

ASSOCIATION ACTIVITIES
INDIAN ASSOCIATION OF DERMATOLOGISTS AND
VENEREOLOGISTS
(Northern India Branch)

An Ordinary Meeting of the Indian Association of Dermatologists and Venereologists (Northern Branch) was held on 7th September 1963, in the Nurses Lecture Hall of Irwin Hospital.

After the members had seen the cases the meeting was called to order about 4-30 p. m. Dr. Harbhajan Singh was in the chair. Total attendance was 22 with messages of apologies received from 2 members, others were silent. The following cases were presented.

Case I: M 20 (Dr. Balgangadharan of Irwin Hospital, congenital syphilis).

The patient had been alright until $1\frac{1}{2}$ years ago, when he developed a gradual sugging of the cartilagenous portion of the nose, which caused him this deformity with some ulceration of the part. He also had leucoma of the right eye, and perforation of the hard palate.

There was no history of a genital sore. Blood STS \pm ive, 1 : 512 dil. possibility of yaws was considered.

Case II: Female 20 (Naevus verrucosus); (Dr. B. S. Baswani).

From the age of 5, the patient had started having, warty hyperpigment linear growths, which had gradually involved the area of face, neck, chest and upper limbs, bilaterally disposed. Differential diagnosis from Naevus unilaterialis, tuberculosis verrucosa cutis and lichen planus hypertrophicus discussed.

Case III: M. C. 13 (atrophoderma maculatum—of primary anetoderma variety presented by Dr. M. I. Joy from A. I. I. M. S.)

This boy about two years ago had started developing reddish macules on his trunk area. Some of the lesions became papular and finally healed with a depressed central atrophic scar.

No treatment was considered to be of any avail.

Case IV: M. C. 14 (Lymphoblastic lymphoma) (Dr. D. N. Mulay, Willingdon Hosp.)

The boy had suffered for last two years with erythemato-nodular lesions appearing on the face, and trunk area. Stray lesions were present on the extremities as well. There had been hints of fever. Investigation had revealed a total WBC count of 274,000 cells per c. m. m. with 95% polymorphs.

Haemoglabin was 8.5 gmm. liver and spleen were enlarged and glands palpable.

The newer concepts of lymphoma in various forms were discussed by Dr. H. C. Mohanty.

Case V: 18 M. (case for diagnosis). (Dr. L. K. Bhutani from AIIMS).

Presented this case, who had a week ago developed small circular erythemato-squamous lesions on the trunk area, and circular erythematoexuding and crusted lesions on face and extremities spreading down to hands.

The lesions were non itching, and there were no constitutional symptoms. No history of exposure, or intake of drugs, no genital or mucus membrane lesions. Possibilities of: (1) Concomitant lesion of Pityriasis Rosea with pyoderma. (2) Secondary Syphilis and (3) E. M.

Were discussed. No conclusion was arrived at and the case was required to be followed up.

Case VI: M. C. 11 (Dimorphic leprosy) presented by Dr. Chowdhry, Willingdon Hosp.

For the last 5 years this boy had raised erythematous patches on the body, with maculo-anaesthetic hypo-pigmentation patches as well.

Case VII: M. S. 37, M, presented by Dr. J. S. Pasricha on behalf of Dr. Gur-mohan Singh from V. J. Hospital, Amritsar-for diagnosis.

The case had shown nodular lesions, on the front of both legs for the last 6 years. Some of these lesions had developed from small papules while others on vasiculo-pustular lesions. At present most of areas of both legs were covered with hard, violet, nodular eruptions which were markedly itchy.

The patient had dystrophy of nails of both thumbs and great toes since childhood. Past and family histories did not contribute much, except that his male child had died at 2½ years of age, one year ago.

Biopsy of one of the lesions had shown :

Sub. corneal vesicle containing serous fluid, with hypertrophy of stratified epithelium. The basal cell layer could not be defined. Sub-epidermal bullae were found at places. Dermis consisted of loose hyalinised connective tissue with mild round cell infiltration.

With a tentative diagnosis of D. H. the patient had been put on D. D. S. 100 mgm. daily for the last 2 weeks.

The possibility of Prurigo-nodularies; Epidermolysis bullosa, and lichen planus were discussed. The last one being favoured.

After the discussion of cases, members were informed about the proceedings of the Executive Committee meeting held on 1st September 1963; which has considered problems about renewed list of membership; a drive to enrol more members; the state of subscription; the central fund contribution; and the holding of an annual meeting in the moffusil areas.

The nominations to Central Offices were also discussed and decided upon.

The recommendations of the Executive Committee were accepted unanimously.

After this the meeting came to a close with vote of thanks to the chair,

All present were then entertained to tea and light refreshments by Dr. Baswani the host of the present meeting.

K. C. KANDHARI,

Hon. Secretary.
