

(4) The other organisms present—spirochætes, etc.—are not constant, and probably represent secondary growths in rice water fluid of organisms which find conditions suitable for their rapid growth.

(5) Clinical cholera in Cachar has been found associated with infection presumably due to pig's fæces.

(Note.—We publish Colonel Palmer's article, chiefly because of its epidemiological interest, though we dissociate ourselves entirely from his view of the bacteriology of cholera. Cholera-like conditions may be due to many causes—to malignant tertian malaria, to name but one.—EDITOR, I.M.G.).

A Mirror of Hospital Practice.

A CASE OF DERMATOLYSIS.

By M. UMAR,

Bijnor, United Provinces.

THE patient, Allah Dai, Mahommedan female, aged 22 years, married, was admitted to this hospital for treatment of the condition shown in the accompanying photographs.

History.—Her mother states that when Allah Dai was born, the child's left leg was bigger than the right. She was married at the age of 18, and became pregnant 2 years later. In the 7th month of her pregnancy,



Fig. 1.

pain began in her left leg. This increased daily and the leg commenced to enlarge. She gave birth to a stillborn child. From that date the pain and swelling have increased more rapidly.

Condition on admission.—The whole of the muscles and subcutaneous tissues concerned in the thighs and gluteal areas are so loose that they hang in folds about the body. The labium majorum on the left side is enlarged to

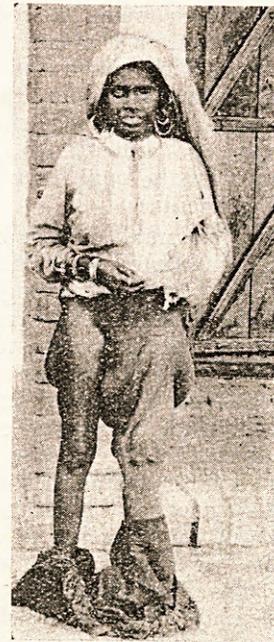


Fig. 2.

such an extent as to push the vaginal orifice to the right side, and the latter can only be recognised as a cleft by the presence of hair. For the past 5 months the patient has not menstruated. There is no history of syphilis.

The patient refused to stay in hospital.

Discussion.—In my opinion there is no treatment possible for this condition. It is one of the malformations which increase after puberty is attained. If any reader of the *Gazette* can suggest a correct diagnosis and the best line of treatment for the condition, I shall be grateful.

(Note.—We have shown the above notes and photographs to Lieut.-Col. H. W. Acton, I.M.S., who is in charge of the skin out-patient department of the Calcutta School of Tropical Medicine. Colonel Acton remarks that the condition present is clearly one of dermatolysis. This is a rare condition, usually familial or of hereditary tendency, and the condition is slowly progressive once it appears, and especially so after puberty. It is apt to be mistaken for elephantiasis in this country. In 1926 two similar and very interesting cases were seen at the Calcutta School of Tropical Medicine, which affected mother and son, the latter especially with regard to the scalp. The condition is often associated with multiple small fibromata—von Recklinghausen's disease; and the second of the two photographs above appears to show such small fibromata present on the front of the right thigh of the patient.

There is no treatment for the condition, except excision, which is often impracticable.—EDITOR, I.M.G.).