

MULTIPLE SOFT FIBROMATA OF THE FACE.

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MAHAMMAD ISMAIL, Mahomedan male, aged 26, motor-driver, of light-black complexion and of excellent health, residing at 111, Baker's Lane, Calcutta, came for treatment for nodular lesions on his face which first started on his nose; duration 6 years; (*vide* photo.).



At first sight the disease looked like leprosy. There were nodules on the nose, eyebrows, chin and lobes of the ears, the nose being most affected and disfigured. Besides nodules there were also scars on the nose.

The nodules were soft, pinkish, and varied in size from a mustard seed to a pea; some were pedunculated and looked like papillomatous growths. The nodules on the nose joined with one another and gave rise to a diffuse corrugated swelling.

There were no subjective symptoms. The patient did not give any history of any family predisposition to the disease and denied syphilis and gonorrhoea.

On examination of a smear from a cut nodule no acid-fast bacilli were seen; mononuclear leucocytes and a few yeast-like organisms were found.

One nodule was cut aseptically and a culture was made on blood and ordinary agar slopes from the cut surface; only diphtheroid colonies were visible after 48 hours. A microscopic section of the nodule showed the following:—Papillæ flattened; a layer of loose cellular tissue present

beneath the epidermis; no signs of malignancy; corium mainly showing fibrous tissue with young fibroblasts; and no acid-fast bacilli seen.

Major G. Shanks, I.M.S., Professor of Pathology, Calcutta Medical College, also examined the sections and gave a diagnosis of soft fibroma.

About a week after another nodule was cut aseptically and a culture taken; again the diphtheroids were obtained, so an autogenous vaccine was prepared.

The patient had had 17 injections of salts of margoic acid before he came to me and said that he had slightly improved, but that he did not wish to continue them as they had not been very efficacious.

I gave him Mist. pot. iodide, grs. 10 to 1 oz., for a week and then increasing the dose to grs. 15 asked him to continue another week, but found no appreciable improvement. Locally only ung. borovaseline was prescribed.

I then began injecting him with the autogenous vaccine, beginning with 10 mils. Ten injections have been given, the last one being 100 mils. The nodules have diminished in size but the improvement is not very satisfactory; the patient is highly satisfied and insists on the injections.

The disease is evidently a multiple soft fibroma of the face of unknown origin. It is not leprosy, although clinically it appears like leprosy. Can this be due to *B. diphtheria*?

The patient is still undergoing treatment.

A SIMPLE CURE FOR LEUCODERMA.

By P. BHASKARA RAU, L.M.P.,

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DURING April 1924, I developed a leucodermic patch on my chin, slightly to the right side. It started as a small white area about the size of a split pea and rapidly grew to the size of an eight anna piece. There was slight itching at the beginning. About 15 days later a second patch appeared on the ventral aspect of the left forearm, six inches above the wrist joint, and rapidly grew to the size of the patch on the chin. About a week afterwards I noticed a big patch on the whole of the inner aspect of the pinna of the left ear.

I showed it to many distinguished medical friends who all diagnosed it as leucoderma. I was advised to try Hormotone tablets (G. W. Carnick Co.) and various other tonics internally and tincture of iodine, tinct. ferri perchloride, all the mercurial ointments singly and in combination, iodised phenol,—in short everything that has even a faint action on parasites of the skin—externally. At this stage, i.e., after three months of unsuccessful trial of all the above medicines, as a last resource I showed it to my friend, Dr. C. Mallik, L.R.C.P. & S. (Edin.), L.F.P.S. (Glas.), of Vizagapatam, who kindly gave me the following Ayurvedic recipe:—

Yellow orpiment	..	1 part.
Seeds of <i>Psoralea corylifolia</i>	..	4 parts.