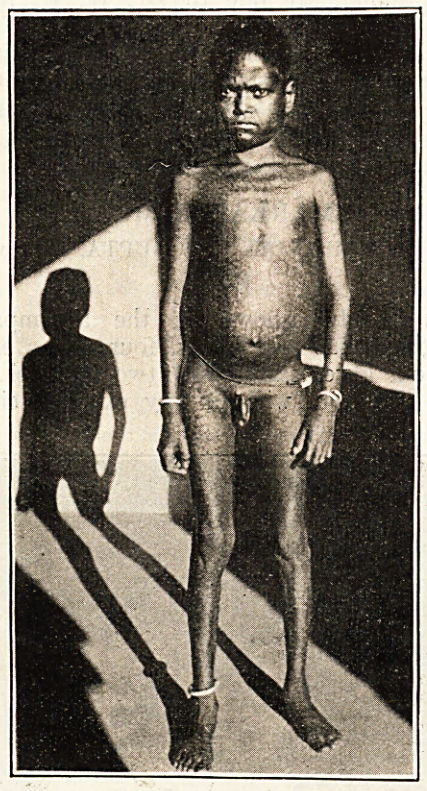
HEREDITY IN ICHTHYOSIS

By B. M. KOTHARI, M.B., B.S.
Windham Hospital, Jodhpur

A case of advanced ichthyosis was recently admitted into the Windham Hospital. The family history as far as it could be elicited made it apparent that it was a disease of the males in the family transmitted through the females, the latter being immune.

The patient's elder brother was suffering from the same disease, while his sisters were all free; his father did not suffer from it, nor his grandfather so far as could be ascertained. Both his mother and her sister were unaffected, but the latter's two sons had the disease while her daughters were unaffected. My patient's four maternal uncles (*i.e*, mother's brothers) all suffered from the same disease throughout life. Unfortunately there was no history obtainable of the earlier generations' health.



The patient was a boy, 12 years old, poorly built and under-nourished. The skin of the whole body was more or less rough and scaly, covered with dirty dark brown scales, more marked on the extensor aspect of the limbs, abdomen, and face, while groins, axillæ, forehead, palms and soles were partially free. The sclera were whiter and paler than normal; the hair on the scalp was thin, atrophied and scanty; the patient appeared to be very anæmic with pulsations in the neck, hæmic murmurs and a flabby protuberant abdomen. There were warty nodules on the back of the wrists and front of the ankles.

The condition was said to have been present since birth. The only abnormality in the boy's history was that he was fond of eating sand and that he practised this habit during his early years. Sweating was imperceptible. Every summer there was marked amelioration due to the shedding of the scales, while during winter the rough skin used to chap very readily. Laboratory examinations of urine, stools and blood revealed nothing except his marked anæmia.

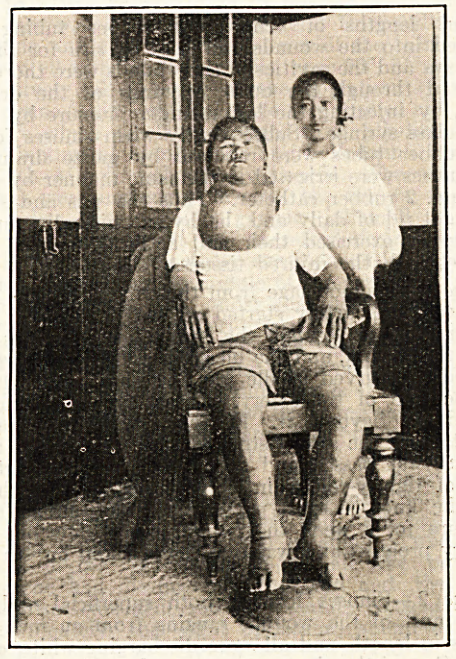
Treatment is very unsatisfactory; the condition usually persists throughout life. Glycerine with unguentum acid salicylic was prescribed to render the skin soft and remove the scales. Thyroid extract was administered, because some hold that the condition is due to thyroid deficiency, the basal metabolic rate being usually subnormal in such cases. The bowels were very constipated and had to be purged daily. The anæmia was treated with Campolon injections. Calcined magnesia taken orally and applied externally has been reported to be useful, but was not tried in this case as he left hospital. The patient was somewhat relieved by the time he left Jodhpur to return to his home.

I must thank Mr. E. W. Hayward, the Principal Medical Officer, Jodhpur State, for permitting me to publish this report.

A HUGE GOITRE*

By S. KUNDU, M.B.
Assistant Surgeon, Civil Hospital, Mokokchung, Naga Hills

Tongpongnaro, female, aged 30, of Mangmitong, Naga Hills, was admitted on 12th May, 1936, with the complaints of dropsy, breathlessness on slight exertion, and feeling of suffocation and gasping for breath in the recumbent position; duration, one year. No history of rheumatism and syphilis and cardiac valvular disease. A huge goitre is present.



The patient came from an area where goitre is common. She has had the goitre since infancy. It has gradually increased in size throughout her life. She never had any medical

*Rearranged by Editor.