, 1970; 36: 164-168.

Two rare cases of cysticercosis cellulosa are reported. Relevant literature on the subject has been reviewed and discussed.

A CLINICAL TRIAL OF CYPROHEPTADINE ('PERIACTIN')

Marquis Leslie

Ind J Dermatol Venereol, 1963; 29: 213-219.

A new antihistamine, antiserotonin and antipruritic agent was used orally for a clinical trial in 51 cases. The dual antagonistic action to histamine and serotonin make this drug a valuable agent, with a broader spectrum of activity than most conventional anti-histaminic

drugs, and this was evident in allergic cutaneous diseases, where the anti-allergic and anti-exudative reactions were rapidly brought under control, though this effect was not appreciable in chronic prurigo-like lesions. Three cases of Henoch-Schonlein syndrome, responded well to therapy, with subsidence of skin lesions and joint manifestations. No recurrence of lesions were seen for a period of 4 months. Although this drug is not a phenothiazine derivative, the antipruritic action was good and more pronounced in cutaneous diseases associated with allergic causative mechanism. The antipruritic effect of cyprohepatadine is probably related to its beneficial effect on the disease process rather than to primary sensory action. Toxic effects and side reactions were comparatively

minimal, no disturbance in the leucocytic count was noticed in the dosage in which the drug was used.

CLINICAL CYTODIAGNOSIS AS AN AID TO DERMATOLOGY

Lagerholm B

Ind J Dermatol Venereol 1961; 27: 129-131.

The advantages and disadvantages of clinical cytodiagnosis have been briefly discussed and details given of the puncture method. The cell picture in the normal adenogram and dermogram is described and attention drawn to the great importance of cytological examination of the adenogram and dermogram for the classification and evaluation of the degree of malignancy in Hodgkin's disease and adenopathies.

**KERATOSIS-FOLLICULARIS:
POROKERATOSIS FOLLICULARIS-
VEGETANS**

(DARIER'S DISEASE)

Nagabhushanam P

Ind J Dermatol Venereol, 1968; 34: 206-207.

A case of Darier's disease confirmed histo-pathologically, is reported. The disease is a rare hereditary disease and appeared for the first time when patient was 30 years old. No other members in family are having similar complaint. He responded well with high doses of vitamin A and local sulphur ointment.

**DARIER'S DISEASE AND FORDYCE'S
DISEASE**

Lal Sardari and Velou Armand

Ind J Dermatol Venereol, 1967; 33: 153-156.

Lesions in oral mucosa have been reported many a times in Darier's disease but many of these reports have been without histologic examination of mucosal lesions. Our case with this disease showed papular lesions on oral mucosa which on histologic examination gave the picture of Fordyce's disease. Routine biopsy of oral lesions in Darier's disease is suggested to know the incidence of true mucosal lesions in the disease.

**PHOTOSENSITIVITY WITH
DEMETHYLCHLORTETRACYCLINE**

Singh Gurmohan and Ojha Divakar

Ind J Dermatol Venereol, 1966; 32: 188-190.

A case of photosensitivity to demethylchlortetracycline is reported. This patient exhibited multiple types of allergic reactions.

**FURTHER EXPERIENCES WITH PATCH
TESTING IN SUSPECTED CASES OF CON-
TACT DERMATITIS**

Dhurandhar MW

Ind J Dermatol Venereol, 1965; 31: 245-251.

Positive patch tests to one or more substances were demonstrated in 208 cases out of a total of 821 tested (25.53%). The highest number of positive reactions were due to different materials used in foot wear. Kumkum

dermatitis is becoming more and more common due to different new kinds of materials used in various brands of "Kumkum."
**INFRA-RED RAYS IN THE TREATMENT
OF WEEPING (EXUDATIVE) ECZEMA**

Rathod BP

Ind J Dermatol Venereol, 1964; 30: 135-136.

Twenty seven patients of exudative eczema were treated with infra-red rays. The response was very good and encouraging. No other treatment was given during irradiation. Erythema, hyperpigmentation and oedema occurred as side effects. A rise in temperature increases capillary permeability, raises the filtration rate and flow of lymph and also opens up lymphatics which are obstructed around inflammatory region. These physiological effects help in drainage of exudates and thus make exudating area dry and scaly. However, fibrinogen concentration also increases due to the damaging of local tissue by infra-red irradiation.

**IONTOPHORESIS STUDY ON 20 CASES
OF CHRONIC NONSPECIFIC ECZEMA IN
INDUSTRIAL WORKERS**

Merchant SE and Arora RB

Ind J Dermatol Venereol, 1965; 31: 171-173.

Twenty cases of Eczema of chronic nature and non-specific aetiology were put on copper "Iontophoresis" therapy. The number of sittings varied from 5 to 12. Relief from pruritus was evident after 2 to 3 sittings and by 10 to 12 sittings marked clinical improvement was noticed in all cases except one. This was as a result of copper proteinate formation, vasodilation, and counter irritation effect on the cutaneous nerve endings.

**DERMATITIS CAUSED BY A PLANT-PAR-
THENIUM HYSTEROPHORUS LINN: A
PRELIMINARY REPORT**

Lonkar Arvind and Jog MK

Ind J Dermatol Venereol, 1968; 34: 194-196.

Cases of distinctive type of dermatitis in a restricted geographical area are observed. A plant common to this area is suspected to be a causative factor. Its precise role and mode of

action is being investigated.

PLANT DERMATITIS : THE SIGNIFICANCE OF VARIETY-SPECIFIC SENSITIZATION

Rook Arthur

Ind J Dermatol Venereol, 1961; 27: 123-128.

Three cases of plant dermatitis are reported in which the patients were shown to react to only one or a limited number of the horticultural varieties they handled. The mechanisms underlying this phenomenon are mentioned. The significance of variety specific dermatitis is discussed and its practical importance for the patients and the dermatologist is emphasized.

CASE REPORT OF BULLOUS TYPE OF DERMATITIS HERPETIFORMIS TREATED WITH DAPSONE

Nagbhushanam P

Ind J Dermatol Venereol, 1966; 32: 106.

The case reported is a young female with facial lesions as well, more bullous than vesicular. The diagnosis was confirmed by histopathological study and response to dapsone therapy is effective.

DERMATOFIBROMA

Haribhakti PB and Mankodi RC

Ind J Dermatol Venereol, 1968; 34: 152-153.

A case of dermatofibroma is reported, on examination there was a single tumour 15-20 mm on the lateral aspect of elbow. It was violaceous in colour, firm to touch and freely mobile.

DERMATOFIBROMA

Reddy DJ and Rao K Venkateshwara

Ind J Dermatol Venereol, 1964; 30: 145-148.

Histological appearances in three cases of dermatofibroma are recorded. The need to differentiate nodules of dermatofibroma from nodules of similar appearance is stressed.

CASE REPORT OF DERMATOFIBROSARCOMA PROTUBERANS

Sadana SR

Ind J Dermatol Venereol, 1965; 31: 20-23.

Another case of dermatofibrosarcoma

protuberans is presented. The clinical findings in general agree with that of the previous report. The characteristic clinical features and its tendency to recur are emphasised. The histopathological appearances are discussed. Our case neither showed any metastasis nor embolisation of the blood vessels in any section of the lesion even after lapse of 24 years after first appearance of the disease.

DERMATOLOGY AND SOCIOLOGY

Marchionini Alfred

Ind J Dermatol Venereol, 1962; 28: 87-98.

Sociology is the science of human society and hence one of the most important sciences of our culture. Its significance for medicine is considerable since it shows that social factors represent a substantial part in aetiology and pathogenesis of diseases. The article emphasizes with illustrations the role of socio-economic factors and ecological factors in eradication and aggravation of various diseases.

ECOLOGIC PERSPECTIVE OF DERMATOLOGIC PROBLEMS IN INDIA

Desai SC

Ind J Dermatol Venereol, 1961; 27: 1-13.

Human ecology defined as the relationship of man to his environment is a very wide field which includes socio-economic, political and mental hygienic environment. Biocoenosis means an association of ecologically inter dependent organisms. Five categories of diseases have been presented with the incidence of hospital attendance in one year (1957 - 1958) given in brackets. I diseases of poor economy (47%), arthropod infestations (scabies, pediculosis), pyoderma, leprosy, skin tuberculosis, fungus infections II social diseases (14%) which includes venereal diseases III allergy and eczema (10%) IV the troublesome three (1%) lichen planus, psoriasis, chronic bullous eruptions V the remaining dermatological disorders (28%).

The factors of environmental hygiene and immunity play possibly the most important role in not only the genesis of diseases, but also on the severity of disease pictures. This balance

can be changed by education of public, improved nutrition and applications of technique of immunological protection leading to better resistance. All these in turn depend on economy which is the most important single link introduced by man in nature's balance of biocoenosis. The role of improved economy in the cutaneous disease pattern can also be documented by comparing the diagnosis of cases in the author's office practice (Bombay) with the figures of hospital attendance. The respective figures for group I to V being 27%, 1%, 27%, 9% and 34%.

THE NATURE OF ALLERGIC AND ECZEMATOUS DERMATOSES IN A SKIN DEPARTMENT IN BOMBAY

Desai SC, Dhurandhar MW and Patnaik RN
Ind J Dermatol Venereol, 1965; 31: 98-104.

The incidence of allergy in a public hospital out patients service in Bombay is approximately 15 per cent. Allergic diathesis was observed in 20 per cent of cases of severe and disabling allergic dermatoses which required prolonged in patient care. The case material pertains to a period of two years i.e. 1959-61 for the in patients group (150 cases) and for a period of one year i.e. 1959-1960 for the out patients group (1238 cases). The nature of allergy in indoor cases with number of cases in brackets was drugs (33), atopy (9), possibly microbial (6), foods (2), unknown (19) and other factors (stasis 3). In the outdoor group it was localized or disseminate lichen simplex chronicus (218), urticaria (165), prurigo (93), drugs (60), eczema in infants (22), nummular eczema (17), atopy (12), discoid dystrophic dermatitis (7), undiagnosed (18), external physical, chemical or primary allergens (39), parasitic allergy (86) and seborrhoeic eczema (196). Difficulty in assessing the correct situation of this problem arises due to differences in the allergy vocabulary of the dermatologist.

IMMUNOLOGIC PATTERNS OF SOLUBLE PROTEINS OF CUTANEOUS SCALES IN SQUAMOUS DERMATOSES

Sugathan P, Pasricha JS and Kandhari KC

Ind J Dermatol Venereol, 1969; 35: 215-218.

Soluble proteins in scales of psoriasis, exfoliative dermatitis, callus and ichthyosis were studied by immunoelectrophoresis using an antiserum raised against pooled extract of psoriatic scales. Presence of serum proteins was detected in all types of scales; psoriatic scales containing the maximum amount. Psoriatic scales contained 3 proteins, one each in the albumin, beta and post gamma globulin regions respectively; scales of exfoliative dermatitis contained 2 proteins, one each in the beta and post gamma globulin regions, while callus showed only 1 protein located in the post gamma globulin region. Protein content of scales of ichthyosis was too low to produce any precipitation lines.

LIVER FUNCTION TESTS IN VARIOUS DERMATOSES

Handa F and Singh Amar

Ind J Dermatol Venereol, 1968; 34: 127-132.

Fifty two cases of dermatoses of varying aetiology were investigated for routine liver function tests. Hyperbilirubinaemia was observed in 2 cases of psoriasis. An abnormal thymol turbidity, thymol flocculation and zinc sulphate turbidity was seen in 11 cases, 5 cases, and 2 cases respectively. From the observations, no definite conclusion could be drawn. Changes observed in liver function tests were non-specific. A study on a large number of cases with detailed procedure like liver biopsy, serum protein estimation and SGOT and SGPT studies, may shed more light on this topic.

INTRALESIONAL TRIAMCINOLONE THERAPY IN VARIOUS DERMATOSES

Handa F

Ind J Dermatol Venereol, 1967; 33: 115-126.

Thirty five cases of various dermatoses were given intralesional triamcinolone therapy. Excellent results were observed in cases of psoriasis, alopecia areata, chronic eczema, neurodermatitis, lichen planus hypertrophicus and chronic discoid lupus erythematosus. The one case of keloid did not respond to intralesional trimcinolone therapy.

Intralesional triamcinolone therapy has been found to be a simple and effective remedy in various chronic, resistant, localized dermatoses. It is recommended as a safe procedure for treating various dermatoses in general dermatological practice. No unfavourable effects following triamcinolone intralesional therapy were observed in this series.

RELATIONSHIPS BETWEEN DERMATOLOGIST EMPLOYEE EMPLOYER AND INSURANCE CARRIER

Hall A Fletcher

Ind J Dermatol Venereol, 1964; 30: 160-164.

Every physician who elects to care for occupational dermatoses be prepared and willing to act not only in the capacity of dermatologist, but legal advisor and co-ordinator as well. The relationship of the dermatologist to employee (patient), employer and insurance carrier are discussed.

STUDY OF DERMATO-VENEREOLOGY IN MEDICAL INSTITUTIONS OF INDIA

Kandhari KC

Ind J Dermatol Venereol, 1964; 30: 204-207.

The basis on which authorities provide medical departments adequate facility in equipment and staff depends on Group I a) whether the malady is likely to be fatal b) the severity of symptoms caused c) the resulting loss of function and its total effect on the individual economy and action in doing things d) public health nuisance, Group II e) loss of man hours in industry f) cosmetic reasons g) standards of positive health. Until recently it was only Group I which formed the criteria of thought. Recently, however the trend has changed and equal if not more attention is considered to be given to Group II in an awakened society. The general public now demands much more from its physicians than a confession of ignorance of skin diseases. 10 % of the trouble involved is in wide need for more teaching time in undergraduate years. Our approach should be to bring the speciality of dermatology to a level of board based unit which incorporates the study of VD and

Leprosy and derives its fundamental thought from basic science and fundamental principles of medicine.

THE DE-SANCTIS CACCHIONE SYNDROME

Sarojini PA, Malhotra YK, Bhutani LK and Kandhari KC

Ind J Dermatol Venereol, 1969; 35: 247-249.

The two cases described here demonstrated all the characteristics of de-Sanctis Cacchione Syndrome viz; Xeroderma pigmentosum, microcephaly with progressive mental deterioration, gonadal under-development, dwarfism and increased incidence of abortions in the mother.

A CLINICAL TRIAL OF DIMETHOTHIAZINE IN PRURITIC DERMATOSES

Pal Dharam and Bikhchandani R

Ind J Dermatol Venereol, 1969; 35: 255-258.

A short term clinical trial of the recently introduced dimethothiazine (Banistyl) has been carried out in out-patients suffering from (a) various pruritic dermatoses and (b) acute and chronic urticaria. In adults, oral dosage of 20 mg. three times daily was given. Out of 35 patients excellent results were obtained in 12, good results in 16, fair in 2 and in 5 patients there was no improvement. Two patients experienced mild drowsiness and one patient developed photosensitisation. Under the conditions of this trial dimethothiazine was found to be highly effective in pruritic conditions and to be extremely well tolerated; drowsiness was rare and of a mild degree.

CLINICAL TRIAL OF DIMETHOTHIAZINE (BANISTYL) IN PRURITUS ASSOCIATED WITH DERMATOLOGICAL DISORDERS AND URTICARIA

Mehta TK

Ind J Dermatol Venereol, 1969; 35: 259-262.

Twenty six patients were included in this study, only 21 patients could be followed up. Three dimethothiazine 20 mg. tablets were

used in divided doses per day in the management of urticaria and pruritus associated with other dermatological conditions. Out of 21 cases who were fully assessed only 3 patients failed to obtain relief from dimethothiazine therapy. Beneficial effects of dimethothiazine were noted in 18 cases. Dimethothiazine was well tolerated by all patients except one who experienced retrosternal burning sensation and heaviness in the chest; however, no treatment for burning or withdrawal of dimethothiazine was necessary. Drowsiness was not complained of by any patient in this series. It is, therefore,

concluded that dimethothiazine, which appears to have powerful anti-allergic actions, has no specific effects, is a valuable addition to the list of pharmacological agents for use in dermatology, especially in combating pruritus due to any cause.

DRACONTIASIS MULTIPLE INFECTIONS

Saxena KN, Singh MM, Hazra DK et al

Ind J Dermatol Venereol, 1970; 36: 169-171.

A case of multiple guineaworm infestation is reported.

CONGENITAL ECTODERMAL DEFECT

Sreedevi N, Marquis L, Mehta TK and Mathur SM

Ind J Dermatol Venereol, 1969; 35: 11-16.

Two cases of congenital ectodermal defect are presented showing the typical facies, soft skin and feminine hair distribution. Skin biopsy from the forearm and axillae showed absence of sweat, sebaceous and apocrine structures. Sweat function test with bromo-phenol was negative as compared with a control patient. Clinically patients were uncomfortable in the warm weather for which they used to control their body temperature with frequent cold water soaks. Nasal examination showed associated chronic atrophic rhinitis. Axillary and pubic hair were absent and examination of genitalia showed hypospadias in case 1. Dental abnormalities seen in case 1. In the upper teeth, 8 deciduous teeth were present and lower teeth four in number, the two central being permanent and the other two deciduous. In case 2 all teeth were absent and patient had an artificial denture.

EHLERS-DANLOS SYNDROME

Mathur SM, Marquis L and Mehta TK

Ind J Dermatol Venereol, 1968; 34: 158-163.

A case of Ehlers-Danlos syndrome having the following characteristic features in a farmer aged 30 years, is reported: (i) hyperelasticity of the skin (ii) hyperextensibility of the fingers. (iii) thin "Cigarette-paper" like scars on shoulders, knees, shins and dorsum of both feet (iv) pseudo-tumor on left thigh (v) upper central incisors absent (vi) bilateral indirect reducible inguinal hernia (vii) duodenal diverticulum.

EPIDERMOLYSIS - BULLOSA

Nagabhushanam P

Ind J Dermatol Venereol, 1969; 35: 195-197.

Two case reports of epidermolysis bullosa have been reported. The diagnosis is confirmed histo-pathologically. The only lacuna is that similar history in other members of the family is not forthcoming. Most probably the disease may be latent in the family.

EPIDERMOLYSIS BULLOSA

Nair BKH

Ind J Dermatol Venereol, 1967; 33: 306-310.

A classification of Epidermolysis bullosa based on the clinicopathological features and mode of inheritance is given. Three cases of epidermolysis bullosa occurring in a family is described. The mode of inheritance and clinical features of the cases are discussed with reference to the classification. It is pointed out that these cases do not fit in with any of the categories mentioned in the usual classification.

EPIDERMOLYSIS BULLOSA HEREDITARIA

Mathur MP, Mathur SK and Saxena HC

Ind J Dermatol Venereol, 1964; 30: 119-126.

A short review of the rare skin malady Epidermolysis bullosa hereditaria has been made. Three cases of simplex variety are reported. The inheritance seems to be of Mendelian dominant type. In the family history, nine more members were found to be affected with this disease. The results of studies of coagulation defects were not consistent with those reported by Waardenberg & Vermeuler.

EPIDERMOLYSIS BULLOSA

Ingle VM and Solanki BR

Ind J Dermatol Venereol, 1963; 29: 121-127.

Epidermolysis bullosa and its variants are reviewed in brief. Five cases of epidermolysis bullosa dystrophica observed in two families are reported. Mode of inheritance appears to be due to presence of recessive gene in homozygous state.

EPIDERMOLYSIS BULLOSA

Sobhanadri C and Reddy D Bhaskara

Ind J Dermatol Venereol, 1966; 32: 170-174.

A case of epidermolysis bullosa-dytrophic type in a female child of 7 years is recorded.

EPIDERMOLYSIS BULLOSA DYSTROPHICA

Sharma DR and Khare KC

Ind J Dermatol Venereol, 1967; 33: 92-96.

Epidermolysis bullosa is a genodermatosis. This case was exhibiting all classical signs and the family history. Mucous membrane lesions are reported only in 20 percent of cases. In this particular case we saw mucous membrane changes on the hard palate which we did not come across in any of the reported cases.

EPIDERMOLYSIS BULLOSA

Mehta Meenakshi N, Sheth Shantilal and Tibrewala SN et al

Ind J Dermatol Venereol, 1967; 33: 297-305.

Three cases of the rare condition epidermolysis bullosa (Dystrophic variety) are reported. Genitourinary abnormalities found in our patients is a very interesting feature. The value of oral biopsy for confirmation of the diagnosis in absence of skin lesions is stressed.

EPIDERMOLYSIS BULLOSA DYSTROPHICA

Shah HS and Amin AG

Ind J Dermatol Venereol, 1968; 34: 87-89.

A case of Epidermolysis bullosa dystrophica is reported. Available literature on the subject is reviewed.

EPIDERMOLYSIS BULLOSUM SIMPLEX SIMULATING APLASIA CUTIS

Bhaktaviziam C, Mathai R and Mammen A

Ind J Dermatol Venereol, 1969; 35: 192-194.

The purpose of this paper is to point out the problems in making a diagnosis in a case like ours. We made a diagnosis of aplasia cutis congenita at first on our case based on the history of symmetrical defects of skin on all four extremities at birth. The development of blisters made us wonder whether this was a

case of aplasia cutis congenita or epidermolysis bullosum with an unusual onset. The histopathological features of the scar and the vesicle favour the latter possibility. The presence of intact basement membrane at the floor of the vesicle makes the simplex variety of epidermolysis bullosum. Like our case, some of the cases reported in the literature as aplasia cutis congenita are probably cases of epidermolysis bullosum.

CYTOGENETIC STUDIES IN EPIDERMOLYSIS BULLOSA

Solanki BR, Grover S, Jaisval RB et al

Ind J Dermatol Venereol, 1967; 33: 1-3.

Cytogenetic study by direct marrow preparation was carried out in a case of epidermolysis bullosa dystrophica. Chromosomes were found to be normal in number and morphology.

ERYTHEMA AB IGNE-REPORT OF A CASE

Bedi BMS

Ind J Dermatol Venereol, 1969; 35: 200-201.

A case of erythema ab igne on an unusual site on the palm of left hand in an old man of 70 years of age is being reported from the colder climate of Simla as an interesting clinical oddity. This emphasizes the role of ecology in the production of skin diseases and the need for regional Dermatology.

MEDICAL ETHICS IN ANCIENT INDIA

Subba Reddy DV

Ind J Dermatol Venereol, 1961; 27: 198-199.

Precepts for the guidance of new medical graduates have been laid down as well as the code of conduct and qualities of a good physician.

THERAPY RESISTANT PYOGENIC FOLLICULITIS ON LEGS IN THE ADULT MALES WITH HYPERGAMMAGLOBULINEMIA

Desai SC, Shah BH and Modi PJ et al

Ind J Dermatol Venereol, 1964; 30: 89-97.

A clinical account and investigations on 30 cases of chronic, therapy resistant, folliculitis of the inferior extremities in the adult males is presented. Hypergammaglobulinemia was the only abnormality detected in majority of the subjects and its possible implications are discussed.

INCIDENCE OF DERMATOPHYTOSIS IN CHANDIGARH AND SURROUNDING AREAS

Kaur Surrinder

Ind J Dermatol Venereol, 1970; 36: 143-146.

A study of 751 cases of dermatophytosis diagnosed clinically and studied by culture is reported. The infection with *Tinea versicolor* is found to be the most prevalent in Chandigarh area in both sexes, next in occurrence is the body and groin dermatophytosis. The scalp infection is very rare. The most common fungus grown was *Trichophyton rubrum*, 32 out of 57 cultures, next common was *T mentagrophytes*.

A STUDY ON THE TRICHOPHYTON SIMII INFECTIONS IN MAN AT DELHI

Mulay DN and Garg AK

Ind J Dermatol Venereol, 1970; 36: 176-181.

Out of 3188 specimens examined during last five years i.e. 1965 to 1969 at Willingdon Hospital, 1124 isolates of dermatophytes were obtained. *T simii*, which has lately been found to be an important species causing dermatophytosis in man and animals in India, was found to have an over all incidence as high as 2.6%. The recovery of this dermatophyte was quite high when we compare it with the recovery of the other better known species from India, viz. *T tonsurans* (0.97%), *T violaceum* (0.44%) and *Microsporum gypseum* (0.08%). In its incidence this species

came next only to *T rubrum* (88.8%) *T mentagrophytes* (3.4%) and *Epidermophyton floccosum* (3.2%). *T simii* infections were found to be common in both sexes with males (73.9%) outnumbering females (26.1%). These infections were found in all age groups ranging right from one month old baby girl to a 65 years old man. However, people in the age groups in between 10 to 40 years were found to be the most susceptible ones. *Tinea corporis* was the commonest (65.2% out of 23 patients) of *T simii* infection encountered. This was followed by *tinea cruris* (34.7%), *tinea capitis* (21.7%) *tinea pedis* (8.6%) and *tinea barbae* (4.3%). *Tinea corporis*, *tinea cruris* and *tinea pedis* caused by *T simii* were common amongst adults. *Tinea capitis* infections on the other hand were restricted to children below the age of 20 years only. However in general, the most common sites infected by this species were groins and lower abdomen. The lesions on the other parts of the body were seen to a lesser extent.

A STUDY ON THE ECOLOGY AND TREATMENT OF DERMATOPHYTOSIS IN DELHI

Mulay DN, Ahuja BB and Garg AK

Ind J Dermatol Venereol, 1970; 36: 215-220.

The present study contains clinical, mycological and therapeutic details of 736 cases of Dermatophytosis. Maximum number of cases were of *tinea corporis* which formed 58.92% and this was followed by *tinea cruris* which formed 38.87% of the cases. The commonest age group affected was 20-29 years and the males outnumbered the females. *Trichophyton rubrum* was incriminated in 92.0% cases followed by *T simii*, *T mentagrophytes* and others. Oral griseofulvin gave the best results. An excellent improvement was observed in 77.4% cases who took griseofulvin as compared to 17.9% and 40.3% cases who applied Dermamycin and Bradex-vioform respectively.

CLINICAL AND MYCOLOGICAL STUDY OF SUPERFICIAL FUNGAL INFECTIONS AT GOVERNMENT GENERAL HOSPITAL, GUNTUR AND THEIR RESPONSE TO

TREATMENT WITH HAMYCIN, DERMOSTATIN AND DERMAMYCIN

Sobhanadri C, Rao D Tirumala and Babu K Sarat

Ind J Dermatol Venereol, 1970; 36: 209-214.

The study was confined to a limited series of 240 cases. Out of 200 cases that were subjected to microscopic examination 119 were KOH positive (59.5%), while 81 were KOH negative (40.5%). Out of the 119 KOH positive cases subjected to cultural examination 87 gave positive growths in culture, 21 showed contaminants while in 11 cases there was no growth. Out of the 81 KOH negative cases subjected to cultural examination 51 gave positive growths in culture, 22 contaminants and 8 no growths. Irrespective of KOH positivity or negativity, in all 138 out of 200 cases have showed successful growths in primary culture (69%). *Trichophyton rubrum* has been accounted for 82 of the cases (41%) followed by *Epidermophyton floccosum* with 41 cases (20.5%) and *Trichophyton violaceum* 12 cases (6%). It is observed that *T. rubrum*, is by far the leading pathogenic fungus in both *T. cruris* and *T. corporis* followed by *E. floccosum*. Out of 58 cases that were put on topical application of Hamycin 33 cases (56.9%) responded completely. Partial improvement was there for 16 cases (24.4%). There was no improvement in 4 cases. 5 cases did not turn up for the regular checkup. Out of the 34 cases that were tried with Dermostatin 19 cases (55.9) showed complete response, 12 cases (35.3%) showed partial response whereas 3 cases did not respond at all. Dermamycin was tried on 29 cases and there was complete response in 19 cases (65.5%), 8 cases showed partial response (27.5%) and no response in 2 cases (7%).

DERMATOMYCOSES IN HYDERABAD AREA

Nagabhushanam P, Tirumalarao D and Patnaik Raghunatha

Ind J Dermatol Venereol, 1969; 35: 120-123.

A clinical study of 1080 cases of Tinea, that attended skin OPD of Gandhi Hospital.

Secunderabad during 1968 was done. The incidence of tinea infections were 8.4 percent. The commonest type observed was *T. corporis* (41.5%). The fungus infection was observed more in males (66%). The incidence of dermatomycosis was more common in 11 to 50 years age group. The commonest species isolated was *T. rubrum*. A rare species *T. concentricum* was isolated from a case of *T. corporis*. An unusually high incidence of *T. capitis* (3%) was also observed in Hyderabad.

FUNGUS FLORA OF DERMATOPHYTOSIS AND TRICHOPHYTON SIMII INFECTION IN NORTH INDIA

Gugnani HC, Mulay DN and Murthy DK

Ind J Dermatol Venereol, 1967; 33: 73-82.

Fungus flora of 303 cases of dermatophytosis was studied. Seven species of dermatophytes were identified. *Trichophyton rubrum* and *Trichophyton mentagrophytes* the two common dermatophytes accounted for 84.5% and 7.6% of infections respectively. *Trichophyton simii* was recorded for the first time as an important dermatophyte of human infections. This was represented by 10 isolates, 4 from cases of *Tinea corporis*, 3 from *Tinea cruris*, 2 from *Tinea pedis* and one from *Tinea capitis*. Morphological characters of *T. simii* and features of its differentiation from *T. mentagrophytes* were studied. Many cultural variations were observed in *T. rubrum* the important one being preponderance of macroconidia and chlamydo-spores in three isolates. No correlation was found between the different cultural forms of *T. rubrum* encountered in the study to lesions in the human body.

FUNGUS INFECTION OF SCALP AND HAIR - A STUDY OF THIRTY CASES

Mankodi RC and Kanvinde MS

Ind J Dermatol Venereol, 1968; 34: 186-188.

The present work is related to clinical and mycological studies of thirty cases of tinea capitis. Of 600 clinically diagnosed cases of dermatomycosis collected during last one and half years, 30 cases were of tinea capitis. Of 30 cases, 28 were children are below the age of 13

years and two were adults. Sex incidence showed 21 were males and 9 were females. Typical "Blackdot" lesions were present in 13 cases like others showed variety of clinical picture. In one case kerion type lesion was observed. Itching was noted in 18 cases. Duration of disease ranged from 2 months to 2 years. Similar disease was present in family members of two cases.

A STUDY OF DERMATOMYCOSES

Verma BS, Vaishnav VP and Bhatt RP

Ind J Dermatol Venereol, 1970; 36: 182-184.

One hundred patients clinically suspected to be suffering from dermatomycoses have been investigated. Thirty six strains of dermatophytes were isolated from one hundred cases of dermatomycoses. This represented only three species, the most predominant being *T rubrum* (32 strains) followed by *T mentagrophytes* (3 strains) and *E floccosum* (only one strain). No species of microsporum could be isolated from any case.

A STUDY OF 110 CASES OF SUPERFICIAL MYCOTIC INFECTIONS

Mankody RC, Shah BH, Kanvinde MS et al

Ind J Dermatol Venereol, 1967; 33: 177-180.

One hundred and ten suspected cases of dermatomycoses were collected at random from the skin outpatient department of Sheth V S Hospital, Ahmedabad. Detailed clinical and mycological studies were carried out. Results of the study are analysed and discussed.

TINEA CAPITIS

Gokhale BB and Padhye AA

Ind J Dermatol Venereol, 1965; 31: 1-5.

A total of 102 cases of ringworm of the scalp in Poona were studied during 1st July 1958 to 30 June 1961. The infection was predominant in males belonging to age group 5-15 years. *T violaceum* was the most common pathogen. *T tonsurans* var *sulfureum* was next commonly noted dermatophyte. The infection was found to be more common during February to August.

UNUSUAL DEEP MYCOSES

Bhaktaviziam C, Mathai R and Mammen A
Ind J Dermatol Venereol, 1969; 35: 139-142.

Maduromycosis is one of the common deep mycoses encountered in our clinic. Our case showed an unusual site of involvement. In most series a distribution on the trunk has been variably reported in 2-8%. This is the first case in our clinic showing this unusual distribution. Maduromycosis is generally accepted as occurring in parts of body which come frequently in contact with soil. In our patient it is difficult to explain the occurrence of the infection on the back, considering her socio-economic back-ground. Cryptococcosis occurring in association with chronic systemic conditions is well known. Our patient was suffering from generalised tuberculosis and lepromatous leprosy, when the cryptococcal infection was detected. Cryptococci were demonstrated from the skin lesions on the back and leg. Since the fungus could not be recovered from any other part of the body, it is possible to assume that the infection was exogenous and confined to the skin. It is to be emphasised that the debility caused by generalised tuberculosis and lepromatous leprosy has made this patient susceptible to the cryptococcal infection. Since the cryptococcal infection was confined to the skin, local excision proved efficacious treatment.

ROLE AND ORGANISATION OF MYCOLOGY SECTION

Ito Kasuke

Ind J Dermatol Venereol, 1963; 29: 10-11.

Mycology has an important place in the field of dermatology. Cases of dermatomycoses are increasing every day inspite of availability of modern therapeutic measures. It is not always easy to make clinical diagnosis of dermatomycoses and one has to depend on mycological and comparative pathology investigations. Regarding therapy griseofulvin has proved its value. The best therapy of dermatomycoses lies in protecting people from fungus infection. Because of the above mentioned reasons mycological education on the part of dermatologists and close co-operation between dermatologists

and mycologists is necessary.

BIOCHEMICAL STUDIES ON T QUINCKEANUM

Verma BS

Ind J Dermatol Venereol, 1966; 32: 163-169.

The fungus mat of T quinckeanum produces proteolytic enzyme/enzymes which splits casein. This enzyme is produced even when the fungus is not in contact with the substrate. The proteolytic activity can be extracted with normal saline (25 mgm/ml) in 5 minutes. The saline insoluble residue is carbohydrate in nature, which shows little proteolytic activity. The proteolytic fraction can be extracted by grinding with alumina. Dialysis and freeze drying do not affect the enzyme activity of the alumina extract. The filtrate of T quinckeanum retains the proteolytic activity even after dialysis against water. Almost the entire proteolytic fraction is precipitated by ammonium sulfate solution. The maximal proteolytic activity of T quinckeanum is in the pH range of 5-8.

THE PROTEOLYTIC ACTIVITY OF NON PATHOGENIC AND PATHOGENIC FUNGI

Verma BS

Ind J Dermatol Venereol, 1966; 32: 77-80.

Certain fungi grow on hairs after causing them to fracture. The observation that these fungi, the dermatophytes, will penetrate hairs in vitro gives no indication of the chemical process involved but enzyme activity has long been recognized as a likely explanation. Such proteolytic enzymes which might be responsible have not so far been well characterized. Comparatively little work has been carried out on the proteolytic enzyme of fungi particularly pathogenic fungi.

GRISEOFULVIN THERAPY OF DERMATOMYCOSES

Ito Kasuke

Ind J Dermatol Venereol, 1963; 29: 11-14.

Trichophyton -disease is one of the most common skin disease of out-patients encountered in different countries. Various external remedies are available but

recurrence, development of dermatitis and unsuccessful topical treatment have been observed in large number of cases. Griseofulvin, a new antibiotic, is just one remedy that may meet those demands.

Regarding the effectiveness of griseofulvin in the treatment of various types of tinea superficialis as usual immediate effect appears in trichophytia superficialis, while a relatively long time is required for the treatment of nail mycoses. Concerning dosage of griseofulvin 1.0 gm may be considered the standard dosage. Slight gastrointestinal disorders, headache and eruptions have been reported due to griseofulvin.

GRISEOFULVIN-FINE PARTICLE FOR THE SYSTEMIC TREATMENT OF SUPERFICIAL DERMATOMYCOSES

Handa Ferdinand

Ind J Dermatol Venereol, 1964; 30: 225-236.

Sixty two cases of common superficial dermatomycoses with varying extent of disease and chronicity have been studied to assess the therapeutic efficacy of griseofulvin FP. Griseofulvin FP seems to have a remarkable curing effect on a wide variety of superficial fungus infections of the skin and its appendages. It cures fungus infection completely in 80.6% of cases. Follow-up was carried out in most of the cases. In one case of proved fungus infection there was no response to griseofulvin FP. Six cases showed recurrence after complete cure. Recurrence occurred 2-8 months after cessation of therapy. They seem to be cases of reinfection rather than relapse, 11 cases showed complete symptomatic improvement with partial objective improvement. These cases included 5 cases of Tinea pedis, 3 cases of Tinea Manum, 3 cases of Tinea unguium. Side effects were noticed in 11 cases out of 62,9 had mild side effects like gastro-intestinal discomfort, nausea and diarrhoea, headache, urticaria, 2 patients developed erythema multiforme and ld crruption.

TRIPHYSOL IN CHRONIC SUPERFICIAL DERMATOMYCOSES

**Yawalkar SJ, Mardhekar BV and Auran-
gabadkar J**

Ind J Dermatol Venereol, 1964; 30: 214-219.

Fifty cases of chronic superficial fungus infections were treated with a new topical antimycotic preparation 'Triphysol' supplied in aerosol containers. Triphysol or tribromo-metacresol with propylene glycol as the excipient and labelled as ak 55 or qb-3 proved effective in 70% of the treated cases while plain triphysol having talcum powder as excipient rendered satisfactory results only in 60% of the treated cases. Triphysol ak 55 or qb-3 revealed very satisfactory antipruritic action. Triphysol sprays are most convenient and handy to the dermatologists and being non-messy and non-staining are most agreeable to the patients. Triphysol in propylene glycol base can well be reckoned as the topical antifungal agent of choice for chronic and uncomplicated cases of superficial infections of the skin.

THE 'IN VITRO' EFFECT OF GRISEOFULVIN ON RINGWORM AND OTHER FUNGI

Verma BS

Ind J Dermatol Venereol, 1965; 31: 205-208.

The effect of griseofulvin on a wide range of fungi was studied by a special "in vitro" technique. These included dermatophytes, saprophytic fungi as well as those fungi which are rarely reported as dermatophytes. The minimum inhibitory activity of griseofulvin on these fungi was compared. It was seen that griseofulvin has a selective inhibitory activity on susceptible dermatophytes in very low concentrations. Non-dermatophytes were resistant to the drug. The following organisms which have not hitherto been extensively studied, were also tested by the same technique: *M cookei*, *M distortum*, *M nanum*, *T concentricum*, *T ferrugineum*, *T gallinae*, *T megnini*, *T terrestre*, and *K ajelloi*.

NON-VENEREAL GANGRENE OF PENIS**Patnaik R and Rao NVS Rama****Ind J Dermatol Venereol, 1967; 33: 101-103.**

Gangrenous balanitis occurring as a complication of venereal ulcers specially chancroid, is not uncommon in the venereal disease practice in South India. Fusiform bacilli and non-syphilitic spirochetes can usually be isolated from such lesions. The following case, however, is of interest because phagedena, developing out of a clear sky without sexual exposure, involved the entire shaft penis within 12 days.

GENETIC CONSTITUTION AND THE CAUSATION OF DISEASE**Pasricha JS and Kandhari KC****Ind J Dermatol Venereol, 1966; 32: 85-89.**

The self-governed ability of an organism to grow, differentiate and reproduce, an ability which distinguishes living things from non-living matter is ascribed to the content of desoxyribo-nucleic acid (DNA) in the nucleus of the fertilized egg which is inherited from its parents. The basis of every disease lies within the organism (the factor of individual susceptibility) which consequently is based on the genetic constitution of the individual as inherited or acquired later on by mutations. The role of the environment is only to make it evident sooner or later in the life of an individual.

HEREDO-FAMILIAL DISORDERS OF THE SKIN**Singh Gurmohan****Ind J Dermatol Venereol, 1967; 33: 264-269.**

This article reviews a few congenital disorders of the skin recently described and many established congenital and heredo-familial syndromes in which new as yet undescribed associated anomalies are reported. There are some syndromes about which new facts are being disclosed and about others new hypothesis about genesis of diseases is being postulated.

AN ANTIGENIC FRACTION IN N. GONORRHOEAE RESPONSIBLE FOR THE**VIRULENCE OF THE ORGANISM****Nair GM and Chacko CW****Ind J Dermatol Venereol, 1967; 33: 53-64.**

A factor concerned with virulence of *N. Gonorrhoeae* and of lipopolysaccharide in nature has been identified serologically and described in this study. The current views on the antigenic structure of *N. gonorrhoea* has been re-examined and discussed.

A NEW CONVENIENT EGG-ENRICHED MEDIUM FOR THE CULTURAL DIAGNOSIS OF GONORRHOEA**Chacko CW and Nair GM****Ind J Dermatol Venereol, 1966; 32: 41-51.**

The gonococcus has been found to grow well in artificial culture in a basal medium of Trypsin-digest-Beef-Muscle extract Agar enriched with the hen's egg. This egg enrichment medium has been compared with the same basal medium enriched with Ascitic Fluid and the Bacto G C Medium Base supplemented with Bacto Haemoglobin and Yeast Concentrate, by assaying them in parallel series for the primary diagnostic culture isolation of the gonococcus, from male and female patients. In preliminary trials, the egg enriched medium has been found to support the growth and maintenance of several local fresh strains of the gonococcus, as well as the other two conventional enrichment media, in current use. The Egg, apparently contains yet unnamed special nutrient factor or factors required by the gonococcus to grow in artificial culture. Egg can be obtained more conveniently anywhere than the other conventional source or growth factors from Blood, Serum, Ascitic fluid and Yeast Extract in quality and quantity. The technique for preparation of the egg medium described lends itself with ease, for application in practice, in bacteriological laboratories anywhere. Therefore, the egg medium suggests itself as a good alternative culture medium that may be used with advantage in the routine diagnosis of gonorrhoea everywhere. The various aspects of the egg medium is discussed and it is offered for more extensive

study of potential worth discovered in this study.

AN IMPROVED PROCEDURE OF DEMONSTRATION OF N GONORRHOEA INTRACELLULARLY IN PUS CELLS BY THE DIRECT FLUORESCENT ANTIBODY (FA) STAINING TECHNIQUE

Nair GM and Chacko CW

Ind J Dermatol Venereol, 1968; 34: 1-4.

The immediate direct fluorescent staining of smears of genitourinary discharges from patient's for quick and specific diagnosis of gonorrhoea is suggested to have been improved by the pre-treatment of smears with the Biuret reagent containing Bromophenol blue. Non-specific fluorescence of background material is thereby eliminated so that N gonorrhoeae are more easily and specifically identified in pus cells for quick diagnosis of gonorrhoea particularly in the infected female.

ANTIBIOTIC INSENSITIVITY AND TREATMENT FAILURE IN GONORRHOEA

Rama Ayyangar MC

Ind J Dermatol Venereol, 1967; 33: 4-12.

By way of introduction a brief review of the relevant literature is made in respect of the studies of the sensitivity both in vitro and in vivo of gonococci to antibiotics and of the evolution of the different treatment schedules in treatment of gonorrhoea. A study of case records of 157 patients suffering from acute gonorrhoea is made as to the effect of penicillin and a few other antibiotics. The case records of 35 PAM treatment failure cases are studied with reference to certain factors such as age, marital status, duration of illness, and previous treatment. 22.3% of patients treated with 0.6 mega PAM proved to be treatment failures. The teenagers have greater chances of escaping resistant gonorrhoea. Duration of illness is longer in more number of TR failure cases than in the successfuls. Previous attacks of gonorrhoea did not affect the incidence of TR failures. In vitro studies of sensitivity would have been highly useful to choose the dosage

and the preparation of the antibiotic and the course of treatment. Penicillin failure is a real problem to be reckoned with but is easily surmountable as the insensitive strains are still susceptible to other antibiotics. Chloramphenicol has been found to effect a clinical cure satisfactorily in the penicillin failure cases.

PENICILLIN RESISTANCE IN GONORRHOEA

Singh Ratan

Ind J Dermatol Venereol, 1963; 29: 105-108.

Two cases of post-treatment gonorrhoea are reported, who did not respond to PAM 1.2 mega units but improved dramatically with heavy doses of crystalline penicillin.

PENICILLIN RESISTANT GONORRHOEA

Datta AK

Ind J Dermatol Venereol, 1964; 30: 220-221.

A case of penicillin resistant gonorrhoea is reported who responded to parenteral chloramphenicol 250 mg im twice daily for six days.

A CASE REPORT OF GONOCOCCAL URETHRITIS RESISTANT TO MOST COMMON ANTIBIOTICS TREATED WITH CHLORAMPHENICOL WITH FEVER THERAPY

Nagabhushanam P

Ind J Dermatol Venereol, 1966; 32: 108-109.

A case of gonorrhoea in a male, resistant to treatment with most of the commonly used antibiotics is reported. The resistance of gonococcus to penicillin is more a relative type, hence the recommendation of high doses of procaine-penicillin which give initial high serum peak concentration. Chloramphenicol is the first broad spectrum antibiotic for oral use, usually hold considerable promise for treatment of gonorrhoea. Various dose schedules from one to three grams initial single dose have been used with a cure rate exceeding 90%.

LINCOMYCIN IN ACUTE GONOCOCCAL URETHRITIS

Verma BS, Gulati OD, Gokhale SD et al

Ind J Dermatol Venereol, 1965; 31: 209-210.

Lincomycin was tried in 10 cases of acute gonococcal urethritis but was found effective in only one case. Response to penicillin was good in all cases where lincomycin failed to improve the condition. Lincomycin caused diarrhoea in 2 cases. Three cases had aches and pains in the trunk and extremities and nausea and precordial pain on the 3rd or 4th day following lincomycin. It is concluded that lincomycin is ineffective in the treatment of acute gonococcal urethritis.

GONOCOCCAL RESISTANCE TO PENICILLIN

Tasaddoque Hossain ASM

Ind J Dermatol Venereol, 1967; 33: 25-29.

This article surveys the literature regarding penicillin resistant gonococci. Treatment failure could be due to inadequate dosages of penicillin, relapse or reinfection or if the focus of infection is closed. In the midst of such reported resistant cases penicillin can be used safely in an adequate dosage.

PENICILLIN RESISTANT GONORRHOEA IN TRIVANDRUM

Ambady BM, Sugathan P and Pappali Cynthia

Ind J Dermatol Venereol, 1966, 32: 25-27.

Three cases of penicillin resistant gonorrhoea are reported. The cases came from different parts of the district and the contacts were different. The strains were found to be resistant to high concentrations of penicillin by the plate dilution method.

SINGLE DOSE INTRAMUSCULAR THERAPY WITH 1.2 MILLION UNITS OF PROCAINE PENICILLIN G IN ACUTE GONOCOCCAL URETHRITIS AND COMPARATIVE STUDIES ON EGG ENRICHED TRYPSIN-DIGEST BEEF-EXTRACT AGAR MEDIUM

Yawalkar SJ, Mahabir BS, Mardhekar BV et al

Ind J Dermatol Venereol, 1967; 33: 205-207.

We conclude that a single intramuscular dose of 1.2 million units of procaine penicillin

G is an effective, economical and suitable remedy for uncomplicated cases of acute gonococcal urethritis in males. In this series, the cure rate was 95.9 percent and there were no side-effects of the therapy. In our opinion, trypsin-digest beef agar medium enriched with hen's egg is economical, stable and definitely better than the chocolate agar medium for the primary diagnosis of gonococcal infections.

RIMACTANE IN ACUTE GONOCOCCAL URETHRITIS

Yawalkar SJ, Kuchbal DS and Mardhekar BV

Ind J Dermatol Venereol, 1970; 36: 224-226.

Thirty cases of acute gonococcal urethritis were treated with Rifampicin in the skin and VD Department of the GT Hospital, Bombay. A single oral dose of 900 mg, Rifampicin was given to all the patients. In every case diagnosis was first confirmed by smear as well as culture on chocolate agar media. Sixty percent of the cases had contracted the disease from prostitutes. Average incubation period was of 4 days. Out of thirty, 28 cases could be cured with single oral dose of 900 mg Rifampicin (cure rate 93.3%). Rifampicin was ineffective only in two cases. The drug was very well tolerated by all the patients. All patients had red urine for 6 to 10 hours after the administration of Rifampicin. In our opinion Rifampicin is a safe as well as very promising drug for the management of acute gonococcal urethritis. It is ideal for cases intolerant to penicillin and does not mask syphilis.

SPIRAMYCIN IN ACUTE GONOCOCCAL URETHRITIS IN MALES

Aurangabadkar JW and Yawalkar SJ

Ind J Dermatol Venereol, 1964; 30: 60-62.

In this trial we could record an apparent cure rate of 87.5% while the single dose (3gms) schedule failed to cause improvement in 12.5% cases. On the whole, the patients tolerated the drug well. All the 61 strains tested were sensitive in vitro to less than 1 mcg per ml of spiramycin resistant cases of gonococcal infections.

CONTROL OF GONOCOCCAL INFECTION

Tasaddoque Hossain ASM

Ind J Dermatol Venereol, 1968; 34: 29-40.

Over rapid but uncontrolled urbanisation has been shown to have an impact on venereal disease, which, therefore, require planned urbanisation with improvements in environmental health and housing facilities.

Control of gonococcal and other venereal infections require improvements of the social and economic conditions including recreational facilities and protection of the community by suppression of clandestine sexual promiscuity.

GONORRHOEA IN THE PAST

Tasaddoque Hossain ASM

Ind J Dermatol Venereol, 1967; 33: 141-145.

The article details the history of gonorrhoea in the ancient literature and described the evolution of term gonorrhoea.

CASE REPORT OF GRANULOMA INGUINALE FROM PUNJAB

Sadana SR and Lal Sardari

Ind J Dermatol Venereol, 1965; 31: 157-161.

A case report of granuloma inguinale in perianal region in a Punjabi is presented. Its mode of transmission is discussed.

GRANULOMA PYOGENICUM

Sambasivan TS, Shetty K Harijeevana and Sathyanarayan V

Ind J Dermatol Venereol, 1966; 32: 135-137.

An unusual case of granuloma pyogenicum with multiple lesions has been described, as the usual cases exhibit either a single lesion or only a few. In this particular case a total number of 46 lesions were present and two out of them measured more than 3 cm. The disorder is similar to granulation tissue and from culturing the blood, as well as the material from the lesion coagulase positive staphylococci were isolated. The relationship of this condition to granulation tissue may be compared to that of keloid to cicatrix.

CULTIVATION OF DONOVANIA GRANULOMATIS

Lal Sardari and Singh Gurmohan

Ind J Dermatol Venereol, 1967, 33: 251-253.

Literature on cultivation of *Donovania granulomatis* is reviewed. Although the disease caused by this organism (Donovanosis) was first described in India, the organism has not been yet cultivated in this country. An appeal is made to the concerned workers in India to come forward to cultivate the organism.

SOME CLINICAL ASPECTS OF DONOVANOSIS

Lal Sardari, Padma NS and Velou A

Ind J Dermatol Venereol, 1967; 33: 65-69.

Clinical features of 85 cases of Donovanosis diagnosed in General Hospital, Pondicherry are described. Nomenclature of the disease is discussed. Venereal transmission of the disease is favoured. Increasing resistance of the causative organism of the disease to streptomycin is stressed.

GRANULOMA VENEREUM A RETROSPECTIVE STUDY

Rangiah PN

Ind J Dermatol Venereol, 1962; 28: 172-179.

Ten patients available for review in person and others through correspondence had done well except one case. Not a single patient, who after complete investigation had not undergone treatment, was available for study and appreciation of the natural course of untreated granuloma venereum. A few cases that were diagnosed as cancer on morphologic and histopathologic grounds but treated as granuloma venereum on smear diagnosis were available for study vide case reports appended. None appeared with any evidence of a permanent toxic effect due to the specific treatment administered in the past. The case history of a case of relapse is appended. No case history of reinfection is available. A case history of treatment resistance is attached. The case history depicting a therapeutic paradox with obliteration of the vaginal orifice is appended. This retrospective study has shed light on very many aspects of granuloma

venereum hitherto not very clear. What requires most attention is the study of the organism in order that treatment resistance, latent granuloma venereum and therapeutic paradox in it may be resolved.

A STUDY OF DONOVANOSIS AT GUNTUR
Ramachander M, Jayalaxmi S and Pankaja P

Ind J Dermatol Venereol, 1967; 33: 236-244.

A five year study of Donovanosis from 1-1-1962 to 31-12-1966 at the Govt. General Hospital, Guntur is presented. 25796 cases of venereal diseases were seen during the period out of which 867 cases were of Donovanosis giving a percentage of 3.36% which is the highest incidence so far reported in the literature. 91.48% of cases were found in the age group 16-40 years which is the period of maximum sexual activity. The youngest patient in our series was 13 years and the oldest 60 years of age. 20.2% was found in teenagers indicating the present high incidence of venereal diseases in the teenagers. 665 cases seen were males and 202 were females giving a male preponderance in a ratio of 3.3:1. Some clinical problems and the close resemblance of Donovanosis to Epidermoid carcinoma are considered. In 63% of the cases the incubation period ranged between 1-4 weeks which can be considered the average incubation period for Donovanosis. 54.4% of males and 56.5% of females were married and the probable reasons for the greater incidence of Donovanosis in the married of both sexes are suggested. In our series 14 cases of conjugal Donovanosis were seen. Conjugal Donovanosis is not rare, but difficult to detect for lack of examination of both the sexual partners. In our experience true spontaneous cure of Donovanosis is unknown. The shortest duration of infection was 3 days and the longest duration was 9 years. 25 cases out of 867 were extra genital forming 2.9%. Commonest sites were the anal and perianal regions and in the majority due to perverted sexual practices. Two cases in our study had both Donovanosis and cancer and it was difficult to decide which was the earlier lesion. The drug of choice in the

treatment of Donovanosis is streptomycin. We had 16 cases of streptomycin resistant Donovanosis treated successfully with Broad Spectrum Antibiotics.

DONOVANOSIS AT KAKINADA

Rao NVS Rama and Patnaik R

Ind J Dermatol Venereol, 1966; 32: 100-105.

An analysis of 3 years has shown that there were 360 males and 150 females (ratio of 2.4:1), Donovanosis accounted for 6.1 percent of the total male VD cases and 6.9 percent of total VD cases. It formed 6.3% of the total VD cases. The commonest lesion noticed was a soft easily bleeding granular ulcer covered with serosanguinous or dirty yellow seropurulent discharge with uni or bilateral inguinal lymphadenopathy. In 85 percent of males and 78 percent of females the lesions were limited to the external genitalia only. A total dose of 20 gms of streptomycin or tetracycline given in a period of 10 days is most effective.

A STUDY OF DONOVANOSIS (GRANULOMA VENEREUM)

Vimla Bai K, Sulibhavi DG and Shyam Sunder P

Ind J Dermatol Venereol, 1969; 35: 45-51.

Incidence of Donovanosis in the twin cities of Hyderabad and Secunderabad has been evaluated for six years period from 1962-1967. This part of Andhra Pradesh is not endemic for Donovanosis and the incidence is one of the lowest. The statistic for the period of two years 1966 and 1967 from Gandhi Hospital shows three-fold increase in the incidence of Donovanosis as compared to the incidence from Osmania General Hospital. Reasons for this disparity have been discussed. Two years is too short a period to take this disparity into consideration and so further study of Donovanosis for a longer period is indicated. This part of Andhra Pradesh being the state capital has become potentially susceptible for Donovanosis on account of the floating population. The study of Donovanosis apart from the reasons given will be welcome to the students of Donovanosis as such reports

from other part of this subcontinent are few and far between and the need to evaluate this disease from other parts of India has been expressed by many authors.

A CASE REPORT

Mathais J

Ind J Dermatol Venereol, 1968; 34: 252-253.

A case of granuloma venereum on the leg is described. The histopathology was characteristic of granuloma venereum. VDRL was also positive but there was no response to PAM. There was no response to streptomycin and chloromycetin. The patient responded to tetracycline.

GRANULOMA VENEREUM TREATED WITH "REVERIN"

Ramchander M, Rao S Koteswara, Devi Sarala M and Rao C Prabhakar

Ind J Dermatol Venereol, 1969; 35: 25-30.

A total of 16 cases of Granuloma venereum were treated with Reverin. Seven of the cases were treated with Reverin 150 mgm twice a day. Two of the 7 cases were resistant to streptomycin. All the cases responded uniformly well to Reverin therapy. Nine of the cases were treated with a single injection of Reverin 150 mgm IM per day. Two of the nine cases were resistant to the streptomycin therapy. All the cases responded well to Reverin therapy.

A CASE OF DONOVANOSIS RESISTANT TO STREPTOMYCIN BUT RESPONDED TO TETRACYCLINE

Nagabhushanam P

Ind J Dermatol Venereol, 1966; 32: 107.

The case reported (22 years unmarried male) received streptomycin 1 g daily i.m. for 15 days, but the ulcer showed no signs of healing. On Tetracycline 1gm daily the ulcer started healing after 7 days and in two weeks it was almost healed.

USE OF GRISEOFULVIN OTHER THAN ANTI-FUNGAL

Mulay DN, Mehta JS, Ahuja BB and Raizada AK

Ind J Dermatol Venereol, 1969; 35: 78-82.

A group of patients of psoriasis and vitiligo were treated with different dosage of griseofulvin administered for 2.5 months. The MED of UVR was determined pre and post treatment. Griseofulvin showed moderate decrease in the MED in all the cases. The improvement in both the diseases was also moderate. The control study in patients suffering from herpes zoster showed remarkable improvement in shorter period with the administration of grisovin. Further studies on a larger series to determine the exact mode of action of grisovin is suggested.

HAIR PENETRATION TEST IN RELATION TO HAIRS WITH VARIOUS STRUCTURAL ABNORMALITIES AND HIRSUTISM HAIRS

Verma BS

Ind J Dermatol Venereol, 1966; 32: 52-53.

Hair penetration test was done on hairs affected with pili torti and leucotrichia annularis, and also on hirsutism hairs produced by prolonged corticosteroid therapy. Normal hairs were used as control. The hairs used in these experiments did not show either more or less susceptibility to fungal attack in vitro in comparison to normal hair.

MULTIPLE HAIR DEFECTS

Mathur NK, Pasricha JS and Kandhari KC

Ind J Dermatol Venereol, 1970; 36: 132-133.

A 20 year old gentleman with trichorrhhexis nodosa, keratosis pilaris irregularly placed constrictions along the length of the hair and a minor degree of pili torti is reported. Multiple hair abnormalities are presumed to suggest an inherent defect in the hairs.

HARLEQUIN BABY

Reddy CRRM, D Prasantha Murthy and G Eswara Reddy

Ind J Dermatol Venereol, 1970; 36: 59-61.

An autopsy study of Harlequin fetus is presented.

HEMOSPERMIA

Datta AK

Ind J Dermatol Venereol, 1964; 30: 102-109.

A short review regarding incidence and aetiology of hemospermia attempted. Different aspects of aetiology and clinical features have been discussed. Incidence of subclinical hemospermia mentioned.

Discussion on general management with case report done.

BILATERAL ZOSTER

Patnaik R

Ind J Dermatol Venereol, 1964; 30: 70-71.

A rare case of bilateral symmetrical zoster in which the cutaneous lesions appeared along the course of the medial cutaneous nerve of thigh and the saphenous nerve (L3) is reported.

OCCURRENCE OF HERPES ZOSTER AND CHICKEN POX

Ambady BM, Sugathan P and Pappali Cynthia

Ind J Dermatol Venereol, 1966; 32: 132-134.

The occurrence of herpes zoster and chicken-pox in the same patient is reported.

PREVENTIVE ASPECTS OF MORAL AND SOCIAL HYGIENE

Kagal MB

Ind J Dermatol Venereol, 1961; 27: 35-39.

Stress must be laid on preventive aspects of the programme and work started for preventive measures. Present home, school and community influences are fast deteriorating. Moral education of the society at all levels is necessary for prevention of these social diseases and vices. Public opinion has to be created in this matter. A national educational programme has to be planned and executed at state level for which the association can give the lead.

FAMILIAL HYPERCHOLESTOLEMIC XANTHOMATOSIS

Varghese Roy, Joy MI and John KI

Ind J Dermatol Venereol, 1969; 35: 21-24.

A brief review of literature and a case of familial hypercholesterolemic xanthomatosis is discussed.

ICHTHYOSIS CONGENITA**Shah BH, Parikh DR and Kapoor PM****Ind J Dermatol Venereol, 1968; 34: 122-123.**

A full term female child was born. The skin was very much thickened, fissured and peeled off at places. There was marked ectropion. The eyes, ears and nose were deformed. There was gross macrostoma. The elbows were swollen, deformed and in flexed attitude. The fingers and toes looked like stubs. Child died on the third day and autopsy revealed no systemic pathology.

ICHTHYOSIS HYSTRIX**Saxena KN, Singh MM and Sharma KK****Ind J Dermatol Venereol, 1970; 36: 57-58.**

Three cases of ichthyosis hystrix have been reported in the same family, a very rare occurrence.

AUTO-IMMUNE MECHANISMS IN DERMATOLOGY**EI Mofty Abdel Monem****Ind J Dermatol Venereol, 1966; 32: 205-214.**

Auto-immune diseases belong to two main categories 1. those due to alterations or inherent characteristics of the antigen tissue and 2. those due to alteration or inherent characteristics of the antibody producing cell. Cutaneous diseases considered to be of autoimmune pathogenesis are 1. autosensitisation dermatitis 2. exfoliative dermatitis 3. purpuric eruptions 4. erythema gyratum and erythema multiforme 5. pyoderma gangrenosum 6. SLE 7. DLE 8. systemic sclerosis 9. dermatomyositis 10. bullous diseases 11. atopic dermatitis 12. psoriasis and psoriatic arthritis 13. vitiligo and Sjogren's disease. A relation between neoplasms and auto immune disease is discussed.

IMMUNOLOGIC FUNCTION**Mehta TK****Ind J Dermatol Venereol, 1965; 31: 83-84.**

Allergy is defined as an altered state of

reactivity by a first contact and made manifest by subsequent specific contact. Factors influencing manifestations of allergy have been enumerated. Diagnosis depends on history, repetition of clinical syndrome and skin tests for allergy.

PRINCIPLES OF IMMUNOLOGY - A BRIEF REVIEW**Koticha KK****Ind J Dermatol Venereol, 1969; 35: 178-191.**

Part I Basic immunology and Part II Clinical immunology have been reviewed to provide a basic and practical knowledge of dermatology.

A CASE REPORT OF INCONTINENTIA PIGMENTI**Marquis L and Mehta TK****Ind J Dermatol Venereol, 1966; 35: 206-208.**

A male child of incontinentia pigmenti is presented, with no other evidence in the family. Besides mental retardation, the other pertinent dermatological finding was a keratoderma of the palms and soles. No hair and nail dystrophies, nor follicular atrophoderma or patchy alopecia were encountered. Other known manifestations are mental retardation, epilepsy, spastic tetraplegia, defects of the eye balls, delayed dentition, defects of bones and joints, congenital heart defects, umbilical hernia, supernumerary ear lobes and urachal cysts.

INCONTINENTIA PIGMENTI**Singh Ratan and Kaur Devinder****Ind J Dermatol Venereol, 1970; 36: 53-56.**

The third case of incontinentia pigmenti from the Indian subcontinent is reported making a total of 24 cases from Asia. Various stages of incontinentia pigmenti have been observed very typically in this case and were confirmed by histopathological study. Literature on incontinentia pigmenti has been briefly reviewed and its aetiology discussed.

A CASE OF DERMAL LEISHMANOID ASSOCIATED WITH SYSTEMIC KALA-AZAR

Sinha JN

Ind J Dermatol Venereol, 1968; 34: 148-151.

A clinical report of a case of PKDL is presented who had associated active visceral leishmaniasis as well. It appears that PKDL is not a carrier state of the disease but dermal infection by LD. The dermal lesions are more resistant to antimony therapy than the visceral lesions.

KERATOACANTHOMA

Sadana SR, Sarin RC and Kumar Kamlesh

Ind J Dermatol Venereol, 1969; 35: 143-147.

A case of keratoacanthoma is described in detail. The patient was admitted with a swelling on left half of the upper lip. New satellites went on appearing as the main mass shrivelled. In three months time the main mass and all the satellites disappeared without residual scarring.

CONGENITAL PALMO-PLANTAR KERATODERMA

Johri BS, Merchant SE and Pathak VP

Ind J Dermatol Venereol, 1967; 33: 86-91.

A case of congenital Keratoderma of palms and soles with benign hypertension, cerebro-vascular accident (thrombosis) and left ventricular strain is presented here in relation to other genodermatosis of similar types. Ten members of the same family were affected. Differential diagnosis is discussed.

KERATOSIS PALMARIS ET PLANTARIS (TYLOSIS) WITH CARCINOMA OESOPHAGUS

Patnaik R and Krishnaswamy M

Ind J Dermatol Venereol, 1963; 29: 225-227.

A case of Keratosis palmaris et plantaris associated with carcinoma oesophagus in a 70 year old man is reported.

DIAGNOSIS OF LEPROSY**Khanolkar VR****Ind J Dermatol Venereol, 1961; 27: 59-68.**

As a person declared to be suffering from leprosy unfortunately becomes a marked man in his community. One should not make a diagnosis of leprosy unless the signs are unequivocal. Leprosy presents a characteristic and easily recognizable picture in the advanced stages but in the early stages it may be greatly difficult. It is during the latter stages that the disease is amenable to well conceived treatment and most of the deformities and other untoward complications which develop in the wake of its advance can be prevented. Details of clinical, bacteriological, histopathological and immunological examinations are given.

DIAGNOSIS AND MANAGEMENT OF REACTIONS IN LEPROSY**Koticha KK****Ind J Dermatol Venereol, 1963; 29: 131-140.**

The three main groups of leprosy are tuberculoid, intermediate and lepromatous. Factors known to precipitate reactions in leprosy are diseases like typhoid, malaria, dysentery, ankylostomiasis and influenza, diet, climatic changes, mental stress, small pox vaccination, late months of pregnancy, childbirth, drugs like sulphonamides, sulphur derivatives and iodides. The three types of reactions are 1) ALR 2) PLR 3)ENL. The treatment of reaction is firstly to stop DDS and substitute by diphenylthiourea (DPT). In case DPT is not available, DDS can be substituted by less toxic sulphones like promin or sulphetrone. Antibiotics and other drugs found useful are colchicoside, butazolidine and irgapyrine. Beneficial drugs whose use is empirical are methylene blue (MB), antimony compounds and adrenaline chloride. If symptomatic treatment, MB etc fail to control reactions the only alternative is to use corticosteroids sparingly.

EPIDEMIOLOGICAL SURVEY OF LEPROSY IN MAHARASHTRA STATE (INDIA)**Kapoor P****Ind J Dermatol Venereol, 1962; 28: 153-158.**

The epidemiological pattern of leprosy in Maharashtra state is discussed. The child rate amongst household contacts and that in the community is discussed. That only contact with leprosy cases, even infectious only, is not the deciding factor in successful transmission of leprosy. The possible role of factors other than simple contact with leprosy cases for the successful transmission of leprosy is stressed. A suggestion has been made to have epidemiological studies in different areas and to compare their results to understand the various factors responsible for successful transmission of leprosy.

LEPROSY SURVEY: TIRUPATI 1965**Nagabhushanam P****Ind J Dermatol Venereol, 1966; 32: 215-220.**

A survey of incidence of leprosy in a pilot-area of radius of 10 miles around Tirupati was done. The incidence is found to be 2.9%, open-cases are 20.8%. In both sexes the incidence was found almost equal. Highest incidence was found in a village Durgasamudram (14.4%) in Rayalcheruvu area. Familial contact incidence was found to be 10.0 percent and childhood incidence to be 26.14%.

FISSURE SOLES IN LEPROSY**Nagabhushanam P****Ind J Dermatol Venereol, 1968; 34: 107-109.**

The incidence of fissures of soles in 196 patients of leprosy was observed, and found to be very high 78.6% and the incidence is more in non lepromatous type especially polyneuritic type. It may be most probably mild trophic change resulting in dryness of feet, leading to fissuring of soles.

FOLLOW UP OF CONTACTS OF LEPROSY PATIENTS AND EARLY LEPROSY**Desai SD****Ind J Dermatol Venereol, 1962; 28: 161-164.**

The developmental phases of leprosy that have been observed on the follow up of 424 contacts are summarised below:

Observation over a period of 7 years revealed that about 35 % of the negative contacts show bacilli after an average period of 2 years repeatedly in the skin and at this stage develop lepromin positivity in the vast majority of cases. About 25 % of the positive contacts, who are also lepromin positive, develop in an average period of 1.5 years, circular, flat or slightly raised, hypopigmented or pink areas, 0.5 cm to 1 cm in diameter, without sensory changes. Biopsies from such lesions show bacilli by special techniques and the lepromin test is also positive at this stage. These were therefore called primary lesions. About 50 % of the primary lesions develop sensory impairment in an average period of 1.5 years and later progress into either the Tuberculoid or Indeterminate lesions and the lepromin test continues to be positive. Some of the primary lesions remain static for a variable period of time from 1 to 5 years. Some of the positive contacts become negative for bacilli, but continue to be positive to lepromin for a period of 1 to 2 years. In some the primary lesions disappear, but bacilli are still found for a period up to 1 year, the lepromin test continues to be positive. In some the primary lesions disappear, and the bacilli also disappear in an average period of 1 year. In such cases the lepromin reaction tends to diminish. It has not been possible to trace the development of lepromatous lesions to any of the stages so far. It is presumably later than primary lesions stage that the lepromin positivity breaks down and the lepromatous lesions develop.

GROSS DEFORMITIES IN LEPROSY - A GROUP SURVEY

Nagabhushanam P

Ind J Dermatol Venereaol, 1967; 33: 70-72.

A group survey of gross deformities among 410 leprosy patients attending Leprosy treatment centre was done. The incidence of deformities observed 39.5 percent. Gross deformities are more in non-lepromatous type-27 per cent. The commonest deformity observed was claw hand. No case of wrist drop observed. Gross ocular defects observed

were only in eight lepers.

MULTIPLE LEPROTIC NERVE ABSCESSSES IN A CHILD

Sehgal VN and Gupta IM

Ind J Dermatol Venereol, 1966; 32: 191-194.

A case of multiple nerve abscesses with spontaneous bursting of lesion and scarring is reported in which clinical features and biopsy studies showed evidence of tuberculoid leprosy. No acid fast bacilli could be demonstrated in the sections. Surgical drainage of the abscess relieved the patient, in conformity with the observations of Brand. An unusual feature of the case is the occurrence of lesion at a very young age.

NEUROLOGICAL PATTERNS OF LEPROSY

Andersen JG

Ind J Dermatol Venereol, 1964; 30: 168-170.

Tuberculoid leprosy produces isolated pattern while lepromatous or borderline types tend to produce widespread paralysis. Patterns of anaesthesia met with are disseminated, regional and acral. The nerves affected are ulnar, median, posterior and lateral popliteal, radial and facial. Reconstructive motor surgery should not be undertaken until the paralysis is established beyond the chances of recovery. A stable period of six months is accepted as the limit. At the slightest hint of onsetting paralysis, a full programme of physiotherapy should be instituted.

A SOCIAL WORKER'S EXPERIENCE OF LEPROSY

Surty Tehmi

Ind J Dermatol Venereol, 1962; 28: 168-169.

3830 patients who had ceased attending for treatment during the last five years and who could be contacted regularly, 945 were taking treatment with private practitioners, 30 repeatedly avoided health visitors. 356 were indifferent to treatment as they did not realise the seriousness of the disease (which was in the early stages or had personal problems which are more important to them than treatment). 206 did not believe in the diagnosis (they had

no deformity), 145 had no time to attend. 513 thought they had improved sufficiently and did not need further treatment. 232 had no faith in treatment (some considered they had given sufficient trial and found no benefits etc.), 59 were afraid of biopsies being taken for bacteriological examination, 89 were bedridden. 1255 restarted treatment after the visits of the Health Visitors.

ROLE AND ORGANISATION OF LEPROSY SECTION

Figueredo N

Ind J Dermatol Venereol, 1962; 28: 159-160.

A doctor dedicated to the work, a technician and a health visitor are all that are necessary for the leprosy section to start with. Increase in staff will be necessary in proportion to the results achieved. What is very important is the co-operation of sister departments in the hospital in which the skin department exists.

TROPHIC ULCERS IN LEPROSY

Wahi Shail and Sehgal VN

Ind J Dermatol Venereol, 1968; 34: 189-193.

This article details out the mechanism and pathogenesis of trophic ulcers in leprosy. Management and prevention of these ulcers is also described in detail.

LEPROSY

Tyagi SP, Sehgal VN and Hameed Sami

Ind J Dermatol Venereol, 1970; 36: 206-208.

The histological features in 72 cases of different types of leprosy are reviewed laying emphasis on the salient histological criteria. An opinion is expressed regarding the importance of histological diagnosis in leprosy. No essential difference from the histological aspect seem to exist between endemic and non-endemic regions.

CUTANEOUS TEMPERATURE STUDIES IN THE DIAGNOSIS OF LEPROSY

Shroff JC and Dongre VV

Ind J Dermatol Venereol, 1968; 34: 104-106.

Results of cutaneous temperature recordings, using a sensitive skin thermometer in 110 cases of advanced and doubtful leprosy cases are discussed. It is concluded that in spite

of the limitations of such studies in the practice of dermatology, they may prove to be useful auxillary diagnostic aids.

SEROLOGIC TESTS FOR SYPHILIS IN LEPROSY

Chacko CW and Yogeswari L

Ind J Dermatol Venereol, 1963; 29: 81-96.

The frequency of incidence of the so called biologic false positive reactions for syphilis in leprosy, specially investigated with a battery of currently used standard serologic tests for syphilis using non-specific tissue extract antigen and controlled by the known specific TPI test for syphilis using specific treponemal antigen at Madras is presented. It is confirmed that all the currently used STS produces BFP reactions for syphilis in leprosy in the absence of a simultaneous treponemal infection. However, the frequency of BFP reaction with standard test for syphilis obtained in leprosy in this study at Madras has been found to be far less than those reported earlier by other investigators in this field in North India and abroad. A significant proportion of the leprosy patients at Madras who were found reactive to the current standard tests were found to have simultaneous latent treponemal infection. The comparatively higher figures reported by others is considered to be due to the fact that a possible simultaneous treponemal infection in leprosy patients could not be easily excluded by them clinically alone, in the lack of the specific TPI test for syphilis. The various aspects of this problem are discussed.

INVESTIGATIONS ON SOME INDIGENOUS DRUGS IN THE TREATMENT OF LEPROSY

Ojha Divakar

Ind J Dermatol Venereol, 1965; 31: 229-238.

Some indigenous drugs were tried in untreated advanced lepromatous leprosy alone as well as after the preliminary Ayurvedic Regimen. The DDS was taken as the control drug against which the results obtained with the Indigenous drugs were compared after 6 months, 9 months and 1 year

of treatment. In the control groups also DDS was administered alone as well as after preliminary Ayurvedic Regimen. In the assessment made at various intervals after treatment there was no indication of any appreciable improvement (clinical and bacteriological) in any of the cases. But most of the cases on Indigenous drugs had gained in weight and increase in haemoglobin percent, with improvement in general condition, while most of the cases on DDS had lost in weight and decrease in haemoglobin percent without any improvement in general condition. There was no untoward effect encountered which could be attributed to the preliminary Ayurvedic Regimen and indigenous drugs. Therefore, it is advocated that the screening of the indigenous drugs, indicated in various classics of Ayurveda for the treatment of leprosy should be carried out by planned methods. The drugs which are found to be suitable can be further investigated in various insitutions for confirmation. The Ayurvedic treatment is a complex one, based on multifarious factors including the basic theories of the Science. Some preliminary preparation of the patient of Poorva-karma of the Sanshodhan (purificatory measures) is an essential pre-requisite for the adoption of any specific therapy or Pradhan-karma of leprosy. Uptil now sufficient stress has not been laid on the evaluation of this particular procedure and other ancillary measures, therefore, it is necessary to undertake specific investigations on these problems too.

LEDERKYN IN THE TREATMENT OF LEPROSY

Pari kh AC, Katdare ND and Figueredo N

Ind J Dermatol Venereol, 1964; 30: 211-213.

The results of treatment with Lederkyn are not such as to consider it a useful anti-leprosy drug or even the best alternative to dapson. It is well tolerated for periods ranging from 15 weeks to 25 weeks in daily dose of 500 mgm.

TRIAL WITH LEPSULMIN OINTMENT IN ULCERS OF LEPROSY

Pari kh AC, Ganapati R and Kothare KB

Ind J Dermatol Venereol, 1970; 36: 65-66.

Ten leprosy patients with ulcers were chosen for treatment with lepsulmin ointment. Eight patients with plantar ulcers in both feet, one with unilateral friction ulceration and one with bilateral small multiple ulcers on both the arms due to breaking of nodules. Within the limitations of the trial, lepsulim treatment was found to help in the reduction of the slough and the formation of the granulation tissue in the ulcers better than in the ulcers in control group.

SURGICAL PROCEDURES IN LEPROSY

Antia NH

Ind J Dermatol Venereol, 1962; 28: 170-171.

Surgical procedures in leprosy may be directed towards the relief of nerve pain or for the correction of deformities which are typical of this disease and present a barrier to rehabilitation.

OBSERVATIONS ON THE MANAGEMENT OF LEPRO REACTION

Sinha SP

Ind J Dermatol Venereol, 1969; 35: 58-61.

Seventy cases of Lepra reaction were studied. Value of antimonials is stressed. Corticosteroid is very potent, but should be sparingly used for its frequent relapse, drug dependence, prohibitive cost and undesirable side-effects. Antimalarials have shown good result. Flagyl was found effective in only one case. It needs further trial. Capyna and placebo have not proved effective. Long acting sulfas have given good result and is worth trying.

MANAGEMENT OF TROPHIC ULCERS IN LEPROSY

Tilak CT

Ind J Dermatol Venereol, 1965; 31: 176-177.

About 70 trophic ulcers in leprosy have been treated with Pantophyll ointment, containing d-Pantothenyl-alcohol. The patients receive domiciliary ambulatory treatment. The dressings are done by the patients themselves. Long acting sulphas and DDS are administered. No POP is applied. Rapid re-epithelialization with gratifying

results have been observed.

TEN YEARS FOLLOW UP OF TREATMENT OF LEPROSY CASES

Katdare ND

Ind J Dermatol Venereol, 1962; 28: 165-167.

From the study it is evident that the elimination of bacilli or in other words attainment of negative bacteriological status is in direct proportion to the regularity and the amount of sulphones taken. Complications interfere with administration of sulphones thereby delaying clinical and bacteriological improvement. It is logical therefore, to assume, that a slow induction of sulphones will reduce complications and thereby hasten improvement. Such a slow induction can be effected by a reduction of the dose of sulphones and very slow increase to the maximum covering a period of 9 months to 18 months. Preliminary trials in this direction have given encouraging results. An adult dose as small as 10 mgms of DDS 3 times a week is being used as a commencing dose. The average adult commencing dose is 10 mgms DDS daily for 6 days per week. No case of drug resistance has been encountered so far.

LICHEN NITIDUS

Murthy K Radha Krishna

Ind J Dermatol Venereol 1967; 33: 150-152.

A case of lichen nitidus has been described in a boy aged 10 years. He showed lesions only on the exposed areas. Mantoux test was negative.

LICHEN PLANUS ACTINICUS

Velou A, Shunmugam D and Lal Sardari

Ind J Dermatol Venereol 1968; 34: 65-69.

Five cases of Lichen planus actinicus are reported. Three were of the pigmented type and two were of the dyschromic type. None of the patients showed granuloma annulare like lesions.

HISTOPATHOLOGICAL CHANGES OF RETICULAR FIBERS IN DIFFERENT TYPES OF LICHEN PLANUS

Abdel Aziz AHM

Ind J Dermatol Venereol, 1970; 36: 203-205.

Fifty seven cases of different types of lichen planus have been studied for histopathological changes of reticular fibers. Prominent proliferation of the fibers occurred in the area of inflammatory infiltrate, with relative increase in sub-epithelial network. No morphological or tinctorial changes of these fibres were noted. The possibility of role of reticular fibers in formation of collagen is discussed.

LICHEN PLANUS: HISTOPATHOLOGICAL STUDY OF 57 CASES

Abdel Aziz AHM

Ind J Dermatol Venereol, 1970; 36: 85-92.

Fifty seven cases of different types of lichen planus had been histopathologically studied. Trial of limitation of the abused term lichen was done. Review of the literature concerning the histopathologic studies and their evaluation for different types of lichen planus had been done.

MUCOPOLYSACCHARIDE CHANGES IN LICHEN PLANUS

Abdel Aziz AHM

Ind J Dermatol Venereol, 1970; 36: 150-153.

Fifty seven cases of lichen planus had been studied for mucopolysaccharide changes. For each case, two control biopsy specimens were examined, one from the same patient and the other from healthy volunteers taking into consideration the same age, sex, race and site of excision. The mucopolysaccharides showed increase fuchinophilia in the inflammatory zone while normal outside. The possibility of the role of mucopolysaccharides in regeneration of collagen is discussed.

LICHEN SCLEROSIS ET ATROPHICUS IN A CHILD

Mulay DN, Mehta JS and Ahuja BB

Ind J Dermatol Venereol, 1968; 34: 45-46.

A 7 years old girl had tiny white and violaceous spots over genitalia, forehead, upper trunk and extremities. The spots initially appeared when the child was five and a half years old. The plaques were 4x5 cm in size but there was no visible hyperkeratosis and

comedo formation.

LIPOGRANULOMATOSIS SUBCUTANEA

Patankar VJ and Kothare SN

Ind J Dermatol Venereol, 1966; 32: 9-14.

Two cases of lipogranulomatosis subcutanea possibly of Rothmann Makai type are reported.

LIPOID PROTEINOSIS

Shetty Jagannath N and Rao N Raghunatha

Ind J Dermatol Venereol, 1969; 35: 230-232.

Lipoid proteinosis is a rare disorder, about 50 cases having been reported until 1957. This is possibly the first report from India. A Hindu male, aged 23 years presented with skin lesions since he was 10 months of age, and hoarseness of voice since the age of 4. The lesions appear in crops, each attack involving only a few areas of the skin. During the course of 22 years, the lesions have appeared on all parts of the body surface. The lesions start as a small solid swelling (papule) which evolves into a bleb (Vesicle) within the course of 4-5 days, these develop into lesions containing pus-like fluid which burst leaving behind ulcers which heal in 10 to 15 days, resulting in varioliform scars. The scars were more prominent on the face. Exacerbation of lesions were noticed during extremes of weather in the summer and winter and itching occurs only occasionally.

LUPUS ERYTHEMATOSUS - AN AUTOIMMUNE DISEASE

Jansen LH

Ind J Dermatol Venereol, 1965; 31: 47-61.

LE (both in its chronic and acute forms) is a manifestation of a generalized pathological process a disease having no connection with tuberculosis (lupus), but resulting from a disorder of the production of antibodies by the reticuloendothelial system. LE chronicus (discoïdes, erythema perstans) and acutus have been described as regards clinical manifestations, microscopic features, prognosis and therapy.

SYSTEMIC LUPUS ERYTHEMATOSUS

Sadana SR, Kandhari KC and Malhotra RP

Ind J Dermatol Venereol, 1962; 28: 111-124.

Clinical analysis of 20 cases of systemic lupus erythematosus is presented. Familial incidence in which a brother and a sister got afflicted with this malady one after the other is reported. Attention is drawn to the protean clinical manifestations which the disease can assume. Fever and anaemia were the most common clinical features, being present in all the cases. Brunt of the disease next fell on joints, heart, respiratory tract, lymph-nodes, mucous-membrane and nervous system. Rash of almost all type is described in the literature except erythema multiforme, erythema-nodosum like lesions, and chronic ulceration on the legs were met with. Intractability of the ulceration of the mucous-membrane to steroid therapy is pointed out. Pericardium was more often the seat of involvement than myocardium and endocardium. Though the lesions assumed various types of radiological appearances when lung parenchyma was involved with this disease process, pathology seems to be mainly interstitial. Incidence of involvement of the nervous system in this series is also quite considerable i.e. nearly 32 %, the most common manifestation being psychotic symptoms.

PORPHYRIN METABOLISM IN LUPUS ERYTHEMATOSUS

EI Mofty Abdel Monem

Ind J Dermatol Venereol, 1967; 33: 109-114.

Twenty-two cases of discoid lupus erythematosus were studied for their porphyrin metabolic changes. The series included two groups: Group I showing only the skin lesions and group II in which the skin lesions were associated with some signs and symptoms indicative of systemic involvement. Group I showed more or less normal values. Two cases of group II showed high porphyrin levels while the other two showed normal values. It was suggested that the high porphyrins in these two cases were precipitated by lupus erythematosus in genetically predisposed individuals.

CRUDE FRIE'S TEST IN THE DIAGNOSIS

OF LYMPHOGRANULOMA VENEREUM

Vimla Bai K, Sulibhau DG and Shyam-sunder P

Ind J Dermatol Venereol, 1968; 34: 135-139.

A preliminary report on the evaluation of 'Crude Frei's Test' has been presented. In all cases of lymphogranuloma venereum where auto-inoculation was done the test was strongly positive. So in cases of lymphogranuloma venereum when even a little pus can be aspirated auto-inoculation is a reliable method of diagnosis. This preliminary report reveals that the "Crude-Test" is reliable and has the virtue of being simple. This test can be performed in any venereology clinic without any risk of local or general complications. In this series suspected cases of LYG in group (II) showed positive skin reaction when injected with the pus from other cases of LGV. So preserving the pus from cases of LGV and using it as an antigen will go a longway in the diagnosis of LGV and non-availability of pure

antigen is no longer a deterrent in the diagnosis of lymphogranuloma venereum.

ISOLATION OF A LOCAL STRAIN OF THE VIRUS OF LYMPHOGRANULOMA VENEREUM IN THE YOLK SAC OF GROWING CHICK EMBRYO

Chacko CW and Nair GM

Ind J Dermatol Venereol, 1966; 32: 157-162.

The isolation and adaption of a local strain of the virus of lymphogranuloma venereum in the yolk sac of developing chick embryo is reported. The materials and methods developed in this study which seemed to have made primary isolation of virus in the chick-embryo comparatively easy, and methods used to identify the virus have been described. The use of the skin and complement fixing test antigens prepared from local strain of the virus, possibly giving more specific and sensitive results in diagnosis of LGV infection is stressed.

BURNING MICTURITION

(A clinical study with "Banghshil" an Ayurvedic drug)

Tijoriwalla SJ and Tambe SG

Ind J Dermatol Venereol, 1967; 33: 137-140.

Looking to the unpredictable response and high costs of current potent drugs for burning urination, Banghshil is a useful drug for routine use in urethritis and burning urination. It also affords relief in associated symptoms of cramps, backache etc. Apart from it being nontoxic, the described pharmacological actions of its ingredients

make it a drug with beneficial effect on genito urinary tract, suitable even for prolonged use particularly in resistant cases.

MYCOSIS FUNGOIDES

Shah BH and Patel KM

Ind J Dermatol Venereol, 1968; 34: 77-80.

A rare neoplastic disease of the skin is presented. As usual the index of suspicion was high in the plaque or tumour stage. In our case study patient is in tumour stage for about 2 years without systemic manifestations. Patient showed marked improvement to surface x-ray therapy, oral and intralesional steroids.

NAEVUS PIGMENTOSUS ET PILOSUS-BATHING TRUNK TYPE

Saxena KN, Singh MM, Sharma SK et al

Ind J Dermatol Venereol, 1970; 36: 156-157.

A three year old girl was brought with the pigmented and hairy mole in the region of buttocks, genitalia and back. The chief complaint which brought her to seek opinion was infection in the region of buttock for the last 2 months. Examination revealed a pigmented hairy mole in the region of the genitalia and inguinal region extending upwards to the lower part of abdomen and downwards to the upper one third of thighs on both sides. View from the back showed an extensive lesion in the lower part of back, both gluteal regions and back of thighs on both sides. The part of mole in the region of both glutei showed signs of abscess.

STUDIES ON THE SHAPE OF HUMAN NAILS IN NORMAL SUBJECTS

Chhatrapati DN and Purohit GL

Ind J Dermatol Venereol, 1968; 34: 9-17.

Measurements on the normal human nails were done in 75 males and 35 females subjects. The average length and breadth of each digit was more in males than in females but the L:B ratios were nearly the same. The length was largest in thumb and smallest in little finger in that descending order. The breadth goes on decreasing from thumb, middle, ring, index and little finger. The L:B ratio is maximum in the thumb and minimum in the index finger. The shape of the nails is classified as square nail, long nail, cylindrical nail, large nail and broad nail. Another classification of the shape based on L:B is suggested; it is as long square and broad. The broad is classified from grade I to VIII and the long in grade 1 to II. No significant difference was found in right handed and left handed persons.

SHAPE OF NAIL IN POST-POLIOPARALYSIS

Purohit GL, Talsania RC and Chhatrapati DN

Ind J Dermatol Venereol, 1969; 35: 124-128.

The shape of nail was measured in fifty

children suffering from post polioparalysis. Eighty two percent of the cases were less than four years of age. No conclusion can be drawn from the length and breadth figures as they are bound to be low in the younger age group in the present series. The L:B ratio was found to be similar to our normal series with its peak in the broad grade II. This shows that the shape of nail in this disease is similar to our normal series.

RECENT ASSESSMENTS IN THE AETIOLOGY AND THERAPY OF SKIN CARCINOMAS

Belisario John C

Ind J Dermatol Venereol, 1963; 29: 191-212.

The incidence of the skin cancer in Australia is the highest in the world, comprising approximately 60% of all cancer, due mainly to the effects of the ultraviolet radiation in the solar spectrum on fair-skinned people who expose their skins more than others, both at work and in sporting activities. Aetiological factors include heredity, complexion, habits of dress, lack of skin pigment protection, thickness of the horny layer of the epidermis, the number of hours of exposure to the sunlight, miscellaneous and extraneous factors which are enumerated. The commonest precursors of both rodent and squamous carcinomas are the solar keratoses. Therapeutic methods include (a) scalpel surgery, (b) electrosurgery, (c) radiotherapy (d) chemosurgery and (e) local chemotherapy. The advantages and disadvantages are indicated. The majority of patients prefer the idea of being treated by an ointment. The cytotoxic drugs colcemid, thiocolciran and methotrexate and their methods of use are described. Cosmetic results have been found by the writer with local chemotherapy to be generally better than with other forms of therapy, and the cure rate with small to medium-sized lesions compares favourably.

BASAL CELL CARCINOMA TREATED WITH TOPICAL CHEMOTHERAPY

Ramachandar M

Ind J Dermatol Venereol, 1969; 35: 209-212.

A case of basal cell carcinoma on the face treated by topical chemotherapy is presented. Carcinoma of the skin is more common in the white races than the coloured races and the pigment content is supposed to give greater protection in the coloured races. I feel this alone cannot be a determining factor in the protection afforded and the reason discussed. Lipstick is supposed to be responsible for lower incidence of cancer of lip in women and the author recommends cosmetics with antiactinic drugs like Titanium dioxide, para-aminobenzoic acid etc. in persons of outdoor occupation. Clinical features are discussed. Treatment with the topical chemotherapy containing Colocemid, Methotrexate and Thiocolciran is discussed in detail.

HISTOCHEMICAL AND ELECTRON MICROSCOPIC STUDY OF EPIDERMAL NEOPLASMS

Sirsat Satyavati M, Vandrewalla Arnavaz H and Khanolkar VR

Ind J Dermatol Venereol, 1963; 29: 43-47.

Electron microscopy of altered collagen shows a degradation of the fibrils into ill defined filaments and sheets, similar in structure to elastics. Treatment of the section with elastase removes all resorcin positive abnormal collagen. The altered tinctorial properties, submicroscopic morphology, and enzyme sensitivity of the abnormal collagen

suggests that in human epidermal carcinogenesis, the dermal collagen undergoes a hydrogen bond dissociation and a molecular rearrangement. The altered orientation would then be represented in tinctorial and electron optical property similar to elastics and susceptibility to the enzyme most specific to elastin elastase.

MALIGNANT NEOPLASMS OF THE SKIN

Reddy DJ and Rao K Venkateswara

Ind J Dermatol Venereol, 1964; 30: 43-54.

For the period 1955 to 1962 there were 132 malignant tumours of the skin out of 3083 malignant tumours in other sites registered, giving a percentage of 4.2. This is higher than what is reported for the people in the tropics. Of these epithelioma contributed to over 50% and many of them were secondary to either trauma or friction or burns or actinic rays as in Xeroderma pigmentosa. Basal cell carcinomas were not infrequent and all histological variants were encountered. Malignant melanoma is a frequent epithelial tumour of the skin and its occurrence in 80% of the cases does strongly support trauma as causal in the bare footed individuals. Occasionally adenocarcinomatous deposits may be encountered as secondary from a known or unknown primary neoplasm. The findings recorded above strongly suggest preventive measures against cutaneous malignancies.

STUDY ON THE PERFORATION OF PALATE

Bedi BMS, Kakar PK and Sood VP

Ind J Dermatol Venereol, 1969; 35: 297-299.

Study on 20 cases of perforation of the palate is being presented. The break up of the cases showed the various aetiological factors as syphilis - 7, scleroma - 4, malignancy - 4, congenital malformation - 3, idiopathic granuloma - 1 and operative defect - 1. The study emphasizes the role of biopsy and other investigations to elucidate the aetiology of perforation of the palate in a particular case. The treatment and management is discussed briefly.

JUVENILE BULLOUS PEMPHIGOID - A CASE REPORT

Pandit DM, Mankodi RC and Shah CF

Ind J Dermatol Venereol, 1969; 35: 238-239.

A case of juvenile bullous pemphigoid is described and its diagnostic criteria are discussed.

PEMPHIGUS

Ambady BM, Sugathan P and Nair BKH

Ind J Dermatol Venereol, 1965; 31: 239-244.

Clinical and histopathological features of 21 cases of pemphigus treated as in patients are reviewed. An unusually high incidence of pemphigus in the younger age group is noted. A relatively high preponderance of the illness in persons of Blood Group B in this series is pointed out. The line of treatment followed is briefly outlined. The regime has been found to be relatively less expensive and encouragingly efficacious. The value of blood transfusions in the management is stressed.

PEMPHIGUS IN NORTHERN INDIA- CLINICAL STUDIES IN 34 PATIENTS

Kandhari KC and Pasricha JS

Ind J Dermatol Venereol, 1965; 31: 62-71.

A review of 34 cases of pemphigus seen over a period of 4 years at the AIIMS Hospital, New Delhi is presented. Stress is laid on the variety of clinical lesions that these cases presented. Some features which help to make an early diagnosis are also outlined. A

comparatively low morbidity and mortality of this disease in our part of the world is pointed out and the mode of treatment of these case at our hospital is discussed.

A STUDY OF 100 CASES OF PEMPHIGUS- CLINICAL FEATURES

Fernandez JC, Dharani JB and Desai SC

Ind J Dermatol Venereol, 1970; 36: 1-11.

A clinical study of 100 patients and a detailed histopathological report of 67 slides of pemphigus are reported. Half the number of patients are of the younger age group of 22 to 40 years. Pemphigus vulgaris presents with two grades of severity. The severe type is characterised by a rapid evolution and extensive body involvement and marked toxæmia, while the moderate type by slow evolution, less generalised eruption and low or no toxæmia. Lesions in pemphigus vulgaris are flaccid bullae arising on normal skin and healing without scarring. Mucous membrane involvement is the characteristic feature of this type. Oral lesions are often the first to appear and the last to heal. Lesions on the palms and soles occur late in the disease and carry a grave prognosis. Pemphigus foliaceus and pemphigus seborrhoecus are more benign and have a chronic course. The primary lesion is a flaccid bulla, adherent in the centre with circinate or polycyclic edges on an erythematous base. Verrucoid plaques with greasy adherent crusts are often noticed in the seborrhoecus type. Butterfly area of the face, scalp, midchest and interscapular regions are most often involved in both the types. Foliaceus showed a tendency to generalised spread while seborrhoecus is a localised disease. Mucous membrane involvement is conspicuous by its absence. Clinical transformations from the foliaceus to the seborrhoecus type and the reverse are frequently encountered. These are not observed in the vulgaris type. Histopathological findings can be broadly divided into two group. Pemphigus vulgaris is characterised by suprabasal clefts with predominance of less keratinized acantholytic cells. These cells show large vesicular

noncondensed nuclei with perinuclear halo and basophilic cytoplasm. Barring 5 exceptions pemphigus foliaceus and seborrhoeicus showed a more superficially located cleft, the acantholytic cells are more keratinised and dyskeratosis was encountered in one case of each type. These acantholytic cells show pyknotic nuclei, without perinuclear halos, and eosinophilic cytoplasm. It is suggested that differentiation in the type of acantholytic cells can be used as an index of prognostication and for more accurate determination of the type of pemphigus.

A STUDY OF 100 PATIENTS OF PEMPHIGUS-EXPERIENCES OF THE TREATMENT

Dharani JB, Fernandez JC and Desai SC
Ind J Dermatol Venereol, 1970; 36: 77-84.

Although steroid therapy has considerably improved the outlook and simplified the management of pemphigus, the mortality rate is still considerable. This may be due to high and prolonged steroid administration which requires careful watch and skillful management. Prognosis of pemphigus varies according to the type and severity of the disease. Fulminating and severe varieties of pemphigus vulgaris carry the worst prognosis followed by that of foliaceus. Pemphigus seborrhoeicus has the best prognosis. 60-160 mg of prednisolone per day was found to be adequate in initiating the treatment in severe pemphigus vulgaris, while 30-60 mg in the moderate variety. 20-90 mg of prednisolone were necessary for pemphigus foliaceus and a similar dose for pemphigus seborrhoeicus. With two exceptions pemphigus vulgaris required a daily maintenance dose of 20 mg of prednisolone. Mild antibacterial and drying local remedies have considerable value in the control of pemphigus seborrhoeicus and foliaceus, some cases of which could be controlled with this approach alone. Blood transfusion were found to have a limited utility in stabilising pemphigus vulgaris on a low maintenance dose.

PEMPHIGUS VEGETANS

Kutty M Kannam and Joy MI

Ind J Dermatol Venereol, 1965, 31: 165-170.

A rare case of Pemphigus-vegetans is reported with a follow-up for a period of over 6 months. The termination of the condition agrees with the view expressed by others. A brief review of literature with discussion on certain salient features as regards aetiology is appended.

PEMPHIGUS VEGETANS

Amin AG, Shah HS, Shah CF and Kanvinde MS

Ind J Dermatol Venereol, 1968; 34: 201-202.

Pemphigus vegetans is a rare disease and hence the case is reported. Its important features are discussed.

PEMPHIGUS VEGETANS

Singh Ratan and Khurana JC

Ind J Dermatol Venereol, 1969; 35: 240-243.

A case of Pemphigus vegetans which is a rare variant of Pemphigus vulgaris is reported. A brief review of literature with discussion on its aetiology is presented.

MYCOPLASMA IN LESIONS OF PEMPHIGUS

Grace Arthur W

Ind J Dermatol Venereol, 1966; 32: 195-204.

Experiments link transmissible agents with pemphigus. Mycoplasma have been cultured from necrotic lesions at the site of inoculation. Additional links of forms present in human lesion with mycoplasma are effects upon red blood cells; aggregation at cell periphery, striking improvement of clinical pemphigus by chlortetracycline hydrochloride and its resistance to penicillin, streptomycin and sulfonamides.

ROLE OF INTRALESIONAL CORTICOSTEROID THERAPY IN PEMPHIGUS

Sadana SR

Ind J Dermatol Venereol, 1969; 35: 166-167.

Intralesional infiltration with corticosteroids were used in two cases. Ledercort suspension in one and Wycort in the other, were injected intradermally. The results were encouraging suggesting that intralesional

infiltration is an effective supplement to systemic corticosteroids in the management of some difficult cases of pemphigus.

CHRONIC BENIGN PEMPHIGUS OF HAILEY AND HAILEY

Ramarao KM, Siddappa K, Patil RS and Desai HV

Ind J Dermatol Venereol, 1969; 35: 17-20.

A case of CBP without familial history and without seasonal variations is described. The disease was considered to be a genodermatosis in which physical, mechanical and bacteriologic factors precipitate the development of clinical lesions.

FAMILIAL BENIGN CHRONIC PEMPHIGUS OF HAILEY AND HAILEY

Kandhari KC, Bhutani LK, Hajini GH and Malhotra YK

Ind J Dermatol Venereol, 1969; 35: 235-237.

Two cases of familial benign chronic pemphigus, from India, are reported. Unusual late onset and absence of family history in both cases are discussed.

FAMILIAL BENIGN CHRONIC PEMPHIGUS (HAILEY & HAILEY)

Mehta TK, Marquis L and Mathur SM

Ind J Dermatol Venereol, 1970; 36: 46-50.

Two cases of familial chronic benign pemphigus are reported in a family, with a possibility of the grandfather also having been a similar case. Case 1 showed earlier onset as opposed to case 2 while the severity was less in case 2 as compared to case 1. The initial suspicion of disseminated neurodermatitis in these cases was proved wrong by the skin biopsy, which was diagnostic of familial benign chronic pemphigus-"dilapidated brick wall" appearance.

PRACTICAL PROBLEM OF PERSPIRATION

Kuno Yasushi

Ind J Dermatol Venereol 1961; 27: 87-95.

There are apocrine (mainly in axilla) and eccrine glands (over whole skin surface). The total number of eccrine glands on the whole body of a man amounts to 2.3 million among

the Japanese on an average. However, since they are very small the total secretive amount does not come up even to 20 cc. Human perspiration is of two types-thermal and mental. Sweat glands can be classified into two kinds active (2,300,000 in number) and inactive. The majority of sweat glands have secretory ability at birth. The perspiration ability of armpits develops from 3-4 years before puberty, the offensive smell comes out later. Coloured perspiration (black, brown, blue, green, yellow) is due to the secretion of apocrine glands which have a great many coloured granules in them. Unhidrosis is a very rare affection usually a congenital developmental defect. Systemic hyperhidrosis is an uncommon disease, but local hyperhidrosis palms, soles, armpit and face is quite frequent. Banthine is superior to probanthine, pamine and prantal for treatment of the whole body. At present the iontophoretic method is the most effective local anhidrotic treatment.

A CASE REPORT OF PEUTZ - JEGHER'S SYNDROME WITH REVIEW OF LITERATURE

Shah BH, Palkhiwala AJ and Rawoot BE

Ind J Dermatol Venereol, 1969; 35: 154-156.

A case of Peutz-Jegher's syndrome reported with buccal pigmentation of unknown duration and of palmer pigmentation of six months duration with symptoms of intestinal polyposis.

PHRYNODERMA AND NUTRITIONAL DEFICIENCY

Rama Ayyangar MC

Ind J Dermatol Venereol, 1967; 33: 13-24.

By way of introduction the relevant literature in regard to relationship between phrynoderma and dietetic deficiency is reviewed. The incidence of phrynoderma is low and the adult women who had it formed only 3.9%. The disease is one of childhood and teenage chiefly. 65% of the patients had also signs of B complex deficiency and 33% of vitamin A lack. Students formed 51.8% of the patients. Exposure to oil, grease etc. may act

as predisposing factor. Pressure and friction also may act. The disease is punctuated by recurrences. The incidence of similar condition in the siblings partaking the same deficiency food was low. Other than the usual sites the acuminate papules were seen also on the phalanges, ventral aspects of the limbs, flexures, face and neck. The response of the lesions to B complex injections was good on the whole. B Complex deficiency probably plays an important part in the etiology. Role of unsaturated fatty acids has not been studied in this series. Vitamin A injections had no effect in the 10 cases treated and probably has no role as a causative factor. Hyperkeratotic follicular papules are present in other dermatological conditions also and have to be considered in the differential diagnosis. So multiple factors may be responsible for their appearance.

PIEBALDNESS IN AN INDIAN FAMILY

Mathur MP and Saxena HC

Ind J Dermatol Venereol, 1967; 33: 270-272.

An Indian family of piebaldness is reported, showing the hereditary factor operating in a mother and her six children. The cardinal features of piebaldness are a white forelock and areas of depigmentation over extremities and ventral trunk, present since birth.

WHITE PIEDRA IN INDIA

Basu N, Sanyal Maya and Banerjee AK

Ind J Dermatol Venereol, 1970; 36: 154-155.

The first case of white piedra from India, caused by *Trichosporon cutaneum*, occurring on the scalp hair of a South Indian lady has been reported.

PIGMENTATION OF THE BUCCAL MUCOSA

Kuffer R and Soubiran JM

Ind J Dermatol Venereol, 1966; 32: 59-70.

Classification of the buccal pigmentation poses difficult problems and rather arbitrary procedure is described for adoption 1) false pigmentations 2) genotype pigmentations 3) endocrinal pigmentations 4) dysmetabolic pigmentations 5) pigmentary and pigmentogenous dermatoses 6) toxic and

medicamentous pigmentations 7) pigmentation due to oxidation of keratin 8) tattooings 9) buccal melanomas 10) pigmentations of unknown origin.

THE PROPOSED CLASSIFICATION OF HYPO AND DEPIGMENTARY SKIN DISORDERS

Yawalakar SJ

Ind J Dermatol Venereol, 1966; 32: 15-22.

It is suggested that the hypo and depigmentary skin disorders be classified on an ecological basis namely 1) congenital 2) idiopathic 3) chemical 4) physical 5) endocrinal 6) nutritional 7) metabolic 8) achromias due to infections 9) post inflammatory 10) Miscellaneous and iatrogenic.

STUDY OF SERUM COPPER LEVELS IN PATIENTS WITH PIGMENTARY DISORDERS

Kandhari KC and Sobhanadri C

Ind J Dermatol Venereol, 1963; 29: 141-147.

Serum copper levels were determined in normal individuals, cases of vitiligo and cases of hyperpigmentation using the technique of Gulber et al (1952). No significant alteration from normal in serum copper levels was observed neither in cases of vitiligo nor in cases of hyperpigmentation. The role of copper as a therapeutic agent in treatment of vitiligo is not supported. Further probe into this matter, may reveal some other factors responsible.

PIGMENT FORMATION

Mehta TK

Ind J Dermatol Venereol, 1964; 30: 208-210.

Melanin is found in skin, hair matrix and choroid of eyes. Its quantity and distribution depend on various factors 1) basic precursors and enzyme tyrosinase 2) hormonal 3) sulfhydryl and other inhibitors 4) inflammations and irritation 5) racial. Various types of melanosis have been discussed.

PIGMENTARY FUNCTION

Mehta TK

Ind J Dermatol Venereol, 1964; 30: 251-253.

A classification, course, prognosis and

management of leucoderma is described.

MELANOSIS CAUSED BY HAIR OILS

Shah CF, Trivedi JJ and Pandit DM

Ind J Dermatol Venereol, 1970; 36: 189-191.

This is a report of forty five cases of pigmentation caused by use of hair oils. It was found that all patients were using hair oils purchased loose, either from vendors or petty shops. None of the patients was using packed named hair oils. Twenty one of them observed that, darkening of the skin started after change of hair oil used previously. Samples of hair oils used by all the patients were obtained for analysis. None of the patients had any local itching, burning or any other symptoms or any constitutional disturbances. There was no mucous membrane involvement in any case. Analysis of hair oil used by patients and some random samples obtained from vendors was carried out. It was found on analysis that it contains many organic substances which may have caused darkening of the skin. Out of the chemicals isolated in the analysis, the following are known to cause darkening. Silver nitrate and Gallic acid type compounds act as photosensitizers, but whether photosensitization has been responsible for darkening of the skin in the patients could not be ascertained. Mineral oil was found in 62.5% of the sample on analysis. Literature does not mention mineral oils as darkening agents although it is known to cause follicular pathology. The large percentage of hair oils containing mineral oils in our series suggests that they play a significant role.

PROGRESSIVE PIGMENTARY DERMATOSIS OF SCHAMBERG

Kandhari KC and Sehgal VN

Ind J Dermatol Venereol, 1965; 31: 6-13.

Four cases of progressive pigmentary dermatosis of Schamberg are presented with clinical details with light on salient histopathological features. Literature on the subject has been briefly reviewed.

EFFECT OF PABA ON HYPERPIGMENTED PATCHES ON FACE

Mulay DN and Ahuja RB

Ind J Dermatol Venereol, 1967; 33: 30-36.

Two hundred cases with hyperpigmented patches on face were treated with PABA given orally. The results in actinic hyperpigmentation were better than hyperpigmentation due to other causes. A theoretical conception based on the pharmacology of PABA and its use in the treatment of hyperpigmented patches of face is discussed. This is a pilot study and further evaluation of the drug will have to be undertaken.

SUN SCREENING EFFECT OF PARA AMINO BENZOIC ACID GIVEN ORALLY AND ITS ROLE IN THE TREATMENT OF HYPERPIGMENTED PATCHES ON FACE

Mulay DN, Ahuja BB and Mehta JS

Ind J Dermatol Venereol, 1969; 35: 67-71.

We have presented a study on 34 cases who were administered PABA orally and showed consistent increase in the MED of UVR. PABA given orally is a safer and effective sun screening agent. PABA given orally is an effective mode of treating actinic hyperpigmented patches of face.

PINGRANLIQUOSIS - A NEW ENTITY

Verma BS

Ind J Dermatol Venereol, 1965; 31: 270-271.

A new clinical entity "Pingranliquosis" is described. The two cases that have been briefly described here are the first Indian cases to be reported in the literature.

MAL-DEL-PINTA (PINTA) A CASE REPORT

Gaind ML and Tutakne MA

Ind J Dermatol Venereol, 1968; 34: 208-210.

Pinta has been reported to be endemic in the western hemisphere, stray cases however have also been reported from time to time from some parts of the tropical world. Report of one such unequivocal case showing typical pigmentary changes in the left hand of a north Indian soldier serving in the eastern part of the country by demonstration of T careteum from the lesion on three occasions, serology was also positive.

CLINICAL PATTERN OF PITYRIASIS

VERSCOLOR

Singh Gurmohan, Gour KN and Dikshit KS
Ind J Dermatol Venereol, 1966; 32: 81-84.

One hundred cases of pityriasis versicolor are studied with regard to variations in clinical pattern observed. It has been tried to put up explanation to some of these variations.

PLASTIC SURGERY IN DERMATOLOGY

Maneksha RJ

Ind J Dermatol Venereol, 1963; 29: 48-52.

In this article is reviewed the scope of the plastic surgeon in the vast field of dermatology. The ultimate aim is to cure the patient of any skin lesion and it is not important whether a dermatologist trained in the field of surgery does the job or the plastic surgeon handles the case. The different types of conditions and their treatment is described.

POROKERATOSIS MIBELLI

Lal Sardari, Velou A and Shunmgam D

Ind J Dermatol Venereol, 1967; 33: 287-289.

A brief review on Porokeratosis Mibelli is presented and four cases of the disease are reported. Various aspects of the disease are discussed in relation to these cases. Two of the cases were males and two females. All the four patients showed annular lesions, one papular lesions and one linear warty streak resembling linear naevus.

POROKERATOSIS OF MIBELLI

Velou A and Lal Sardari

Ind J Dermatol Venereol, 1968; 34: 203-205.

A case of generalised Porokeratosis of Mibelli associated with cutaneous horns, warty excrescences, dystrophy of the nails and bone lesion is reported.

PRIAPISM - A CASE REPORT

Ramachander M, Sarala M and Rao C Prabhakara

Ind J Dermatol Venereol, 1969; 35: 225-229.

A case of idiopathic priapism is presented because of the paucity of recorded reports in the Indian literature. The aetiology, pathogenesis and the treatment are discussed in detail. The case under review responded

dramatically to local injection of hyaluronidase and betamethasone into corpora cavernosa. We feel that this method deserves trial in the treatment of priapism.

STUDY OF PROTEOLYTIC ENZYMES, EPIDERMAL EXTRACTS AND CANTHARIDIN IN PRODUCING CUTANEOUS BLISTERS

Kandhari KC, Pasricha JS and Pandhi RK

Ind J Dermatol Venereol, 1969; 35: 173-177.

Results of a study undertaken to investigate the effects of intradermal injections of trypsin, pepsin, chymotrypsin and epidermal extracts and application of cantharidin ointment to skin of humans and dogs in vivo and in vitro are reported. Dermo-epidermal separation with progressive loss of all cellular elements of epidermis and dermis were seen with all the proteases and the epidermal extracts. The effects possibly represented a non-specific proteolytic activity of the enzymes. Epidermal extracts were also seen to produce similar changes. Acantholytic changes seen with pepsin resembled those seen with cantharidin and it is postulated that the action of cantharidin is mediated by a pepsin like cathepsin. Severity of changes in the in vivo studies was much less, possibly due to absorption or inactivation of the enzymes by the circulation. Absence of macroscopic blisters and the paucity of inflammatory reaction in the excised skin were attributed to absence of circulation.

4 CASES OF PSEUDOXANTHOMA ELASTICUM

Mulay DN and Bikhchandani R

Ind J Dermatol Venereol, 1965; 31: 75-80.

In all the four cases history of heredity could not be determined. Consanguinity was present in one case. Two cases were present in the same family and the youngest sister who is 5 years old though did not show any lesions may develop them later in view of the fact that both these sisters noticed the lesions at the age of 13 years to 14 years. All the four cases have developed the lesions around the age of puberty and as mentioned by some authors

endocrinal disturbances may be a contributory factor. All these cases range from 16 to 24 years of age and hence very mild circulatory disturbances are noticed though the skin and eye lesions show comparatively a well developed picture. None of these cases showed any systemic disturbances. None of the cases reported haemorrhages of any type. Mucous membrane lesions were not seen in any case.

PSEUDOXANTHOMA ELASTICUM (PXE) REPORT OF THREE CASES

Velou A, Lal Sardari, Mathai G et al

Ind J Dermatol Venereol, 1966; 32: 182-187.

A family of PXE supporting an autosomal recessive inheritance is reported.

PSORIASIS

Ambady BM, Gopinath T and Nair BKH

Ind J Dermatol Venereol, 1961; 27: 23-30.

Forty-five cases of psoriasis are analysed with reference to age, sex, duration, familial incidence and aberrant types. Treatment of psoriasis is briefly reviewed. Various modifications of Goeckerman's regime are described and their relative merits discussed. The place of androgens in treatment of psoriasis is indicated. A new form of therapy aimed at counteracting the effect of cysteine is discussed and twenty six cases treated by this method are presented. Its value in the treatment of arthropathic psoriasis is indicated.

PSORIASIS - A CLINICAL STUDY

Sharma TP and Sepaha GC

Ind J Dermatol Venereol, 1964; 30: 191-203.

Thirty cases of psoriasis have been extensively studied. The clinical features of psoriasis have been reported in detail. Some unusual features were presented. It was most frequent between the ages of 15-45 years with two peak rises at pubertal and climacteric years. A seasonal exacerbation during winter was noted. No correlation with occupation, social conditions, dietetic habits and intoxicants was found. Its occurrence in other members of the family was found in ten per cent of the cases. The commonest site of onset

was the scalp. Joint pains and arthritis were present in ten cases. Longer the duration of the disease, more extensive were the lesions and more frequently were the joint affections noted. Koebner's phenomenon was noticed in two cases. Electrocardiograms were normal in all the cases. Macrocytic dimorphic anaemia noted in 63.33 per cent of the cases was thought to be due to nutritional deficiency. No relation with blood groups and gastric analysis, when compared with controls of this part of the country, was noted. ESR was found to be raised in nineteen cases who had some other complications.

CLINICAL PATTERN OF PSORIASIS IN PUNJAB

Lal Sardari

Ind J Dermatol Venereol, 1966; 32: 5-8.

Detailed clinical observation on 25 cases of psoriasis are reported and discussed. Presence of moderate to severe itching in a good percentage of cases is stressed.

HISTOPATHOLOGY OF PSORIASIS AT VARIOUS STAGES

Lal Sardari, Sadana SR and Chitkara NL

Ind J Dermatol Venereol, 1965; 31: 216-222.

Following conclusions are arrived at from the present study: Well developed lesions of psoriasis did not show all the characteristic histopathological features of psoriasis in all the cases studied. Regression of the histopathological changes of psoriatic lesions under treatment was first seen in epidermis especially stratum corneum and stratum granulosum. Modification or reversal of other histopathological features in epidermis and dermis occurred later and some of these persisted for a much longer time. Healed lesions, whether hyperpigmented or hypopigmented showed acanthosis, capillary dilation and cellular infiltrate in dermis in significant proportion of the specimens studied. Apparently uninvolved skin of psoriatics showed changes similar to those seen in healed lesions of psoriasis in a significant proportion of the specimens studied.

ASSOCIATION OF PSORIASIS AND LUPUS ERYTHEMATOSUS

Lal Sardari, Velou A and Bhama T

Ind J Dermatol Venereol, 1970; 36: 221-223.

The association of psoriasis and lupus erythematosus is a rare event. The case of a 40 year old male, who had psoriasis for ten years and developed lesions of discoid lupus erythematosus two years back, is described. Diagnosis of each disease was confirmed by histological examination. The patient showed episodes of allergic reaction on administration of chloroquin. In addition the patient had congenital cataract with subluxation on one side and showed evidence of aortic incompetence.

PSORIASIS OF THE MUCOUS MEMBRANE

Mathew Babu, Ramachandran P and Nair BKH

Ind J Dermatol Venereol, 1967; 33: 83-85.

A case of psoriatic lesion of the oral mucosa is reported with special reference to the histopathological appearance. The literature is briefly reviewed.

CASE REPORT OF PSORIASIS WITH RHEUMATOID ARTHRITIS WITH POLYNEURITIC LEPROSY

Nagabhushanam P

Ind J Dermatol Venereol, 1969; 35: 97-98.

Case of psoriasis confirmed by skin-biopsy with rheumatoid arthritis confirmed serologically, with polyneuritic type of leprosy is reported. The reported incidence of Psoriasis- arthropathy is 1 per cent. Arthropathy in psoriasis patients due to other causes can also occur, but usually missed specially when smaller joints are involved, unless serological tests are done in every case. Osteoarthritic changes of the knee-joint in this case was detected when the patient attended for the third time. Ulnar contracture of both hands due to polyneuritic leprosy in this case apparently appeared as residual deformity due to rheumatoid- arthritis.

TAURINE AND PSORIASIS

Verma Bhanu S

Ind J Dermatol Venereol, 1965; 31: 105-107.

The clinical effect of taurine ingestion on psoriatics, eczema patients and a normal control group was studied. The exacerbations of psoriasis and to a lesser extent of eczema were seen after taurine ingestion. As psoriasis is common in Gujrat State, where a majority of people are vegetarian and consume a low non-animal protein diet, it is emphasized that it would be unlikely that taurine ingestion is a major aetiological factor in psoriasis. A plea is made for investigating the taurine content of vegetarian foods; as well as its fate in human beings, including psoriasis and eczema patients.

BACTERIOLOGY OF PYODERMAS

Kandhari KC, Prakash Om and Singh Gur-mohan

Ind J Dermatol Venereol, 1962; 28: 125-133.

One hundred cases of pyodermas were examined bacteriologically. The organisms isolated were staphylococci (68), streptococci (39), E Coli. (5), proteus vulgaris (1). The antibiotic sensitivity pattern of these strains was determined and the results compared with some other workers.

THE MANAGEMENT OF PYODERMAS ANDECZEMATOUS DERMATOSES WITH VARIED COMBINATIONS OF NEOMYCIN, BACITRACIN, SULPHACETAMIDE AND HYDROCORTISONE IN AN OINTMENT BASE

Mehta TK and Mehta VR

Ind J Dermatol Venereol, 1965; 31: 14-19.

The series is too small to draw any conclusions. In all 31 cases of different categories were treated. As regards the results, they conformed to the set pattern with such drugs. One case of erythematous ulcer with underlying abscess was of interest in that it healed only by topical treatment with Nebasulf ointment alone in 6 days time. It was observed that pyodermas responded better to antibiotic ointments alone and eczemas responded better to combination of antibiotic and steroid. The series however was interesting more for

ancillary findings. In pyodermas (both primary and secondary) there was hypoproteinaemia. There was no correlation between hemoglobin and protein levels indicating that anaemia was probably not due to protein deficiency. The common micro-organisms isolated were staphylococcus aureus and albus. They were most sensitive to chloramphenicol and oleandomycin. It was noticed that all organisms except streptococcus viridans were insensitive to sulphonamides. There were no side reactions.

A STUDY OF SERUM PROTEINS IN PRIMARY PYODERMAS

Saxena KN, Mathur KS and Kumar Sant
Ind J Dermatol Venereol, 1965; 31: 143-147.

A study of serum protein patterns in 131 cases of furunculosis, folliculitis, impetigo contagiosa and ecthyma has been undertaken. No pattern characteristic of any one type of pyoderma was found. The course of the disease showed profound influence on serum protein changes. In case of acute pyoderma there was slight fall in total proteins, a marked fall in serum albumin level and a marked increase in alpha-I alpha-II and betaglobulin levels. Gamma globulins in acute primary pyoderma did not show significant change

except in impetigo contagiosa where they were elevated. Resistant and recurrent pyodermas showed a significant fall in albumin level of the serum. Levels of alpha-I and alpha-II and beta globulins were raised. Gamma globulin levels of the serum in resistant and recurrent cases showed a significant decrease. Changes in serum protein fractions were most marked in resistant cases, less so in recurrent and least in acute cases. Surface area of the lesions bears a significant correlation with serum albumin and gamma globulins. Increase in surface area has a direct correlation with decrease in serum albumin in the cases of grade II and III of primary pyodermas. A significant correlation was also found between decrease in gamma globulin levels of serum with increase in surface area of lesions of grade II and III in resistant and recurrent cases of primary pyodermas.

PYODERMA GANGRENOSUM

Sharma Ramavatar and Mathur MN
Ind J Dermatol Venereol, 1966; 32: 28-30.

A case of pyoderma gangrenosum in a child, who had fever, dysentery with loss of fluid and electrolytes is reported and the relevant literature reviewed.

PRIMARY RAYNAUD'S DISEASE-A CASE REPORT

Bedi BMS and Koranne RV

Ind J Dermatol Venereol, 1969; 35: 233-234.

A case of Primary Raynaud's disease is being presented as an interesting clinical oddity in a woman of 40 years of age. The woman was emotionally unstable and the disease was precipitated by exposure to cold. A follow up of two weeks showed regressive changes. This emphasizes the role of ecology in skin diseases and the need for regional dermatology.

RHINOSCLEROMA-REPORT OF A CASE WITH PERFORATION OF THE PALATE

Bedi BMS

Ind J Dermatol Venereol, 1967; 33: 290-292.

Case of Rhinoscleroma is presented from

the VD Department. The case was presenting the usual features but also showing perforation of the palate. Perforation of the palate is uncommon and may mislead the clinician to think in term of syphilis.

ACNE ROSACEA TYPE OF CUTANEOUS MANIFESTATION OF MYELOID LEUKAEMIA

Shah BH and Patel KM

Ind J Dermatol Venereol, 1968; 34: 143-147.

A case of acute myeloid leukaemia with "Acne Rosacea" like papular lesions on flush area of face is discussed. Short comings of spot diagnosis is emphasised. If rightly adjudged and interpreted cutaneous manifestation can prove to be a significant guide to the clue of internal disease.

NORWEGIAN SCABIES

Jayaram DP, Rajashekaraiya HK and Prakash KM

Ind J Dermatol Venereol, 1969; 35: 62-66.

Ten cases of Norwegian scabies are reported from the Skin Clinic of Victoria Hospital Bangalore. These are the first cases to be diagnosed by the authors in fifteen years. All except one patient were poor and living under insanitary conditions. Personal neglect is considered as the most important contributory fact in the development of this type of scabies. It is surmised that due to a low index of suspicion of this condition cases may be missed.

SCLEREDEMA-BRIEF REVIEW OF LITERATURE AND CASE REPORTS

Mulay DN, Mehta JS and Ahuja BB

Ind J Dermatol Venereol, 1968; 34: 57-63.

The cases posed no diagnostic problem. The signs, symptoms and the progression of the disease were consistent with the diagnosis of scleredema. The first case occurred during the convalescence after delivery. In the second case the history was typical and illness started with throat infection. The lesions of scleredema spread gradually to the distant parts but remained limited to arms and thighs in the upper and the lower extremities respectively. The progress was gradual and the whole process was completed in 18 days with the development of dyspnoea which forced him to attend the hospital. The extent of involvement was variable in both the cases. In the former it was more or less localised only to the shoulders and hips but face and neck were free, while in the second case nearly the whole body was involved except the distal parts of upper and lower extremities. The skin colour changes were also variable. The skin was of normal colour in the first while it was erythematous in the second case which led to the false diagnosis of angioneurotic edema. Biopsy in both the cases was confirmatory. The biochemical examination of blood and urine for creatinine were also normal. So far the treatment was concerned, the first case was alright within two months, while the other did

not improve with dexamethasone for five days till it was combined with tetracycline.

SCLEREMA NEONATORUM

Sadana SR and Sarin RC

Ind J Dermatol Venereol, 1968; 34: 81-83.

A case of sclerema neonatorum (nodular type) is described in detail. The patient was admitted with a cystic swelling on the back and indurated areas at various sites. In 3 months time all the indurated areas disappeared without any treatment.

SCLEROMA IN DELHI AREA

Kakar PK, Bedi BMS, Sood VP and Arora AL

Ind J Dermatol Venereol, 1969; 35: 52-57.

Scleroma in Delhi is not uncommon. Thirty cases were studied in a span of four years. Six cases are presented. Skin was found to be involved in 23.3% of the cases. The treatment consists of streptomycin and broad spectrum antibiotics. Improvement is significant if cases are detected at an early stage of the disease.

SEBORRHOEA

Mehta TK

Ind J Dermatol Venereol, 1964; 30: 165-167.

The term "Seborrhoea" designates increased and altered secretion of the sebaceous glands resulting into excessive oiliness of the skin. It is very common in tropical climates or it may be associated with any of its other manifestations eg acne, rosacea, seborrhoeic dermatitis. Clinical details of these three disorders have been given including aspects of treatment.

SEX EDUCATION

Fuster JM

Ind J Dermatol Venereol, 1961; 27: 31-34.

Sex and ones' attitudes towards sex play a major role in the development of ones' personality. In a survey conducted for 695 college students 88% boys and 68% of the girls declared that they had received no sex education from their parents. Many distressing anxieties and many personal problems could be avoided if children were properly educated

in what concerns sex. Hence the tremendous importance of parents duty to educate their children. It is suggested that school and college counsellors, feature of the near future in India, who deal with the same student for a number of years might prove the best substitute for parents.

IMPOTENCY IN MALE DIABETICS

Singhal KC and Rastogi GK

Ind J Dermatol Venereol, 1970; 36: 71-76.

In a study of the prevalence of impotence in 216 married male diabetics (age 20-25 years) and age matched 1010 normal healthy subjects it was found that impotence was 15-30 times more prevalent amongst diabetics. The incidence of impotence both in normal subjects and diabetics increased with advancing age, it was however not affected by the duration of diabetes. Neuropathy was significantly more commonly observed in diabetics with impotence. Other complications of diabetes were evenly distributed. There was depression of testicular function in diabetics whether or not they had impotence. Seminal fluid volume, sperm count and motility in diabetics were significantly less than in the normal subjects. Similarly urinary 17- ketosteroid excretion in diabetics was significantly less than that in normal subjects. Changes in testicular histology such as basement membrane thickening, maturation arrest and complete atrophy of the seminiferous tubules were not necessarily associated with loss of sexual potency.

SEXUAL IMPOTENCY IN MALES

Baswani BS

Ind J Dermatol Venereol, 1969; 35: 134-138.

Most of the biologists, physiologists and psychologists admit that next to hunger for food, sex instinct is the most important and powerful in human beings. Causes of both the types of impotence viz organic and psychogenic have been detailed. So long as a child is taught that masturbation is a deadly sin fraught with the darkest consequences there will continue to be a harvest of sexual neurotics. Management of psychic impotency is a very complex and difficult problem, each

patient having his own aetiological background necessitating a detailed history taking. Some systemic drugs and local treatment for decongesting the accessory sex organs are highlighted. Androgens in any form should not be used as they are bound to retard or reverse the process. Oestrogens, however, may be required by some in small doses.

SEX PROBLEMS TREATED WITH INDIGENOUS DRUGS

Bhargava NC

Ind J Dermatol Venereol, 1970; 36: 62-64.

The above study clearly shows that the Indigenous preparations speman, speman forte, tentex, tentex forte and himcolin are very useful drugs in the therapy of various sex complaints and their use brings about salutary response in a large number of cases.

CLINICAL AND BIOLOGICAL ASPECTS OF SKIN AGING

Serri F

Ind J Dermatol Venereol, 1969; 35: 109-119.

Clinical, morphological, biochemical changes of the skin during aging are described. The characteristics of the skin of different regions are clearly defined. The influence of sun's ultraviolet light is stressed as a factor of chronic damage of the skin of exposed areas. To some extent are reported the researches which are carried on in the Department of Dermatology, University of Pavia, on mucopolysaccharides and glycoprotein content and on enzyme alterations of the skin in normal and chronically sun damaged skin. Finally are briefly described the physiological and medical mechanisms of protection of the skin.

THE ROLE OF SKIN CHEMISTRY IN THE UNDERSTANDING OF DISEASE MECHANISMS

Stuttgen Gunter

Ind J Dermatol Venereol, 1965; 31: 91-97.

The article brings out:

1) The biochemical mediations between the structure and functions of the skin 2) Illustrates some disturbances in the skin

brought about by specific metabolic disorders such as phenyl ketonuria, Hartnup's disease, porphyrinuria and diabetes.

CLINICAL AND BIOLOGICAL ASPECTS OF THE SKIN AS A PART OF THE LYMPHORETICULAR SYSTEM

Serri F, Rabbiosi G and Bernasconi C

Ind J Dermatol Venereol, 1968; 34: 213-227.

The study of the skin, considered as lymphoreticular section provided with peculiar immunologic attitudes, which are easily explored because of their superficiality, present great interest both for the clinical and biological aspects. Such a study, in fact, allows the clinicians to obtain useful information in order to judge the diffusion of a systemic lymphoreticular disease in order to evaluate the degree of immunologic reactivity in different diseased situations, in order to interpret possible pathogenetic mechanism of an autoimmune disease, while they give to the biologists a simple and practical possibility for analysing the functionality of the lymphoreticular system.

PHYSIOLOGICAL FUNCTIONS OF THE SURFACE OF THE SKIN

Kleine-Natrop HE

Ind J Dermatol Venereol, 1967; 33: 165-173.

The so called dermal fat of the skin surface is on principle a mixture consisting of fat and water, of ether-soluble and watersoluble portions, that are derived from the horny layer and the keratinization as well as from sebum and sweat secretion. This mixture has the form of an emulsion. There is the possibility of the O-W emulsion and the W-O emulsion on principle. An W/O-emulsion participates decisively in the regulation of water and heat balance of the skin. Therefore the water balance and the regulation of heat can be influenced by changes of the emulsion film by means of dermatological externals, used in the local treatment. The control of the physicochemical properties- for instance the wettability and the spreading-reveals also in the case of an external homogenous emulsion film-as an

example: W/O emulsion on the non-evident sweating skin-topographical and individual specialities. These specialities can be reproduced in such a regularity, that you are inclined to regard these individual specialities as fixed within the type; this is done by the clinical usage with the type of the seborrhoeic and the sebostatic.

STUDY OF SOCIO-MORBID PATTERN AT THE SKIN OUTPATIENT DEPARTMENT OF A TEACHING HOSPITAL IN SUMMER AND WINTER SEASONS

Gupta RN, Jain VC and Chandra R

Ind J Dermatol Venereol, 1968; 34: 241-244.

This study showed that the attendance of the patients, at the dermatological clinic fell in the winter and this seasonal difference was statistically highly significant. Similarly the sex difference in patients in the two seasons is highly significant. Over 5% of cases were of pediatric age group, a fact which emphasizes the need for dermatological care in children. There were more male patients in both the seasons and the percentage of muslim patients was disproportionately higher in comparison to the religion distribution in general population, as shown by census figures. Percentage of scabies cases did not show any marked seasonal difference, but furunculosis and impetigo were much more common in summer than in winter. As against this, cases of seborrhoea and dermatitis were more common in winter than in summer.

PATTERNS OF SOLUBLE PROTEINS IN CUTANEOUS SCALES

Singh Ratan, Kandhari KC and Pasricha JS

Ind J Dermatol Venereol, 1969; 35: 41-44.

A quantitative study on soluble proteins of scale of psoriasis, exfoliative dermatitis, callus and keratoderma was undertaken. The proteins were extracted in 0.05 M borate buffer PH 9.4 by homogenisation. On paper electrophoresis, most of extracts gave 3 bands (labelled A, B & C). Some samples produced only 2 bands and a few others produced 4 bands.

Each disease produced somewhat

characteristic patterns. Psoriasis was characterised by a high level of total soluble proteins, with fraction "B" constituting almost half of the total. Two cases of exfoliative dermatitis due to psoriatic aetiology also showed the psoriatic pattern, while those of non-psoriatic origin showed a significantly low total protein content. The differential protein pattern however, resembled that of psoriasis. The pattern of callus and keratoderma consisted of a low total soluble protein with fractions 'A' being present in equal proportions. Fraction 'C' constituted only one fifth of the total protein.

CLASSIFICATION OF INHERITED DISORDERS OF SKIN

Koticha KK

Ind J Dermatol Venereol, 1969; 35: 83-92.

Genetics is a fundamental biological discipline essential for understanding of other biological sciences. Details of the history of genetics, various definitions, physical basis and patterns of inheritance, molecular composition of genes and chromosomal types are mentioned. Improvement of the human race by selective breeding and prevention of reproduction by the unfit (Eugenics) and genetic counselling is discussed. Inherited dermatological disorders have been classified and listed.

SOME ASPECTS OF SKIN DISEASES AND DIABETES MELLITUS

Sehgal VN and Sanker P

Ind J Dermatol Venereol, 1965; 31: 264-269.

A review of the incidence of various dermatoses have been dealt with and effort has been made to unfold the possible mechanism involved in the causation of these conditions. A study of the influence of various factors common to diabetes, which predispose and "trigger" the skin manifestations have been made. This study, has also helped to explain the preventive role of insulin in the various dermatoses, as occurring in diabetes mellitus.

PATTERN OF SKIN DISEASES IN INDIA

Mehta TK

Ind J Dermatol Venereol, 1962; 28: 134-139.

The basic pattern of skin diseases as found from hospital record is the same as for diseases of any other system. This pattern accords with general ecologic situation prevailing in the country viz. poverty, social backwardness and illiteracy. Infections take a heavy toll to the extent of 39%. The role of improved economy and social conditions is emphasized as regards the eradication of infections. The skin and VD departments must have paramedical personnel to educate the public. Study of ecology enables one to retrospect and forecast economic, nutritional, social, environmental and to a less extent climate and geographical factors prevailing at a particular period of human existence.

PATTERN OF SKIN DISEASES IN KARACHI-PAKISTAN

Shaikh Nusrat Ali

Ind J Dermatol Venereol, 1962; 28: 143-145.

In Karachi we have a set pattern of dermatoses influenced considerably by the climatic condition of the city, and the socio-economic circumstances of its people. Diseases like impetigo, furunculosis and superficial fungus infections are common during the summer and scabies, seborrhoeic eruptions especially of scalp are common during the winter. The low incidence of cutaneous tuberculosis has been noted. Similarly very few cases of Tinea cruris in women have been seen by us.

PHYSICAL AND PHYSIOLOGICAL DISORDERS OF SKIN

Mehta TK

Ind J Dermatol Venereol, 1964; 30: 72-77.

The structure and function of the skin is outlined and details of physical disorders grouped as follows 1) Hypertrophies 2) Atrophies.

SERUM CHOLESTEROL IN SKIN DISEASES

Verma BS

Ind J Dermatol Venereol, 1966; 32: 1-4.

The serum cholesterol level of 240 patients suffering from different skin conditions has been studied and a statistical

comparison has been made with a normal control group. In majority of the skin disease, the serum cholesterol level was found to be significantly lower than in the normal group. In seborrhoeic dermatitis, however, no significant difference was found.

A PRELIMINARY REPORT ON ULTRASONIC THERAPY ON CERTAIN SKIN CONDITIONS

Rege VL, Vishwakarma GK and Belsare DR
Ind J Dermatol Venereol, 1969; 35: 162-165.

The effect of ultrasonic is reported in 16 cases suffering from various skin conditions e.g. neurodermatitis, psoriasis, warts, keratosis of the palms and dyskeratosis. Possible mechanism of the relief of signs and symptoms is discussed.

SPOROTRICHOSIS-A CASE REPORT

Nagabhushanam P

Ind J Dermatol Venereol, 1967; 33: 276-277.

A case of sporotrichosis was reported. Direct-smear does not show fungus, nor culture yielded fungus growth. Histologically it showed non-specific granuloma. It responded well for oral potassium iodide therapy.

MEDICAL STATISTICS IN DERMATO-VENEREOLOGY

Krishnamurthi N

Ind J Dermatol Venereol, 1962; 28: 184-186.

In this article emphasis has been laid on medical statistics as a public health tool in dermato-venereology.

STEATOCYSTOMA MULTIPLEX

Sarojini PA, Pasricha JS and Kandhari KC

Ind J Dermatol Venereol, 1970; 36: 51-52.

Four cases of steatocystoma multiplex occurring in a family are presented. Histologically, the tumours were lined by keratinizing epithelium containing apocrine glands, sebaceous and hair follicles. The view that these tumours are dermoid cysts is corroborated.

SUBCORNEAL PUSTULAR DERMATOSIS

Mathur NK, Pasricha JS and Kandhari KC

Ind J Dermatol Venereol, 1969; 35: 93-94.

A 27 year old male labourer with recurrent superficial pustular lesions on the trunk and proximal parts of extremities is reported. Histopathological picture was characteristic of subcorneal pustular dermatosis.

CLINICAL TRIAL OF FANASIL ROCHE (SULPHONAMIDE RO 4-4393) IN SKIN INFECTIONS

Sindhur CP, Chandrani Gopi and Shah CF

Ind J Dermatol Venereol, 1967; 33: 157-159.

Fifty five cases of various skin conditions were tried with once-a-week long acting sulphonamide, FANASIL. 43.6 percent got very good results and 47.3 percent showed moderate response. No side effects were observed with the exception of one patient who developed urticaria.

SULPHADIMETHOXINE IN SOME PYOGENIC DERMATOLOGICAL DISORDERS

Yawalkar SJ and Shah BK

Ind J Dermatol Venereol, 1963; 29: 61-64.

Although the domain of broad spectrum antibiotics is expanding with tremendous rapidity, there still remains a remarkably wide field for the use of a safe as well as an effective long acting sulfonamide like Madribon. Its excellent tolerance is of special value in making prolonged treatment of chronic and persistent pyogenic skin disorders possible and that too without hospitalization. In our series of 98 patients, it has given a cure rate of 72.7% while the failure rate was 27.3% only. On the grounds of our limited experience, Madribon can be recommended as an effective, safe and economical drug in the treatment of scabies with secondary bacterial infections, impetigo contagiosa, cellulitis, furunculosis, infectious eczematoid dermatitis and acne vulgaris of pustular type. It may also be used with success in erysipelas, hidradenitis suppurativa, eczematous and mycotic dermatoses with secondary pyogenic infections, dyshidrosis and rosacea. It can safely be used for prophylactic purpose during prolonged corticosteroid therapy. Madribon

can well be reckoned as a welcome addition to the todays therapeutic armamentarium.

NEOPLASMS OF THE SWEAT GLANDS

Rao K Venkateshwara and Reddy DJ

Ind J Dermatol Venereol, 1964; 30: 139-144.

The case reports emphasise the fact that it is often not possible to clinically recognise sweat gland tumours and that they are mistaken for cutaneous malignancy. Histological examination of excised cysts alone could reveal the true nature of the lesion.

CONDYLOMATA LATA INVOLVING FACE

Lal Sardari and Sulaiman Lebbai MSM

Ind J Dermatol Venereol, 1970; 36: 201-202.

Condyломата lata involving face are rarely observed. A case of secondary syphilis with wide spread condyломата involving face is reported.

A SHORT SYNOPSIS OF SALIENT FEATURES OF AIM AND RESULTS OF THE INQUIRY ON STUDY OF INCIDENCE AND RELATIONSHIP OF THE PRENATAL AND NEONATAL SYPHILIS AND RESULTS OF THE TREATMENT OF PENICILLIN AT VARIOUS STAGES

Gokhale BB

Ind J Dermatol Venereol, 1961; 27: 83-86.

Diagnosis of prenatal syphilis presents all problems of diagnosis of syphilis with the addition of pregnancy. During the course of our study we noticed that the visible clinical lesions were prominent by their absence. This may be due to the fact that most of the cases come to these clinics only at 28 weeks of gestation or after; or may be due to the suppressive effect of pregnancy on the course of the disease. Thus most of the cases had to be handled as 'latent cases'. This naturally shifted the diagnostic emphasis from clinical signs to obstetric history and the results of STS (Quantitative) and the results of STS of the spouse. It was thought worthwhile to err on safer side by treating all cases on these criteria as TPI test was not possible at this institution. Therefore it is quite likely that some of our cases may not be cases of syphilis. We could

not collect the samples of blood as frequently as desirable on account of wrong notions of the patients. Even after giving weightage to those points it is clear that the results of penicillin (alone) are beneficial to successful termination of pregnancy and birth of live healthy babies. Even the results of treatment given as late as 32 to 36 weeks of gestation are very encouraging.

SYPHILIS AND INFANCY

Rangiah PN

Ind J Dermatol Venereol, 1961; 27: 165-187.

T pallidum invades the developing human zygote of 16 weeks or older. Among untreated syphilitic pregnant women births of live, non-syphilitic infants approximated 18% while foetal deaths, prematurity or the number of live born that scarcely survived the rigors of early life and died in the neonatal period, besides a proportionately large crop of unfortunate infants that developed manifest syphilitic lesions subsequently at various age periods comprised the remaining 82%. If the pregnant syphilitic women were given the appropriate, timely and adequate treatment the outcome of pregnancies very nearly equalled the results obtainable in control cases. 1030 cases of congenital syphilis were reviewed 1) 46.02% were males and 53.98% females 2) Percentage of congenital syphilitics belonging to first, second, third and fourth para went down in descending order proportionately, finally dividing down to insignificant figures 3) A large majority of infants presented within the first 6 months of age 4) The serology of the congenital syphilitic infants was invariably higher in dilutions, than that of the mother while the fathers was lower nil reactive 5) An apparently normal prenatal syphilitic infant may exhibit signs of syphilis in a few weeks after birth 6) Lesions in order of frequency with number of cases affected given in brackets were of skin (733), skeleton (467), mucocutaneous (277), visceral (133), CNS (6) 7) There was no case in the latent congenital syphilitic group 8) True latency in adult acquired syphilis is indicated by a persistent positive sero-reactivity or a rise in titre in the

presence of active clinical manifestations 9) Hepatomegaly vis a vis splenomegaly was a more common finding. The routine treatment prescribed was 150,000 units or 1/2 millilitre of PAM in Oil given daily IM for 20 days.

SYPHILITIC JUXTA ARTICULAR NODES

Dhamdhare DV, Sukhija CL and Chopra SK
Ind J Dermatol Venereol, 1968; 34: 47-49.

A case of syphilitic juxta-articular node is reported. The patient had adequate treatment for syphilis about 10 years ago. The diagnosis cannot be established on the histological picture alone. Success of anti-syphilitic treatment in regressing the nodes, together with histological picture can establish the diagnosis of syphilis.

SYPHILITIC JUXTA ARTICULAR NODES

Ranganathan PS and Swamidasan G

Ind J Dermatol Venereol, 1967; 33: 97-100.

The cases of syphilitic juxta articular nodes seen in the Mens Venereal Diseases Clinic, Government Erskine Hospital, Madurai are reported. The literature regarding the subject is reviewed.

SYPHILITIC LEUCO-MELANODERMA-REPORT OF 3 CASES

Baswani BS, Bedi BMS and Garg BR

Ind J Dermatol Venereol, 1966; 32: 175-181.

Three cases of syphilitic leucomelanoderma are presented as rare cutaneous manifestation of syphilis and thus of great clinical interest. Whereas the first two cases represented late stage of syphilis the third case showed leucomelanoderma concomitant with florid secondary rash thus manifesting early syphilis. It is therefore likely that syphilitic leucomelanoderma may start in the early syphilis on the heels of secondary rash and may persist for many years subsequently as a manifestation of late syphilis.

POST LUMBAR PUNCTURE REACTIONS IN SYPHILITIC PATIENTS FROM A VD CLINIC

Bhargava NC, Narang SS and Rao M Seshagiri

Ind J Dermatol Venereol, 1964; 30: 185-190.

The analysis of the post lumbar puncture complications of 200 patients who were given CSF examination in the V D Training Centre during 1961-62 was presented in this paper. Important findings are as follows: The reactions are found to be severe, mild and nil in 16.5%, 28.5% and 55% of patients respectively. The common complications found were headache in 57.9%, giddiness and stiff neck in 17% patients. The complications are found to be more when more than one attempt was made. The complications are directly related to the abnormal CSF findings.

CLUTTON'S JOINTS - A CASE REPORT

Ramachander M and Saraladevi R

Ind J Dermatol Venereol, 1970; 36: 160-163.

A case of Clutton's joints is presented because of the rarity of the condition and the lack of reports in the Indian literature. The commonest joints involved are the knee joints. Very rarely other joint may be affected. The historical aspect, the incidence, age, clinical and the radiological features of Clutton's joints are described in detail. The interesting features of the case under review are: (1) The age of the patient is only 3 years and one month. This is the youngest patient on record as far as we could gather from the available literature. (2) In addition to the knee joints the elbow joints are also affected. 2. Treatment: (a) Antisyphilitic treatment (b) aspiration of the joints and injection of intra-articular cortisone. A combined treatment with PAM and intra-articular cortisone should be given a greater trial in Clutton's joints.

SYPHILITIC PERIPHERAL VASCULAR DISEASE

Ambady BM, Nair BKH and Varghese Roy

Ind J Dermatol Venereol, 1967; 33: 278-282.

A brief review of literature of peripheral vascular disease due to syphilis is given. A case of peripheral vascular disease due to syphilis is presented.

A SURVEY ON THE PREVALENCE OF SYPHILIS IN A RAILWAY COLONY, LUCKNOW

Kapoor OP and Prasad BG

Ind J Dermatol Venereol, 1964; 30: 19-33.

This study was carried out in the Charbag Railway colony of the Northern Railway at Lucknow in 1962. The colony had 1873 residential quarters having 1557 families. Out of a total of 1557 families in the colony, 1103 families or 71.1 percent were covered for a survey on the prevalence of syphilis, which comprised of 3702 members of whom 3441 or 92.9 percent were tested by VDRL slide test. The VDRL positive cases were subjected to Kahn's test and their history of the disease together with the clinical examination and precipitating factors were recorded. Out of 3441 persons surveyed, 123 were found to be positive with VDRL test on the first occasion, and 97 out of the 123 were positive with Kahn's test. By doing repeated VDRL test in 26 negative cases to Kahn's test 3 cases showed negativity to subsequent VDRL tests and gave recent history of diseases which give false positive reaction. These were excluded from the list of positive cases. Thus finally, 120 cases out of 3441 persons examined were found to be positive for syphilis giving a prevalence rate of 3.5%. The cases were further analysed on the basis of their age and sex, religion, occupation, earning status, socio-economic status, educational status, addiction especially to alcohol, precipitating circumstances etc. and the results have been discussed and tabulated accordingly. In the above analysis it was found that the prevalence of syphilis was highest in the age group of 50 to 54 years. it being 10.1 percent, followed by 25 to 44 years age group having a population of 1533 with 80 cases giving a prevalence of 5.2 percent. It was lowest in the age group 15 to 19 years and nil in 10 to 14 years age group. The factors involved have been discussed. In Christians the prevalence of syphilis was found to be highest (21.3 percent) and was lowest among Hindus (2.6 percent). In the occupational group the prevalence was highest among sweepers (21.0 percent) followed by RPF men and labour and works inspectors (12.5 percent), Khalasis (10.4 percent) and Train Drivers (8.3 percent). It was lowest in the students (0.1 percent) and nil in Administrative Class I and II officers.

Analysis according to socio-economic status showed the highest prevalence (16.9 percent) in the very poor (social class V).

Taking into consideration the educational status, the prevalence of syphilis was highest in illiterate group (5.9 percent and in the technically trained persons (5.0 percent). In other groups it was nearly half of these rates except those with University education where it was 4.2 percent. The prevalence of syphilis in relation to marital status has been discussed and presented. Highest prevalence was amongst the widowers (46.1 percent). Prevalence was highest among the married persons (4.3 percent) than the unmarried (1.8 percent). Among the addicts the prevalence rate was highest in 'Tari' (Toddy) and alcohol addicts (17.0 percent and 16.3 percent respectively). The prevalence was also studied in relation to type of treatment taken, the stage of the disease and the systemic involvement. The precipitating factors responsible for the disease, the source of infection and the effect of the disease on pregnancy have also been dealt.

SKELETAL MANIFESTATIONS IN EARLY ACQUIRED SYPHILIS

Datta AK

Ind J Dermatol Venereol, 1965; 31: 108-117.

Six percent of 300 secondary syphilitics had skeletal manifestations within 12 weeks of infection. About one third had bone complaint, half of joints and rest of both. Typical bone pain was present in about one fourth of the cases. Of 18, 8 had tenderness of bones, 10 of joints and 2 had hydrarthrosis. One had acute osteoperiostitis left ulna, left radius and right tibia. Thirteen had rash and 10 lymphadenopathy. Response to penicillin therapy was excellent.

SKELETAL MANIFESTATIONS OF LATE SYPHILIS

Datta AK, Mitra BL and Ghosh Sourin

Ind J Dermatol Venereol, 1965; 31: 118-130.

The present study includes 88 cases with skeletal manifestations of late Syphilis. Incidence seems to be lower than what was

reported before. In 19 mode of infection could not be determined. 66% were between 11 and 30 years and 48% were labourers. Three fourth of the acquired group and one third of congenital group had positive anamnesis. Definite history of trauma was present in only 4. Eight (26%) of the acquired group had incomplete treatment. Average duration of infection was 15.5 and 14.5 years in acquired and congenital groups respectively. Duration of complaints was less than one year in about 45% of cases. Pain (23%) and swelling (24%) were the two most common complaints. 60% of congenitals and 26% of acquired group showed collateral evidences. Nose was involved in 41%, hard palate in 24%, left tibia in 20% and right tibia in 17%. Involvement of long bones of the extremities were fairly common. Of the joints, involvement of knees, ankles or both were only observed. About 92% had gummatous osteoperiostitis. Blood VDRL was negative in 9%. CSF in 8 out of 25 examined was abnormal. Most of the cases X-rayed showed radiological findings in favour of syphilis. Treatment was complete in about 82% and satisfactory result was obtained in about 55% cases.

EVALUATION OF RMT & VDRL TESTS CARRIED OUT SIMULTANEOUSLY IN 1594 CASES

Nadkarni MS and Daruvala BA

Ind J Dermatol Venereol, 1962; 28: 80-86.

Simultaneous testing of 1594 sera of patients in different stages of syphilis has shown that in 1444 i.e. 90.4 % cases both the tests were positive. The remaining 152 i.e. 9.5 % cases which have presented serological discord has shown greater positivity rate with the VDRL tests. This relationship has been maintained uniformly in all stages of syphilis. The unsuitability of RM Test is pointed out. Certain significant observations from the present series have been included. VDRL test has rendered a good account of itself and is recommended as the test of choice, particularly when only one test is employed for the diagnosis of syphilis.

REITER PROTEIN COMPLEMENT FIXA-

TION (RPCF) TEST FOR SYPHILIS

Chacko CW and Yogeswari L

Ind J Dermatol Venereol, 1965; 31: 187-204.

In this study the RPCF test, employing a specific protein antigenic fraction from the cultivable, non-pathogenic Reiter treponemes, has been evaluated and found to be relatively more "specific" than the VDRL test using the non-treponemal Cardioliipin antigen, in the diagnosis of Syphilis. It has been seen to have satisfactory "sensitivity" too even though found to be less so, than the VDRL test. These results confirm more or less in India, the findings of previous investigators in this field abroad, which has been reviewed and discussed. Therefore, the RPCF test for Syphilis is considered to be a useful diagnostic test to be introduced as supplementary to the routine VDRL test to verify and confirm the "false positive reactions" obtainable in India. It has been found to be particularly helpful in the interpretation of the significance of the reactions of the VDRL test "in low titre" that is a problem in its routine use. It is possible to prepare the specific protein antigen from the easily cultivable and available Reiter treponemes according to the standard methods described. It may be manufactured in this country conveniently at the Govt's Special Antigen Production Unit of Calcutta, along with the Cardioliipin Antigen for the VDRL test, at comparable cost and made available to all interested, in a more effective diagnosis and control of syphilis in India.

SEROLOGICAL TESTS FOR SYPHILIS

Narang SS, Bhargava NC and Rao M Seshagiri

Ind J Dermatol Venereol, 1963; 29: 97-104.

The analysis of the results of 35145 Serological Tests for syphilis done in the Laboratory of the VD Training Centre, Safdarjang Hospital at New Delhi during 1958-61 was made bringing out the following findings: A sero-reactivity rate of 6.1 % to all tests and 7.2 % as partial reactors (reactive or doubtful in any) in the total sera have been observed. 22.8 % sera were reactive from the sera received from the VD Training Centre of

the Safdarjang Hospital. A reactive rate of 8.5 % was observed among the patients referred from Hospitals in New Delhi. 5.5 % sera were found to be reactive from the people referred by CGHS Dispensaries. The ante-natal sero reactivity rate was 2.6 %. Of the three tests; VDRL is the most sensitive, Kahn is the least sensitive and Meinicke in between the two.

COMPARATIVE VALUE OF THE SEROLOGICAL TESTS USING SPECIFIC TREPONEMAL ANTIGENS IN THE DIAGNOSIS OF SYPHILIS

Chacko CW and Yogeswari L

Ind J Dermatol Venereol, 1967; 33: 213-235.

In this study of the comparative value of serologic tests for syphilis the TPI test using the virulent live *T pallidum* as its specific antigen, has been observed to be less reactive or "less sensitive" than the "VDRL slide test" using the non-treponemal Cardiolipin antigen in "early stage of Syphilis". The sensitivity of the TPI test was found to improve to the ideal 100 percent in late stage of syphilis in which the serologic tests for syphilis have the greatest diagnostic value. In non-syphilitic conditions, the non-reactivity or the "specificity" of the TPI test was also found to be 100 percent in contrast to that of the VDRL test. Therefore the TPI test is considered as the ideal test to be made available in the sero-diagnosis of syphilis. But its technique is too difficult and costly to be established as a routine diagnostic test in all laboratories. However it can be performed in a Central or regional reference laboratory in India at least as a "supplementary reference verification test" by a modified technique of it successfully tried in this study.

The FTA test for syphilis also using specific virulent *T pallidum* antigen seemed in this study to be technically easier to be performed than the TPI test, provided the "fluorescent microscope" is made available in India. It can be performed as a specific verification test, with possibilities of improving both its sensitivity and specificity as an alternative to the TPI test.

The RPCF test for syphilis also using a treponemal antigen, has been observed to be

more easy to be established with its still easier technique and inexpensive reagents. Its sensitivity and specificity have been found to be valuable, so that it may be conveniently established in most bacteriologic laboratories in lieu of the TPI and FTA test, as a supplementary test to the VDRL test. None of the treponemal antigen tests for syphilis may yet be established in India as the single routine diagnostic test for syphilis. The VDRL test would need to be continued as the routine diagnostic test, to be supplemented by one or the other of the 3 treponemal antigen tests evaluated in the study according to the laboratory facilities that may be mobilized for this. The results of all serologic tests for syphilis, would need to be correlated with clinical findings and interpreted with reference to their technique and the antigen used.

EVALUATION OF SEROLOGIC TESTS FOR SYPHILIS USING DROPS OF BLOOD FROM PUNCTURE OF THE FINGER

Chacko CW and Gopalan KN

Ind J Dermatol Venereol, 1970; 36: 105-118.

The RPR Card test for syphilis performed on the spot on the samples of blood taken from puncture of the finger from a rural population in West Bengal was found reactive in 77.7 per cent of 202 cases. This was in striking contrast to 6 percent reaction obtained in the FTA 100 Rondelle-test for syphilis performed on the same samples of blood at Madras. Such significant difference in the reactivity rates of the 2 tests for syphilis in the absence of any clinical or epidemiologic evidence of syphilis or other treponematoses in the cases involved, suggested undesirable frequency of false-positive reactions, in the use of the RPR test in that survey with it. On re-evaluation of the RPR test under better controlled conditions in the Central VD Reference laboratory at Madras, it was found that results of the RPR test, compared well with that of FTA 100, FTA ABS, and the VDRL tests for syphilis, with only slight tendency to be more sensitive. This tendency seemed to have been magnified by the

technical faults when the RPR test was apparently performed on the spot under field-conditions in West Bengal by inexperienced technical personnel without adequate control, resulting in high frequency of the technical false, rather than the biologic false positive reactions for syphilis. The Brewer diagnostic kit for RPR card test for syphilis available commercially in USA has been found to be simple, very convenient and useful to screen population groups for treponematoses. But it has to be performed with care by experienced technicians and its results are to be interpreted with caution.

SAMPLING OF BLOOD FROM FINGER-PUNCTURE IN BLOTTING PAPER DISCS (RONDELLES) FOR FLUORESCENT TREPONEMAL ANTIBODY (FTA) TESTS FOR TREPONEMATOSES

Chacko CW and Gopalan KN

Ind J Dermatol Venereol, 1970; 36: 135-142.

Satisfactory, specific and sensitive diagnostic value of the FTA test for syphilis has been more or less confirmed in this study. In further experiments made with the procedure, it was found that blood sampling in 6 mm Canson blotting - paper discs requiring about 2 drops of blood from finger-puncture, gave results comparable to blood sampling in the standard larger 15 mm diameter discs requiring about 6 drops of blood, on parallel testing of the eluents of dried blood with FTA test for syphilis. Therefore, finger puncture sampling of blood using the 6 mm Canson blotting paper discs is recommended as a more economical and convenient method, particularly in children in specific serologic screening of population groups for treponematoses.

SPINAL FLUID IN ACQUIRED EARLY SYPHILIS

Datta AK

Ind J Dermatol Venereol, 1968; 34: 18-20.

Study was done in 100 untreated and uncomplicated male cases of early acquired syphilis. Of them 10 were primary 70 were secondary and 20 early latent syphilitics. None

of the 10 primary cases showed any abnormality, 21 of the secondary and 3 of the early latent cases showed abnormalities. Colloid gold test and attempt to detect treponema pallidum in spinal fluid were not done due to lack of facilities.

TROPENEMA PALLIDUM IMMUNE ADHERENCE (TPIA) TEST FOR SYPHILIS

Chacko CW and Yogeswari L

Ind J Dermatol Venereol, 1964; 30: 1-15.

The TPIA test for syphilis employing a specific virulent T pallidum antigen, was evaluated in this study, with reference to its comparative value, with the standard of VDRL tests for syphilis, in the specific diagnosis of syphilis. It has been shown to have a satisfactory "sensitivity" of 93.5 percent against 92.4 percent for the standard VDRL test for syphilis in 291 cases of Syphilis. The TPIA test produced 100 percent specificity in 116 normal cases but then the VDRL test too had the same degree of specificity in this group. In non-syphilitic diseases of various categories, the TPIA test had shown only 85.9 percent specificity in 558 cases but showed an apparent advantage of the VDRL test with 79.8 percent "specificity" in the same group. Evidence has been given from the reports of earlier workers and to a very limited extent from this study that the TPIA test has tendency to follow more closely the serological reaction of the known specific TPI test for Syphilis rather than that the currently used standard tests. A list has been given of non-syphilitic diseases in which it had been possible to verify with the TPIA test, whether the sero-reaction obtained with the VDRL test has been true or biological false positive for Syphilis. The TPIA test has been found to be technically easier to perform than the TPI test and yet it has been found to have limitations and draw-backs so that it may not be used as a routine test in the specific diagnosis of syphilis in all laboratories. It may be applied as a reference test for Syphilis to verify whether the sero-reaction obtained with the current standard test is true or false. The various aspects of the TPIA test have been discussed.

A CASE OF SECONDARY SYPHILIS WITH IRIDOCYCLITIS TREATED WITH LEDERMYCIN

Vimla Bai K and Dhananjay Lakshmi

Ind J Dermatol Venereol, 1969; 35: 264-268.

Syphilitic affections of the eye are discussed. A case of syphilitic iridocyclitis with secondary skin rash is presented. Treatment with ledermycin as an alternative to penicillin is discussed.

PRIMARY SYPHILIS TREATED WITH METRONIDAZOLE

Ramchander M , Rao S Koteswara, Devi Sarala M and Rao C Prabhakar

Ind J Dermatol Venereol, 1968; 34: 245-256.

A case of dark field positive primary syphilis was treated with high dosage of Metronidazole with healing of lesion and the disappearance of treponemes.

NEUROSYPHILIS

Datta AK and Mitra BL

Ind J Dermatol Venereol, 1969; 35: 1-10.

Clinic incidence of neurosyphilis was found in about 5 percent cases of late syphilis during 1960-67. Not a single clinical early neurosyphilis was admitted during the above study period. Four were asymptomatic and 157 were symptomatic neurosyphilis. Three of 161 were late congenital syphilitic. Parenchymatous involvement was markedly predominant (75 percent) so also the cerebral (60 percent) than spinal (38.2 percent). Duration of infection at the time of diagnosis was shortest (7.5 years) in meningeal and longest (17.6 years) in amyotrophy and retinochoroiditis. Inadequate treatment failed to protect from developing neurosyphilis. Reactive blood serology was found in all except one. Reactive spinal fluid was found in 41 (27 percent) out of 153 examined. Not a single case of reactive spinal fluid and non reactive blood was found. Satisfactory result with treatment was obtained in 12 only out of 150 treated. Maximum improvement was noted in the meningeal group and nil in advance cases of optic atrophy. Penicillin with steroid was considered better than penicillin

alone in cases with symptoms of recent onset and in cases with highly abnormal spinal fluid.

FOLLOW UP OF TREATMENT OF NEUROSYPHILIS

Subramanyam NA

Ind J Dermatol Venereol, 1962; 28: 70-79.

Observation during the period of surveillance of the effects of penicillin and bismuth therapy in late syphilis with neuro-axis involvement and critical study and analysis of two groups of cases of neuro-axis involvement have been presented. Interpretation of progress in treatment and therapeutic efficacy have been made by (a) clinical analysis in the pre and post treatment phase in the first group of 51 cases and by (b) a CSF syndrome study in 250 cases of neuro-axis involvement by a serial examination of the CSF from the pretreatment period to and during the post treatment phase of varying periods of 'Zone Level days, up to 900 days in many cases. The limitations in judging the therapeutic efficacy and progress in treatment solely by clinical evaluation in neuro-syphilis and the importance of CSF serial study forming the most substantive basis as a precise and definite indicator to estimate and determine the progress of treatment and capable of accurate interpretation to evaluate up to the extreme degree has been brought out. Treatment schedule was 9.6 MU of penicillin and 3 courses of bismuth of 10 injection of 0.2 Grams each. Total of 6 Grams and the findings represent the results achieved from a combined therapy schedule. Treatment results in terms of improvement in clinical manifestations and of achievement of CSF normality have been indicated as diagrammatic and graphic representations. In the CSF findings 83.5 % became normal by the third zone going up to 93.6 % by the 9th zone of observation period. The importance of bismuth in combination with penicillin in treatment of late syphilis has been brought out although no comparative control study without has been carried out. Results achieved from a combined therapy schedule appear to be

highly satisfactory.

A CASE OF CHLORAMPHENICOL RESISTANT PRIMARY SYPHILIS TREATED WITH PENICILLIN

Roy RN and Ghosh Sourin

Ind J Dermatol Venereol, 1964; 30: 171-174.

A primary syphilis patient was treated with oral chloromycetin therapy at a dose of 2 capsules 4 hourly for 16 days i.e. total 192 capsules or 48 gms. His original serological titre was VDRL 1:64 and WR 1:160 dil. MKR Positive Kahn + + +, DG, Tp + +. After therapy his titre declined to VDRL 1:8 dil within 11 weeks but since then it was at this level for 28 weeks. He had no history of reinfection during follow up period. Then he was given penicillin at a rate of 1 lac 4 hourly for 15 days i.e. total 90 lacs. After penicillin therapy within 12 weeks his serum was negative of all serological tests done.

SYRINGOMA

Marquis L and Mehta TK

Ind J Dermatol Venereol, 1967; 33: 201-204.

A clinico-histological case of syringoma in a male patient of 37 years is reported. Unusual is the late development of lesions at the age of 32 years, as opposed to the frequent occurrence at puberty. The histological picture was that of syringoma, however there was no evidence of trichoepithelioma, though the simultaneous occurrence of syringoma and trichoepithelioma has been reported.

SCLERODERMA

Saxena KN, Kishore Brij, Hazra DK, Seth HC and Mathur R

Ind J Dermatol Venereol, 1969; 35: 253-254.

An unusual case of scleroderma who presented with autoamputation of digit, and had been earlier mistaken for leprosy is

described.

SCLERODERMA (ANALYSIS OF 14 CASES)

Sadana SR and Sarin RC

Ind J Dermatol Venereol, 1968; 34: 5-8.

Fourteen cases of scleroderma have been analysed. All were of acrosclerotic type. Skin was involved in all the cases. Oesophagus on barium swallow study revealed aperistalsis and dilatation in four cases. Pulmonary changes were observed in three cases.

THE NATURAL HISTORY OF PROGRESSIVE SYSTEMIC SCLEROSIS (DIFFUSE SCLERODERMA)

Rodnan GP

Ind J Dermatol Venereol, 1965; 31: 148-156.

Diffuse scleroderma is now recognised to be a widespread disturbance of connective tissue, which in addition to characteristic involvement of skin (scleroderma) is marked by change in the synovium and a number of internal organs, particularly the heart, lung, gastrointestinal tract and kidney. The report is devoted to a description of the clinical course of this disease and is based on a study of 100 patients who have been observed by the author over the past 9 years. It seems that nearly all patients with scleroderma if followed for a long enough period of time will develop evidence of visceral sclerosis. In general the outlook is poor in those cases marked by rapid progression of dermal disease, severe malabsorption or cardiac failure, and is seemingly uniformly fatal, at this time, in those patients who develop renal involvement. In many cases, however disability incident to systemic involvement may be only moderate in degree and not necessarily threatening to life.

CLINICAL EVALUATION OF TAVEGYL (HS5920) IN SKIN DISORDERS

Yawalkar SJ, Jhaveri U, Maniar SH and Mardhkar BV

Ind J Dermatol Venereol, 1969; 35: 31-34.

In a controlled comparative study, the antihistaminic Tavegyl was found to have good antipruritic effect. In this series of 38 patients, the clinical response was good in 17 cases and fair in 16 cases. Only in 5 cases were the results poor. Tavegyl was very well tolerated and no adverse effects or toxic reactions were observed in this series. Tavegyl is no doubt a valuable addition to the available antihistaminics with potent antihistaminic effect. It is especially effective in cases of eczematous dermatoses, superficial fungus infections with secondary eczematization, neurodermatitis, urticaria, angioneurotic oedema and essential pruritus.

TOXIC EPIDERMAL NECROLYSIS

Bhaktaviziam C, Mathai R and Mammen A

Ind J Dermatol Venereol, 1969; 35: 244-246.

In summary, toxic epidermal necrolysis is a distinct clinical entity which shows skin with large areas of black discoloration and peeling and mucosa with severe ulceration. Histologically epidermal necrosis and haemorrhage are its characteristic features. This entity is probably an extreme variety of Steven Johnson-Syndrome. Steroid therapy is found to be useful in this condition.

TOXIC EPIDERMAL NECROLYSIS IN A PATIENT WITH PULMONARY TUBERCULOSIS

Velou A and Selvaradja N

Ind J Dermatol Venereol, 1968; 34: 248-251.

A fatal case of toxic epidermal necrolysis in a patient with pulmonary tuberculosis is reported. Actiology and management of the condition is briefly discussed.

THE PHYSICIAN AND TRAFFIC SAFETY

Garrison JR

Ind J Dermatol Venereol, 1964; 30: 240-245.

The following suggestions are worthy of immediate exploration and development;

That the physician advise all seriously handicapped and unqualified patients to discontinue driving. That personal attention to individual driving skill be given by all physicians, not only to set an example of leadership by professional groups but also to sustain the individual physician's interest in the problem. That increased educational activities and publicity on the medical aspects of safe driving be conducted by medical associations. That study be given to the pros and cons of required reporting of certain types of diseases and conditions by physicians and agreement reached on final recommendations. That the topic of traffic safety continue to be placed on the agenda of medical meetings to create and sustain the interest of an ever-growing number of physicians who must contend with the problem of repairing and treating accident victims.

A NOTE ON OBSERVATIONS ON THE MAINTENANCE OF NICHOL'S STRAIN OF TREPONEMA PALLIDA IN RABBITS

Mungale MD

Ind J Dermatol Venereol, 1961; 27: 79-82.

The standard serological tests STS though very useful have not been either sufficiently sensitive or specific to meet the clinicians requirements. By carrying out specific tests like TPT, TPIA, TPA, which use specific antigen of treponemal origin it is possible to exclude the biological false positive cases. One of the laboratory needs for such tests is to establish and maintain the Nichol's strain being prepared. Observations of the author on such maintenance of treponemal strain are noted.

TRICHOEPITHELIOMA

Mehta TK and Marquis L

Ind J Dermatol Venereol, 1969; 35: 150-153.

The clinico-histological picture of two cases is reported. Case I presented the typical histological pattern of trichopithelioma. Noteworthy factor being the appearance of the lesions at the age of 34 years as opposed to the commonly seen occurrence at or round about puberty. Case II - presented the combined

characteristics of both trichoepithelioma and basal cell epithelioma. However, in view of the nature of the solitary lesion, occurring at the age of 70 years and the histological evidence relatively of larger areas showing the appearance of basal cell epithelioma and fewer horn cysts, abortive hair papillae and hair shafts, the lesion was regarded as a keratotic basal cell epithelioma.

TRICHOMONIASIS

Rama Ayyangar MC

Ind J Dermatol Venereol, 1966; 32: 121-131.

Trichomonas is considered to cause a non gonococcal urethritis. Details of their affection in men, women, sexual partners, epidemiological aspects, pathology, mode of infestation and transmission, clinical manifestations in both sexes, laboratory diagnosis, differential possibilities and treatment is given. A short account of metronidazole (Flagyl) in trichomoniasis is included.

VALUE OF FLAGYL IN THE TREATMENT OF TRICHOMONIASIS

Narang SS, Bhargava NC and Chohan BK et al

Ind J Dermatol Venereol, 1964; 30: 149-159.

180 patients consisting of 25 males and 155 females all of Trichomonal infections were administered Flagyl 200 mgm orally three times a day for seven days. All cases were thoroughly investigated and established for TV infections. 3.3% of the patients showed immediate failure of treatment. Of 80 patients that were followed up for 3 months Flagyl was effective in 91.3% of cases. No toxic effect of the drug was observed and this study proved the high efficacy of the drug. TV was not seen in smear in 18 cases but was detected by culture. Thus in 12% of cases the diagnosis would have been missed had culture not been present in the routine smear. This might be pure chance. Culture is thus a superior method and should be done as a routine in all clinics dealing with such cases. This study also proved the importance of examination and treating sexual contacts. The high percentage of

successful results might have also been due to the above. Majority of the patients were married and in the age group 18 to 35 years. Positive serology was present in 16 percent of male patients and 20.6 percent of female patients. Gonorrhoea was diagnosed in 8 percent of the male patients and 3.2 percent of the female patients.

TRICHOSTASIS SPINULOSA

Hajini GH, Pasricha JS and Kandhari KC

Ind J Dermatol Venereol, 1969; 35: 95-96.

A case of Trichostasis spinulosa in a 21 year old female patient involving both cheeks and nose is reported. It is suggested that this condition is caused by lack of shedding of the lanugo hairs at the end of the hair cycle.

ANTI PRURITIC EFFECT OF TRIMEPRAZINE TARTRATE APART FROM ITS SEDATIVE ACTION

Mulay DN, Mehta JS and Ahuja BB

Ind J Dermatol Venereol, 1967; 33: 293-296.

Study comprised of 79 cases of lichen simplex chronicus to assess the antipruritic effect of Vallergan. It is observed that trimeprazine tartrate (Vallergan) has a specific antipruritic effect apart from its central sedative action.

VALLERGAN AN ADJUVANT IN THE MANAGEMENT OF ITCHING DERMATOSES

Dhariwala Tansukh Raj

Ind J Dermatol Venereol, 1970; 36: 100-104.

Eighty four patients with different dermatological conditions presenting with pruritus as their main symptom were given vallergan in order to determine the efficacy of this product as an antipruritic agent. It is observed that trimeprazine tartrate (Vallergan) has a specific antipruritic effect and is beneficial as an adjuvant medication in the treatment of different dermatological conditions associated with pruritus. It enables better management of the skin conditions. Trimeprazine is of additional value in as much as it restores the normal sleep pattern and is of further value in those cases in whom the itching is associated with or appears to be accentuated

by emotional stress or nervous tension.

LUPUS VULGARIS OF THIGH AND VULVA

Rao C Mallikharjuna and Patnaik R

Ind J Dermatol Venereol, 1965; 31: 131-132.

A case of lupus vulgaris of the thigh and vulva with pseudo- elephantiasis of vulva in an Hindu girl is reported.

PSEUDO-ELEPHANTIASIS OF VULVA OF TUBERCULOUS AETIOLOGY

Shah BH and Shah DM

Ind J Dermatol Venereol, 1968; 34: 245-247.

A rare case of pseudo-elephantiasis of vulva in a young married female of child bearing age is reported. She responded very well and quickly to anti-Koch's line of treatment.

TUBERCULOUS ULCER ON GLANS PENIS - A CASE NOTE

Datta Ajit Kumar, Ghosh Ramprosad and Ghosh Sourin

Ind J Dermatol Venereol, 1962; 28: 180-183.

On examination of the genitals an irregular ulcer on the dorsum of glans penis, edge undermined, floor covered with greyish slough, slight tenderness with induration. The sore did not bleed easily. Two small circular ulcers with undermined edges on the ventral aspect of glans penis one on each side. Histopathology was suggestive of tuberculosis and the ulcers healed on INH and PAS therapy.

TUBERCULOUS ULCER GLANS PENIS - A CASE NOTE

Ghosh Ramprosad, Dutta Ajit K and Ghosh Sourin

Ind J Dermatol Venereol, 1963; 29: 171.

A case of tuberculous ulcer glans penis with lupus vulgaris is reported. The patient responded well to streptodihydro-streptomycin and INH combination.

"TUBERCULODERMA" A BRIEF REVIEW TOGETHER WITH STATISTICAL ANALYSIS AND OBSERVATIONS

Satyanarayana BV

Ind J Dermatol Venereol, 1963; 29: 25-42.

A brief review of the tuberculosis of the skin with regard to classification, pathogenesis and bacteriology is made. A statistical analysis of the hospital records for 8 years comprising of 336 cases is made and various aspects discussed. It is shown that although skin tuberculosis is rare in the tropics, it forms a fairly a good proportion of the non-pulmonary tuberculous affections. The need to spot primary foci of tuberculosis which account for the cutaneous lesions is emphasized. It is shown that in the inoculation type of tuberculosis trauma is most often the predisposing factor. The study exemplifies the fact that face is not the common site of affection in lupus vulgaris in the tropics. The poor results of local treatment are completely transformed when intra-lesional injections of INH are given along with the other forms of treatment.

SHAPE OF THE NAIL IN TUBERCULOSIS

Purohit GL and Chhatrapati DN

Ind J Dermatol Venereol, 1968; 34: 179-185.

The shape of the nail was measured in 35 male and 35 female patients suffering from tuberculosis. The length of the nail was more and the breadth was less as compared with the normal while the L:B ratio were less than normal. The shape of the nail is cylindrical when compared with the normal. Majority of the patients were from the square and broad 1 group.

TREATMENT OF CUTANEOUS TUBERCULOSIS WITH ISONICOTINIC ACID HYDRAZIDE EXCLUSIVELY

Joy MI and Gopinathan T

Ind J Dermatol Venereol, 1967; 33: 181-184.

A simple form of treatment of cutaneous tuberculosis is presented in this interim report. We are impressed with the initial success. INH therapy is economical and comparatively free from side effects. We agree that this is a small series with short term follow up. Final assessment requires larger series and long term study. To our knowledge this is the first report using INH exclusively in the cutaneous tuberculosis from India.

TREATMENT OF LUPUS VULGARIS WITH DIETHYL DITHIO LISOPHTHALATE (ETISUL)

Gokhale BB and Pal VR

Ind J Dermatol Venereol, 1964; 30: 55-59.

Ten cases of various clinical types of lupus vulgaris have been treated with 'Etisul' 3-5 grammes applied locally in to the lesions, as an inunction twice a day for a period of 12-16 weeks. The overall results have been satisfactory. A local inunction of this anti-tubercular agent (ethyl thiol ester derivative) is a new approach in the therapy of lupus vulgaris, but further detailed studies are needed before any final conclusions are drawn. Our own trials with the agent in liquid form are continuing.

TUBEROUS SCLEROSIS (A case report)

Mathur MP and Saxena HC

Ind J Dermatol Venereol, 1964; 30: 254-259.

A typical case of tuberous sclerosis is reported. Out of three symptoms of "Epiloia" i.e. adenoma sebaceum, mental deficiency and epilepsy, our case had only the first two. Associated with these lesions, patient had pigmentary disturbance in the form of

vitiliginous patches and areas of freckling.
ADENOMA SEBACEUM-REVIEW OF LITERATURE AND A CASE REPORT

Nagabhushanam P and Suryanarayana Rao B

Ind J Dermatol Venereol 1967, 33: 283-286.

A review of adenoma-sebaceum with a case-report in a boy of 10 years is given who attended out-patient only for facial lesions. Our routine investigations showed calcified spots in skull X-ray and tumours of retina. Neither there is history of convulsions in the child, nor any familial history of similar incidence. His mental condition is normal to his age.

CUTANEOUS MANIFESTATIONS OF TUBEROUS SCLEROSIS

Sehgal VN and Sehgal N

Ind J Dermatol Venereol, 1969; 35: 198-199.

A case of tuberous sclerosis (Pringle) demonstrating cutaneous manifestation of adenoma sebaceum, skin tags and shagreen patches along with histological and radiological features is reported in a twenty year old female.

SEASONAL LEG ULCER**Shah Arunkant C, Shah KC and Shah PC****Ind J Dermatol Venereol, 1966; 32: 54-55.**

A peculiar association of high frequency of leg ulcers with monsoon season has been discussed here. We have tried to explain the pathogenesis of this higher seasonal incidence.

AN UNUSUAL CASE OF URETHRITIS DUE TO FOREIGN BODY (In male)**Datta AK, Ghosh SK and Roy NK****Ind J Dermatol Venereol, 1964; 30 260- 261.**

A case of urethritis due to an unusual foreign body (half burnt bidi) in urethra is reported.

NON-GONOCOCCAL URETHRITIS**Nadkarni MS, Fernandez GR, Joshi BN et al****Ind J Dermatol Venereol, 1963; 29: 220-224.**

A review of 25 cases of non-gonococcal urethritis has shown that this disease is very common during the active decades of life. *Staphylococcus pyogenes* has been the predominating organism responsible for urethral discharge of non specific nature. The antibiotic sensitivity studies have revealed chloramphenicol as the antibiotic of choice for therapy.

NON SPECIFIC URETHRITIS**Ambady BM****Ind J Dermatol Venereol, 1965; 31: 211-215.**

It is now well recognized that a considerable proportion of urethritis is not due to gonococcus (NGU), but due to various other causes viz. 1) bacterial infection 2) virus infection 3) protozoal 4) mycotic infection 5) due to new growth 6) general cachectic diseases 7) infection of the accessory canals of the urethra 8) due to mechanical, thermal or chemical lesion 9) due to non venereal stricture of urethra 10) reflex urethral discharge due to skin infections 11) due to physiological conditions like excessive coitus or masturbation 12) due to chronic alcoholism 13) chronic infections of prostate. The

treatment advocated in NGU is a combination of streptomycin and sulphonamides for a period of three to five days. Other drugs used are flagyl, tetracycline and chloramphenicol. It is always better and advisable to avoid urethral irrigation and instillation into the urethra.

SUPRONAL IN ACUTE AND CHRONIC URETHRITIS**Fernandez GR****Ind J Dermatol Venereol, 1965; 31: 72-74.**

Ninety three patients were treated for urethritis with Bayer's Supronal tablets. The patients were all VDRL Negative. Among the 93 cases treated, there were 33 cases of gonococcal urethritis, all responded excellently to the treatment. 60 cases were treated for chronic non-gonococcal urethritis; 42 of these responded very well to the treatment, but 18 cases proved to be refractory to the drug.

THE MYSTERY AND MIRACLE THAT IS URINE**Rajam RV****Ind J Dermatol Venereol, 1963; 29: 164-170.**

Urine is a weak, detergent by virtue of its urea-content and this property is greatly enhanced when it is allowed to undergo bacterial fermentation. Such fermented urine has been used since time immemorial as a soap.

The alchemist has long used urine in their search for the philosopher's stone. They prepared the volatile salt 'Sal ammoniac' for medicinal use by the dry distillation of fermented urine and it played an important role in alchemical operations.

It was from decomposing urine that the element phosphorus was discovered isolated for the first time by the alchemist Brandt of Hamburg in 1669.

The acidity of normal human urine was discovered when it turned syrup of violets red. This led to the study of the variations in the acidity of the urine laying the foundation for the modern study of acid-base balance.

The sweet taste of urine in Diabetes Mellitus was rediscovered by Thomas Willis in

1664. It was only in 1838, that Bon-Chardat and Palligot identified the urine sugar as glucose. The classic studies of Claud Bernard on glycosuria and liver glycogen revealed that glucose was the major fuel of the body.

The most important was the discovery of urea. The discovery of urea epitomized the great division between the organic and inorganic world. As urinary glucose was to supply the key to carbohydrate metabolism, so was urea to supply the key to the metabolism of protein and derivatively to the metabolism of fat.

Thanks to the spectacular developments in physiology and biochemistry during the past 100 years, an enormous number of organic components have been isolated from normal urine. Many of these are metabolites and degradation products of internal secretions. Chemical and biological methods of assaying these metabolites are increasingly used in the diagnosis and prognosis of endocrine disorders.

URTICARIA PIGMENTOSA

Joy MI, Ramchandran P and Nair M Balraman

Ind J Dermatol Venereol, 1970; 36: 198-200.

A case of urticaria pigmentosa in a two year old female child is reported. The literature is briefly reviewed.

THERMO-STIMULATOR A DEVICE TO INVESTIGATE CASES OF PHYSICAL URTICARIA

Pasricha JS, Kandhari KC and Malhotra YK

Ind J Dermatol Venereol, 1969; 35: 99-101.

This report concerns a simple instrument which was devised to give a measured stimulus of heat or cold. The reactivity of an individual could thus be recorded in absolute terms. The instrument consists of an inner tube of 30 mm diameter made of aluminium. The base of this tube, also 30 mm diameter constitutes the exposure surface which is applied to the skin while testing. The top is covered by a removable screw cap. This is perforated and a thermometer can be inserted through this hole

to record the temperature of the Exposure Surface. The main length of the inner tube is surrounded by another tube of a larger diameter leaving a length of 5 mm adjoining the 'Exposure Surface', to avoid contact with the skin. The space between the two tubes is filled with a material of low heat conductivity to slow down the rate of heat exchange with the environment and thus maintain the temperature of the exposure surface.

THE EFFECT OF ULTRAVIOLET IRRADIATION AND 8 - METHOXYPSORALEN ON COPPER AND GLUTATHIONE LEVELS IN TISSUES OF ALBINO RATS

EI Mofty Abdel Monem and Hassan Abdelal
Ind J Dermatol Venereol, 1962; 28: 19-25.

Exposure of the skin to UVR is followed by pigmentation. Various suggestions have been given to explain the new formation of melanin after UVR exposure. Exposure of the albino rats to UVR alone for different periods of time caused a slight increase in the blood copper from a normal mean value of 131 to 147 microgram %. This was associated with a decrease in the liver copper from a normal mean value of 115 to 97 mgm/100gm fresh tissue weight. As regards the blood glutathione there is a slight decrease from a normal value of 23.8 to 18.9 microgram%. Liver glutathione showed no significant variation. Exposure of albino rats to UVR in combination with 8 methoxypsoralen (Ammodin) administration caused dramatic rise in blood copper from a normal mean value of 131 to a mean value of 360 microgram% and this was associated with a decrease in the level of liver copper from a normal mean value of 115 down to 79mgm/100 gm fresh tissue weight. Regarding the combined effect of UVR and 8-methoxypsoralen administration on blood glutathione there was slight decrease in the level of blood glutathione from normal mean value of 23.8 to 19.2 microgram %. Liver glutathione showed no marked change. The colour of albino rats attained a darker yellowish tint in both experiments. This yellow colour is supposed to be not melanin but

pheomelanin. It is plausible to assume that ultra-violet and 8-methoxypsoralen help the formation of yellow colour from tryptophan. This experiment dealing with formation of yellow colour in alibino rats adds evidence that

in absence of melanocytes, yellow colour can be formed under the effect of ultra-violet and 8-methoxypsoralen. Both stimulating agents may have synergistic action in this field.

VASECTOMY**Phadke GM****Ind J Dermatol Venereol, 1961; 27: 189-197.**

An ideal contraceptive has not yet been discovered. An operation in the male is minor procedure. No sexual derangement is likely to happen. In none of the patients was any deterioration in the sexual function or vigour observed. The minimum number of children in the family should be three, age of the man 35 or more. Indications, techniques and a complete follow up of 655 cases after vasectomy is presented.

VENEREAL DISEASES IN ANIMALS**Rama Ayyangar MC****Ind J Dermatol Venereol, 1970; 36: 15-22.**

Venereal diseases in cattle, horses, sheep, goats, pigs, dogs and rabbits are described. Experimental studies performed in animals regarding syphilis, gonorrhoea, LGV, donovania granulomatis, condyloma accuminata have been discussed.

CONTROL OF VENEREAL DISEASES - MY IMPRESSIONS**Rangiah PN****Ind J Dermatol Venereol, 1961; 27: 69-76.**

The preamble brings out the need to get accurate statistics in order to determine the quantum of syphilis in our midst. To treat syphilis, well established clinics with attached sero- bacteriological laboratories have to be established with provision for specific tests for syphilis like TPI and FAT to solve the puzzle of the low titred positive reactions and BFPs. In order to attract candidates the terms for undergoing the training for the post graduate diploma course and for all the categories or training at the Institute of Venereology, Madras, may be made as on deputation. Accommodation for VD clinics must be found independent of the general outpatient departments as per type design. Equipment should be made available through a central distribution unit that will possess the authority to get import licences and to provide the different clinics with necessary equipment periodically. The quality of the three essential

drugs will be studied from the stand point of their satisfying the fixed standards as well as their suitability from the practical aspect for use. Necessary facilities will be afforded independently or through the ICMR and other helpful bodies to carry out research activities both clinical and laboratory. In order to encourage medical graduates to take up to the diploma course in VD a degree course in Medicine with Venereology as a branch may be instituted.

CONTROL OF VENEREAL DISEASES**Sukhija CL****Ind J Dermatol Venereol, 1962; 28: 56-61.**

It can be reasonably assumed that venereal disease are bound to be with us as long as there is sexual promiscuity and there is reservoir of infection. The prevention of VD is a neglected subject in our country even when the quantum is not known. In the absence of any legislation on control of VD e.g. compulsory free treatment of infected patients, free examination and compulsory reporting by physicians, serological examination for syphilis in all cases where certification of physical fitness is obligatory, and compulsory ante-natal blood testing, the venereal diseases in our country will be difficult to control. With the rapid industrialisation in the country which will result in increased urbanisation due to shifting of population from rural to urban areas, specially of the younger age group, the incidence of venereal diseases is likely to remain at a constant level and hence venereal diseases control measures should be given greater importance in future.

CONTROL OF VENEREAL DISEASE**Rajam RV****Ind J Dermatol Venereol, 1968; 34: 114-121.**

A separate independent section for VD and Yaws in the Directorate General of Health Services as in the case of other communicable diseases. The projects in the State should be centrally sponsored and not aided. The target of one VD clinic in every district should be aimed at and implemented. The quality and standard of performance of the existing clinics

should be greatly improved both from the point of view of prevention and treatment. The VD clinics in the hospitals should be under the Public Health wing of the States health administrative including the teaching hospitals. Doctors with public health qualification with orientation in VD and other communicable diseases are the proper persons to be in-charge of the VD clinics to give them an epidemiological bias. The clinician is interested in the individual patient. The public health officer is interested in the health of the community. At the periphery in Taluq Hospitals and Primary health centres, VD should be integrated with Tuberculosis, Leprosy, Maternity and Child Welfare and the family Planning programmes. Efficient quick laboratory service at the district level is a sine-qua-non for the scientific treatment of VD. A closer liaison between the Armed Forces and the civil authorities to uncover the sources of infection among the civilian population. Yaws is not national problem. It is confined to the back woods of certain contiguous states. With more vigorous measures of mass treatment, the non-venereal treponemal disease could be eradicated. We should beware Syphilis does not enter by the back door to fill the vacuum.

COLLABORATION OF THE CIVIL AND MILITARY AUTHORITIES TO CONTROL VD IN CANTONMENT AND BORDER AREAS

Sukhija CL

Ind J Dermatol Venereol, 1968; 34: 166-169.

The fields in which the civil and military authorities can co-operate and minimise the risk in both armed and civilian population in these changing concepts of life in cantonment areas are: judicious enforcement of regulations, tracing and adequate treatment of infected individuals, clearing up the vice areas and educate the public. This will need a concerted effort on the part of civil health authorities, general practitioners and voluntary social hygiene workers and welfare associations working in close collaboration with military authorities.

ECOLOGY OF VD INCIDENCE

Seth TR

Ind J Dermatol Venereol, 1969; 35: 300-304.

Our findings confirmed that the respondents as well as their partners belonged to such localities that facilitated anonymity, casual and unstable relationships, more heterogeneity of community life, giving rise to promiscuity, and hence VD incidence. The place of sexual acts within as well as outside Delhi confirmed this statements. The inclusion of rural areas as maintaining VD population though on small scale, and providing venue of undesirable sexual indulgence, directly dilate the magnitude of the problem. If, similar facts were found elsewhere on larger scale this would demand first of all the extension of VD control programme even to the rural areas. Secondly, it would involve socio-medical sanctions, against the migrating population from rural to the urban areas, as a control measure. This was only a sample study and findings are tentative and for generalisations larger samples may be taken up from other VD clinics and centres.

HISTORY OF EXPOSURE TO INFECTION IN VENEREAL DISEASE PATIENTS

Gupta SR

Ind J Dermatol Venereol, 1970; 36: 147-149.

From the observations it is apparant that 95 percent of the patients hide the facts as regards the sexual risks taken and give absurd explanations, which may vary according to the place, for the causation of the lesions. The medical man should possess thorough knowledge of these otherwise he may be totally misguided. It is true that proper history taking does not lessen the utility of specialised laboratory investigations in the diagnosis of venereal discases but at the same time at places where these laboratory facilities are not available the importance of history taking can not be under-estimated. Under these circumstances more of the time devoted by the doctor and the pains taken in inter-viewing the patient will always prove fruitful.

SOCIAL AETIOLOGY OF VD INCIDENCE

Seth TR

Ind J Dermatol Venereol, 1969; 35: 219-224.

Our analysis clearly indicated that majority of our respondents had a history of prolonged and frequent sexual indulgence irrespective of their marital status. The cultural norm in our society prohibits any kind of sexual indulgence except marital and the fact that 53% of our respondents were married established that either of the spouses of this group was maintaining extra marital relations and, carried the infection, thus deviated from traditional norm. This was, therefore, either formulating its own norms which were contradictory to the established norms of our society or revolutionalising the existing norms governing sexual behaviour, which may be manifested in the modern value system.

TWENTY FIVE YEARS OF DERMATO-VENEREOLOGY IN INDIA

Desai SC

Ind J Dermatol Venereol, 1969; 35: 271-296.

A bird's eye view of the nature of dermato-venereological problems in India has been compiled from 228 reports from various sources. The patterns of diseases from different urban hospitals in India show a great uniformity. Parasitic diseases account for almost half the total cases, while the incidence of venereal diseases and allergic dermatoses is about 10-20% each. The remaining 400 and odd dermatologic problems account for 20% of outpatients.

MARITAL STATUS AND VENEREAL DISEASES

Rangaswami R, Venkataratnam R and Velou A

Ind J Dermatol Venereol, 1969; 35: 129-133.

The paper discusses the inadequate methodology of earlier studies on the relationship between marital status and the prevalence rate of venereal disease. It brings out the importance of taking the proportion of married and unmarried males in the general population into account and compare them with the population studied in finding out such relationships. Adopting such a method the

present study has found (i) that the prevalence of venereal disease is more among unmarried than among married people, (ii) that there is no significant association between marital status and type of VD and (iii) that the proportion of the married people who had contact with 'family women' is high when compared with unmarried people.

THE PATTERN OF VENEREAL DISEASES

Rangiah PN

Ind J Dermatol Venereol, 1962; 28: 49-55.

The pattern of venereal diseases has certainly changed quantitatively and qualitatively with the advent of chemotherapy and antibiotics, demanding not a casual acquaintance with VD as was wont in the past, but a meticulous training in the composite discipline of venereology aiming at competence in the several other disciplines so as to enable one to diagnose and treat them; and above all to prevent VD for which protective inoculatory immunisation procedures are not available.

PATTERN OF VENEREAL DISEASES

Singh Ratan

Ind J Dermatol Venereol, 1962; 28: 62-67.

The pattern of venereal diseases as seen during the last 7 years (1955 to 1961) in the Venereal Diseases Training and Demonstration Centre of Safdarjang Hospital New Delhi has been studied and their salient features are as under: A progressive decline in the number of cases of infectious syphilis has been observed. Number of cases of gonorrhoea has shown a steady rise. *Trichomonas vaginalis* infections in both males and females have been recognized much more frequently. Approximately 25% of cases of early infectious syphilis were below 18 years of age. Same variations observed in the clinical picture of early and late syphilis have been pointed out, complications of gonorrhoea were seen very infrequently. Stricture urethra has become a rarity. The pattern of venereal diseases prior to 1954 is not available for a comparative study. So from these figures and

observations it is impossible to draw conclusions on the trend of venereal diseases.

VENEREAL DISEASES IN RELATION TO THE NATIONAL EMERGENCY

Rangiah PN

Ind J Dermatol Venereol, 1964; 30: 63-69.

The microscopic enemies engendering VD in our population must be totally annihilated; for this besides drugs, there cannot be any better weapon than "KNOWLEDGE OF VD" which should be manufactured in plenty in different languages of the country and easily available through divisions of medical social workers in very simple form, such as short stories, songs, gramophone records, hand bills etc. In this, the contributory note of the educated civilian population of whom we form a part counts much. Our country expects every medico to do his or her duty. Whether uniformed or not in battle dress, each one of us is a soldier for the duration of the emergency.

TREND IN THE PREVALIENCE OF VENEREAL DISEASE IN PONDICHERRY 1937-1959

Datta SP and Velou A

Ind J Dermatol Venereol, 1967; 33: 185-200.

Trends in the prevalence of venereal diseases in Pondicherry are discussed for the period 1937-59 based on past records of Venereal Diseases Clinic in General Hospital, Pondicherry. Only cases of syphilis and gonorrhoea and chancroid were being diagnosed and the ratio being 1.8, 1.2, 1. Males always predominated. Syphilis (all stages) was responsible for 46 percent of total attendance due to venereal diseases. Primary syphilis was usually responsible for 20-66 percent of total venereal diseases attendance. Secondary syphilis was usually responsible for 30-77 percent of total VD attendance. Tertiary syphilis was usually responsible for 0.9 to 17 percent of total VD attendance. Congenital syphilis cases and deaths increased during the post-war period and have declined to a low level now. Gonorrhoea was responsible for 28 percent of the total attendance with males

always predominating. The cases increased after the second World War. Chancroid was responsible for 26 percent of total attendance which is quite close to gonorrhoea attendance. There was no effect of war on the cases and very few cases were recorded in females as compared to males.

TRENDS IN THE PREVALENCE OF VENEREAL DISEASES IN PONDICHERRY

Datta SP and Velou A

Ind J Dermatol Venereol, 1968; 34: 70-76.

Trends in the prevalence of venereal diseases in Pondicherry is discussed for the period 1961-65 based on the past records of Venereal Disease Clinics in General Hospital, Pondicherry run by the staff of the Medical College, Pondicherry. Diseases like lympho-granuloma venereum, granuloma inguinale and non-specific urethritis have been diagnosed which were not reported before 1959. Similarly cases of cardiovascular and neurosyphilis have been recorded. Syphilis, all stages was responsible for 37.03 per cent of the total attendance. Primary syphilis was responsible for 50 percent, secondary syphilis 12 to 19 per cent, latent syphilis 25 to 35 per cent and tertiary syphilis 3 to 7 percent of the total attendance. Gonorrhoea is responsible for 17.42 per cent, Chancroid 25.85 per cent, lymphogranuloma venereum 6.21 per cent, granuloma inguinale 5.02 per cent and non-specific urethritis 8.47 per cent of the total attendance. Chancroid has moved up as a second leading cause of attendance in place of gonorrhoea. Males predominate over the females in all these diseases.

PROSTITUTION AND VENEREAL DISEASE

Tasaddoque Hossain ASM

Ind J Dermatol Venereol, 1966; 32: 56-58.

Though prostitution has always been blamed for the spreading of venereal infection and though the statistical possibility is much higher among them, so far no study could prove that the prostitutes are the main source. But various studies have conclusively proved

that the good time girls, call girls, are the main source of spreading the infection. Though morally they are prostitutes, but not regarded as such, flourish very much on suppression of legal prostitutes, nor segregated from the midst of the community, which is possible in case of prostitutes. They not only play a very remarkable role in spreading the infection and cause a failure of effective venereal disease control programme, but also their influence and effect on the society are highly injurious. Prostitution can practically be eradicated with some positive approach provided a radical and rational change of the society is possible at the same time. As long as such cannot be achieved suppression of prostitutes will always favour emergence of unorganised clandestine prostitutes with great threat. Till then for the control of venereal disease and for the safety of the community at large, much better could have been done by favouring the existence of legal prostitutes than by encouraging the heavy traffic of such amateur girls.

VENEREAL DISEASE AMONG SEAFARERS VISITING AN EASTERN SEAPORT

Ratna Tunga CS

Ind J Dermatol Venereol, 1968; 34: 93-103.

Many shipping companies do not take full advantage of the facilities afforded to seamen for free examination and treatment where necessary of venereal disease by the port VD Clinics who are specially trained for the purpose: "Non-venereal" cases accounted for over 40 per cent of the seamen attending the clinic, indicating their concern about venereal diseases and the necessity of establishing venereal disease clinics at every seaport. A general health card for seafarers is desirable but until this comes into force the importance of the personal booklet should be emphasized. Training given to chief officers and other non-medical personnel regarding diagnosis and treatment of venereal disease is inadequate and steps should be taken to remedy this. It should be possible, without excessive additional expenditure, to establish venereal disease clinics in ports not providing

such facilities by utilizing staff of the nearest available VD clinic on part time basis.

STUDY OF SOCIO-MORBID PATTERN AT THE VD OUT PATIENT DEPARTMENT OF A TEACHING HOSPITAL IN THE SUMMER AND WINTER SEASONS

Gupta RN, Jain VC and Chandra R

Ind J Dermatol Venereol, 1968; 34: 237-240.

The new patient load per day at the VD clinic was less in winter than in summer. The age pattern of cases was similar in both seasons, maximum percentage being in the age group of 15-35 years. The markedly low percentage of female patients may be due to several factors, such as social fear of defamation and less acuteness of the venereal disease in females. The religion distribution was similar to that of general population. The morbidity pattern was characterised mainly by the presence of cases of gonococcal and syphilitic infections, the two major venereal diseases. There were no cases of granuloma venereum or lymphogranuloma.

SOCIO-PHYSICAL FACTORS AND INCIDENCE OF VD

Seth TR

Ind J Dermatol Venereol, 1970; 36: 93-99.

Our study has confirmed that it is the working group, with low income level, which predominantly suffers from VD whether they are married or unmarried. The size of their families, be it a joint or nuclear along with little accommodation they are holding seem to facilitate the spread of VD. It is further revealed they are mainly the immigrants from rural areas who keep a constant touch with their native places for quite a good number of years and might be carrying the infection back to the villages. Another group though small, coming from rural areas daily or occasionally also seems to be carrying the infection to the rural areas. This needs a detailed probing into nature and extent of indulgence after they get infection. Marriage may be one of the main solutions against unwanted sexual relations the success of which in turn depends on a great extent upon the maturer outlook towards

conjugal relations. In general, maturer outlook towards marital relations is influenced by the age at which an individual marries, keeping individual variations constant. The early age at which majority of our respondents got married (married group only) might have lead to sexual deviation. But, we are faced with a dilemma, when we look into the relative early age at which most of the unmarried cases are reporting to VD clinics with initial infections. This can be well established only by a serious and probing study of fundamental personality traits of the VD universe and the dynamics of socio-economic factors that influence the interaction patterns of the role incumbents of both the institutions of marriage and family.

THE VISITING CLIENT

Gokhale BB and Master RS

Ind J Dermatol Venereol, 1962; 28: 26-32.

167 cases from two local venereal departments have been collected, and interrogated from the point of view of finding out the socio-economic and underlying psychological causes for visiting prostitutes. The collected material has been analysed, and a few significant factors have been presented for the stimulation of further research. A variegated cross section of the community drawn from all walks of life and social strata, could not be included in this study because only a certain class of patients attended the above mentioned clinics. Many of our young girls and boys were initiated in to their knowledge about sex by various warped means. Five of our cases actually gave a history (and they were all between the age of 15 to 20) that their first experience was because their older friends took them along to these resorts, not knowing what to expect, they just went along for the sake of bravado.

A large percentage of the patients interviewed displayed deep seated anxieties, frustrations, emotional insecurity, and /or repressed hatred for one or both parents. Some manifested insecurity due to economic stress. Physically handicapped men, whose prospects of marriage are limited on account of their defects, have to resort to this sort of

gratification. It has been alleged by many workers that a person with normal intelligence, be she a prostitute or be he a client, does not have the finer discrimination between right and wrong, and is therefore easily induced in to prostitution or led to gratifying his biological need at a brothel.

THE ROLE AND ORGANISATION OF VD CLINICS

Rangiah PN

Ind J Dermatol Venereol, 1963; 29: 58-60.

VD clinic with its attached serobacteriologic laboratory built on a most acceptable type set design would serve:

The venereal disease stricken patients who will find in it a haven with a special arrangement for the reception of the sexes separately, the examination will be conducted with utmost privacy and records maintained of the historic details etc. elicited most discretely; the discovered will be given the appropriate curative therapy in adequate dosage within the fixed period of time, unmindful of the cost of medicaments; and the contacts will be administered the insurance dose, detailing the value of prophylaxis to them; the patients will be held under surveillance during and for a considerable period of time after treatment for assessment of permanence of cure; the seasoned social workers will carry out the essential epidemiologic probing with vehicles supplied to them for the purpose and render rehabilitation services whenever necessary independently or through available agencies; and training and research programmes, to combat the genital diseases with a venereal background like NGU or herpes simplex will be promoted.

Next in importance to provision of accomodation what called one to attention again was the subject of essential equipment like the DF microscope a sine qua-non for the venereologist, besides the triumvirate of specifics viz. penicillin, streptomycin and sulphonamides for the treatment of five venereal discases with special comments on the bioassay and other specifications that these drugs have to conform to.

Referring to the specialist personnel needed to man the VD Clinics the barest minimum for the composition of a team was to include a specialist, a serologist, staff nurses, technician, social worker, a clerk-typist, nursing orderlies, a sweeper and a chotie.

REACTION OF PATIENTS TOWARDS VD INFECTION

Seth TR

Ind J Dermatol Venereol, 1970; 36: 122-126.

This study has confirmed the significance of Health Education in VD which seems to be lacking to a great extent. If the individuals are made conscious of the sources, dangers and symptoms of VD well in time during their teens, since majority of them are getting initial infections at a relatively early age it might restrain them to indulge into such acts as are responsible for transmission of disease.

As the sources of information about disease as well as clinics were mainly dispensaries and hospitals, it would be beneficial if some health educator units were attached with those organisations to disseminate preliminary information about disease to all the suspected cases. This could be done through medical social workers already attached to hospitals or health educators working under national programmes. The preliminary information proved here could be strengthened with detailed knowledge at the VD clinic.

Another objective of health education should be to emphasise the importance of reporting to the clinics, immediately after realising their infection, and dangers of sexual indulgence unless completely cured. The latter part seems to be highly imposing, and might need enactment of social legislation and or imposition of indirect social sanctions, provided the choice is left with the medical institutions and the policy making and implementing bodies only. But since the major factor is the individual's willingness, especially in VD which involves most personal inter-relations, health education stands better chances than legislation. Moreover, our experience in other fields of legislation e.g.

raising age at marriage, dowry system, etc. clearly indicated that unless the populace is thoroughly educated and proper ground is prepared for the acceptance of these sanctions the objectives cannot be achieved.

THUJA AN ANTIBACTERIAL AGENT IN THE MANAGEMENT OF WARTS

Sehgal VN

Ind J Dermatol Venereol, 1967; 33: 37-39.

Thuja was tried in 20 patients of warts, the results of this trial were most satisfactory. The drug is, therefore, recommended for use in this condition.

DEVELOPMENT OF PSORIASIS IN AREAS OF VITILIGO

Dharama Pal, Aggarwal SP and Bikhchandani R

Ind J Dermatol Venereol, 1970; 36: 158-159.

A case of psoriasis developing in areas of vitiligo is presented with the possibility of vitiligo acting as an eliciting agent of Koebner response.

SERUM COPPER LEVELS IN VITILIGO

Lal Sardari and Rajagopal G

Ind J Dermatol Venereol, 1970; 36: 12-14.

Serum copper levels were determined in 20 normal persons and 30 vitiligo patients by the method of Gubler et al (1952). The levels in vitiligo patients (126.75 \pm 27.07 micrograms %) were lower than in normal persons (121.70 \pm 29.24 micrograms%). The difference is found to be not significant statistically. However, it is suggested that levels of serum copper other than that present as caeruloplasm in may be significantly low in vitiligo patients.

SOME SERUM ENZYMES IN VITILIGO

Gopalan T Santhana and Velou A

Ind J Dermatol Venereol, 1964; 30: 98-101.

Enzymes studies (Transaminases, alkaline phosphatase and paraphenylene diamine oxidase) were made concurrently in 39 cases of vitiligo patients. For SGOT, the mean activity was 40.5 units per ml while for SGPT, the mean was 14.4 units per ml. The level of SGOT was found to be elevated in 43

% of cases in this study while SGPT was found to be within normal limits with one exception. The alkaline phosphatase activity ranged from 10 to 36 units (King and Armstrong units) with a mean of 16.9 units and this enzyme activity was elevated in 42 % of the cases.

The PPD oxidase activity ranged from 0.208 to 0.658 with exception at 0.149 and the mean was 0.350. Eighty percent of vitiligo patients had value lower than normal. There was no correlation between the activities of the enzymes studied in this disease.

SERUM LEUCINE AMINO PEPTIDASE ACTIVITY IN VITILIGO

Gopalan T Santhana and Velou A

Ind J Dermatol Venereol, 1964; 30: 237-239.

Serum enzyme studies (serum leucine amino-peptidase, serum glutamic oxalacetic transaminase, serum pyruvic transaminase) were done concurrently on 20 vitiligo patients. Activities of serum leucine amino peptidase and serum glutamic pyruvic transaminases were within normal limits while the activity of serum glutamic oxalacetic transaminase was elevated in 45% of cases.

TRANSAMINASES AND ASCORBIC ACID LEVELS IN BLOOD IN VITILIGO

Velou A and Gopalan T Santhana

Ind J Dermatol Venereol, 1964; 30: 16-18.

The blood ascorbic acid level in Vitiligo cases ranged from 0.2 to 1.4 mg% with a mean of 0.5 mg and standard deviation 0.3. There is no correlation between the heights of transaminase levels and the ascorbic acid levels in blood in this disease.

VITILIGO AND VITAMIN B COMPLEX

Gokhale BB and Gokhale Tara B

Ind J Dermatol Venereol, 1966; 32: 23-24.

Sixteen cases of vitiligo were treated with intra-muscular injection of vitamin B complex. Of these eight developed pigment.

DEVELOPMENTS OF THE APPROACHES IN THE THERAPY OF VITILIGO

EI Mofty Abdel Monem

Ind J Dermatol Venereol, 1963; 29: 15-24.

The combined meladenine and

antimalarials evoked repigmentation in 50 out of 55 cases and failed in 5. The results could be summarised in the following:

Complete cure	13 cases 24 %
Excellent response more than 75 % cure	25 cases 45 %
Good response more than 50 % cure	8 cases 15 %
Weak response less than 50 % cure	4 cases 7 %
No response	5 cases 9 %
	55 100 %

Initiation of repigmentation is prompt irrespective of duration of disease. The amount of success of repigmentation depended on the duration of exposure to sun or ultraviolet irradiation. Tanning of the uncovered areas of healthy skin was observed in all cases. This was considered as a disadvantage in dark skin individuals. High doses of the quinoline derivatives caused great degree of tanning. Reduction of the dose was followed by reduction of the tan of the skin. The striking observation was the prompt initiation of repigmentary response in relatively short time average 1-3 months, 12 days in one case. All patients who strictly followed the treatment showed marked repigmentation of the vitiliginous areas. Amodiaquin in general is more effective but it causes more tanning of the exposed healthy skin. It is of interest to mention that the storing capacity in the epidermis to dermis is 15:1 in amodiaquin and is only 5:1 in chloroquin. Whether the treatment needs maintenance doses or not, it is too early to judge but it seems that maintenance doses are needed in some cases. A hint in treatment was to postpone exposure to irradiation 2-3 weeks after beginning of combined treatment and to encourage exposure to sun and ultra-violet when the follicular repigmentary spots appear. There is definite beneficial synergistic action between meladenine and quinoline derivatives in treatment of vitiligo.

TREATMENT OF LEUCODERMAS AND

VITILIGO WITH SOME INDIGENOUS DRUGS

Singh RH and Chaturvedi GN

Ind J Dermatol Venereol, 1966; 32: 113-120.

Thirty cases of vitiligo and leucoderma have been investigated and treated with two indigenous drugs 'Somarji Oil' and 'Gandhaka Rasayana'. All cases of leucoderma and early cases of vitiligo gave good response to this treatment in terms of control of spreading, and repigmentation of the existing patches. Cases of longer standing remained unchanged. Cases of vitiligo of the lip also gave poor response. Study of the actual mode of action of these drugs and clinical trial in larger series of cases is suggested to note the actual role and more specific indications of this therapy.

EVALUATION OF TOLBUTAMIDE TREATMENT IN VITILIGO

Gokhale BB and Gokhale Tara B

Ind J Dermatol Venereol, 1965; 31: 252-255.

A trial to evaluate the effects of tolbutamide on pigment formation in vitiligo was undertaken. Sixteen patients were treated

with tolbutamide and an equal number with a placebo. Twelve cases on tolbutamide and one case on placebo developed pigment.

EFFECTS OF TOLBUTAMIDE ON VITILIGO AND PHOTOSENSITISING ACTION

Mulay DN, Mehta JS, Ahuja BB and Raizada AK

Ind J Dermatol Venereol, 1969: 35: 72-77.

The effectiveness of tolbutamide in vitiligo and its photosensitising capacity was investigated. The project was divided into 3 stages. In the 1st stage double blind study indicated the improvement in the lesion on exposed parts with tolbutamide (Rastinon) therapy and no improvement was observed in those on placebo. In the 2nd stage the reduction in MED was demonstrated in 43 subjects. In the 3rd stage the pigmentation and simultaneous reduction in the MED was correlated. The improvement in pigmentation observed in the exposed areas was marked as compared to the lesions on the covered (unexposed) areas.

WEBER CHRISTIAN SYNDROME IN A CHILD

Singh Gurmohan, Srivastava PK and Gour KN

Ind J Dermatol Venereol, 1965; 31: 162-164.

A case of febrile, non suppurative nodular panniculitis (Weber Christian Syndrome) in a young child of 1-3/4 years is described.

XERODERMA PIGMENTOSUM

Saxena KN, Wahal PK, Srivastava VK and Kumar Ramesh

Ind J Dermatol Venereol, 1968; 34: 41-44.

Out of 3 cases reported first two were real sisters and the history of consanguinity was available. All the 3 cases belonged to AB blood group. First case had pigmentation, second case pigmentation and ectropion, while the third case revealed ectropion, loss of eye lashes, corneal opacities and small nodular growth at the limbus. The first two cases were children while the third was 28 years old.

XERODERMA PIGMENTOSUM

Handa F, Manchanda RL and Singh Rajinder

Ind J Dermatol Venereol, 1968; 34: 231-236.

In the present series of four cases, patients have been seen at all aged varying from 9-40 years. Both sexes have been observed to be involved. The malignancy was noticed in two cases aged 10 and 40 years. Plastic surgery was done in one case with successful results. Surgical excision was undertaken in the second. Consanguinity has not been observed in the parents of the patients.

A RARE MANIFESTATION OF XERODERMA PIGMENTOSUM

Pal Dharam, Bikhchandani R and Agnihotri A

Ind J Dermatol Venereol, 1969; 35: 202-205.

A case of xeroderma pigmentosum in a patient aged 29 years having multiple haemangiomas tumours and a rare manifestation of melanoma of lower lip.

XERODERMA PIGMENTOSA

Shah DM, Shah MS and Shah BH

Ind J Dermatol Venereol, 1969; 35: 250-252.

Three members of a family with Xeroderma pigmentosa are reported here. They all were above the age of 20 years with no evidence of malignancy.

YAWS IN BENGAL

Ghosh Sourin, Ghosh Ramprosad and
Bhowmik Rabindranath

Ind J Dermatol Venereol, 1963; 29: 157-163.

Twelve cases of yaws are described in Totapara area in Bengal amongst Totos.

YAWS IN TRIVANDRUM

Ambady BM and Gopinath T

Ind J Dermatol Venereol, 1961; 27: 117-122.

Yaws is an infectious disease characterized by an initial cutaneous papular lesion followed by multiple papular granulomatous eruptions on the skin and bones. It is essentially a disease of the poor. Criteria which led to the diagnosis of Yaws in two families were: 1) Presence of extragenital primary lesions 2) Florid characteristic cutaneous manifestations 3) Non venereal mode of transmission 4) The presence in the lesion of *Treponema pertenu* (indistinguishable morphologically from *T pallidum*) 5) Positive serological tests for syphilis 6) Response to Penicillin 7) The awareness of the existence of endemic foci of Yaws in the locality. History of pain in the bones made the diagnosis of Yaws more likely. Radiograms were taken in all the cases, but

bone involvement was not seen in any of them.

INCIDENCE OF FRAMBOESIA TROPICA WITHIN A MONGOLOID TRIBE OF INDO-BHUTAN BORDER.

Sen SN

Ind J Dermatol Venereol, 1963; 29: 148-156.

It is nearly impossible to distinguish between *treponema pallidum* and *treponema pertenu*. Differentiation between their histopathology is a relative one. Unfortunately these were not available during the present survey.

The clinical features, absence of evidence of the transplacental transmission, non involvement of the central nervous system and cardiovascular system with positive serology suggest yaws in this tribe. However detailed epidemiological investigations, clinical examination and laboratory examination including biology of the isolated strains of *treponeme* may throw some further light regarding the total incidence and percentage of yaws in that total population of that particular tribe in Jalpaiguri district, West Bengal, Indo Bhutan border.

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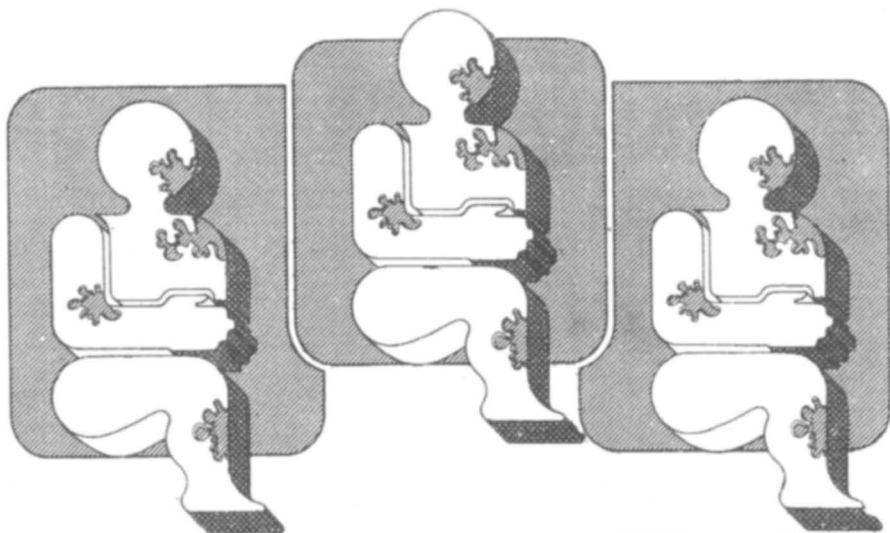
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Jagavkar, C.K., The Indian Practitioner, 1980, Vol XXXIII, 6, 315-328.

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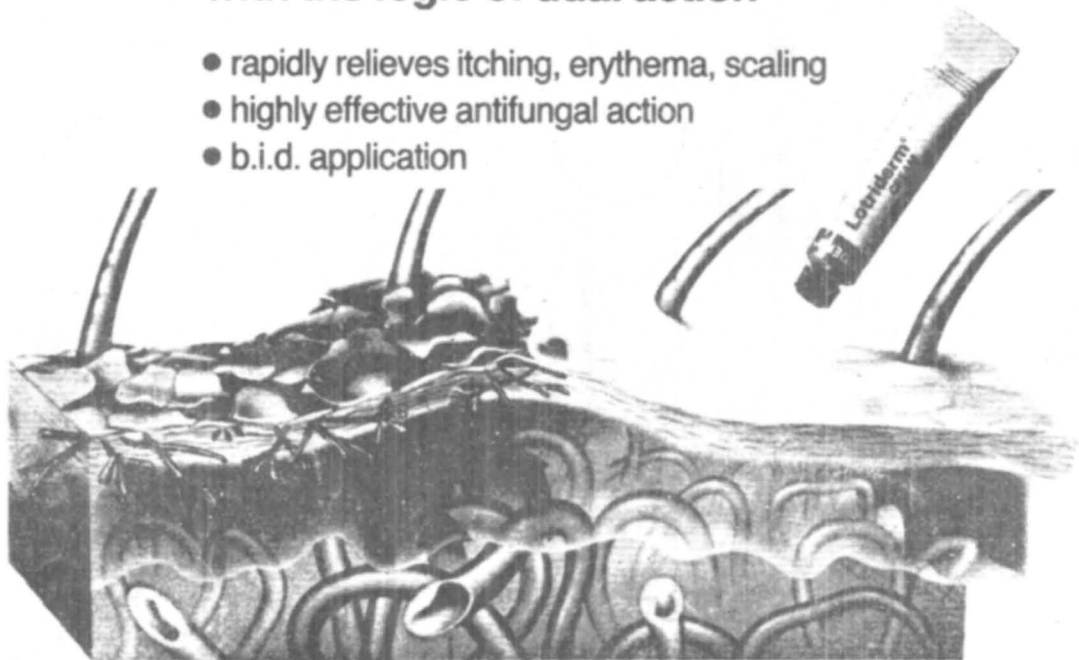
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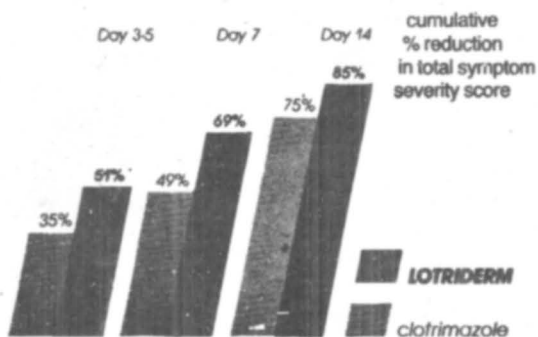
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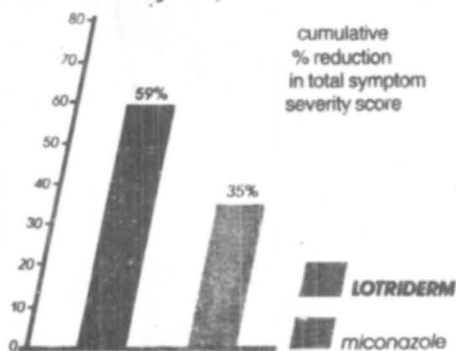


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